

# 2013

**Ministry of Health & Family  
Welfare, Government of India**



**APPROVAL OF STATE PROGRAMME  
IMPLEMENTATION PLAN 2013-14:  
DAMAN AND DIU**

## **Preface**

*FY 2012-13 has been a year of intense activity: States have responded very positively to conditionalities and incentives, programme management has been strengthened with the appointment of nodal persons for each thematic area and introduction of Score Cards, JSSK has made further inroads, RBSK has been initiated and Child Survival Summit at Mahabalipuram provided an opportunity to take stock of our achievements and reflect on the challenges ahead.*

*I suggest that 2013-14 is treated as the “YEAR OF CONSOLIDATION” with focus on increased effectiveness and efficiency.*

*I would also like to draw your attention towards nursing which is the backbone of the public health but has remained on the backburner for the sometime. FY 2012-13 should be “dedicated to strengthening of the nurse cadre”. I would urge you to fill up all vacant positions of ANMs, Nurses, LHV's and PHNs and ensure that they become an integral part of planning, implementation and monitoring.*

*Effective monitoring and supportive supervision has the potential to yield tangible gains in a relatively short period of time but is still our weakest link. More meaningful use of HMIS and MCTS is way forward. We will be routinely using both HMIS and MCTS including Score Cards for all our reviews.*

*I am confident that under the able leadership of State Health Secretaries and Mission Directors the country would make visible progress in making the goal of “Health for All” a reality.*

**Anuradha Gupta**  
**Additional Secretary & Mission Director, NRHM**

**No. 10(24)/2013-NRHM-1**  
**Government of India**  
**Ministry of Health & Family Welfare**  
**(National Rural Health Mission)**

Nirman Bhavan, New Delhi  
Dated: 4<sup>th</sup> June 2013

To

The Mission Director, (NRHM)  
Government of Daman & Diu  
Directorate of Medical and Health Services  
Primary Health Centre, Moti Daman,  
Daman - 396220

**Subject: Approval of NRHM State Programme Implementation Plan for the year 2013-14**

This refers to the Programme Implementation Plan for the year 2013-14 submitted by the UT and subsequent discussions in the NPCC meeting held on April 30<sup>th</sup>, 2013 at New Delhi.

2. Against a resource envelope of Rs. 8.29 crores, the administrative approval of PIP for your State is conveyed for an amount of Rs.7.53 crores. Details are provided in Table A, B and C below Uncommitted and unspent balance available under NRHM as on 01.04.2013 (when available, at a later date) would also be a part of the resource envelope

**TABLE- A**

	<b>Rs.Crores</b>
Uncommitted unspent balance available under NRHM as on 1.4.2013	0.78
GOI Resource Envelope for 2013-14 under NRHM (assuming no reduction on account of conditionalities)	5.07
Assuming 10% incentive based on performance	0.56
25% State Share (2013-14)	1.88
<b>Total</b>	<b>8.29</b>

TABLE- B

Break up of total resources under NRHM (Rs. crores)					
Sr.No.	Programme	Uncommitted Unspent balance available as on 01.04.2013	GoI Resource Envelope under NRHM	State Share	Total
	(A)	(B)	(C)	(D)	E=(B+C+D)
1	RCH Flexible Pool	0.00	0.80	0.27	1.07
2	NRHM Flexible Pool	0.60	0.91	0.30	1.81
3	Immunization & PPI Cost	0	0.08	0.03	0.11
4	IDSP	0	0.43	0.14	0.57
5	NVBDCP	0.15	0.54	0.18	0.88
6	NLEP	0.02	0.15	0.05	0.22
7	RNTCP	0.01	0.43	0.14	0.59
8	NIDDCP*	0	0.16	0.05	0.21
9	Infrastructure Maintenance (Treasury Route)*	0	2.11		2.11
10	State share against treasury route transfers*			0.70	0.70
	<b>Grand Total (1-10)</b>	<b>0.78</b>	<b>5.63</b>	<b>1.88</b>	<b>8.29</b>
Committed Unspent Balance up to 2012-13 to be revalidated in 2013-14		Rs. -0.36 Crores			

\*The funds under NIDDCP and Infrastructure Maintenance is routed through treasury, however their state share will be credited in the bank accounts of State Health Society and will be utilized for activities that are approved

**TABLE- C**

<b>SUMMARY OF APPROVAL</b>			
<b>Sr. No.</b>	<b>Scheme/Programme</b>	<b>Approved Amount (Rs. Crores)</b>	<b>Annex ref</b>
<b>1.</b>	RCH Flexipool	2.85	1
<b>2.</b>	NRHM Flexipool	0.49	2
<b>3.</b>	Immunization and PPI operation cost	0.15	3
<b>4.</b>	NIDDCP	0.16	4A
<b>5.</b>	IDSP	0.50	4B
<b>6.</b>	NVBDCP	0.54	4C
<b>7.</b>	NLEP	0.19	4D
<b>8.</b>	RNTCP	0.54	4E
<b>9.</b>	Infrastructure maintenance (Treasury route)	2.11	
	<b>Total</b>	<b>7.53</b>	

3. State to convey the district approvals to the districts within 15 days of receiving the State RoP approvals. High priority districts must receive at least 25% more budget per head compared to the other districts.

4. All buildings supported under NRHM should prominently carry NRHM logo in English/ Hindi & regional languages.

5. All ambulances to be branded as 'National Ambulance Services' and adhere to the colour, design and logo as communicated by MOHFW.

6. All MMU to be branded as 'National Mobile Medical Unit' and adhere to the colour, design and logo scheme as communicated by MOHFW.

7. The support under NRHM is intended to supplement and support and not to substitute state expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions.

#### **Release of funds**

8. Action on the following issues would be looked at while considering the release of second tranche of funds:

- Compliance with conditionalities.
- Physical and financial progress made by the State as communicated through the FMR.
- Release of 25% of the State share, based on updated release of funds by Government of India, to the account of the State Health Society.
- Timely submission of Statutory Audit Report and Utilization Certificates for the year 2011-12 for the release of first installment,
- Timely submission of Statutory Audit Report for the year 2012-13 for the release of 2<sup>nd</sup> installment.
- Performance on key conditionalities and incentives will determine the final release.
- Compliance of the provisions of the extant MoU between GOI, MOHFW and the State Government.

#### **Other aspects**

9. State shall ensure submission of quarterly report on physical progress against targets and expenditure including an analysis of adverse variances and corrective action proposed to be taken.
10. The State shall not make any change in allocation among different budget heads without approval of GoI.
11. The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
12. State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.

Yours faithfully

**Dr. Ashish C. Verma**  
**Director (NRHM)**

**APPROVAL OF STATE PROGRAMME IMPLEMENTATION PLAN, 2013-14:  
DAMAN AND DIU**

<b>CONTENTS</b>	<b>PAGE NO.</b>
<b>SUMMARY</b>	
State specific goals	1
Key conditionalities and incentives	4
Finance: key issues and guiding principles	6
Road map for priority action	8
Approved budget (by program and function)	12
<b>REPRODUCTIVE AND CHILD HEALTH</b>	
Maternal Health	18
Child Health, RBSK (SHP) & Immunization	28
Family Planning	44
Adolescent Health	52
Urban RCH	59
PC-PNDT	61
Human Resources and program management	65
<b>MISSION FLEXI POOL</b>	
ASHA	96
Untied funds/RKS/AMG	99
New constructions/ renovation and setting up	101
Procurement	104
Mobile medical unit	108
Referral Transport	109
AYUSH	110
IEC / BCC	112
Monitoring and evaluation (HMIS)	114
Others	117
<b>NATIONAL DISEASE CONTROL PROGRAMMES</b>	
National Iodine Deficiency Disorders Control Programme (NIDDCP)	120
Integrated Disease Surveillance Programme(IDSP)	124
National Vector Borne Disease Control Programme (NVBDCP)	128
National Leprosy Eradication Programme (NLEP)	137
Revised National Tuberculosis Control Programme (RNTCP)	140
<b>Annexure</b>	

**Annex (Detailed budgets)**

1. RCH Flexible Pool
2. Mission Flexible pool

### 3. Immunization and PPI Operation Cost

4A National Iodine Deficiency Disorders Control Programme (NIDDCP)

4B Integrated Disease Surveillance Programme (IDSP)

4C National Vector Borne Disease Control Programme (NVBDCP)

4D National Leprosy Eradication Programme (NLEP)

4E Revised National Tuberculosis Control Programme (RNTCP)



# SUMMARY

## STATE-SPECIFIC GOALS

The following are the agreed goals and service delivery targets for the state of Daman and Diu:

Indicator	CURRENT		CAD (%)		State Targets			
	India	Daman and Diu	India	Daman and Diu	2013-14	2014-15	Target for 12 <sup>th</sup> Plan	CAD (%)
<b>Maternal Health</b>								
MMR (SRS 07-09)	212	NA	-5.8	NA	NA	NA	NA	NA
<b>Child Health</b>								
U5MR (SRS 2011)	55	NA	-7.3	NA	NA	NA	NA	NA
IMR (SRS 2011)	44	22	-6.0	-10.8	18	16	13	-10.0
NMR (SRS 2011)	31	NA	-4.0	NA	NA	NA	NA	NA
<b>Family Planning</b>								
TFR (SRS 2011)	2.4	1.9	-3.1	NA	To maintain same level			

### Note

CAD: Compounded Annual Decline; MMR from 04-06 to 07-09; U5MR; IMR; NMR and TFR from 2008 to 2011; targets from latest current status to 2015.

## SERVICE DELIVERY TARGETS

Indicators	DLHS-2 (2002-04)	DLHS-3 (2007-08)	CES (2009)	State Targets 2013-14
	Maternal Health			
Mothers who had 3 or more ANC's	NA	NA	NA	3734(99%)
Deliveries taking place in public facilities*	NA	NA	NA	2127 (43%)
Caesarean Section rate in public health facilities	NA	NA	NA	319 (15%)
Line listing and follow up of Severely Anaemic pregnant women	NA	NA	NA	59(2%)
Child Health				
Full Immunisation (%)	56.1	84.5	71.3	300
New borns visited by ASHA (as per HBNC guidelines)	NA	NA	NA	794 (70% of rural live birth)
Line listing and follow up of Low Birth Weight babies	NA	NA	NA	118 (70% of LBW babies in rural)
Percentage of SNCUs admitting at least 6 babies per month per bed	NA	NA	NA	80% (80%)
Family Planning				
Female sterilisations (lakhs)			383 (HMIS: 2010-11)	1.0
Post-Partum sterilizations (lakhs)			107 (HMIS: 2010-11)	0.10
Male sterilisations (lakhs)			8 (HMIS: 2010-11)	0.20
IUD insertions (lakhs)			226 (State:2010-11)	2.9
Disease Control				
ABER for malaria (%)				0.12%

API for malaria (per 1000 population)				<1%
Annualized New Smear Positive Detection Rate of TB (%)				55%
Success Rate of New Smear Positive Treatment initiated on DOTS (%)				88%

\* DLHS and CES data reflect achievement in both public and private facilities. Performance to be assessed on the basis of MCTS and NIKSHAY, where available and on the basis of facility wise HMIS in other cases

## KEY CONDITIONALITIES AND INCENTIVES

Daman and Diu has made significant progress in responding to conditionalities particularly in the area of providing Free Generic Medicines and Civil Registration. Following conditionalities shall be adhered to by the States and are to be treated as non-negotiables:

### Mandatory disclosures

1. The State must ensure mandatory disclosure on the state NRHM website of the following:
  - Facility wise deployment of all HR including contractual staff engaged under NRHM with name and designation.
  - MMUs- total number of MMUs, registration numbers, operating agency, monthly schedule and service delivery data on a monthly basis.
  - Patient Transport ambulances and emergency response ambulances- total number of vehicles, types of vehicle, registration number of vehicles, service delivery data including clients served and kilometres logged on a monthly basis.
  - All procurements- including details of equipments procured (as per directions of CIC which have been communicated to the States by this Ministry vide letter No 'No.Z.28015/162/2011-H' dated 28th November 2011.).
  - Buildings under construction/renovation –total number, name of the facility/hospital along with costs, executing agency and execution charges (if any), date of start & expected date of completion.
  - Supportive supervision plan and reports shall be part of mandatory disclosures. Block-wise supervisory plan and reports should be uploaded on the website.
  - NGOs/PPP funded under NRHM would be treated as 'public authority' and will fall under the ambit of the RTI Act 2005 under Section 2(h). Further, details of funds allotted /released to NGOs/PPP to be uploaded on website.
2. State/UT to ensure that JSY payments are made through Direct Benefit Transfer (DBT) mechanism through AADHAAR enabled payment system/Core Banking Solution where DBT mechanism has been rolled out.
3. Timely updation of MCTS and HMIS data including facility wise reporting
4. Line listing of high risk pregnant women and Low Birth Weight (LBW) babies.

### KEY CONDITIONALITIES

5. As agreed, the following key conditionalities would be enforced during the year 2013-14.
  - a) Rational and equitable deployment of HR<sup>1</sup> with the highest priority accorded to high priority districts and delivery points.

---

<sup>1</sup> Many states have put in a place an HR policy which lays down norms of transfer and posting. It is expected that the States would now implement the policy. Rational and equitable deployment would include posting of staff on the basis of case load, posting of specialists in teams (eg. Gynaecologist and Anaesthetist together), posting of EmOC/ LSAS trained

- b) Facility wise performance audit<sup>2</sup> and corrective action based thereon.

Non-compliance with either of the above conditionalities may translate into a reduction in outlay upto 7 1/2% and non-compliance with both translating into a reduction of upto 15%.

- c) Gaps in implementation of JSSK may lead to a reduction in outlay upto 10% of RCH base flexipool.

## INCENTIVES

6. Initiatives in the following areas would draw additional allocations by way of incentivisation of performance:

- a) Responsiveness, transparency and accountability (upto 8% of the outlay).
- b) Quality assurance (upto 3% of the outlay).
- c) Inter-sectoral convergence (upto 3% of the outlay).
- d) Recording of vital events including strengthening of civil registration of births and deaths (upto 2% of the outlay).
- e) Creation of a public health cadre (by states which do not have it already) (upto 10% of the outlay)
- f) Policy and systems to provide free generic medicines to all in public health facilities (upto 5% of the outlay)
- g) Timely roll out of RBSK (upto 5% of the outlay)
- h) States providing more than 10% increase in its annual health budget as compared to the previous year will attract incentives.
- i) Enacting/adopting a bill like the Clinical Establishment Act, 2010 as per their requirement, to regulate the quality and cost of health care in different public and private health facilities in the State.

### Note:

The Framework for Implementation of NRHM to be strictly adhered to while implementing the approved PIP. State should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks.

---

doctors in FRUs, optimal utilization of specialists in FRUs and above and filling up vacancies in peripheral facilities in high focus/ remote areas.

<sup>2</sup> Facility wise performance audit will also include the facility wise score card being developed.

## FINANCE: KEY ISSUES AND GUIDING PRINCIPLES

1. Quarterly FMR must be submitted on time with both physical and financial progress duly reflected.
2. State had reported negative committed unspent balance as on 01.04.13 which is beyond financial rules.
3. State shall also have to furnish a monthly statement of fund position and expenditure in format prescribed in the operational guidelines, as Annexure XXIII and XXIV.
4. Status of Contribution of state share:

(Rs. in crore)

Year	Amounts required on basis of releases (Rs. in Crores)	Amount credited in SHS Bank A/C (Rs. in Crores)	Shortfall (Rs. In Crore)
2007-08	0.28	0.00	0.28
2008-09	0.35	0.30	0.05
2009-10	0.31	0.70	-0.39
2010-11	0.38	0.30	0.08
2011-12	0.25	1.00	-0.75
2012-13	0.62	0.92	-0.30
<b>Total</b>	<b>2.19</b>	<b>3.22</b>	<b>-1.03</b>

State is to ensure that outstanding state share is deposited. **Further, with effect from year 2012-13, State's share would be 25%.**

5. Release of funds up to 100% of BE for the year 2013-14, would be contingent on the State providing Utilization Certificate against the grant released to the state up to 2011-12 for all the programme.
6. The appointment of Concurrent Auditor for the year 2013-14 is a prerequisite for release of 2nd tranche of funds.
7. Timely submission of Statutory Audit Report for the year 2012-13 is mandatory for release of 2nd tranche of funds.
8. State is required to comply with the instructions and/or guidelines issued for maintenance of bank account vide D. O. No. G-27017/21/2010-NRHM-F dated January 23, 2012.
9. State should ensure submission of Action Taken Report/ Compliance Report on the FMR Analysis (2013-14) and Audit Report Analysis for FY 2012-13.
10. State needs to strengthen the internal control procedures/mechanism for all transactions.
11. State should ensure proper maintenance of books of accounts at district and block level as per the operational guidelines for NRHM issued by the Ministry.
12. Appointment of Auditor for the year 2012-13 must be completed in the first quarter of 2013-14 as per the RFP issued by this Ministry.

13. The state must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured and only need-based procurement should take place.
14. State should ensure expenditure up to 15% by June 2013 and another 30% by September 2013 of their approved budget under each pool in the FY 2013-14.
15. Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes



## ROAD MAP FOR PRIORITY ACTION

NRHM must take a 'systems approach' to Health. It is imperative that States take a holistic view and work towards putting in place policies and systems in several strategic areas so that there are optimal returns on investments made under NRHM. For effective outcomes, a sector wide implementation plan would be essential; states would be expected to prepare such a plan with effect from next year. Some of the key strategic areas in this regard are outlined below for urgent and accelerated action on the part of the State:

S.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
<b>PUBLIC HEALTH PLANNING &amp; FINANCING</b>		
1.	Planning and financing	Mapping of facilities, differential planning for districts / blocks with poor health indicators; resources not to be spread too thin / targeted investments; at least 10% annual increase in state health budget (plan) over and above State share to NRHM resource envelope; addressing verticality in health programmes; planning for full spectrum of health services; emphasis on quality assurance in delivery points
2.	Management strengthening	Full time Mission Director for NRHM and a full-time Director/ Jt. Director/ Dy. Director Finance, not holding any additional responsibility outside the health department; fully staffed programme management support units at state, district and block levels; selection of staff to key positions such as head of health at the district and block level and facility-in charge to be based on performance; stability of tenure to be assured; training of key health functionaries in planning and use of data. Strong integration with Health & FW and AYUSH directorates
3.	Developing a strong Public Health focus	Separate public health cadre, induction training for all key cadres; public health training for doctors Working in health administrative positions; strengthening of public health nursing cadre, enactment of Public Health Act
<b>HUMAN RESOURCES</b>		
4.	HR policies for doctors, nurses paramedical staff and programme management staff	Minimizing regular vacancies; expeditious recruitment (eg. taking recruitment of MOs out of Public Service Commission purview); merit –based and transparent selection; opportunities for career progression and professional development; rational and equitable deployment; effective skills utilization; stability of tenure; sustainability of contractual human resources under RCH / NRHM and plan for their inclusion in State budget

S.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
5.	HR Accountability	Facility based monitoring; incentives for both the health service provider and the facility based on functioning; performance appraisal against benchmarks; renewal of contracts/ promotions based on performance; incentives for performance above benchmark; incentives for difficult areas
6.	Medical, Nursing and Paramedical Education (new institutions and upgradation of existing ones)	Planning for enhanced supply of doctors, nurses, ANMs, and paramedical staff; mandatory rural posting after MBBS and PG education; expansion of tertiary health care; use of medical colleges as resource centers for national health programmes; strengthening/ revamping of ANM / GNM training centers and paramedical institutions; re-structuring of pre service education; developing a highly skilled and specialized nursing cadre
7.	Training and capacity building	Strengthening of State Institute of Health & Family Welfare (SIHFW)/ District Training Centers (DTCs); quality assurance; availability of centralized training log; monitoring of post training outcomes; expanding training capacity through partnerships with NGOs / institutions; up scaling of multi skilling initiatives, accreditation of training
<b>STRENGTHENING SERVICES</b>		
8.	Policies on drugs, procurement system and logistics management	Articulation of policy on entitlements on free drugs for out / in patients; rational prescriptions and use of drugs; timely procurement of drugs and consumables; smooth distribution to facilities from the district hospital to the sub centre; uninterrupted availability to patients; minimization of out of pocket expenses; quality assurance; prescription audits; essential drug lists (EDL) in public domain; computerized drugs and logistics MIS system; setting up dedicated corporation on the lines of eg: TNMSC
9.	Equipments	Availability of essential functional equipments in all facilities; regular needs assessment; timely indenting and procurement; identification of unused/ faulty equipment; regular maintenance and MIS/ competitive and transparent bidding processes
10.	Ambulance Services & Referral Transport	Universal availability of GPS fitted ambulances; reliable, assured free transport for pregnant women and newborn/ infants; clear policy articulation on entitlements both for mother and newborn; establishing control rooms for timely response and provision of services; drop back facility; a prudent mix of basic level ambulances and emergency response vehicles

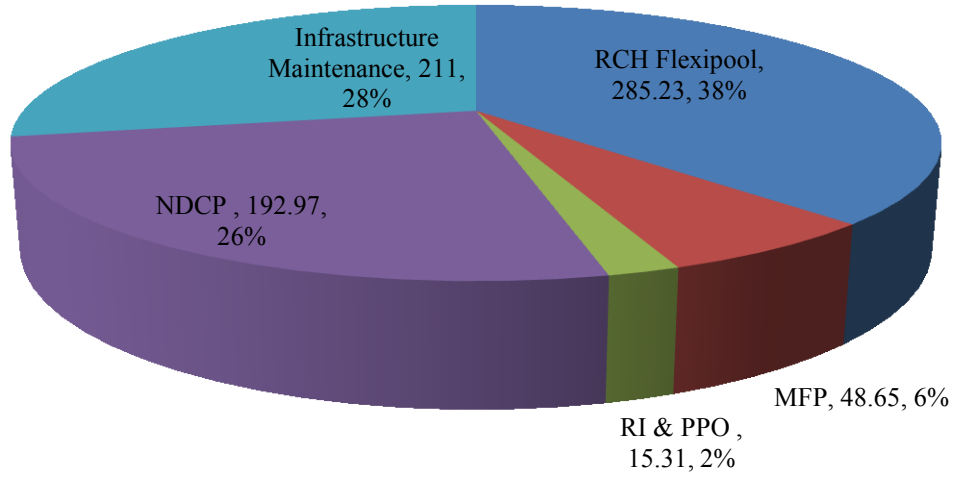
S.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
11.	New infrastructure Maintenance of buildings; sanitation, water, electricity, laundry, kitchen, facilities for attendants	New infrastructure, especially in backward areas; 24x7 maintenance and round the clock plumbing, electrical, carpentry services; power backup; cleanliness and sanitation; upkeep of toilets; proper disposal of bio medical waste; drinking water; water in toilets; electricity; clean linen; kitchens, facilities for attendants
12.	Diagnostics	Rational prescription of diagnostic tests; reliable and affordable availability to patients; partnerships with private service providers; prescription audits, free for pregnant women and sick neonates
<b>COMMUNITY INVOLVEMENT</b>		
13.	Patient's feedback and grievance redressal	Feedback from patients; expeditious grievance redressal; analysis of feedback for corrective action
14.	Community participation	Active community participation; empowered PRIs; strong VHSNCs; social audit; effective Village Health & Nutrition Days (VHNDs); strengthening of ASHAs; policies to encourage contributions from public/ community
15.	IEC	Comprehensive communication strategy with a strong behaviour change communication (BCC) component in the IEC strategy; dissemination in villages/ urban slums/ periurban areas
<b>CONVERGENCE, COORDINATION &amp; REGULATION</b>		
16.	Inter sectoral convergence	Effective coordination with key departments to address health determinants viz. water, sanitation, hygiene, nutrition, infant and young child feeding, gender, education, woman empowerment, convergence with SABLA, SSA, ICDS etc.
17.	NGO/ Civil Society	Mechanisms for consultation with civil society; civil society to be part of active communitisation process; involvement of NGOs in filling service delivery gaps; active community monitoring
18.	Private Public Partnership (PPP)	Partnership with private service providers to supplement governmental efforts in underserved and vulnerable areas for deliveries, family planning services and diagnostics
19.	Regulation of services in the private sector	Implementation of Clinical Establishment Act; quality of services, e.g. safe abortion services; adherence to protocols; checking unqualified service providers; quality of vaccines and vaccinators, enforcement of PC-PNDT Act

S.	STRATEGIC AREAS	ISSUES THAT NEED TO BE ADDRESSED
<b>MONITORING &amp; SUPERVISION</b>		
20.	Strengthening data capturing, validity / triangulation	100% registration of births and deaths under Civil Registration System (CRS); capturing of births in private institutions; data collection on key performance indicators; rationalizing HMIS indicators; reliability of health data triangulation mechanisms.
21.	Supportive Supervision	Effective supervision of field activities/ performance; handholding; strengthening of Lady Health Visitors (LHVs), District Public Health Nurses (DPHNs), Multi Purpose Health Supervisors (MPHS) etc.
22.	Monitoring and Review	Regular meetings of State/ District Health Mission/ Society for periodic review and future road map; clear agenda and follow up action; Regular, focused reviews at different levels viz. Union Minister/ Chief Minister/ Health Minister/ Health Secretary/ Mission Director/ District Health Society headed by Collector/ Officers at Block/ PHC level; use of the HMIS/ MCTS data for reviews; concurrent evaluation
23.	Quality assurance	Quality assurance at all levels of service delivery; quality certification/ accreditation of facilities and services; institutionalized quality management systems
24.	Surveillance	Epidemiological surveillance; maternal and infant death review at facility level and verbal autopsy at community level to identify causes of death for corrective action; tracking of services to pregnant women and children under MCTS
25.	Leveraging technology	Use of GIS maps and databases for planning and monitoring; GPS for tracking ambulances and mobile health units; mobile phones/tablets for real time data entry; video conferencing for regular reviews; closed user group mobile phone facility for health staff; telemedicine and teleeducation; use of ICT technologies in E- Governance; development of Human Resource Information System (HRIS) and Hospital Management Information System endless opportunities-sky is the limit!

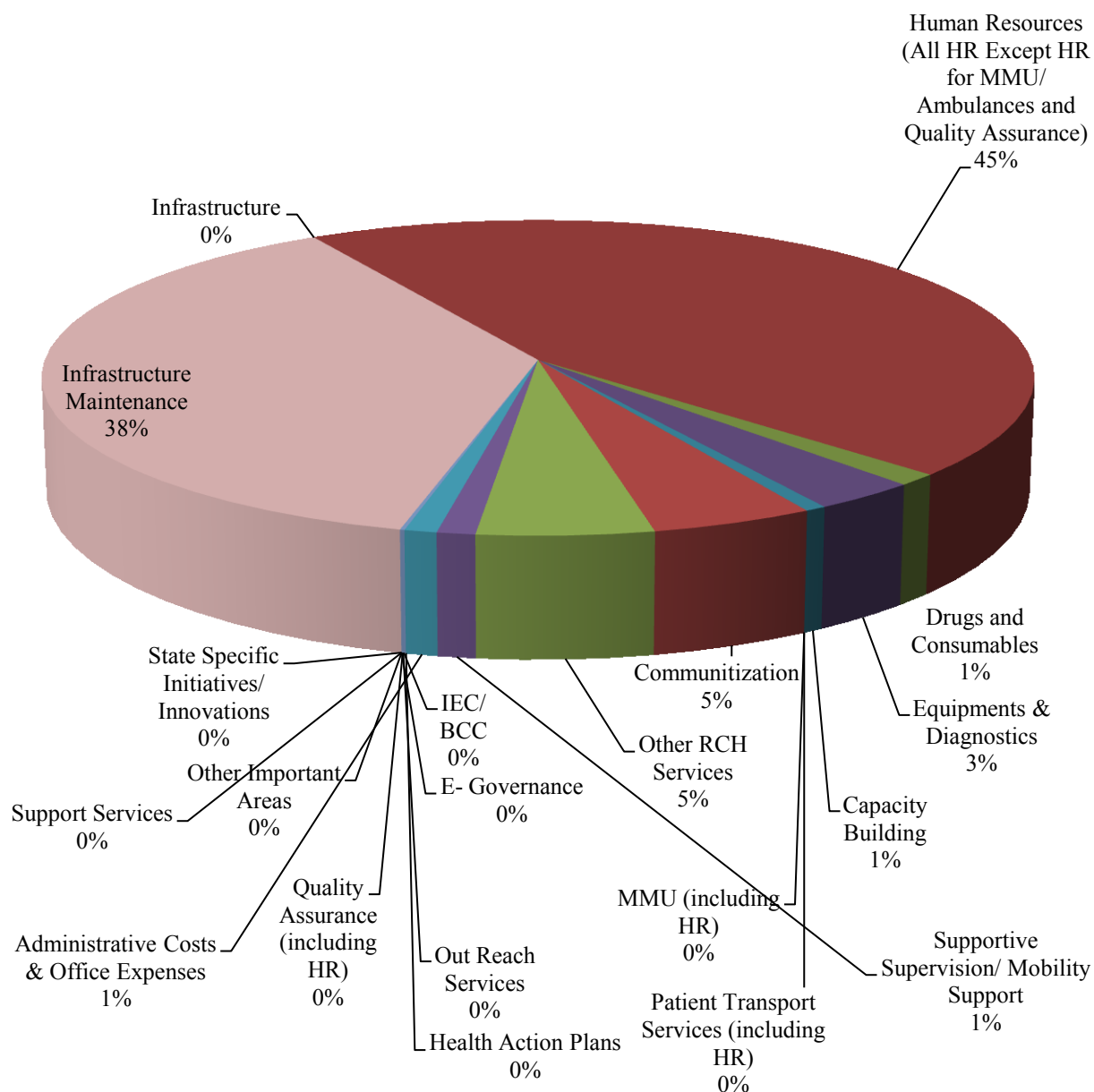
RMNCHA+ document released in Mahabalipuram Conference should serve as guidance note for integration and betterment of all RMNCH activities.

### PROGRAMME WISE APPROVED BUDGET

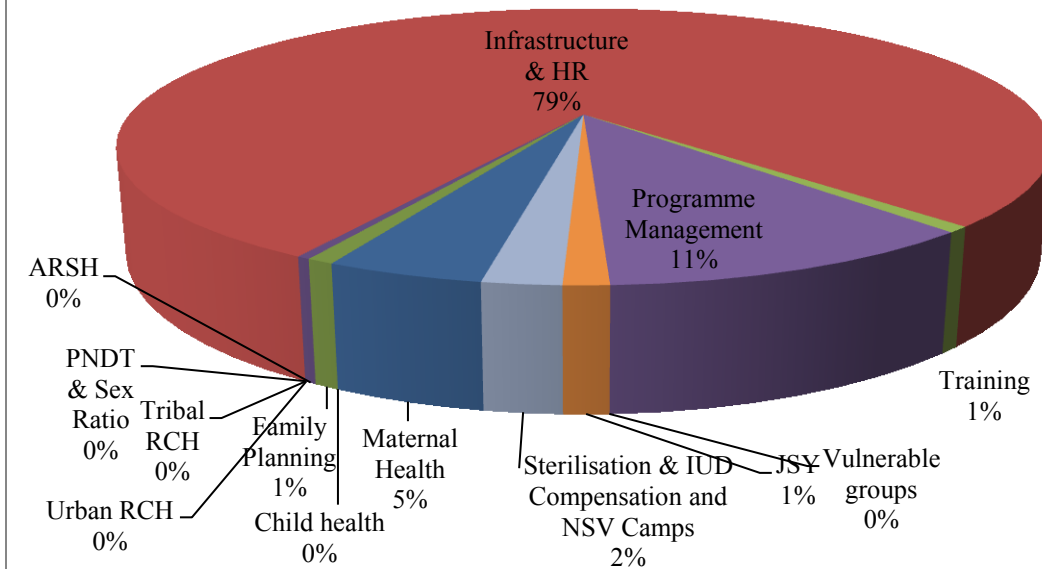
Approved (by programme), 2013-14: Total Rs.753.16 lakhs



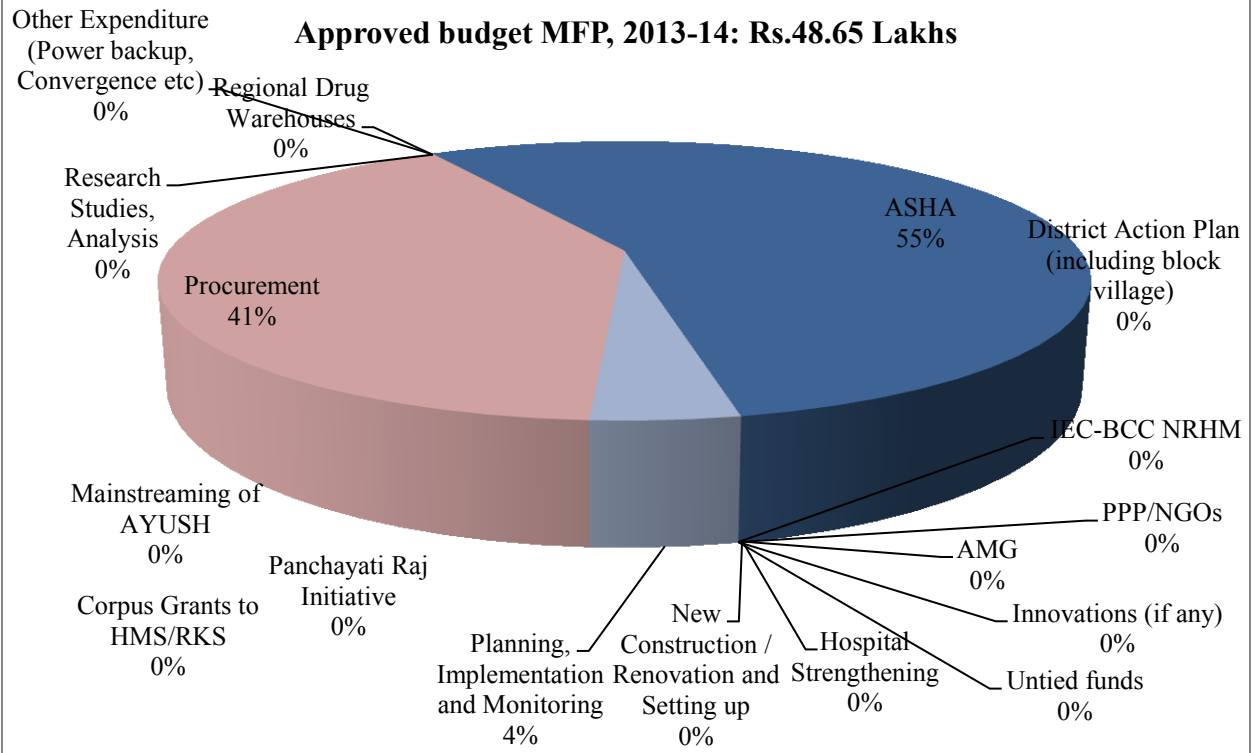
**Approved (by function), 2013-14: Total Rs.753.16 lakhs**



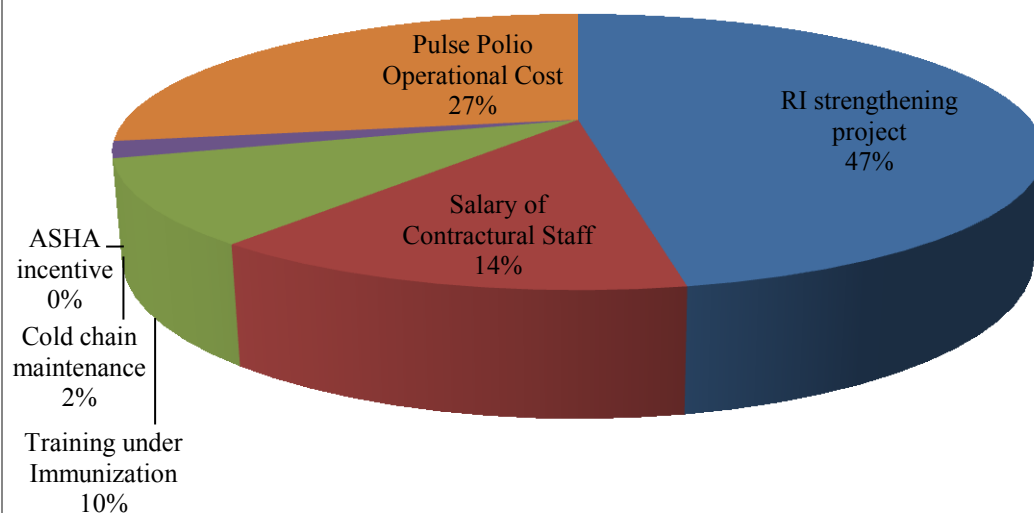
**Approved budget RCH flexipool, 2013-14: Rs.285.23 lakhs**



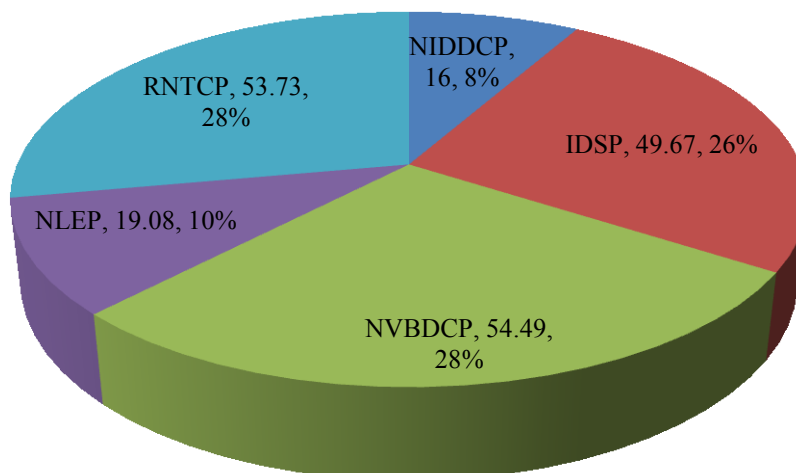
**Approved budget MFP, 2013-14: Rs.48.65 Lakhs**



**Approved budget Immunization, 2013-14: Rs.15.31 lakhs**



**Approved Budget NDCP, 2013-14: Rs.192.97lakhs**





**SUMMARY BUDGET 2013-14: DAMAN AND DIU**

S. No.	Budget Head	FY 2013-14 Budget ( Rs lakhs )		
		Proposed	Approved	%
1. RCH FLEXI POOL				
A1	Maternal Health	17.38	12.63	1.68
A2	Child Health	7	0	0.00
A3	Family Planning	2.18	2.18	0.29
A4	ARSH	21.67	1.05	0.14
A5	Urban RCH	0	0	0.00
A6	Tribal RCH	0	0	0.00
A7	PNDT & Sex Ratio	1	0	0.00
A8	Infrastructure & HR	888.04	226.28	30.04
A9	Training	28.75	1.95	0.26
A10	Programme Management	53.21	31.16	4.14
A11	Vulnerable groups	0	0	0.00
	Total Base Flexi Pool	1019.23	275.26	36.55
A12	JSY	3.66	3.66	0.49
A13	Sterilisation & IUD Compensation and NSV Camps	3.49	6.31	0.84
	Total Demand Side	7.15	9.97	1.32
	Total RCH Flexi Pool	1026.38	285.23	37.87
2. MISSION FLEXI POOL				0.00
B1	ASHA	41.58	26.81	3.56
B2	Untied Funds	7.15	0	0.00
B3	Annual Maintenance Grants	2.1	0	0.00
B4	Hospital Strengthening	3	0	0.00
B5	New Constructions/ Renovation and Setting up	10	0	0.00
B6	Corpus Grants to HMS/RKS	12	0	0.00
B7	District Action Plans (including block, village)	0.75	0	0.00
B8	Panchayati Raj Initiative	0.76	0	0.00
B9	Mainstreaming of AYUSH	79.39	0	0.00
B10	IEC-BCC NRHM	31.25	0	0.00
B11	Mobile Medical Units (Including recurring expenditures)	24.92	0	0.00
B12	Referral Transport	100.57	0	0.00
B13	PPP/ NGOs	1.4	0	0.00
B14	Innovations (if any)	54.16	0	0.00
B15	Planning, Implementation and Monitoring	14.26	2.04	0.27

S. No.	Budget Head	FY 2013-14 Budget ( Rs lakhs )		
		Proposed	Approved	%
B16	Procurement	208.84	19.8	2.63
B17	Regional drugs warehouses	0	0	0.00
B18	New Initiatives	0	0	0.00
B19	Health Insurance Scheme	0	0	0.00
B20	Research, Studies, Analysis	1	0	0.00
B21	State level Health Resources Center	0	0	0.00
B22	Support Services	6	0	0.00
B23	Other Expenditures (Power Backup, Convergence etc)	18.11	0	0.00
	<b>TOTAL MFP</b>	<b>617.24</b>	<b>48.65</b>	<b>6.46</b>
<b>3. IMMUNIZATION</b>				0.00
C1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)	7.2	7.2	0.96
C2	Salary of Contractual Staffs	5.17	2.1	0.28
C3	Training under Immunisation	1.5	1.5	0.20
C4	Cold chain maintenance	0.3	0.3	0.04
C5	ASHA Incentive	0	0	0.00
	<b>Total Immunization</b>	<b>14.17</b>	<b>11.1</b>	<b>1.47</b>
C6	<b>Pulse Polio Operational Cost</b>	4.21	4.21	0.56
	<b>Total RI &amp; PPO costs</b>	<b>18.38</b>	<b>15.31</b>	<b>2.03</b>
<b>4. NATIONAL DISEASE CONTROL PROGRAMMES</b>				0.00
4A	National Iodine Deficiency Disorders Control Programme (NIDDCP)	20.52	16	2.12
4B	Integrated Disease Surveillance Programme(IDSP)	65.96	49.67	6.59
4C	National Vector Borne Disease Control Programme (NVBDCP)	94.45	54.49	7.23
4D	National Leprosy Eradication Programme (NLEP)	18.78	19.08	2.53
4E	Revised National Tuberculosis Control Programme (RNTCP)	143.03	53.73	7.13
	<b>Total NDCP</b>	<b>342.74</b>	<b>192.97</b>	<b>25.62</b>
<b>5. INFRASTRUCTURE MAINTENANCE</b>				0.00
	<b>Total Infrastructure Maintenance</b>	211	211	28.02
	<b>GRAND TOTAL</b>	<b>2215.74</b>	<b>753.16</b>	<b>100.00</b>

## Maternal Health

**GOALS AND SERVICE DELIVERY TARGETS: MATERNAL HEALTH**  
**Maternal Health: Goals and Targets for 2013-14**

<b>Indicator</b>	<b>Target</b>
MMR and expected Maternal Deaths	NA
Nos. of Maternal Deaths Reported and Reviewed	NA
ANCs registered within first trimester	3734 in 2013-14
Institutional Deliveries (out of the total estimated deliveries) to be conducted in Public health institutions from 44% in 2012-13 to 50% in 2013-14	2127 in 2013-14
Caesarean Section rate in public health facilities from 9% in 2012-13 to 10% in 2013-14	319 in 2013-14
Severely Anemic Pregnant Women** out of total anemic pregnant women (@2%)	59 in 2013-14

\*\*At the rate of 2% of pregnant anemic women; this is critical for timely identification and management of severely anemic pregnant woman.

**DELIVERY POINTS:**

<b>Level of Facility</b>	<b>Target (for three years)</b>
<b>CEmOC(L3)</b>	Maintain levels
<b>BEmOC(L2)</b>	1 for Four years

## **ROAD MAP FOR PRIORITY ACTION:**

### **MATERNAL HEALTH**

#### **Road Map for essential commitments**

##### **Commitment No. 1- Operationalizing Delivery Points**

Gaps in the identified delivery points to be assessed and filled through prioritized allocation of the necessary resources in order to ensure quality of services and provision of comprehensive RMNCH+A services at these facilities as per the levels. MNH toolkit is to be used for planning and operationalizing services at different levels of delivery points. Level 3 should be planned for comprehensive CEmOC and RMNCH+A services and similarly level 2 for BEmOC and RMNCH+A services.

The targets for different categories of facilities are:

##### **Level 3 delivery points functioning as CEmOC facilities**

- a) District Hospitals and other similar district level facilities (e.g District women and children hospital)
- b) CHCs and other health facilities at sub district level (above block and below district level) functioning as FRUs

To provide the following services:

- 24\*7 service delivery for CS and other Emergency Obstetric Care.
- 1<sup>st</sup> and 2<sup>nd</sup> trimester abortion services.
- Conduct Facility based MDR.
- Essential newborn care and facility based care for sick newborns.
- Family planning and adolescent friendly health services
- RTI/STI services.
- Have functional BSU/BB.

##### **Level 2 delivery points functioning as BEmOC facilities:**

Non FRU-CHCs, 24\*7 PHC and other PHCs To provide the following services

- 24\*7 BeMOC services including conducting normal delivery and handling common obstetric complications.
- 1st trimester safe abortion services. (MVA upto 8 weeks and MMA upto 7 weeks)
- RTI/STI services.
- Essential newborn care.
- Family planning

**All identified SC Level delivery point** facilities will provide the following services:

- Delivery by SBAs.
- IUD insertion
- Essential new born care.
- ANC, PNC and Immunization.
- Nutritional and Family planning and Adolescent counselling.

- VHND and other outreach services on designated days.

**All identified delivery points should be comprehensively planned for saturating them in terms of HR, Equipment, Capacity building, infrastructural requirements etc before spreading the resources to other health facilities.**

- Monthly performance monitoring of each delivery point needs to be undertaken and reviewed at District level and quarterly level at State level.

#### **Commitment No. 2- Implementing free entitlements under JSSK**

- JSSK entitlements to be ensured to all PW and sick newborns accessing Public health facilities.
- At least 70% drop back to be ensured to PW delivering in the PHFs.
- Drop back should be given only after 48 hrs stay in the health facility.

#### **Commitment No. 3- Centralized Call Centre and Assured Referral Transport**

- All NRHM Supported Ambulances should be designated as “National Ambulance Service” with GOI prescribed color coding and other details.
- Every State needs to ensure availability of a centralized call centre with 102 or 108 as Toll Free no. for referral transport at State or district level along with GPS fitted ambulances.
- Response time for the ambulance to reach the beneficiary not to exceed 30 minutes and should reach the referred facility within next 30 mins.
- Monthly data on utilization of each ambulance (eg. Trips per day) to be maintained, analyzed and take corrective action if anything to be taken

#### **Commitment No. 4- Essential Drug List**

- Every State to have an Essential Drug List (EDL) for SC, PHCs, CHCs, DHs, and Medical colleges and ensure timely procurement and supply to Sub centres, PHCs, CHCs, DHs and MCs.
- The EDL should include drugs for maternal and child health including drugs for safe abortion services, RTI/STI.
- Differential distribution of types and quantities of drugs to performing and non performing facilities and also as per level of facility.
- Procurement should be done through competitive bidding and indent to be taken from each facility based on consumption pattern through computerized inventory management system.
- All Procurement process including periodic testing of drugs through govt. certified labs be carried out by the process of randomized sampling.
- All the drugs should have atleast 5/6<sup>th</sup> of the shelf life at the time of receiving the drugs at indenting facility.
- All other govt. procedure for procurement needs to be followed.

#### **Commitment No. 5- Capacity Building**

- Shortfall in trained human resource at delivery points particularly sub centres in High focus/ High Priority districts to be addressed on priority.
- Training load for skill based trainings to be estimated after gap analysis.

- Certification /accreditation of the training sites is mandatory.
- Training plan to factor in reorientation training of HR particularly for those posted at non functional facilities and being redeployed at delivery points. Orientation training of field functionaries on newer interventions e.g. MDR/ HBNC etc.
- Performance Monitoring during training/post-deployment needs to be ensured
- Specific steps to strengthen SIHFW/ any other nodal institution involved in planning, implementation, monitoring and post training follow up of all skill based trainings under NRHM.

#### **Commitment No. 6– Tracking severe anemia**

- All severely anemic pregnant women (2% of the anemic pregnant women) to be tracked and line listed for providing treatment of anemia.
- The line listing should be maintained and followed up at SCs and PHCs.

#### **Commitment No. 7– For High Priority Districts**

- The State to make use of the MNH toolkit to operationalize the identified facilities as delivery points.
- At least 25% of all sub centres under each PHC to be made functional as delivery points in the HPDs.
- At least one CEmOC CENTRES to be made functional.
- Planning for operationalizing 10-15 BEmOC Centres in phases.

#### **Commitment No. 8—**

Job clarity of both ANMs working at the Sub-centre to ensure availability of one ANM at the SC and the other for outreach activities for the geographically demarcated population.

#### **Commitment No. 9: Pre service Nursing Training (For 12 High Focus States)**

- At least one state Master Nodal centre shall be created and made functional.
- State nursing cell under the directorate of health should be created and made functional.
- A road map for strengthening of ANM and GNM schools be prepared as per GoI guidelines.

**Commitment No. 10:** State, district and regional quality assurance committees to be made functional.

**Commitment No. 11: Establishment of Skill Labs:** At least one skill lab to be established and made functional for a group of 4-5 districts as per skill lab operational guidelines.

#### **Commitment No. 12: MCH wings**

- All 100 bedded MCH wings should be planned comprehensively as per GoI road map and must include equipments, obstetric ICU, SNCU, OT, labor room, Skill lab, academic wing and other details as per MNH toolkit.
- The plan for MCH wing should be shared with the MH nodal officer and he should be involved in its monitoring.
- All the MCH wing must be located within the campus of the existing health facility and completed in 2-3 years.

**Non-negotiables under Janani Suraksha Yojana:**

State needs to ensure strict compliance of the following non-negotiable under JSY:

1. State will ensure that JSY guidelines are strictly followed and payments are made as per the eligibility criteria.
2. State will ensure that AADHAAR numbers/EID and bank account details of the JSY beneficiaries are captured in the integrated RCH registers and seeded in the MCTS database.
3. State will ensure that there would be no delays in JSY payments to the beneficiaries and full amount of financial assistance is given to the beneficiary before being discharged from the health facility after delivery.
4. State/UT to ensure that JSY payments are made through Direct Benefit Transfer (DBT) mechanism through AADHAAR enabled payment system/Core Banking Solution where DBT mechanism has been rolled out. In case, Direct Benefit Transfer mechanism is not implemented in the State/UT, JSY payments to be made only through account payee cheques. Compliance of the above is a pre-requisite for JSY releases to the State/UT.
5. State will ensure that strict monitoring and verification of beneficiaries is done by state and district level health authorities to check malpractices.
6. State will ensure that grievance redressal mechanisms as stipulated under JSY guidelines are activated at the district and state levels.
7. State will ensure the accuracy of JSY data reported at the HMIS portal of MOHFW and also furnish the Quarterly progress reports to the Ministry within the prescribed timeframe.

**DETAILED BUDGET: MATERNAL HEALTH**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
<b>A.1</b>	<b>MATERNAL HEALTH</b>			<b>21.04</b>	<b>16.29</b>	-
A.1.1	Operationalise Facilities (Any cost other than infrastructure, HR, Training, Procurement, Monitoring etc.) may include cost of mapping, planning-identifying priority facilities,etc)					
A.1.1.2	Operationalise 24x7 PHCs					
A.1.1.3	Operationalise Safe abortion services (including MVA/ EVA and medical	100000	1	1.00	0.00	Not Approved



<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
	abortion)at health facilities					
A.1.1.4	Operationalise RTI/STI services at health facilities	50000	3	1.50	0.00	Not Approved
A.1.2	Referral Transport					
A.1.3	Integrated outreach RCH services (state should focus on facility based services and outreach camps to be restricted only to areas without functional health facilities)					
A. 1.3.1.	Oureach camps	0	0	0.00		
A.1.3.2.	Monthly Village Health and Nutrition Days	100	1248	1.25	0.00	Not Approved
A.1.4.	Janani Suraksha Yojana / JSY			3.66	3.66	
A.1.4.1	Home deliveries	500	70	0.35	0.35	Approved
A.1.4.2	Institutional deliveries					
A.1.4.2.a	Rural	700	240	1.68	1.68	Approved
A.1.4.2.b	Urban	600	225	1.35	1.35	Approved
A.1.4.2.c	C-sections	0	0	0.00		
A.1.4.3	Administrative Expenses	28000	1	0.28	0.28	Approved
A.1.4.4	Incentives to ASHA	0	0	0.00		
A.1.5	Maternal Death Review (both in institutions and community)	0	0	0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.1.6	Other strategies/activities (please specify)					
A.1.6.1	Operationalise FRUs	100000	1	1.00	0.00	Not Approved
A.1.7	JSSK- Janani Shishu Surakhsha Karyakram			12.63	12.63	
A.1.7.1	Drugs and consumables	0	0	4.41	4.41	Approved
A.1.7.2	Diagnostic	0	0	0.00		
A.1.7.3	Blood Transfusion	300	300	0.90	0.90	Approved
A.1.7.4	Diet (3 days for Normal Delivery and 7 days for Caesarean)	0	0	0.00		
A.1.7.5	Free Referral Transport	0	0	0.00		
A.1.7.6	Other JSSK activity					
A.1.7.6.1	Mother Care	400	1830	7.32	7.32	Rs. 7.32 lakhs is approved for providing a gown, sanitary napkins and Johnson's baby kit to all mothers who deliver at public institutions.
	<b>Sub-total Maternal Health (excluding JSY)</b>			<b>17.38</b>	<b>12.63</b>	
	<b>Sub-total JSY</b>			<b>3.66</b>	<b>3.66</b>	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
<b>A.9.3</b>	<b>Maternal Health Training</b>	<b>0</b>	<b>0</b>	<b>4.65</b>	<b>0.00</b>	
A.9.3.1	Skilled Attendance at Birth / SBA					
A.9.3.1.4	Training of Staff Nurses in SBA			2.00	0.00	Not Approved
A.9.3.2	EmOC Training					
A.9.3.2.3	Training of Medical Officers in EmOC			1.50	0.00	Not Approved
A.9.3.4	Safe abortion services training (including MVA/ EVA and Medical abortion)					
A.9.3.4.2	Training of Medical Officers in safe abortion			0.75	0.00	Not Approved
A.9.3.5	RTI / STI Training					
A.9.3.5.2	Training of laboratory technicians in RTI/STI			0.15	0.00	Not Approved
A.9.3.5.3	Training of Medical Officers in RTI/STI			0.25	0.00	Not Approved
B.16.2.1	<b>Drugs &amp; supplies for MH</b>					
B.16.2.1.1	RTI /STI drugs and consumables			0.00		
B.16.2.1.2	Drugs for Safe Abortion			0.00		
B.16.2.1.3	Others (Please specify)					
B.16.2.1.4	RPR Kits			1.87	0.00	Not Approved. In 2012-13 Rs.1.87 lakhs was approved and utilization

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
						was NIL.
B.16.2.1.5	Whole blood finger prick test for HIV			0.00		
	<b>Total</b>			<b>27.56</b>	<b>16.29</b>	

## **CHILD HEALTH, RBSK & IMMUNIZATION**

### TARGETS: CHILD HEALTH AND IMMUNIZATION

Indicator	CURRENT		CAD (%)		State Targets			
	India	Daman and Diu	India	Daman and Diu	2013-14	2014-15	Target for 12 <sup>th</sup> Plan (2017)	CAD (%)
<b>Child Health</b>								
<b>U5MR (SRS 2011)</b>	55	NA	-7.3	NA	NA	NA	NA	NA
<b>IMR (SRS 2011)</b>	44	22	-6.0	-10.8	18	16	13	-10.0
<b>NMR (SRS 2011)</b>	31	NA	-4.0	NA	NA	NA	NA	NA

Indicators	DLHS-2 (2002-04)	DLHS-3 (2007-09)	CES (2009)	State Targets		
				2012-13	2013-14	2014-15
Child Health						
Line listing and follow up of Low Birth Weight babies {Nos; (%)}	HMIS incidence of LBW: 14.9% or 169		NA	118 (70%)	169 (100%)	
New borns visited by ASHA (as per HBNC guidelines){Nos; (%)}	Rural Live Births as per HMIS data:1134		NA	794 (70%)	1134 (100%)	
Percentage of SNCUs admitting at least 6 babies per month per bed	NA		NA	80%	95%	

### TARGETS: CHILD HEALTH AND MMUNIZATION

	<i>Trend (SRS)</i>				<i>Targets (SRS)</i>				
	2008	2009	2010	2011	2012	2013	2014	2015	2016
NMR	NA	NA	NA	NA	NA	NA	NA	NA	NA
IMR	31	24	23	22	20	18	16	14	13
U5MR	NA	NA	NA	NA	NA	NA	NA	NA	NA

## PROCESS INDICATORS

			Current Status	Target for 2013-14
	<b>KEY PERFORMANCE INDICATORS (CUMULATIVE)</b>			
1	Establishment & operationalization of SNCUs	(Target 12-13: 1)	1	1
2	Establishment & operationalization of NBSU	(Target 12-13: 0)	0	0
3	NBCC at delivery points	(Target 12-13: 4)	5	5
4	Establishment of NRCs	(Target 12-13: 0)	0	0
5	Personnel trained in IMNCI (ANM+LHV)	No.	31	29
6	Personnel trained in F-IMNCI (MO+SN)	No.	0	32
7	Personnel trained in NSSK (MO+ANM+SN)	No.	0	32
8	ASHA trained in Module 6&7 SHA trained in Module 6&7(only module 6 trainings done)	NA		
		%		
	<b>KEY PERFORMANCE INDICATORS (NON CUMULATIVE)</b>			
1	New borns visited by ASHA (as per HBNC guidelines)	No.	NA	794
		%		70% Rural Live Birth
2	LBW children tracked(state HMIS)	No.	NA	118
		%	NA	70% LBW in Rural
3	Percentage of SNCUs admitting at least 6 babies per month per bed	%	NA	80%

## ROAD MAP FOR PRIORITY ACTION: CHILD HEALTH, SHP & IMMUNIZATION

#### **A. Priority Actions to be carried out by state for Child Health Interventions**

1. All the delivery points should have a functional Newborn Care Corner consisting of essential equipment and staff trained in NSSK. The staff must be trained in a 2 days NSSK training package for skills development in providing Essential Newborn Care.
2. Special Newborn care Units (SNCU) for care of the sick newborn should be established in all Medical Colleges and District Hospitals. All resources meant for establishment of SNCUs should be aligned in terms of equipment, manpower, drugs etc. to make SNCUs fully operational.
3. SNCUs are referral centres with provision of care to sick new born the entire district and relevant information must be given to all peripheral health facilities including ANM and ASHA for optimum utilisation of the facility. Referral and admission of out born sick neonates should be encouraged and monitored along with inborn admissions.
4. NBSUs being set up at FRUs should be utilised for stabilization of sick newborns referred from peripheral units. Dedicated staff posted to NBSU must be adequately trained and should have the skills to provide care to sick newborns.
5. All ASHA workers are to be trained in Module 6 & 7 (IMNCI Plus) for implementing Home Based Newborn Care Scheme. The ASHA kit and incentives for home visits should be made available on a regular basis to ASHAs who have completed the Round 1 of training in Module 6
6. All ANMs are to be trained in IMNCI.
7. All Medical Officers and Staff Nurses, positioned in FRUs/DH and 24x7 PHCs should be prioritised for F-IMNCI training so that they can provide care to sick children with diarrhoea, pneumonia and malnutrition.
8. Infant and Under fives Death Review must be initiated for deaths occurring both at community and facility level.
9. In order to promote early and exclusive breastfeeding, the counselling of all pregnant and expectant mothers should be ensured at all delivery points and breastfeeding initiated soon after birth. At least two health care providers should be trained in 'Lactation Management' at District Hospitals and FRUs; other MCH staff should be provided 2 days training in IYCF and growth monitoring.
10. Nutrition Rehabilitation Centres are to be established in District Hospitals (and/or FRUs), prioritising tribal and high focus districts with high prevalence of child malnutrition. The optimum utilisation of NRCs must be ensured through identification and referral of Severe Acute Malnutrition cases in the community through convergence with Anganwadi workers under ICDS scheme.
11. Line listing of newly detected cases of SAM and Low birth weight babies must be maintained by the ANM and their follow-up must be ensured through ASHA.
12. In order to reduce the prevalence of anaemia among children, all children between the ages of 6 months to 5 years must receive Iron and Folic Acid tablets/ syrup (as appropriate) as a preventive measure for 100 days in a year. Accordingly appropriate formulation and logistics must be ensured and proper implementation and monitoring should be emphasised through tracking of stocks using HMIS. As per National Iron Plus Initiative, IFA syrup is to be administered in biweekly fashion under supervision from ASHA.
13. Use of Zinc should be actively promoted along with use of ORS in cases of diarrhoea in children. Availability of ORS and Zinc should be ensured at all sub-centres and with ASHAs.
14. Data from SNCU, NBSU and NRC utilisation and child health trainings (progress against committed training load) must be transmitted on a monthly basis to the Child Health Division.



15. Infant Young Child Feeding Practices Guidelines launched by GoI to be implemented in current financial year. Growth monitoring equipments to be made available at each Health Facility i.e Sub Centre, PHC, District Hospital. At District Hospitals and high case load facilities, RMNCHA counsellor to undertake IYCF counselling after growth monitoring by Staff Nurse/ANM. IYCF trainings for ASHA/ANM/Staff Nurses to be undertaken

#### **B.Rashtriya Bal Swastha Karyakram (School Health Programme):**

1. Rashtriya Bal Swastha Karyakram (RBSK) Guidelines including terms of reference to be adhered for operational plan, implementation and monitoring. School Health programme is now subsumed under RBSK.
2. The programme should focus on four Ds- Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities as detailed in RBSK guideline.
3. All children (below 6 years) registered with Anganwadis to be screened at least twice a year
4. All children (6 years to 18 years) enrolled in government and government aided schools to be screened at least once a year.
5. All designated delivery points (as agreed in annexure of PIP 2013-14) to start New born screening and report findings in monthly monitoring formats
6. Recruitment and training of dedicated teams to complete within the first Quarter of the financial Year.
7. Referral of children must be tied up and complete treatment at higher facilities through District Early Intervention Centres.
8. Planning, implementation, monitoring formats - Health Cards, reporting formats under RBSK is standardized. State to ensure adherence.
9. All approved DEICs to be established within the current Financial Year. No spill over for infrastructural cost would be allowed in the next year for the same facility.
10. State to establish State/District/Block level RBSK committees and/or submerge within existing NRHM society structure at State/District and block with diverse stakeholders, Department of Woman and Child Development, Department of Education – Sarba Siksha Abhiyan, Rashtriya Madhik Sishkha Abhiyan, Department of Social Justice and empowerment. This committee with representation of academia at State level is responsible for implementation and monitoring of the programme.
11. Involvement of nodal teachers from schools and Anganwadi workers from Anganwadi Centres and State District and Block level supervisory structure in the programme is to be ensured for preventive and promotive Health communication and monitoring.
12. Visibility of Rashtriya Bal Swastha Karyakram (RBSK) with NRHM logo to be made noticeable across programme implementation. In case State has different nomenclature other than Rashtriya Bal Swastha Karyakram (RBSK) for similar programme, for which financial support is approved under PIP 2013-14, RBSK and NRHM to be used as cobranded with local initiative.
13. The New programme would require State/District programme management unit handholding in Physical and Financial achievement. State to support this initiative.
14. Formation of State and district level steering committees.
15. Training / re-orientation of service providers(MOs, ANMs, ASHAs)
16. Monthly meeting with BMO.
17. Regular feedback on quality of sanitary napkins to be sent to GoI

18. Identification of appropriate storage place for sanitary napkins.
19. Mechanism of distribution of sanitary napkins right upto the user level.
20. Reporting and accounting system in place at various levels.
21. Utilizing MCTS for service delivery by checking with ASHAs and ANMs about supply chain management of IFA tabs and Sanitary napkins.
22. Distribution of Sanitary Napkins to school going adolescent girls to be encouraged in schools and preferably combined with Weekly Iron Folic Acid Supplementation (WIFS).

***C. Priority Actions to be carried out by state for Immunization***

1. Immunization weeks should be continued as a part of routine strategy during non – immunization days to improve coverage especially in community where no immunization services are provided or services are deficient or all high risk pockets or migrant population as identified in pulse polio program etc. The available human resources to be redeployed during these weeks for effective implementation
2. The micro plans for routine immunization must be updated on 6 monthly intervals both for Routine Immunization and Immunization weeks, taking into account the information available and information on migrant population/ missed areas covering inaccessible, remote areas and urban slums. The missed areas or migrant population as identified during polio programme or any other source of information must be incorporated in the micro plans and activities carried out as per micro-plan.
3. Full time State Immunisation Officer should be in place.
4. District Immunisation Officer should be in place in all the districts. The placement of ANMs at all session sites must be ensured.
5. Due list of beneficiaries must be available with ANM and ASHA and village wise list of beneficiaries should be available with ASHA after each session and tickler bags should be used for monitoring in addition to the timely and regular updating of information in MCTS portal.
6. The immunisation session must be carried out on a daily basis in District Hospitals and FRUs/ 24x7 PHCs with considerable case load in the OPD.
7. Cold chain mechanics must be placed in every district with a definite travel plan so as to ensure that at least 3 facilities are visited every month as a preventive measure (check-up of equipment).
8. The paramedical staff should be identified as the Cold Chain Handler in all cold chain points and their training must be ensured. In case of non-availability, the responsibility should be given to next para medical staff in position that should be equally trained.
9. The coverage of immunization to children at 18 months of age is very low. The opportunity for Full immunization of the children at 1 year and ensuring that these children are also vaccinated at 2nd year of age must be emphasized and monitored. The ASHAs/link workers are especially encouraged by providing financial incentive of Rs 100 and Rs 50 per child to achieve this.
10. District AEFI Committees must be in place and investigation report of every serious AEFI case must be submitted within 15 days of occurrence.
11. Rapid response team should be in place in priority districts identified by the states.
12. There should be a regular evening meeting on Immunization days to review the implementation of open vial policy and also reviewing implementation of programmatic gaps.
13. Quarterly review at all levels should be conducted on the issues as identified during evening meetings, for which funds are provided under ROP.

**DETAILED BUDGET: CH, RBSK & IMMUNIZATION**

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
<b>A.2.</b>	<b>CHILD HEALTH</b>			<b>7.00</b>	<b>0.00</b>	-
A.2.1	IMNCI (including F-IMNCI; primarily budget for planning for pre-serviceIMNCI activities in medical colleges, nursing colleges, and ANMTCs)					
A.2.2	Facility Based Newborn Care/FBNC (SNCU, NBSU, NBCC - any cost <b>not</b> budgeted under HR,Infrastructure, procurement, training,IEC etc.) e.g.operating cost rent,electricity etc. imprest money					
A.2.2.1	SNCU			0.00		
A.2.2.2	NBSU			0.00		
A.2.2.3	NBCC	20000	5	1.00	0.00	Not Approved
A.2.3	Home Based Newborn Care/HBNC			2.00	0.00	Not Approved
A.2.4	Infant and Young Child Feeding/IYCF	0	0	1.50	0.00	Not Approved
A.2.5	Care of Sick Children and Severe Malnutrition (e.g. NRCs, CDNCs etc.)			0.00		
A.2.6	Management of diarrhoea & ARI & micronutrient malnutrition			0.00		
A.2.7	Other strategies/activities (please specify)	0	45	1.50	0.00	Not approved
A.2.8	Infant Death Audit			0.00		
A.2.9	Incentive to ASHA under child health			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.2.11	Any other interventions (eg; rapid assessments, protocol development)					
A.2.11.1	Implementation of IMNCI activities in district	50000	2	1.00	0.00	Not Approved
	<b>Sub-total Child Health</b>	<b>0</b>	<b>0</b>	<b>7.00</b>	<b>0.00</b>	
A.9.5	<b>Child Health Training</b>	0	6	5.83	0.00	-
A.9.5.1	<b>IMNCI Training (pre-service and in-service)</b>					
A.9.5.1.2	IMNCI Training for ANMs / LHVs			1.50	0.00	Not Approved
A.9.5.2	<b>F-IMNCI Training</b>					
A.9.5.2.2	F-IMNCI Training for Medical Officers		6	1.00	0.00	Not Approved
A.9.5.2.3	F-IMNCI Training for Staff Nurses			0.50	0.00	Not Approved
A.9.5.3	<b>Home Based Newborn Care / HBNC</b>					
A.9.5.3.2	Training on HBNC for ASHA			0.88	0.00	Not Approved
A.9.5.5	Other child health training (please specify)					
A.9.5.5.1	NSSK Training					
A.9.5.5.1.2	NSSK Training for Medical Officers			1.00	0.00	Not Approved
A.9.5.5.1.3	NSSK Training for SNs			0.95	0.00	Not Approved
A.4.2	School Health programme					
A.4.2.1	Prepare and disseminate guidelines for School Health	50	100	0.05	0.05	Printing of 100 guidelines @ Rs. 50 per guidelines approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
	Programme.					
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)		4	0.10	0.10	Quarterly meetings with school education (SSA & RMSA, ICDS and Department of Disability of Ministry of Social Justice and Empowerment) @ Rs. 1500 /- meeting for Daman and Rs. 1000 /-meeting for Diu approved
A.4.2.3	Mobility support			12.60	0.00	Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.4.2.4	Referral support	0	0	0.00		
A.4.2.5	Other strategies for school health					
A.4.2.5.1	First Aid Box to schools in routine	1500	138	2.07	0.00	Approval shifted to B 16.2.7.
A.4.2.5.2	Procurement / Recurring cost for maintenance of computer	25000	1	0.25	0.00	Approval shifted to B 16.1.6.2
A.4.2.5.4	Operational cost			1.80	0.90	Running cost of one DEIC @ Rs 30000 per month is approved for 3 months
<b>A.9.7.6.3</b>	<b>SHP training</b>					
A.9.7.6.3.1	School Health Training -Training of team – technical and managerial		16	0.30	0.75	Approval revised as proposed sum is inadequate for 5 days training of RBSK guidelines

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						for 3 mobile health teams at Daman or Diu
A.9.7.6.3.2	Training of Nodal teachers			0.75	0.00	Not recommended under RBSK guidelines
A.9.7.6.3.3	One day orientation for programme managers/ MO			0.75	1.20	Approval revised as proposed sum is inadequate for approval for training of IDEIC (Daman) staffs for 15 days
A.9.7.6.3.4	Training/Refresher training -ASHA			0.25	0.00	ANM and Mos would train ASHAs in monthly meeting
A.9.7.6.3.5	Training/Refresher training -ANM			0.15	0.00	Approval to be revised as proposed sum is inadequate for training of 48 ANM in Daman and 14 ANM in Diu in one day.
B16.1.6.2	Equipments for School Health Equipments for School Health Screening (weighing scale, Height measurement scale and Snellens' Charts)			34.26	17.43	(New Activity) Approved <sup>3</sup> Rs 1.08 for 3 sets of equipments @ Rs 36000 per set (pure tone audiometer is not recommended for mobile health teams to begin with). One sets of equipments for DEIC @ Rs 16.10 lakhs. Rs0.25 lakhs is recommended for one computer is shifted from A

<sup>3</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
						4.2.5.2.
B.16.2.7	<b>Drugs &amp; supplies for SHP</b>			0.30	2.07	(New Activity) Approved <sup>4</sup> for 138 first aid box for 138 schools @ Rs 1500 per box shifted from A 4.2.5.1. And Rs 0.30 lakhs for mobile health team. Conditionality UT to only procure drugs for DEIC after the RBSK EDL is announced from MoHFW.
	<b>Total</b>			<b>66.46</b>	<b>22.50</b>	

<sup>4</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

### BUDGET: IMMUNIZATION

FMR Code	Activities	Unit Cost	Quantity / Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Comments
C.1	RI Strengthening Project ( Review meetings, Mobility support, Outreach services etc)					
c.1.a	Mobility Support for supervision for district level officers.	Rs.2,50,000/ Year /district level officers.		2.50	2.50	
c.1.b	Mobility support for supervision at state level	Rs. 150000 per year.		0.40	0.40	
c.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	Rs. 10 beneficiaries		0.75	0.75	
c.1.d	Support for Quarterly State level review meetings of district officer	Rs. 1250/ per participant/day for 3 persons (CMO/DIO/Dist Cold Chain Officer)		0.30	0.30	State to share the meeting notice and minutes with MOHFW.
c.1.e	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders	Rs. 100/per participant for meeting expenses for 5 persons (lunch, Organization expenses)		0.10	0.10	State to share the meeting notice and minutes with MOHFW.



c.1.f	Quarterly review meetings exclusive for RI at block level	Rs. 50/ per person as honorarium for ASHA (Travel) and Rs. 25/person at the disposal of MO-IC for meeting expenses (refreshment, stationary and misc. expenses)		0.00	0.00	State to share the meeting notice and minutes with MOHFW.
c.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	Hiring of ANM@450/session for four session/month/slum of 10000 population and Rs. 300/- per month as contingency per slum i.e. Rs. 2100/- per month per slum of 10000 population		0.00	0.00	
c.1.h	Mobilization of children through ASHA or other mobilizers	Rs. 150 per session		0.00	0.00	
c.1.i	Alternative vaccine delivery in hard to reach areas	Rs. 150 per session		0.83	0.83	
c.1.j	Alternative Vaccine Delivery in other areas	Rs. 75 per session				
c.1.k	To develop microplan at sub-centre level	@ Rs 100/- per subcentre		0.03	0.03	
c.1.l	For consolidation of microplans at block level	Rs. 1000 per block/ PHC and Rs. 2000 per district		0.08	0.08	
c.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Rs1,50,000/ district/year		2.00	2.00	

c.1.n	Consumables for computer including provision for internet access for RIMs	@ 400/ - month/ district		0.10	0.10	
c.1.o	Red/Black plastic bags etc.	Rs. 3/bags/session		0.07	0.07	
c.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	Rs. 1200 per PHC/CHC per year		0.00	0.00	
c.1.q	Safety Pits	Rs. 5250/pit		0.04	0.04	
c.1.r	State specific requirement			0.00	0.00	
c.1.s	Teeka Express Operational Cost			0.00	0.00	
c.1.t	Measles SIA operational Cost			0.00	0.00	
c.1.u	JE Campaign Operational Cost			0.00		
c.1.v	Others			0.00		
C.1-Sub Total				7.20	7.20	
C.2	Salary of Contractual Staffs					
C.2.1	Computer Assistants support for State level	Rs.12000-15000 per person per month	1.00	1.98	0.90	* Salary is for 6 months * State to provide details of total sanctioned posts, filled up and vacancy.

C.2.2	Computer Assistants support for District level	8000-10000 per person per month	2.00	3.19	1.20	* Salary is for 6 months * State to provide details of total sanctioned posts, filled up and vacancy.
C.2.3	Others(service delivery staff)			0.00		
C.2-Sub Total				5.17	2.10	
C.3	Training under Immunization					
C.3.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse MidWives, BEEs & other staff ( as per RCH norms)	As per revised norms for trainings under RCH		1.50	1.50	Approved, but expenditure has to be as per NRHM norms.Also , all the trainings should be approved from Immunization division.
C.3.2	Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module)			0.00	0.00	
C.3.3	One day refresher training of district Computer assistants on RIMS/HIMS and immunization formats			0.00	0.00	

C.3.4	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers			0.00	0.00	
C.3.5	One day training of block level data handlers by DIOs and District cold chain officer			0.00	0.00	
C.3.6	Others			0.00	0.00	
<b>C.3-Sub Total</b>				<b>1.50</b>	<b>1.50</b>	
C.4	Cold chain maintenance	Rs.750/PHC/CHCs per year District Rs.15000/year		0.30	0.30	
C.5	ASHA incentive for full Immunization	Rs 100 per child for full immunization in first year		0.00	0.00	
		Rs 50 per child for ensuring complete immunization upto 2nd year of age				
	<b>Total ROUTINE IMMUNIZATION</b>			<b>14.17</b>	<b>11.10</b>	
C.6	Pulse Polio Operational Cost (Tentative)			4.21	4.21	
<b>Total</b>				<b>18.38</b>	<b>15.31</b>	

## **FAMILY PLANNING**

**PROJECTION of KEY INDICATORS (2013-14):**

SN.	Indicator	Current	Target/ ELA			
		Status	2013-14	2014-15	2015-16	2016-17
<b>1</b>	<b>Goal Indicators:</b>					
1.1	Total Fertility Rate (TFR)	1.9 (SRS 2007)	Maintain TFR level			
1.2	Contraceptive Prevalence Rate (CPR)	51.9 (DLHS-3)	60.0	63.0	67.0	70.0
1.3	Unmet Need	17.5 (DLHS-3)	12.0	11.0	10.0	9.0
<b>2</b>	<b>Service delivery:</b>					
<b>2.1</b>	<b>IUCD - Total</b>	<b>233 (HMIS 2011-12)</b>	<b>275</b>	<b>300</b>	<b>325</b>	<b>350</b>
2.2	Post-partum IUCD (subset of IUCD-total)		50	25% of the Public Health Institution Deliveries of that year		
<b>2.3</b>	<b>Female Sterilisation</b>	<b>405 (HMIS 2011-12)</b>	300	325	350	375
2.4	Post-partum sterilisation (subset of tubectomy)	<b>108 (HMIS 2011-12)</b>	120	125	130	140
<b>2.5</b>	<b>Male sterilisation</b>	<b>4 (HMIS 2011-12)</b>	35	40	45	50
	<b>Total Sterilization</b>	<b>409 (HMIS 2011-12)</b>	<b>335</b>	<b>365</b>	<b>395</b>	<b>425</b>
<b>3</b>	<b>Input/ facility operationalization:</b>					
3.1	<b>Fixed Day service delivery:</b>					
<b>3.1.1</b>	<b>IUCD</b>					
	Twice weekly at SC	Not mentioned	All SHC	All SHC	All SHC	All SHC
	Daily at DH, SDH, CHC		Weekly @ PHC + CHC	Weekly @ PHC + CHC	Weekly @ PHC + CHC	Weekly @ PHC + CHC
3.1.2	Sterilisation	All DHs	DH + 1 SDH/ FRU per dist	DH + all FRU per dist	DH + all FRU + 25% PHC per dist	DH + all FRU + 50% PHC per dist
3.2	Appointment of FP counsellors	No FP counsellors proposed	DH + 1 SDH/ FRU per dist	DH + all FRU per dist	DH + all FRU per dist	DH + all FRU per dist

### Conditionality for 2013-14: Family Planning

SN.	Indicator	Target/ ELA - 2013-14	Minimum Level of Achievement		Remarks
			By end of Sep. 2013	By end of March 2014	
<b>1</b>	<b>Goal (target):</b>				
1.1	Reduction in TFR -2013	Maintain TFR level	NA	NA	1.9 (SRS 2007)
<b>2</b>	<b>Service delivery (ELA):</b>				
2.1	<b>IUCD:</b>	<b>275</b>	<b>110</b>	<b>248</b>	
2.1.1	PPIUCD	50	20	45	
2.1.2	Interval IUCD	225	90	203	
2.2	<b>Sterilisation:</b>	<b>335</b>	<b>101</b>	<b>268</b>	
2.2.1	Tubectomy	<b>300</b>	90	240	
2.2.2	Post-partum sterilisation (subset of tubectomy)	<b>120</b>	36	96	
2.2.3	Vasectomy	<b>35</b>	11	28	
<b>3</b>	<b>Training of personnel (target):</b>				
3.1	<i>Post-partum IUCD</i>	0	0	0	
3.1.1	MO		0	0	
3.1.2	SN		0	0	
3.2	<i>Interval IUCD</i>	79	20	59	
3.2.1	MO	6	2	5	
3.2.2	SN	20	5	15	
3.2.3	ANM/ LHV	53	13	40	
3.3	Minilap	4	1	3	
3.4	NSV	2	1	2	
3.5	Laparoscopic		0	0	
<b>4</b>	<b>Others (target):</b>				
4.1	Appointment of FP Counsellors	No FP counsellors proposed	Review & Reporting	Review & Reporting	
4.2	Regular reporting of the scheme of “home delivery of contraceptives by ASHAs” from pilot states	Regular reporting	Regular reporting	Regular reporting	
4.3	Fixed Day Services for IUCD	All SHCs	NA	100%	
4.4	Fixed Day Services for Sterilisation	All DHs	NA	100%	

## **ROAD MAP FOR PRIORITY ACTION: FAMILY PLANNING**

**MISSION:** “The mission of the National Family Planning Program is that all women and men (in reproductive age group) in India will have knowledge of and access to comprehensive range of family planning services, therefore enabling families to plan and space their children to improve the health of women and children”.

**GUIDING PRINCIPLES:** Target-free approach based on unmet needs for contraception; equal emphasis on spacing and limiting methods; promoting ‘children by choice’ in the context of reproductive health.

### **STRATEGIES:**

#### 1. Strengthening spacing methods:

- Increasing number of providers trained in IUCD 380A
- Strengthening Fixed Day IUCD services at facilities
- Introduction of Cu IUCD 375
- Delivering contraceptives at homes of beneficiaries.
- Delaying first pregnancy for at least two years after marriage, spacing of at least three years between first and second child and adoption of permanent method after one or two children (couples to be motivated by ASHA).

#### 2. Emphasis on post-partum family planning services:

- Strengthening Post-Partum IUCD (PPIUCD) services at least at DH, SDH, FRU, CHC/BPHC level at high case load facilities.
- Promoting Post-partum sterilisation (PPS)
- Establishing Post-Partum Centers at women & child hospitals at district levels
- Appointing counsellors at high case load facilities

#### 3. Strengthening sterilization service delivery

- Increasing pool of trained service providers (minilap, lap & NSV)
- Operationalising FDS centers for sterilisation
- Holding camps to increase accessibility and availability of services.

#### 4. Strengthening quality of service delivery:

- Strengthening QACs for monitoring/review
- Disseminating/ following existing protocols/ guidelines/ manuals
- Monitoring of FP Indemnity scheme

#### 5. Development of BCC/ IEC tools highlighting benefits of Family Planning specially on spacing methods

#### 6. Focus on using private sector capacity for service delivery (exploring PPP availability):

#### 7. Strengthening programme management structures:



- Establishing new structures for monitoring and supporting the programme
- Strengthening programme management support to state and district levels

#### 8. World Population Day Celebrations.

##### **KEY PERFORMANCE INDICATORS:**

- a. % IUD inserted against ELA
- b. % PPIUCD inserted against institutional deliveries
- c. % PPIUCD inserted against total IUCD
- d. % of sterilisations conducted against ELA
- e. % post-partum sterilisations against total female sterilisations
- f. % of male sterilisations out of total sterilisations conducted
- g. % facilities delivering FDS services against planned
- h. % of personnel trained against planned
- i. % point decline in unmet need
- j. Point decline in TFR
- k. % utilization of funds against approved

# **DETAILED BUDGET: FAMILY PLANNING**

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
<b>A.3</b>	<b>FAMILY PLANNING</b>			<b>5.67</b>	<b>8.49</b>	-
A.3.1	Terminal/Limiting Methods					
A.3.1.1	Orientation workshop, dissemination of manuals on FP standards & quality assurance of sterilisation services, fixed day planning meeting			0.88	0.00	Not Approved
A.3.1.4	Compensation for female sterilisation			1.73	1.73	Rs. 1.73 lakhs is approved for 125 APL beneficiaries @ Rs. 650 /- and 40 BPL beneficiaries @ Rs. 1,000 /- in Daman, and 80 APL beneficiaries in Diu @ Rs. 650 /-.
A.3.1.5	Compensation for male sterilization/NSV Acceptance	1500	30	0.45	0.45	Rs. 0.45 lakhs is approved for 20 beneficiaries in Daman and 10 beneficiaries in Diu @ Rs. 1500 /- beneficiary.
A.3.1.6	Accreditation of private providers to provide sterilisation services			0.00	0.00	
A.3.2	Spacing Methods	30020	301	0.36	0.36	
A.3.2.1	IUD camps			0.00	0.00	
A.3.2.2	IUD services at health facilities (including fixed day services at SHC and	20	300	0.06	0.06	Approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
	PHC)					
A.3.2.5	Contraceptive Update seminars	30000	1	0.30	0.00	Not Approved
A.3.4	Repairs of Laparoscopes	50000	1	0.50	0.50	Approved
A.3.5	Other strategies/activities (please specify):					
A.3.5.3	World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities			0.75	0.75	Approved
A.3.5.4	Other strategies/ activities (such as strengthening fixed day services for IUCD and sterilization etc.)					
A.3.5.4.1	Delivery of contraceptives by at door step	100000	1	1.00	0.00	Not Approved
A.3.5.4.2	FP Indemnity Scheme			0.00	5.00	Approved as the FP Insurance Scheme has now been decentralized
	<b>Sub-total Family Planning (excluding Sterilisation Compensation and NSV Camps)</b>			<b>2.18</b>	<b>2.18</b>	
	<b>Sub-total Sterilisation Compensation and NSV Camps</b>			<b>3.49</b>	<b>6.31</b>	
<b>A.9.6</b>	<b>Family Planning Training</b>			<b>5.30</b>	<b>0.00</b>	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.9.6.1	<b>Laparoscopic Sterilisation Training</b>					
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)			0.80	0.00	Not Approved
A.9.6.2	<b>Minilap Training</b>					
A.9.6.2.2	Minilap training for medical officers			1.00	0.00	Not Approved
A.9.6.3	<b>Non-Scalpel Vasectomy (NSV) Training</b>					
A.9.6.3.2	NSV Training of medical officers			0.50	0.00	Not Approved
A.9.6.4	<b>IUD Insertion</b>					
A.9.6.4.2	Training of Medical officers in IUD insertion			0.50	0.00	Not Approved
A.9.6.4.3	Training of staff nurses in IUD insertion			1.00	0.00	Not Approved
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion			1.00	0.00	Not Approved
A.9.6.5	Contraceptive update/ISD Training			0.50	0.00	Not Approved
	<b>Total</b>			<b>10.97</b>	<b>8.49</b>	

## **ADOLESCENT HEALTH**

## **ROAD MAP FOR PRIORITY ACTION: ADOLESCENT HEALTH**

### **SETTING UP OF AH CELL**

A unit for adolescent health at state level with a nodal officer supported by four consultants one each for ARSH, SHP, Menstrual hygiene and WIFS; one nodal officer (rank of ACMHO) for all the components of Adolescent Health at district level to take care of Adolescent health programme including the SHP.

### **PROGRAMME SPECIFIC ESSENTIAL STEPS FOR IMPLEMENTATION:**

#### **I. Adolescent Reproductive Sexual Health (ARSH) Programme**

- **Clinics**
  - Number of functional clinics at the DH, CHC, PHC and Medical Colleges (dedicated days, fixed time, trained manpower).
  - Number of clinics integrated with ICTCs
  - Quarterly Reporting from the ARSH clinics to be initiated to GoI.
  - Establish a Supportive supervision and Monitoring mechanism
- **Outreach**
  - Utilisation of the VHND platform for improving the clinic attendance.
  - Demand generation in convergence with SABLA and also through Teen Clubs of MOYAS
- **Capacity Building/Training:**
  - Calculation of the training load and development of training plans! refresher trainings. - Deployment of trained manpower at the functional clinics.

#### **II Menstrual Hygiene Scheme (MHS)**

- Formation of State and district level steering committees.
- Training / re-orientation of service providers(MOs, ANMs, ASHAs)
- Monthly meeting with BMO.
- Regular feedback on quality of sanitary napkins to be sent to GoI
- Identification of appropriate storage place for sanitary napkins.
- Mechanism of distribution of SN right upto the user level.
- Reporting and accounting system in place at various levels.
- Utilizing MCTS for service delivery by checking with ASHAs and ANMs about supply chain management of IFA tabs and Sanitary napkins.
- Distribution of Sanitary Napkins to school going adolescent girls to be encouraged in schools and preferably combined with Weekly Iron Folic Acid Supplementation (WIFS).

#### **II Weekly Iron and Folic Acid Supplementation programme (WIFS)**

- Procurement policy in place for procurement of EDL including IFA and deworming tablets.
- Establish “Monday” as a fixed day for WIFS.

- Plan for training and capacity building of field level functionaries of concerned Departments(i.e. Department of Women and Child Development and and Department of Education) and plan for sensitization of Programme Planners on WIFS.
- Ensure that monitoring mechanism as outlined in the operational framework (Shared with the States during the National Adolescent Health Workshop) are put in place across levels and departments.

#### DETAILED BUDGET: ADOLESCENT HEALTH

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
<b>A.4</b>	<b>ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH</b>					-
A.4.1	Adolescent health services					
A.4.1.1	Disseminate ARSH guidelines.	100000	2	2.00	0.00	Not Approved
A.4.1.2	Establishment of new clinics at DH level			0.00	0.00	
A.4.1.3	Establishment of new clinics at CHC/PHC level			0.00	0.00	
A.4.1.4	Operating expenses for existing clinics	50000	2	1.00	0.00	Not Approved
A.4.1.5	Outreach activities including peer educators	20000	4	0.80	0.00	Not Approved
A.4.2	School Health programme					
A.4.2.1	Prepare and disseminate guidelines for School Health Programme.	50	100	0.05	0.05	Printing of 100 guidelines @ Rs. 50 per guidelines approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)		4	0.10	0.10	Quarterly meetings with school education (SSA & RMSA, ICDS and Department of Disability of Ministry of Social Justice and Empowerment) @ Rs. 1500 /- meeting for Daman and Rs. 1000 /-meeting for Diu approved
A.4.2.3	Mobility support			12.60	0.00	Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.4.2.4	Referral support	0	0	0.00		
A.4.2.5	Other strategies for school health					
A.4.2.5.1	First Aid Box to schools in routine	1500	138	2.07	0.00	Approval shifted to B 16.2.7.
A.4.2.5.2	Procurement / Recurring cost for maintenance of computer	25000	1	0.25	0.00	Approval shifted to B 16.1.6.2



<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.4.2.5.4	Operational cost			1.80	0.90	Running cost of one DEIC @ Rs 30000 per month is approved for 3 months
A.4.3	Other strategies/activities (please specify)					
A.4.3.3	WIFS activity			1.00	0.00	Not Approved
	<b>Sub-total ARSH</b>			<b>21.67</b>	<b>1.05</b>	
A.9.7	<b>Adolescent Reproductive and Sexual Health/ARSH Training</b>					
A.9.7.3	ARSH training for medical officers			0.58	0.00	Not Approved
A.9.7.4	ARSH training for ANMs/LHVs			0.68	0.00	Not Approved
A.9.7.5	ARSH training for AWWs			0.68	0.00	Not Approved
A.9.7.6.1	<b>WIFS training</b>					
A.9.7.6.1.2	refresher training – ANM/MO/ AWW/ Nodal Teacher			1.53	0.00	Not Approved
<b>A.9.7.6.3</b>	<b>SHP training</b>					
A.9.7.6.3.1	School Health Training -Training of team – technical and managerial		16	0.30	0.75	Approval revised as proposed sum is inadequate for 5 days training of RBSK guidelines for 3 mobile health teams at Daman or Diu

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.9.7.6.3.2	Training of Nodal teachers			0.75	0.00	Not recommended under RBSK guidelines
A.9.7.6.3.3	One day orientation for programme managers/ MO			0.75	1.20	Approval revised as proposed sum is inadequate for approval for training of IDEIC (Daman) staffs for 15 days
A.9.7.6.3.4	Training/Refresher training -ASHA			0.25	0.00	ANM and Mos would train ASHAs in monthly meeting
A.9.7.6.3.5	Training/Refresher training -ANM			0.15	0.00	Approval to be revised as proposed sum is inadequate for training of 48 ANM in Daman and 14 ANM in Diu in one day.
B16.1.6	<b>Equipments for ARSH/ School Health</b>					
B16.1.6.1	Equipments for ARSH Clinics			0.00		
B16.1.6.2	Equipments for School Health Equipments for School Health Screening (weighing scale, Height measurement scale and Snellens' Charts)			34.26	17.43	(New Activity) Approved <sup>5</sup> Rs.1.08 is for 3 sets of equipments @ Rs 36000 per set (pure tone audiometer is not recommended

<sup>5</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						for mobile health teams to begin with). One sets of equipments for DEIC @ Rs 16.10 lakhs. Rs0.25 lakhs is recommended for one computer is shifted from A 4.2.5.2.
B.16.2.6	<b>Drugs &amp; supplies for WIFS</b>					
B.16.2.6.1	IFA			4.50	0.00	Not Approved
B.16.2.6.2	Albendazole			0.65	0.00	Not Approved
B.16.2.7	<b>Drugs &amp; supplies for SHP</b>			0.30	2.37	(New Activity) Approved <sup>6</sup> for 138 first aid box for 138 schools @ Rs 1500 per box shifted from A 4.2.5.1. And Rs 0.30 lakhs for mobile health team. Conditionality UT to only procure drugs for DEIC after the RBSK EDL is announced from MoHFW.
	<b>Total</b>			<b>67.05</b>	<b>22.80</b>	

<sup>6</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

## **URBAN RCH**

## **ROAD MAP FOR PRIORITY ACTION: URBAN RCH**

### **BUDGET: URBAN RCH**

Budget Not proposed

## **PC-PNDT**

## **ROAD MAP: PNDT**

### **MISSION:**

The mission of PNDT program is to improve the sex ratio at birth by regulating the pre-conception and prenatal diagnostic techniques misused for sex selection.

### **Guiding Principle:**

Deterrence for unethical practice sex selection to ensure improvement in the child sex ratio

### **STRATEGIES:**

- **Strengthening programme management structures:**
  - > Appointment of Nodal officer
  - > Strengthening of Human resource
  - > Formation of PNDT Cell at state and district level
- **Establishment of statutory bodies under the PC&PNDT Act**
  - > Constitution of 20 member State Supervisory Board
    - Reconstitution every three years (other than ex-officio members)
    - Four meetings in a year
  - > Notification of three members State Appropriate Authority,
  - > Constitution of 8 member State Advisory Committee
    - Reconstitution in every 3 years
    - At least 6 meetings in a year
  - > Notification of District Appropriate Authorities
  - > Constitution of 8 member district Advisory Committees
    - Reconstitution in every 3 years
    - At least 6 meetings in a year
- **Strengthening of monitoring mechanisms**
  - > Monitoring of sex ratio at birth through civil registration of birth data
  - > Formulation of Inspection and Monitoring committees
  - > Increasing the monitoring visits
  - > Review and evaluation of registration records
  - > Online availability of PNDT registration records
  - > Online filling and medical audit of form Fs
  - > Ensure regular reporting of sales of ultrasound machines from manufacturers
  - > Enumeration of all Ultrasound machines and identification of un-registered ultrasound machine
  - > Ensure compliance for maintenance of records mandatory under the Act
  - > Ensure regular quarterly progress reports at state and district level

- **Capacity building and sensitisation of program managers**
  - > Appropriate Authorities
  - > Advisory committee members
  - > Nodal officers both State and District
- Sensitisation and Alliance building with > Judiciary> Medical Council / associations > Civil society.
- **Development of BCC/ IEC/ IPC Campaigns highlighting provisions of PC& PNDT Act and promotion of Girl Child**
- **Convergence for Monitoring of Child sex Ratio at birth**

#### **KEY PERFORMANCE INDICATORS:**

- > Improvement in child sex ratio at birth
- > % of civil registration of births
- > Statutory bodies in place
- > % registrations renewed
- > Increase in inspections and action taken
- > No. of unregistered machines identified
- > % of court cases filed
- > % of convictions secured
- > No. of medical licences of the convicted doctor cancelled or suspended



**DETAILED BUDGET: PNDT**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
<b>A.7</b>	<b>PNDT Activities</b>					
A.7.2	Other PNDT activities (please specify)					
A.7.2.1	Worshop on PNDT	50000	2	1.00	0.00	Not Approved
	<b>Sub-total PNDT activities</b>			<b>1.00</b>	<b>0.00</b>	

# **HUMAN RESOURCES AND PROGRAMME MANAGEMENT**

## ROAD MAP: HUMAN RESOURCES

- A comprehensive HR policy to be formulated and implemented; to be uploaded on the website.
- State should fill up all the vacant regular posts on a priority basis at least 75% by March 2014. The State should also take steps to increase the number of sanctioned posts as per the requirement. The NRHM budget should be used to supplement the State's effort and never to substitute.
- Underserved facilities particularly in high priority districts, to be first strengthened through contractual staff engaged under NRHM. Similarly high case load facilities to be supplemented as per need
- All appointments under NRHM to be contractual; contracts to be renewed not routinely but based on structured performance appraisal
- Decentralized recruitment of all HR engaged under NRHM by delegating recruitment process to the District Health Society under the chairpersonship of the District Collector or Rogi Kalyan Samitis at facility level as applicable.
- Preference to be given to local candidates to ensure presence of service providers in the community. Residence at place of posting to be ensured.
- Quality of HR ensured through appropriate qualifications and a merit- based, transparent recruitment process is mandatory.
- **It has been observed that contractual HR engaged under NRHM i.e. Specialists, Doctors (both MBBS and AYUSH), Staff Nurses and ANM are not posted to the desired extent in inaccessible/hard to reach areas thereby defeating the very purpose of the Mission to take services to the remotest parts of the country, particularly the un-served and under-served areas. It must therefore be ensured that the remotest Sub-Centres and PHCs are staffed first. Contractual HR must not be deployed in better served areas until the remotest areas are adequately staffed. No Sub-Centre in remote/difficult to reach areas should remain without any ANM. No PHC in these areas should be without a doctor. Further, CHCs in remote areas must get contractual HR ahead of District Hospitals. Compliance with these conditionalities will be closely monitored and salaries for contractual HR dis-allowed in case of a violation.**
- Details of facility wise deployment of all HR engaged under NRHM to be displayed on the state NRHM web site.
- For SHCs with 2 ANMs, population to be covered to be divided between them. Further, one ANM to be available at the sub-centre throughout the day while the other ANM undertakes field visits; timings for ANM's availability in the SHC to be notified.
- AYUSH doctors to be more effectively utilized eg for supportive supervision, school health and WIFS.
- All contractual staff to have job descriptions with reporting relationships and quantifiable indicators of performance.
- Performance appraisal and hence increments of contractual staff to be linked to progress against indicators.
- Staff productivity to be monitored. Continuation of additional staff recruited under NRHM

for 24x7 PHCs, FRUs, SDH, etc, who do not meet performance benchmarks, to be reviewed by State on a priority basis.

- All performance based payments/difficult area incentives should be under the supervision of RKS/Community Organizations (PRI).

#### DETAILED BUDGET: HUMAN RESOURCES

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8	Human Resources			888.04	226.28	<p><u>As agreed, the following key conditionalities would be enforced during the year 2013-14.</u></p> <p>a) Rational and equitable deployment of HR with the highest priority accorded to high priority districts and delivery points.</p> <p>b) Facility wise performance audit and corrective action based thereon.</p> <p>c) Performance Measurement system set up and implemented to monitor performance of regular and contractual staff.</p> <p>d) Baseline assessment of competencies</p>

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						<p>of all SNs, ANMs, Lab Technicians to be done and corrective action taken thereon.</p> <p>- Approval is being granted for HR of all cadres under NRHM for six months only and its continuation for the next six months would be contingent on compliance of the above four conditionalities</p> <p>- From 1st October 2013 under NRHM, funds for salary to contractual HR would be done only to make payments to contractual staff over and above the sanctioned regular positions in the State.</p> <p>- It is expected that the state will henceforth fill up their vacant regular HR positions and will not use</p>

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						NRHM funds to substitute state spending.
A.8.1	Contractual Staff & Services					
A.8.1.1	ANMs, Supervisory Nurses, LHVs,					
A.8.1.1.1	ANMs					
A.8.1.1.1.d	24 X 7 PHC	204000	1	2.04	0.00	Not approved
A.8.1.1.1.f	Sub Centres	204000	26	53.04	24.34	26 ANMs approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.1.h	Others	0	0	0.00		
A.8.1.1.2	Staff Nurses					
A.8.1.1.2.a	DH	348000	32	111.36	23.65	14 New Staff nurses not approved. 18 existing posts at Rs. 21900 per month.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2.b	FRUs	348000	20	69.60	14.45	9 New Staff Nurses not approved. 11 existing posts approved at Rs. 21900 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2.d	24 X 7 PHC	348000	8	27.84	7.88	2 New Staff Nurses not approved. 6 existing posts @ Rs. 21900 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2.f	SNCU/ NBSU/NRC etc	348000	12	41.76	15.77	Approved existing 12 SNs @ Rs.21900/- per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.1.2.g	Others	348000	6	20.88	0.00	Not approved
A.8.1.1.3	LHVs/supervisory nurses					
A.8.1.1.3.b	FRUs	240000	1	2.40	0.00	Not approved
A.8.1.1.3.d	24 X 7 PHC	240000	1	2.40	0.00	Not approved
A.8.1.2.1	Laboratory Technicians					
A.8.1.2.1.a	DH	216000	4	8.64	1.87	2 new LTs not approved. 2 existing posts approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.1.b	FRUs	216000	2	4.32	1.87	1 new LT not approved. 2 existing posts approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.1.d	24 X 7 PHC	216000	1	2.16	0.94	1 LT approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned



FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						condition.
A.8.1.2.1.f	Others	216000	1	2.16	0.94	1 LT approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.2	MPWs	204000	2	4.08	0.00	Not approved
A.8.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC )					
A.8.1.3.1	Obstetricians and Gynecologists					
A.8.1.3.1.a	DH		2	19.80	9.90	1 OBG for Daman is approved @ Rs. 65000 per month . 1 OBG for Diu is approved @ Rs. 100000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.3.1. b	FRUs		2	19.80	9.90	1 OBG for Daman is approved @ Rs. 65000 per month. 1 OBG for Diu is approved @ Rs. 100000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.2	Pediatricians					
A.8.1.3.2. a	DH		3	24.60	12.30	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.2. b	FRUs		2	16.80	8.40	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.3	Anesthetists					
A.8.1.3.3. a	DH	780000	1	7.80	3.90	1 anesthetist approved at Rs. 65000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.3.3. b	FRUs	900000	1	9.00	4.50	1 anesthetist approved at Rs. 75000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.4	Surgeons					
A.8.1.3.4. a	DH		6	49.20	16.20	1 new Physician and 1 new Orthopaedic Surgeon not approved. 1 general surgeon approved at Rs. 65000 per month, 2 physicians approved at Rs. 65000 (Daman) and Rs. 75000 (Diu) per month, and 1 Orthopaedic Surgeon approved at Rs. 65000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.3.4. b	FRUs		4	33.60	12.30	New physician not approved. 2 General surgeons approved at Rs. 65000 (Daman) and Rs. 75000 (Diu), 1 physician approved at Rs. 65000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.4. d	Others (Please specify)		2	23.96	0.00	Not approved
A.8.1.5	Medical Officers					
A.8.1.5.1	DH	540000	10	54.00	13.50	5 new MOs not approved. 5 existing posts approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.2	FRUs	540000	3	16.20	8.10	3 MOs approved at Rs. 45000 per month. Approval is being granted for six months only with the above

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						mentioned condition.
A.8.1.5.4	24 X 7 PHC	540000	2	10.80	5.40	2 MOs approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.7	MOs for SNCU/ NBSU/NRC etc	540000	3	16.20	8.10	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.9	Others	540000	1	5.40	0.00	Not approved as UT has indicated that this activity has been removed from updated PIP
A.8.1.7.1	Pharmacist					
A.8.1.7.1.a	DH	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the above mentioned condition.

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.8.1.7.1. b	FRUs	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.1. d	24 X 7 PHC	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.2	Radiographers					
A.8.1.7.2. b	FRUs	187200	1	1.87	0.94	1 radiographer approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.2. d	24 X 7 PHC	187200	1	1.87	0.00	Not approved
A.8.1.7.4	School health teams (Exclusively for SH)			167.05	0.00	
A.8.1.7.4. a	MOs	540000	10	54.00		Approval on hold. UT is to submit revised

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4. b	LTs	216000	4	8.64		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4. c	Dental Technicians	180000	2	3.60		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4. d	Ophthalmic Assistants		28	76.02		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4. e	Staff Nurse	348000	4	13.92		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						NPCC.
A.8.1.7.4.f	Pharmacists			0.00		RBSK mobile team would require pharmacist to dispense medicines. To be considered at the time of submission of revised proposal.
A.8.1.7.4.g	ANMs	204000	3	6.12		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.h	MPW	158400	3	4.75		Not recommended under RBSK
A.8.1.7.5	Counsellors					
A.8.1.7.5.2	ARSH Counselors	158400	3	4.75	2.38	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.5.3	Honorarium to ICTC counselors for ARSH activities	30000	1	0.30	0.15	Approved Approval is being granted for six months only with the above mentioned condition.



FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.7.5.4	Other (please specify)	0	0	0.00		
A.8.1.11	Support Staff for Health Facilities					
A.8.1.11.a	DH		6	9.66	3.14	New Driver and Attendant not approved. 2 Registration Clerks approved at Rs. 11200 per month. 1 DEO approved at Rs. 12000 per month. 1 Accountant approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.11.b	FRUs		8	11.99	4.14	New DEO and attendant not approved. 2 registration clerks approved at Rs. 11200 per month, 1 Attendant approved at Rs. 6600 per month, 1 Accountant approved at Rs. 18000 per month, and 2 Drivers approved at Rs. 11000 per

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.11.d	24 X 7 PHC		10	12.20	2.87	1 new DEO, 1 new Health Assistant Female, 2 new attendants and 1 new registration clerk not approved. 1 Registration clerk approved at Rs. 11200 per month, 1 Health Assistant Male approved at Rs. 8000 per month, 2 drivers approved at Rs. 11000 per month, 1 attendant approved at Rs. 6600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	158400	1	1.58	0.79	Approved Approval is being granted for six months only with the above

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
						mentioned condition.
	<b>Sub-total HR</b>			<b>888.04</b>	<b>226.28</b>	

## **ROAD MAP FOR PRIORITY ACTION: PROGRAMME MANAGEMENT**

- A full time Mission Director is a prerequisite. Stable tenure of the Mission Director (minimum 3 years) should also be ensured.
- A regular full time Director/ Joint Director/ Deputy Director (Finance) (depending on resource envelope of State), from the State Finance Services not holding any additional charge outside the Health Department must be put in place, if not already done, considering the quantum of funds under NRHM and the need for financial discipline and diligence.
- Regular meetings of state and district health missions/ societies.
- Key technical areas of RCH to have a dedicated / nodal person at state/ district levels; staff performance to be monitored against targets and staff sensitized across all areas of NRHM such that during field visits they do not limit themselves only to their area of functional expertise.
- Performance of staff to be monitored against benchmarks; qualifications, recruitment process and training requirements to be reviewed.
- Delegation of financial powers to district/ sub-district levels in line with guidelines should be implemented.
- Funds for implementation of programmes both at the State level and the district level must be released expeditiously and no delays should take place.
- Evidence based district plans prepared, appraised against pre determined criteria; district plans to be a “live” document. Variance analysis (physical and financial) reports prepared and discussed/action taken to correct variances.
- Supportive supervision system to be established with identification of nodal persons for districts; frequency of visits; checklists and action taken reports.
- Remote/ hard to reach/ high focus areas to be intensively monitored and supervised.
- An integrated plan and budget for providing mobility support to be prepared and submitted for review/approval; this should include allocation to State/ District and Block Levels.
- All facilities to maintain visitors registers. All supervisors should write their main observations and agreed action/recommendation. Supervisors should sign with their name and post (written legibly) with date of visit.
- All LHV positions to be filled on a priority basis. The block PHN and DPHN to be part of block and district programme management unit respectively. Similarly a Nursing nodal person to be a part of SPMU. Nursing to be made an integral part of all planning, implementation and monitoring activities.

### DETAILED BUDGET: PROGRAMME MANAGEMENT

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>A.10</b>	<b>PROGRAMME MANAGEMENT</b>			<b>53.21</b>	<b>31.16</b>	<u>Approval for Programme Management staff is being granted for six months only and its continuation for the next six months would be contingent on compliance of condition that Performance Measurement system is set up and implemented to monitor performance of regular and contractual staff.</u>
<b>A.10.1</b>	<b>Strengthening of State society/ State Programme Management Support Unit</b>					
	Contractual Staff for SPMSU recruited and in position			8.10	4.50	
A.10.1.1	State Programme Manager			0.00		
A.10.1.2	State Accounts Manager			0.00		
A.10.1.3	State Finance Manager			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.10.1.4	State Data Manager			0.00		
A.10.1.5	Consultants/ Programme Officers (including for MH/CH/FP/ PNDT/ AH including WIFS SHP, MHS etc.)			0.00		
A.10.1.6	Programme Assistants			0.00		
A.10.1.7	Accountants	277200	1	2.77	1.08	1 Accountant approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.1.8	Data Entry Operators	158400	2	3.17	1.44	2 Data Entry Operators approved at Rs. 12000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.1.11	Others (Please specify)			2.16	1.98	
A.10.1.11.1	Honoraum to UT Data Officer	36000	1	0.36	0.18	1 Data Officer approved at Rs. 3000 /- pm Approval is being granted for six months only with the

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						above mentioned condition.
A.10.1.11.2	Contingency expenses	120000	1	1.20	1.20	Approved
A.10.1.11.3	TA/DA	60000	1	0.60	0.60	Approved
<b>A.10.2</b>	<b>Strengthening of District society/ District Programme Management Support Unit</b>					
	<b>Contractual Staff for DPMSU recruited and in position</b>			35.75	17.30	
A.10.2.1	District Programme Manager	594000	2	11.88	5.40	2 DPMs approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.2	District Accounts Manager	462000	1	4.62	2.10	1 District Finance Manager approved at Rs. 35000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
A.10.2.3	District Data Manager	330000	2	6.60	3.00	2 District M&E Assistants approved at Rs. 25000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.5	Accountants	277200	2	5.54	2.16	2 District Accountants approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.7	Support Staff (Kindly Specify)	87600	2	1.75	0.79	2 Office Attendants approved at Rs. 6600 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.8	Others (Please specify)			5.35	3.85	
A.10.2.8.1	TA/DA	60000	2	1.20	1.20	Approved
A.10.2.8.2	Recurring cost for maintenance of computer			0.25	0.25	Approved



<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
A.10.2.8.3	Provision of equipment / furniture in DPMU Cell			1.50	0.00	Approval on hold. State to share detailed costing break-up
A.10.2.8.4	Contingency expenses	120000	2	2.40	2.40	Approved
A.10.4	Strengthening (Others)	0	0	1.16	1.16	
A.10.4.2	Accounting software, Internet connectivity, maintenance, accounting manual			1.16	1.16	Approved
A.10.5	Audit Fees			4.00	4.00	Approved
A.10.6	Concurrent Audit system	60000	2	1.20	1.20	Approved
A.10.7	<b>Mobility Support, Field Visits</b>	300000	1	3.00	3.00	
A.10.7.2	DPMU/District	300000	1	3.00	3.00	Approved, however UT to share supportive supervision plan.
	<b>Sub-total Programme Management</b>			<b>53.21</b>	<b>31.16</b>	

## OTHERS

### DETAILED BUDGET: TRAINING

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>A.9</b>	<b>TRAINING</b>			<b>28.75</b>	<b>1.95</b>	
A.9.1	Strengthening of existing Training Institutions (SIHFW, ANMTCs, etc.)					
A.9.2	Development of training packages					
A.9.2.2	Other activities (pl. specify)					
A.9.2.2.1	Procurement of audio equipment / recurring cost for maintenance of equipments	50000	2	1.00	0.00	Shifted to B.16.1.7
<b>A.9.3</b>	<b>Maternal Health Training</b>	<b>0</b>	<b>0</b>	<b>4.65</b>	<b>0.00</b>	
A.9.3.1	Skilled Attendance at Birth / SBA					
A.9.3.1.4	Training of Staff Nurses in SBA			2.00	0.00	Not Approved
A.9.3.2	EmOC Training					
A.9.3.2.3	Training of Medical Officers in EmOC			1.50	0.00	Not Approved
A.9.3.4	Safe abortion services training (including MVA/					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
	EVA and Medical abortion)					
A.9.3.4.2	Training of Medical Officers in safe abortion			0.75	0.00	Not Approved
A.9.3.5	RTI / STI Training					
A.9.3.5.2	Training of laboratory technicians in RTI/STI			0.15	0.00	Not Approved
A.9.3.5.3	Training of Medical Officers in RTI/STI			0.25	0.00	Not Approved
<b>A.9.4</b>	<b>IMEP Training</b>					
A.9.4.2	IMEP training for state and district programme managers			0.25	0.00	Not Approved
A.9.4.3	IMEP training for medical officers			1.25	0.00	Not Approved
<b>A.9.5</b>	<b>Child Health Training</b>					
A.9.5.1	<b>IMNCI Training (pre-service and in-service)</b>					
A.9.5.1.2	IMNCI Training for ANMs / LHV's			1.50	0.00	Not Approved
<b>A.9.5.2</b>	<b>F-IMNCI Training</b>					
A.9.5.2.2	F-IMNCI Training for Medical Officers		6	1.00	0.00	Not Approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
A.9.5.2.3	F-IMNCI Training for Staff Nurses			0.50	0.00	Not Approved
<b>A.9.5.3</b>	<b>Home Based Newborn Care / HBNC</b>					
A.9.5.3.2	Training on HBNC for ASHA			0.88	0.00	Not Approved
A.9.5.5	Other child health training (please specify)					
A.9.5.5.1	NSSK Training					
A.9.5.5.1.2	NSSK Training for Medical Officers			1.00	0.00	Not Approved
A.9.5.5.1.3	NSSK Training for SNs			0.95	0.00	Not Approved
<b>A.9.6</b>	<b>Family Planning Training</b>			<b>5.30</b>	<b>0.00</b>	
A.9.6.1	<b>Laparoscopic Sterilisation Training</b>					
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)			0.80	0.00	Not Approved
A.9.6.2	<b>Minilap Training</b>					
A.9.6.2.2	Minilap training for medical officers			1.00	0.00	Not Approved
A.9.6.3	<b>Non-Scalpel Vasectomy (NSV) Training</b>					
A.9.6.3.2	NSV Training of medical officers			0.50	0.00	Not Approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
A.9.6.4	<b>IUD Insertion</b>					
A.9.6.4.2	Training of Medical officers in IUD insertion			0.50	0.00	Not Approved
A.9.6.4.3	Training of staff nurses in IUD insertion			1.00	0.00	Not Approved
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion			1.00	0.00	Not Approved
A.9.6.5	Contraceptive update/ISD Training			0.50	0.00	Not Approved
A.9.7	<b>Adolescent Reproductive and Sexual Health/ARSH Training</b>			5.67	1.95	
A.9.7.3	ARSH training for medical officers			0.58	0.00	Not Approved
A.9.7.4	ARSH training for ANMs/LHV's			0.68	0.00	Not Approved
A.9.7.5	ARSH training for AWW's			0.68	0.00	Not Approved
A.9.7.6.1	<b>WIFS training</b>					
A.9.7.6.1.2	Refresher training – ANM/MO/ AWW/ Nodal Teacher			1.53	0.00	Not Approved
A.9.7.6.3	<b>SHP training</b>					
A.9.7.6.3.1	School Health Training -Training of team – technical and managerial		16	0.30	0.75	Approval revised as proposed sum is inadequate for 5 days training of RBSK

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
						guidelines for 3 mobile health teams at Daman or Diu
A.9.7.6.3.2	Training of Nodal teachers			0.75	0.00	Not recommended under RBSK guidelines
A.9.7.6.3.3	One day orientation for programme managers/ MO			0.75	1.20	Approval revised as proposed sum is inadequate for approval for training of IDEIC (Daman) staffs for 15 days
A.9.7.6.3.4	Training/Refresher training -ASHA			0.25	0.00	ANM and Mos would train ASHAs in monthly meeting
A.9.7.6.3.5	Training/Refresher training -ANM			0.15	0.00	Approval Pended. roposal to be revised as proposed sum is inadequate for training of 48 ANM in Daman and 14 ANM in Diu in one day.
<b>A.9.8</b>	<b>Programme Management Training (e.g. M&amp;E, logistics management, HRD etc.)</b>					
A.9.8.1	Training of SPMSU staff			1.00	0.00	Not Approved
A.9.8.2	Training of DPMSU staff			2.00	0.00	Not Approved
A.9.9.1	PC/PNDT training			1.00	0.00	Not Approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>A.9.11</b>	<b>Training (Other Health Personnel)</b>					
A.9.11.1	Promotional Training of ANMs to lady health visitor etc.			0.30	0.00	Not approved as UT has not specified details
A.9.11.2	Training of ANMs,Staff nurses,AWW,AWS			0.50	0.00	Not approved as UT has not specified details
	<b>Sub-total Training</b>	<b>0</b>	<b>0</b>	<b>28.75</b>	<b>1.95</b>	

## **MISSION FLEXIBLE POOL (MFP)**



## ASHA

### TARGETS:

S.No.	Activity	Targets
1.	ASHAs with Drug kits	47
2.	ASHAs trained in 6 <sup>th</sup> and 7 <sup>th</sup> modules	0

### ROAD MAP FOR PRIORITY ACTION:

- Clear criteria for selection of ASHA
- Well functioning ASHA support system including ASHA days, ASHA coordinators
- Performance Monitoring system for ASHAs designed and implemented (including analysis of pattern of monthly payments; identification of non/under-performing ASHAs and their replacement; and reward for well performing ASHAs). State to report on a quarterly basis on ASHA's average earnings/ range per month.
- Timely replenishment of ASHA kits.
- Timely payments to ASHAs and move towards electronic payment.
- Detailed data base of ASHAs created and continuously updated; village wise name list of ASHA to be uploaded on website with address and cell phone number.

### DETAILED BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B</b>						
<b>B1</b>	<b>ASHA</b>					
<b>B 1.1</b>	ASHA Cost:					
B1.1.1	Selection & Training of ASHA					
B1.1.1.1	Module I - IV			6.00	6.00	(New Activity) Approved.
B1.1.1.2	Module V			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B1.1.1.3	Module VI & VII			1.72	0.00	Not Approved. If UT plans to conduct Module 6 & 7 then no. of days proposed should be reviewed as Module 6 & 7 are transacted in four rounds (20days). Two days of training would not be sufficient
B1.1.2	Procurement of ASHA Drug Kit					
B1.1.2.1	New Kits	1200	51	0.61	0.00	Not Approved. As 69 new drug kits @Rs.800 per drug kit were approved in RoP 2012-13. State needs to procure them and then propose for more drug kits. State to replenish drug kits from the PHC.
B1.1.2.2	Replenishment	800	47	0.38	0.00	
B1.1.2.3	Procurement of ASHA HBNC Kit					
B1.1.2.4	New Kits	2000	99	1.98	1.98	(New Activity) Approved
B1.1.2.5	Replenishment			0.00		
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)					
B1.1.3.5	Other incentive					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B1.1.3.5.1	Incentives to linkworker	30000	99	29.70	17.64	(Ongoing Activity)Approved for 98 Link Workers/ASHAs @Rs.1500 per month, while Fixed incentive per month should be linked to specified monthly activities. The incentives for link workers working as ASHAs to be as per the approved national norms for ASHA incentives.
B1.1.3.6	Other (support provisions to ASHA such as uniform, diary, ASHA Ghar etc)					
B1.1.3.6.1	Uniform, diary, stationery	1200	99	1.19	1.19	(New Activity)Approved for 98 Link Workers/ASHAs.
	<b>Subtotal ASHA</b>			<b>41.58</b>	<b>26.81</b>	

## UNTIED FUNDS/ RKS/ AMG

### ROAD MAP FOR PRIORITY ACTION:

- Timely release of untied funds to all facilities; differential allocation based on case load. Funds to be utilized by respective RKS only and not by higher levels.
- Review of practice of utilising RKS funds for procurement of medicines from commercial medical stores and accordingly revisit guidelines for fund utilisation by RKS.
- Well functioning system for monitoring utilization of funds as well as purposes for which funds are spent.
- Plan for capacity building of RKS members developed and implemented.
- RKS meetings to take place regularly.
- Audit of all untied, annual maintenance grants and RKS funds.
- The State must take up capacity building of Village Health & Sanitation Committees Rogi Kalyan Samitis and other community! PRI institutions at all levels
- The State shall ensure regular meetings of all community Organizations! District ! State Mission with public display of financial resources received by all health facilities
- The State shall also make contributions to Rogi Kalyan Samitis

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B2</b>	<b>Untied Funds</b>					
B2.1	Untied Fund for CHCs/SDH	50000	2	1.00	0.00	Not Approved. As the Utilization in 2012-13 is NIL.
B2.2	Untied Fund for PHCs	25000	3	0.75	0.00	
B2.3	Untied Fund for Sub Centres	10000	26	2.60	0.00	
B2.4	Untied fund for VHSC	10000	28	2.80	0.00	
	<b>Subtotal Untied Funds</b>			<b>7.15</b>	<b>0.00</b>	
<b>B.3</b>	<b>Annual Maintenance Grants (only for Government institutions)</b>					
B3.1	CHC	10000 0	1	1.00	0.00	Not Approved.
B3.2	PHCs	50000	1	0.50	0.00	
B3.3	Sub Centres	10000	6	0.60	0.00	
	<b>Subtotal Annual Maintenance Grants</b>			<b>2.10</b>	<b>0.00</b>	
<b>B.6</b>	<b>Corpus Grants to</b>					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
	<b>HMS/RKS</b>					
B6.1	District Hospitals	50000 0	2	10.00	0.00	Not Approved as utilization in 2011-12 was NIL
B6.2	CHCs	10000 0	1	1.00	0.00	Not Approved
B6.3	PHCs	10000 0	1	1.00	0.00	Not Approved
	<b>Subtotal Corpus Grants to HMS/RKS</b>			<b>12.00</b>	<b>0.00</b>	

## NEW CONSTRUCTIONS/ RENOVATION AND SETTING UP

### ROAD MAP FOR PRIORITY ACTION:

Works must be completed within a definite time frame. For new constructions upto CHC level, a maximum of two years and for a District Hospital a maximum period of 3 years is envisaged. Renovation/ repair should be completed within a year. Requirement of funds should be rejected accordingly. Funds would not be permissible for constructions/ works that spill over beyond the stipulated timeframe.

- Standardized drawing/ detailed specifications and standard costs must be evolved keeping in view IPHS.
- Third party monitoring of works through reputed institutions to be introduced to ensure quality.
- Information on all ongoing works to be displayed on the NRHM website
- Approved locations for constructions/ renovations will not be altered
- All government health institutions in rural areas should carry a logo of NRHM as recognition of support provided by the Mission in English/ Hindi & Regional languages.

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B5</b>	<b>New Constructions (proposed for the coming year)</b>					
B5.1	CHCs			0.00		
B5.2	PHCs			0.00		
B5.3	SHCs/Sub Centres			0.00		
B5.4	Setting up Infrastructure wing for Civil works					
B5.4.1	Staff at State level			0.00		
B5.4.2	Staff at District level			0.00		
B5.5	Govt. Dispensaries/ others renovations			0.00		
B5.6	Construction of BEmONC and CEmONC centres					
B.5.6.1	Absolutely new SNCU/NBSU/NBCC			0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B.5.6.2	Carry forward /Spillover from previous year's sanction for SNCU, NBSU, NBCC			0.00		
B.5.6.3	Additional requirement for SNCU, NBSU, NBCC			0.00		
B.5.7	Major civil works for operationalization of FRUS			0.00		
B.5.8	Major civil works for operationalization of 24 hour services at PHCs			0.00		
B.5.9	Civil Works for Operationalising Infection Management & Environment Plan at health facilities			0.00		
B.5.10	Infrastructure of Training Institutions --					
B.5.10.1	Strengthening of Existing Training Institutions/Nursing School( Other than HR)- --- Infrastructure for GNM Schools and ANMTC			0.00		
B.5.10.1.1	Additional Building/ Major Upgradation of existing Structure			0.00		
B.5.10.1.2	Repair/ Renovation			0.00		
B.5.10.1.3	Spillover of Ongoing Works			0.00		
B.5.10.1.4	Quarters and hostels/residential facilities			0.00		
B.5.10.1.5	New Training Institutions/School (SIHFW/GNMTC/ANMTC etc)			0.00		
B.5.11	SDH			0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B.5.12	DH	50000 0	2	10.00	0.00	DEIC renovation under RBSK Not Approved.
	<b>Subtotal New Construction</b>			<b>10.00</b>	<b>0.00</b>	



## PROCUREMENT

### ROAD MAP FOR PRIORITY ACTION:

- Strict compliance of procurement procedures for purchase of medicines, equipments etc as per state guidelines.
- Online real time inventory management to be practiced.
- Competitive bidding through open tenders and transparency in all procurements to be ensured.
- Only need based procurement to be done strictly on indent/requisition by the concerned facility.
- Procurement to be made well in time & not to be pushed to the end of the year.
- Audit of equipment procured in the past to be carried out to ensure rational deployment.
- Annual Maintenance Contract (AMC) to be built into equipment procurement contracts.
- A system for preventive maintenance of equipment to be put in place.

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B.16</b>	<b>PROCUREMENT</b>					
B16.1	Procurement of Equipment					
B16.1.2	<b>Procurement of equipment: CH</b>					
B16.1.3	<b>Procurement of equipment: FP</b>					
B16.1.3.6	Other (please specify)					
B16.1.4	<b>Procurement of equipment: IMEP</b>					
B16.1.5	Procurement of equipment other than above					
B16.1.6	<b>Equipments for ARSH/ School Health</b>					
B16.1.6.1	Equipments for ARSH Clinics			0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B16.1.6.2	Equipments for School Health Equipments for School Health Screening (weighing scale, Height measurement scale and Snellens' Charts)			34.26	17.43	(New Activity) Approved <sup>7</sup> Rs.1.08 for 3 sets of equipments @ Rs 36000 per set (pure tone audiometer is not recommended for mobile health teams to begin with). One sets of equipments for DEIC @ Rs 16.10 lakhs. Rs0.25 lakhs is recommended for one computer is shifted from A 4.2.5.2.
B16.1.7	<b>Equipments for Training Institutes</b> Procurement of audio equipment / recurring cost for maintenance of equipments	50,000	2		0.00	Not Approved. Shifted from A.9.2.2.1
B16.1.8	<b>Equipments for AYUSH</b>			0.00		
B16.1.9	<b>Procurement of Others/Diagnostics</b>			0.00		
<b>B.16.2</b>	<b>Procurement of Drugs and supplies</b>					
<b>B.16.2.1</b>	<b>Drugs &amp; supplies for MH</b>					
B.16.2.1.1	RTI /STI drugs and consumables			0.00		
B.16.2.1.2	Drugs for Safe Abortion			0.00		
B.16.2.1.3	Others (Please specify)					

<sup>7</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.16.2.1.3.5				0.00		
B.16.2.1.4	RPR Kits			1.87	0.00	Not Approved. In 2012-13 Rs.1.87 lakhs was approved and utilization was NIL.
B.16.2.1.5	Whole blood finger prick test for HIV			0.00		
B.16.2.3	<b>Drugs &amp; supplies for FP</b>					
B.16.2.4	<b>Supplies for IMEP</b>					
B.16.2.4.1	Purchase of color coded bags for bio medical waste	15000	1	0.15	0.00	Not Approved
B.16.2.5	<b>General drugs &amp; supplies for health facilities</b>					
B.16.2.5.1	IPD			27.79	0.00	Not Approved.
B.16.2.5.2	OPD			139.32	0.00	
B.16.2.6	<b>Drugs &amp; supplies for WIFS</b>					
B.16.2.6.1	IFA			4.50	0.00	Not Approved
B.16.2.6.2	Albendazole			0.65	0.00	Not Approved
B.16.2.7	<b>Drugs &amp; supplies for SHP</b>			0.30	2.37	(New Activity) Approved <sup>8</sup> for 138 first aid box for 138 schools @ Rs 1500 per box shifted from A 4.2.5.1. And Rs 0.30 lakhs for mobile health team. Conditionality UT to only procure drugs for DEIC after

<sup>8</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
						the RBSK EDL is announced from MoHFW.
	<b>Subtotal Procurement</b>			<b>208.84</b>	<b>19.80</b>	

## MOBILE MEDICAL UNIT (MMU)

### ROAD MAP FOR PRIORITY ACTION:

- Route chart to be widely publicised
- GPS to be installed for tracking movement of vehicles
- Performance of MMUs to be monitored on a monthly basis (including analysis of number of patients served and services rendered).
- MMUs to be well integrated with Primary Health Care facilities and VHND.
- Engagement with village panchayats / communities for monitoring of services □ AWCs to be visited for services to children below 6 years of age
- AWCs to maintain record of services rendered
- Service delivery data to be regularly put in public domain on NRHM website.
- A universal name 'National Mobile Medical Unit' to be used for all MMUs funded under NRHM. Also uniform color with emblem of NRHM (in English/ Hindi & Regional languages), Government of India and State Government to be used on all the MMUs.

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B11</b>	<b>Mobile Medical Units (Including recurring expenditures)</b>					
B11.1.1	Capex			0.00		
B11.1.2	Opex			2.50	0.00	Approval Pended till the State implements directives of GoI regarding 'National MMU Service' conveyed to States vide no. P17018/19/2012 dated 26.02.2013
B11.1.3	HR			22.42	0.00	
B11.1.4	Training/orientation			0.00		
	<b>Subtotal Mobile Medical units</b>			<b>24.92</b>	<b>0.00</b>	

## REFERRAL TRANSPORT

### ROAD MAP FOR PRIORITY ACTION:

- Free referral transport to be ensured for all pregnant women and sick neonates accessing public health facilities.
- Universal access to referral transport throughout the State, including to difficult and hard to reach areas, to be ensured.
- A universal toll free number to be operationalized and 24x7 call centre based approach adopted.
- Vehicles to be GPS fitted for effective network and utilization.
- Rigorous and regular monitoring of usage of vehicles to be done
- Service delivery data to be regularly put in public domain on NRHM website.
- All patient/referral transport vehicles engaged under NRHM to be branded as National Ambulance Service and NRHM logo should be used extensively.

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B12</b>	<b>Referral Transport/Patient transport System</b>					
B12.1	Ambulance/EMRI Capex					
B12.1.1	State basic ambulance/ 102 Capex	10000 00	3	30.00		Approval Pended till the State implements directives of GoI regarding 'National Ambulance Service' conveyed to States vide no. P17018/19/2012 dated 26.02.2013
B12.2	Operating Cost /Opex for ambulance					
B12.2.1	State basic ambulance/102 Opex			6.00	0.00	
B12.2.2	Operating Cost /Opex for ASL ambulance			0.00		
B12.2.3	Opex EMRI-BLS			48.00	0.00	
B12.2.4	Opex EMRI-ALS			0.00		
B12.2.5	HR Basic ambulance			16.57	0.00	
	<b>Subtotal Referral Transport</b>			<b>100.57</b>	<b>0.00</b>	

## MAINSTREAMING OF AYUSH

### ROAD MAP FOR PRIORITY ACTION:

- State to co-locate AYUSH in district hospitals and provide post graduate doctors for at least two streams: Ayurveda and homoeopathy (or Unani, siddha, Yoga as per the local demand). Panchakarma Unit should also be considered.
- OPD in Ayush clinics will be monitored alongwith IPD/OPD for the facility as a whole.
- The AYUSH pharmacist/compounder to be engaged only in facilities with a minimum case load.
- Adequate availability of AYUSH medicines at facilities where AYUSH doctors are posted to enable them to practice their own system of Medicine without difficulty.
- At CHCs and PHCs any one system viz., Homeopathy/Ayurveda/ Unani/Sidha to be considered depending on local preference.
- At CHC/PHC level, Post-Graduate Degree may not be insisted upon.
- District Ayurveda Officer should be a member of District Health Society in order to participate in decision making with regard to indent, procurement and issue of AYUSH drugs.
- Infrastructure at facilities proposed to be collocated would be provided by Department of Ayush.
- Those PHC/CHC/Sub-Divisional hospitals which have been identified as delivery points under NRHM should be given priority for collocation of Ayush as these are functional facilities with substantial footfalls.
- Ayush medical officers should increasingly be involved in the implementation of national health programmes and for the purpose of supportive supervision and monitoring in the field. They should be encouraged to oversee VHND and outreach activities and in addition programmes such as school health, weekly supplementation of iron and folic acid for adolescents, distribution of contraceptives through ASHA, menstrual hygiene scheme for rural adolescent girls etc.
- Ayush medical officer should also be member of the RKS of the facility and actively participate in decision making.
- AYUSH doctors need to be provided under NRHM first in the remotest locations and only thereafter in better served areas.

**BUDGET:**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>B9</b>	<b>Mainstreaming of AYUSH</b>					
<b>B.9.1</b>	<b>Medical Officers at CHCs/ PHCs (Only AYUSH)</b>					
B.9.1.1	DH			0.00		
B.9.1.2	FRUs			0.00		
B.9.1.3	Non FRU SDH/ CHC			0.00		
B.9.1.4	24 X 7 PHC	54000 0	4	21.60	0.00	Not Approved
B.9.1.5	Non- 24 X 7 PHCs/ APHCs			0.00		
<b>B.9.2</b>	<b>Other Staff Nurses and Supervisory Nurses/ AYUSH pharmacists (Only AYUSH)</b>					
B.9.2.1	DH			0.00		
B.9.2.2	FRUs			0.00		
B.9.2.3	Non FRU SDH/ CHC			0.00		
B.9.2.4	24 X 7 PHC		23	44.83	0.00	Not Approved
B.9.2.5	Non- 24 X 7 PHCs			0.00		
B.9.2.6	Urban Clinics/ Health Posts			0.00		
B.9.2.7	Other	64800 0	2	12.96	0.00	Not Approved
	<b>Subtotal AYUSH</b>			<b>79.39</b>	<b>0.00</b>	



## IEC/BCC

### ROAD MAP FOR PRIORITY ACTION:

- Comprehensive IEC/ BCC strategy prepared. IPC given necessary emphasis and improved inter-sectoral convergence particularly with WCD.
- Details of activities carried out to be displayed on the website

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B10</b>	<b>IEC-BCC NRHM</b>				0.00	Not Approved
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)					
B.10.1	Development of State BCC/IEC strategy			0.00		
B.10.2	Implementation of BCC/IEC strategy					
B.10.2.1	BCC/IEC activities for MH					
B.10.2.1.1	Mass media			2.25		
B.10.2.1.2	Mid-media			1.75		
B.10.2.2	BCC/IEC activities for CH	0	0	3.00		
B.10.2.2.1	Mass media			1.50		
B.10.2.2.2	Mid-media			1.50		
B.10.2.3	BCC/IEC activities for FP					
B.10.2.3.1	Mass media			1.50		
B.10.2.3.2	Mid-media			1.25		
B.10.2.4	BCC/IEC activities for ARSH					
B.10.2.4.1	Mass media			2.00		
B.10.2.4.2	Mid-media			2.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B.10.2.5	Other activities (please specify)			3.00		
B.10.2.6	IPC initiatives/tools	15000	4	0.60		
B.10.3	Health Mela			0.00		
B.10.4	Creating awareness on declining sex ratio issue			5.00		
B.10.5	Other activities					
B.10.5.1	Printing of MCP cards, safe motherhood booklets etc			3.50		
B.10.5.2	Printing of WIFS cards etc			2.40		
B.10.5.3	Other printing					
B.10.5.3.1	Drama / Nukkad for health related subjects	12500	4	0.50		
B.10.5.3.2	BCC/IEC activity for Immunisation			2.50		
	<b>Subtotal IEC</b>			<b>31.25</b>	<b>0.00</b>	

## MONITORING AND EVALUATION (HMIS)/MCTS

### ROAD MAP FOR PRIORITY ACTION:

- Data is uploaded, validated and committed; data for the month available by the 15th of the following month.
- Uploading of facility wise data by the first quarter of 2012-13.
- Facility based HMIS for all the districts (100%) to be implemented. HMIS data to be analysed, discussed with concerned staff at state and district levels and necessary corrective action taken.
- Program managers at all levels use HMIS for monthly reviews.
- MCTS to be made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates.
- Pace of registration under MCTS to be speeded up to capture 100% pregnant women and children
- Service delivery data to be uploaded regularly.
- Progress to be monitored rigorously at all levels
- MCTS call centre to be set up at the State level to check the veracity of data and service delivery.

### BUDGET:

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B15</b>	<b>Planning, Implementation and Monitoring</b>					
<b>B15.1</b>	Community Monitoring (Visioning workshops at state, Dist, Block level)					
B15.1.1	State level	5000	4	0.20	0.00	Not Approved
B15.1.2	District level	5000	4	0.20	0.00	Not Approved
B15.1.3	Block level			0.00		
<b>B15.2</b>	Quality Assurance					
B15.2.4	Review meetings					
B15.2.4.1	State			0.00		
B15.2.4.2	District	20000	4	0.80	0.00	Not Approved.
B15.2.4.3	Block			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B15.3</b>	Monitoring and Evaluation					
B15.3.1	Monitoring & Evaluation / HMIS /MCTS					
B15.3.1.1	HR for M&E/HMIS/MCTS	13200 0	1	1.32	0.60	(On-going activity) Approved @Rs.10,000 per month for six months initially for existing 1 Telephone operator as approved in RoP 2012-13. UT must ensure that the contact details of all the ASHA/ANM and beneficiaries should be validated and services given to the beneficiaries to be verified.
B15.3.1.5	Data Entry Operators	15840 0	3	4.75	1.44	(On-going activity)Approved Rs.1.44 lakhs for 6 month initially for existing 2 DEO at current salary @ 12000 per month.
B15.3.2	Computerization HMIS and e-governance, e-health					
B15.3.2.1.a	HMIS Operational Cost (excluding HR & Trainings)			1.75	0.00	Not Approved
B15.3.2.1.b	Procurement of Computers/ printers/ cartridges etc.	75000	1	0.75	0.00	Not Approved.
B15.3.2.1.c	Maintenance of Computers/ AMC/ etc.			0.54	0.00	Not Approved.
B15.3.2.2.a	MCTS Operational Cost (excluding HR & Trainings)					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B15.3.2.2 .b	Procurement of Computers/ printers/ cartridges etc.			0.00		
B15.3.2.2 .c	Maintenance of Computers/ AMC/ etc.			0.00		
B15.3.2.2 .d	Other Office and admin expenses			0.55	0.00	Not Approved.
<b>B15.3.3</b>	<b>Other M &amp; E Activities</b>					
B15.3.3.1	HMIS Training	50000	1	0.50	0.00	Not Approved.
B15.3.3.2	MCTS Training	50000	1	0.50		
B15.3.3.3	Mobility Support for HMIS/ MCTS			0.00		
B15.3.3.4	Review Meetings for HMIS	5000	8	0.40	0.00	Not Approved.
B15.3.3.5	Review Meetings for MCTS	5000	8	0.40		
<b>B15.3.3.10</b>	<b>Others</b>					
B15.3.3.10.1	MCTS Internet connection and telephone charges	60000	1	0.60	0.00	Not Approved.
B15.3.3.10.2	Printing of formats for HMIS/MCTS (registers for MCTS, other reporting formats etc.)	100000	1	1.00	0.00	Not Approved
	<b>Subtotal Planning, Implementation and Monitoring</b>			<b>14.26</b>	<b>2.04</b>	

## OTHERS

### BUDGET: HOSPITAL STRENGTHENING

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B.4</b>	<b>Hospital Strengthening</b>					
<b>B.4.1</b>	Up gradation of CHCs, PHCs, Dist. Hospitals					
B.4.3	Sub Centre Rent and Contingencies	60000	5	3.00	0.00	Not Approved
B.4.4	<b>Logistics management/ improvement</b>			0.00		
	<b>Subtotal Hospital Strengthening</b>			<b>3.00</b>	<b>0.00</b>	

### BUDGET: PANCHAYATI RAJ INITIATIVE

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B8</b>	<b>Panchayati Raj Initiative</b>					
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc	50	120	0.06	0.00	Not Approved.
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC	850	120	0.70	0.00	Not Approved as details are not given.
	<b>Subtotal Panchayati Raj Initiative</b>			<b>0.76</b>	<b>0.00</b>	

**BUDGET: PPP/NGO**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>B.13</b>	<b>PPP/ NGOs</b>					
B13.1	Non governmental providers of health care RMPs			0.00		
B13.2	Public Private Partnerships (Out Sourcing set up, if applicable for State, to be budgeted under this head)					
B13.2.1	Incentive to TBA for motivation for Public Institutional delivery	700	200	1.40	0.00	Not Approved
	<b>Subtotal PPP/NGOs</b>			<b>1.40</b>	<b>0.00</b>	

**BUDGET: Research Studies**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>B.20</b>	<b>Research, Studies, Analysis</b>			1.00	0.00	Not Approved.
	<b>Subtotal Research, Studies, Analysis</b>			1.00	0.00	

# **NATIONAL DISEASE CONTROL PROGRAMMES (NDCPs)**



## **NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)**

### **ROAD MAP**

**Priority Actions to be carried out by State/UTs (i)** to achieve goal to bring the prevalence of IDD to below 5% in the entire country by 2017 and **(ii)** to ensure 100% consumption of adequately iodated salt (15ppm) at the household level under **National Iodine Deficiency Disorders Control Programme:**

1. Establishment of State IDD Cell, if not established in the State/UT for implementation programme activities.
2. Establishment of State IDD monitoring laboratory, if not established in the State/UT for conducting quantitative analysis of iodized salt and urine for iodine content and urinary iodine excretion.
3. All the sanctioned posts i.e. Technical Officer, Statistical Assistant, LDC/DEO, Lab Technician and Lab Assistant of State IDD Cell and State IDD Monitoring Laboratory should be filled on regular/contractual basis on priority for smooth implementation of programme.
4. Supply, availability and consumption of adequately iodized salt in the state should be monitored.
5. District IDD survey/re-surveys should be undertaken as per NIDDCP guidelines to assess the magnitude of IDD in the respective districts as approved in the PIP and reports accordingly submitted.
6. Procurement of salt testing kits for endemic districts by State/UT for use of ASHA/Health Personnel for creating awareness & monitoring of iodated salt consumption at household level. Monthly reports are to be submitted as per the prescribed proforma.
7. ASHA incentives Rs. 25/- per month for testing 50 salt samples per month in endemic districts should be made available on regular basis to ASHA.
8. Health education and publicity should be conducted with more focus in the endemic districts emphasizing about IDD and promotion of consumption of adequately iodized salt. Should observe Global IDD Celebrations on 21<sup>st</sup> October by conducting awareness activities at various level and submission of reports.

# **DETAILED BUDGET: NIDDCP**

<b>FMR Code</b>	<b>Activity</b>	<b>Unit cost</b>	<b>Physical target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>D</b>	<b>IDD</b>					
D.1	<b>Establishment of IDD Control Cell-</b>		Implement ation & monitorin g of the programm e	*	8.00	Filling up of sanctioned vacant posts i.e. Technical Officer & LDC on regular/contract basis on priority.
D.1.a	Technical Officer	1				UT
D.1.b	Statistical Assistant	1				Administration may conduct and co-ordinate approved programme activities and furnish quarterly financial & physical achievements as per prescribed format.
D.1.c	LDC Typist	1				
D.2	<b>Establishment of IDD Monitoring Lab-</b>		Monitorin g of district level iodine content of salt and urinary iodine excretion as per	*	5.50	UT Administration may conduct quantitative analysis of salt & urine as per NIDDCP Guidelines and furnish monthly/quarte

FMR Code	Activity	Unit cost	Physical target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
			Policy Guidelines			rly statements.
D.2.a	Lab Technician	1				
D.2.b	Lab. Assistant	1				
D.3	<b>Health Education and Publicity</b>		Increased awareness about IDD and iodated salt.	*	2.00	IDD publicity activities including Global IDD Day celebrations at various level.
D.4	<b>IDD Survey/Resurveys</b>	Rs. 50,000 per district	1 district	*	0.50	UT Administration may under take 1 district IDD survey as per guidelines and furnish report.
D.5	Salt Testing Kits to be procured by UT Administration for 1 endemic district	12 STK per annum per ASHA A	Creating iodated salt demand and monitoring of the same at the community level.		**	UT Administration to monitor the qualitative analysis of iodated salt by STK through ASHA in 1 endemic districts i.e.. Daman & Diu
5	ASHA Incentive	Rs. 25/- per month for testing	50 salt samples per month per ASHA in 1 endemic		**	

<b>FMR Code</b>	<b>Activity</b>	<b>Unit cost</b>	<b>Physical target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
		50 salt sample /month	districts			
<b>TOTAL</b>				<b>20.52</b>	<b>16.00</b>	

\*There is no activity –wise fund break up proposal in respect of NIDDCP in the PIP for the year 2013-14

\*\*Based on the demand of State/UT Govt. for procuring STK & performance based incentive to ASHA for endemic districts funds will be released through flexi pool of NRHM by GOI.

## **INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)**

### **Priority Actions to be carried out by the State:**

- There are 2 vacant posts of technical contractual staff (1 Epidemiologists, 1 Microbiologists and 1 Entomologists under IDSP in the UT. The State needs to expedite the recruitment of these staff.
- The training of Master trainers (ToT) and 2-week FETP for District Surveillance Officers under IDSP has been completed for the UT. However, the UT may give the additional list of participants to be trained for ToT and 2-week FETP.
- Presently all 2 Districts are reporting regularly on IDSP portal. Presently 98%, 97% and 84% of all the Reporting Units are reporting weekly surveillance data respectively in S, P & L-form through IDSP Portal. The State needs to ensure regular weekly reporting of all surveillance data (S, P, L) by all the Reporting Units of all Districts through IDSP Portal.
- Appropriate clinical samples need to be sent for the required lab investigations for all outbreaks. In 2012, clinical samples were sent for laboratory investigation for only 2 out of 2 of the disease outbreaks which were lab confirmed.
- 4<sup>th</sup> quarter financial monitoring report (FMR) for the year 2012-13 is pending.

### **Non-negotiable IDSP priorities for States would be:**

- Dedicated State Surveillance Officer (SSO) for implementation of IDSP.
- All States to provide weekly report on the disease surveillance data on epidemic prone diseases and the weekly outbreak report regularly through portal.
- All the States to timely submit their Statement of Expenditure, Utilization Certificate and Audit reports.
- Every State will undertake in-depth review of IDSP at least once in a year and will share the report with Central Surveillance Unit (CSU), IDSP.

# **DETAILED BUDGET: IDSP**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs in lakhs)</b>	<b>Comments</b>
<b>E1</b>	<b>Operational Cost</b>				
	Field Visits		13.0	9.8	
	Office Expenses				
	Broad Band expenses				
	Outbreak investigations including Collection and Transport of samples				
	Review Meetings				
	Any other expenditure				
	<b>Sub Total</b>		<b>13.0</b>	<b>9.8</b>	
<b>E 1.2</b>	<b>Laboratory Support</b>				
	District Priority Lab		3.0	3.0	
	Referral Network Lab				
	District public health lab equipments		5.0	5.0	
	District public health lab manpower				
	District public health lab consumables				
	contingency				
	<b>Sub Total</b>		<b>8.0</b>	<b>8.0</b>	
<b>E.2</b>	<b>Human Resources</b>				
E.2.1	Remuneration of Epidemiologists		10.8	9.45	Remuneration for vacant positions calculated for 9 months.
E.2.2	Remuneration of Microbiologists		7.2	7.2	
E.2.3	Remuneration of Entomologists		3.6	2.7	
	Veterinary Consultant				Remuneration s for medical personnel working as Epidemiologists, Microbiologists, training Manager
E.3	Consultant-Finance/Procurement		2.772	2.8	
E.3.1	Consultant-Training/Technical		3.6	0.0	
E.3.2	Data Manager		2.7+2.4=5.1	2.4+2.16=4.56	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs in lakhs)</b>	<b>Comments</b>
E.3.3	Data Entry Operator		3.168	3.168	should be more in comparison to non medical personnel;
	Multitasking staff		1.752	0.00	
	Driver		2.904	0.00	
	<b>Sub Total</b>		<b>40.896</b>	<b>29.878</b>	
<b>E.8</b>	<b>Training</b>	As per NRHM Guidelines			Based on past expenditure and keeping in view a feasible target presently this amount is approved.
	(Medical Officers) (3 days )		1.26	2.0	
	Medical college doctors (1 day)				
	Hospital pharmacists/Nurses training (1day)		<b>0.5</b>		
	Lab Tech (3 days)		<b>0.4</b>		
	Data Managers (2 days)		0.1		
	DEO cum accountant (2 days)		0.1		
	ASHA & MPWs, AWW & Community volunteers (1day)		0.6		
	One day training for data entry & analysis for Block Health Team (including Block Programme Manager)		0.1		
	One day training for MO from private institutions		1.0	0.0	
	<b>Sub Total</b>		<b>4.06</b>	<b>2.0</b>	
	<b>For each newly formed (Corporation as district) District to cover for the expenses on account of Non-recurring costs on Computer Hardware, some office equipment &amp; accessories.</b>				
<b>E.7</b>	<b>ID Hospital Network</b>				

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs in lakhs)</b>	<b>Comments</b>
*	Surveillance in Metro Cities				
*	New formed Districts				
	<b>Total</b>		<b>65.96</b>	<b>49.678</b>	



## NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

	Physical Target				
S.No.	Indicator	2011	2012	2013	Remarks
1	Annual Blood Examine Rate (ABER) i.e. percentage of persons screened annually for Malaria	13.61%	14.45%	To sustain last year's ABER with minimum of 10%	
2	Annual Parasite Incidence (API) i.e. Malaria cases per 1000 population annually	1.12	0.79	<1	
3	Sentinel Surveillance Hospital made functional for Dengue & Chikungunya	0	1	CHC, Moti Daman, Daman	functionality to be ensured
5	No. of districts with Mf rate less than 1% out of total endemic districts	1	1	1	Daman & Diu achieved target of less than 1% Mf rate and should conduct Transmission Assessment Survey(TAS)

### Priority Area for Focused attention

1. Sustain ABER > 10%.
2. The Daman need to focus on micro level monitoring for sustaining API below 1 per 1000 population
3. Migratory population under close monitoring for VBDs
4. TAS for Lymphatic Filariasis elimination to be done

Essential Conditionality					
1	Two review meetings in a year to be conducted under the Chairmanship of Principle Secretary (Health)/ Mission Director - one before transmission period and second during transmission period				
	<b>District wise goals (to be done by States)</b>	<b>ABER</b>	<b>API</b>	<b>Deaths</b>	<b>Mf rate</b>
		<b>2013-14</b>	<b>2013-14</b>	<b>2013-14</b>	<b>2013-14</b>
	To be filled by State/Districts and monitored				

<b>Road Map for priority Action:</b>
· <b>April to June - 1st</b> round spray & anti-malaria month observance to be ensured and accordingly funds availability at districts to be ensured
· <b>July to Sept.-</b> 2nd round spray and observance of anti-dengue month. Preparatory activities for observance of Mass Drug Administration in some districts and MDA stoppage towards filaria elimination to be started.
· <b>Oct. to Dec.</b> - Review and Monitor physical and financial performance and preparation of next annual plan.
· <b>Jan. to March-</b> Consolidation of previous year's physical and financial achievement and plan for next year.

#### DETAILED BUDGET :

FMR Code	Component (Sub - Component)	Unit Cost	Physical Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>F.1</b>	<b>Domestic Budget Support (DBS)</b>					
<b>F.1.1</b>	<b>Malaria</b>					
F.1.1. a	<b>Contractual Payments</b>			0.00		
F.1.1. a.i	MPW contractual			0.00	0.00	
F.1.1. a.ii	Lab Technicians ( against vacancy)			0.00	0.00	
F.1.1. a.iii	VBD Technical Supervisor (one for each block)			0.00	0.00	
F.1.1. a.iv	District VBD Consultant (one per district) (Non-Project States)			3.00	0.00	New activity and due to budget constraint can not be considered at this moment
	Data Entry Operator one per district (Non-project states)			0.00	0.00	
F.1.1. a.v	State Consultant (Non – Project States),			0.00	0.00	
	M&E Consultant (Medical Graduate with PH qualification)			0.00	0.00	

FMR Code	Component (Sub - Component)	Unit Cost	Physical Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	- VBD Consultant (preferably entomologist)			0.00	0.00	
F.1.1.b	ASHA Incentive			3.50	3.50	This is for volunteers/ink workers as proposed by UT
F.1.1.c	Operational Cost					
F.1.1.c.i	Spray Wages			22.00	17.50	Through Treasury Route
F.1.1.c.ii	Operational cost for IRS			0.00	0.00	
F.1.1.c.iii	Impregnation of Bed nets-for NE states			0.00	0.00	
F.1.1.d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility			9.00	4.00	
F.1.1.e	IEC/BCC			11.00	2.00	
F.1.1.f	PPP / NGO and Intersectoral Convergence			2.00		
F.1.1.g	Training / Capacity Building			5.80	5.00	
F.1.1.h	Zonal Entomological units			0.00	0.00	
F.1.1.i	Biological and Environmental Management through VHSC			0.00	0.00	
F.1.1.j	Larvivorous Fish support			0.00	2.00	
F.1.1.k	Construction and maintenance of Hatcheries			3.50		
F.1.1.l	Any other Activities (Pl. specify)					
	Honorarium for the staff for monitoring & supervision			2.20	1.00	Rest may be clubbed with Dengue/Chikungunya

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
						(F.1.2.c)
	Hiring of vehicle throughout the year for monitoring & supervision			7.00	0.00	May be met from F.1.1.d
	<b>Total Malaria (DBS)</b>			<b>69.00</b>	<b>34.00</b>	
F.1.2	<b>Dengue &amp; Chikungunya</b>					
F.1.2.a	<b>Strengthening surveillance (As per GOI approval)</b>					
F.1.2.a(i)	Apex Referral Labs recurrent			3.50	0.00	Apex in NIV Pune which is separately funded
F.1.2.a(ii)	Sentinel surveillance Hospital recurrent			2.00	1.00	as per existing
F.1.2.a(iii)	ELISA facility to Sentinel Surv Labs			5.00	5.00	
F.1.2.b	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)			0.00	0.00	
F.1.2.c	Monitoring/supervision and Rapid response			0.50	1.00	Can be used for malaria also
F.1.2.d	Epidemic preparedness			0.50	0.50	
F.1.2.e	Case management			1.00	1.00	
F.1.2.f	Vector Control & environmental management			0.50	2.00	Very crucial activity to prevent hence it should be intensified
F.1.2.g	IEC BCC for Social Mobilization			3.00	4.00	
F.1.2.h	Inter-sectoral convergence			0.50	0.50	

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.1.2. i	Training & printing of guidelines, formats etc. including operational research			0.50	1.00	
	<b>Total Dengue/Chikungunya</b>			<b>17.00</b>	<b>16.00</b>	
<b>F.1.3</b>	<b>AES/JE</b>					
F.1.3. a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by GoI			0.00	0.00	
F.1.3. b	IEC/BCC specific to J.E. in endemic areas			0.00	0.00	
F.1.3. c	Capacity Building			0.00	0.00	
F.1.3. d	Monitoring and supervision			0.00	0.00	
F.1.3. e	Procurement of Insecticides (Technical Malathion)			0.00	0.00	
F.1.3. f	Fogging Machine			0.00		
F.1.3. g	Operational costs for malathion fogging			0.00	0.00	
F.1.3. h	Operational Research			0.00	0.00	
F.1.3. i	Rehabilitation Setup for selected endemic districts			0.00	0.00	
F.1.3. j	ICU Establishment in endemic districts			0.00	0.00	
F.1.3. k	ASHA Incentivization for sensitizing community			0.00	0.00	
F.1.3. l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter			0.00	0.00	
F.1.3. m	Establishing district counseling centre			0.00	0.00	
	<b>Total AES/JE</b>			<b>0.00</b>	<b>0.00</b>	
<b>F.1.4</b>	<b>Lymphatic Filariasis</b>					

FMR Code	Component (Sub - Component)	Unit Cost	Physical Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
F.1.4. a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision and mobility support for Rapid Response Team and contingency support			1.50	0.64	
F.1.4. b	Microfilaria Survey			0.00	0.00	
F.1.4. c	Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions			0.00	0.00	
F.1.4. d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers			0.00	1.35	This is required for training on morbidity management & validation procedure. Need to plan.
F.1.4. e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA			0.00	0.00	
F.1.4. f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA			0.00	0.00	
F.1.4. g	<b>Verification and validation for stoppage of MDA in LF endemic districts</b>					
F.1.4. g.i	a) Additional MF Survey			0.50	0.70	
F.1.4.	b) ICT Survey			0.00	0.00	

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
g.ii						
F.1.4. g.iii	c) ICT Cost			0.00	0.00	
F.1.4. h	<b>Verification of LF endemicity in non-endemic districts</b>					
F.1.4. h.i	a) LY & Hy Survey in non-endemic district			0.80	0.00	
F.1.4. h.ii	b) Mf Survey in Non-endemic distt			0.00	0.00	
F.1.4. h.iii	c) ICT survey			0.50		
F.1.4. i	<b>Post-MDA surveillance</b>				0.00	
	<b>Total Lymphatic Filariasis</b>			<b>3.30</b>	<b>2.69</b>	
<b>F.1.5</b>	<b>Kala-azar</b>					
F.1.5	Case search/ Camp Approach			Not Applicable	Not Applicable	
F.1.5. a	Spray Pumps & accessories					
F.1.5. b	Operational cost for spray including spray wages					
F.1.5. c	Mobility/POL/supervision					
F.1.5. d	Monitoring & Evaluation					
F.1.5. e	Training for spraying					
F.1.5. f	IEC/ BCC/ Advocacy					
	<b>Total Kala-azar</b>			<b>0.00</b>	<b>0.00</b>	
	<b>Total (DBS)</b>			<b>89.30</b>	<b>52.69</b>	
<b>F.2</b>	<b>Externally aided component</b>					
<b>F.2.a</b>	<b>World Bank support for Malaria (Identified state)</b>					
F.2.b	Human Resource			Not Applicable	Not Applicable	
F.2.c	Training /Capacity building					
F.2.d	Mobility support for Monitoring Supervision & Evaluation including printing of format & review meetings,					

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
	Reporting format (for printing formats)					
	<b>Kala-azar World Bank assisted Project</b>					
F.2.e	Human resource			Not Applicable	Not Applicable	
F.2.f	Capacity building					
F.2.g	Mobility					
<b>F.3</b>	<b>GFATM support for Malaria (NEStates)</b>					
F.3.a	Project Management Unit including <b>human resource</b> of N.E. states			Not Applicable	Not Applicable	
F.3.b	<b>Training/Capacity Building</b>					
F.3.c	<b>Planning and Administration</b> ( Office expenses recurring expenses, Office automation , printing and stationary for running of project)					
F.3.d	<b>Monitoring Supervision</b> (supervisory visits including travel expenses, etc) including printing of format and review meetings,					
F.3.e	<b>IEC / BCC</b> activities as per the project					
F.3.f	<b>Operational cost for treatment of bednet</b> and Infrastructure and Other Equipment (Computer Laptops, printers, Motor cycles for MTS )					
	<b>Total : EAC component</b>			<b>0.00</b>	<b>0.00</b>	
<b>F.4</b>	<b>Any Other Items ( Please Specify)</b>			0.00	0.00	
<b>F.5</b>	<b>Operational costs ( mobility, Review Meeting, communication, formats</b>			0.00	0.00	



<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
	<b>&amp; reports)</b>					
	<b>Grand total for cash assistance under NVBDCP (DBS + EAC)</b>			<b>89.30</b>	<b>52.69</b>	
<b>F.6</b>	<b>Cash grant for decentralized commodities</b>					
F.6.a	Chloroquine phosphate tablets			0.50	1.80	
F.6.b	Primaquine tablets 7.5 mg			0.10		
F.6.c	Primaquine tablets 2.5 mg			0.05		
F.6.d	Quinine sulphate tablets					
F.6.e	Quinine Injections					
F.6.f	DEC 100 mg tablets					
F.6.g	Albendazole 400 mg tablets					
F.6.h	Dengue NS1 antigen kit			1.00		
F.6.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)			1.00		
F.6.j	Pyrethrum extract 2% for spare spray			1.00		
F.6.k	ACT ( For Non Project states)			0.50		
F.6.l	RDT Malaria – bi-valent (For Non Project states)			1.00		
F.6.m	Any Other Items ( Please Specify)			0.00		
	<b>Total grant for decentralized commodities</b>			<b>5.15</b>	<b>1.80</b>	
	<b>Grand Total for grant-in-aid under NVBDCP</b>			<b>94.45</b>	<b>54.49</b>	
	<b>Commodity Grants</b>			0.00	0.00	
	<b>Total NVBDCP Cash + Commodity</b>			<b>94.45</b>	<b>54.49</b>	

## NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Budget Head	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>G1.Case detection &amp; Management</b>						
1.1 Specific - plan for High Endemic Districts	Block	200000	-	-	-	
1.2 Services in Urban Areas	Town - Med I - Med II- Mega-	Town - Med I - Med II- Mega-	-	-	-	
1.3. ASHA Involvement						
Sensitization		100	-	-	-	
*Incentive to ASHA	Detecti on	250	5	0.01	0.01	
	PB	400	3	0.01	0.01	
	MB	600	2	0.01	0.01	
1.4 Material & Supplies						
Supportive drugs, lab. reagents & equipments and printing works	District	68,000	1	0.60	0.60	
1.5 NGO - Scheme	No.	600000	-	-	-	
<b>G2. DPMR</b>						
MCR footwear, Aids and appliances, Welfare allowance to patients for RCS, Support to govt. institutions for RCS		MCR - 300/-	10	0.03	0.03	MCR-2 pair per person
		Aids/Aplia nce -17000	-	-	-	
		Welfare/RC S - 8000	-	-	-	
		At Institute - 5000	-	-	-	
		At camps - 10000				
<b>G3. IEC/BCC</b>						

Budget Head	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
Mass media, Outdoor media, Rural media, Advocacy media		98,000	2	1.96	1.96	
<b>G4. Human Resources &amp; Capacity building</b>						
4.1 Capacity building		156380	19	2.40	2.40	State specific requireme nts & rate
4.2. Human Resources on contract						
4.2.1. Contractual Staff at State level						
SMO	1	40000	-	-	-	
BFO cum Admn. Officer	1	30000	-	-	-	
Admn. Asstt.	1	16000	1	2.77	2.77	
DEO	1	12000	1	1.59	1.59	
Driver	1	11000	1	1.45	1.45	
4.2.2. District Leprosy Consultant		30000	-	-	-	Post of Driver of districts not available
Physiotherapist		25000	-	-	-	
4.2.3. Special Provision for selected States			-	-	-	
NMS	No.	25000	-	-	-	
4.2.4. Staff for blocks			-	-	-	
PMW	No.	16000	-	-	-	
<b>G5. Programme Management ensured</b>						
5.1. Travel Cost						
travel expenses - Contractual Staff at State level		80000	1	0.40	0.40	No staff at district

Budget Head	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
travel expenses - Contractual Staff at District level		25000	2	0.50	0.00	
5.2 Review meetings	4	20000 to 50000	4	1.00	0.80	
5.3 Office Operation & Maintenance						
Office operation - State Cell	1	75000	1	0.75	0.75	
Office operation - District Cell	No.	35000	2	0.70	0.70	
Office equipment maint. State	1	50000	1	0.50	0.50	
5.4 Consumables						
State Cell	1	50000	1	0.50	0.50	
District Cell	No.	30000	2	0.60	0.60	
5.5 Mobility Support						
State Cell	2	200000	-	-	-	
District Cell	1	150000	2	3.00	3.00	
<b>G6 Others</b>						
travel expenses for regular Staff for specific programme/train ing need, awards etc.				-	1.00	Essential requireme nts
<b>GRAND TOTAL</b>				<b>18.78</b>	<b>19.08</b>	

\*Incentive to ASHAs will be given at revised rate subject to the approval by MSG.

\*\*The State Leprosy Officer will be able to distribute the total IEC funds on the basis of actual requirements of each district keeping adequate funds at State level under Mass Media and Advocacy meetings.

\*\*\*Unit cost of Training to be calculated as per State NRHM norm fixed for all health programmes.

\*\*\*\* Remuneration of Contractual staff may be revised keeping in view the prevailing rate of remuneration in other National Health Programmes.

## REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

### Targets

S.No	Indicators	2012	2013-14
1	Case detection rate	38%	70%
2	Treatment success rate	90%	90%
3	MDR TB treatment success rate		60-70%
4	Treatment success rate among new TB patients tribal districts and Poor and Backward districts		88%
5	Number of cases to be put on treatment		Increasing trend
6	Default rate among new TB cases		<5%
7	Proportion of estimated incident TB cases notified		80%
8	Proportion of TB patients with known HIV status.		90%
9	Proportion of microscopy centres using LED microscopes		9%
10	Proportion of districts TU aligned at block levels with health systems		25%
11	Proportion of Key RNTCP staff in place as per approved ROP		90%
12	Proportion of Key RNTCP staff trained as per approved ROP		90%
13	Proportion of TB patients treated under RNTCP by a community DOT provider		50%
14	Proportion of pediatric cases diagnosed out of new cases		8%

### Action point for the State under RNTCP during FY 2013-14:

- All the approved Key RNTCP contractual staff positions at State/Districts should be filled and ensuring timely payment of salaries.
- All the approved new position will be recruited by September 2013.
- The State level RNTCP review meetings to be chaired by Health Secretary/Mission Director (NRHM) at least once in a quarter
- To conduct State TB control society meeting, State Coordination committee meeting (TBHIV) at least once in a quarter.
- To ensure that District TB Control society meeting and District Coordination committee meetings are conducted in the districts at least once in a quarter
- Scaling up of DOTS Plus services as per the State DOTS Plus action plan
- Conduct ACSM/Training activities at State/Districts as per the State annual action plan.
- To involve Private Practitioners and NGOs in the RNTCP
- Submission of SOE and UC as per the time lines communicated by MoHFW/CTD.
- Timely payment of DOT Providers honorarium at Districts .

**DETAILED BUDGET: RNTCP**

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit cost (wherever applicable)</b>	<b>Physical target /expected output</b>	<b>Amount Proposed (Rs. Lakhs)</b>	<b>Amount Approved (Rs. lakhs)</b>	<b>Remarks</b>
I.1	Civil works	As per Revised Norms and Basis of Costing for RNTCP	1) Civil work Up gradation and maintenance completed as planned	38.60	0.3	
I.2	Laboratory materials	As per Revised Norms and Basis of Costing for RNTCP	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL On Site Evaluation and Panel Testing in the year; 3) IRLs accredited and functioning optimally	0.85	0.6	
I.3	Honorarium	As per Revised Norms and Basis of Costing for RNTCP	1) All eligible Community DOT Providers are paid honorarium in all districts in the FY	0.76	0.29	
I.4	ACSM	As per Revised Norms and Basis of Costing for RNTCP	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding;	6.76	2.7	
I.5	Equipment maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are	1.00	0.4	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit cost (wherever applicable)</b>	<b>Physical target /expected output</b>	<b>Amount Proposed (Rs. Lakhs)</b>	<b>Amount Approved (Rs. lakhs)</b>	<b>Remarks</b>
			in functional condition			
I.6	Training	As per Revised Norms and Basis of Costing for RNTCP	1) Induction training, Update and Re-training of all cadre of staff completed as planned;	4.96	0.59	
I.7	Vehicle maintenance/ operation	As per Revised Norms and Basis of Costing for RNTCP	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained;	3.00	2	
I.8	Vehicle hiring	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding	6.88	2	
I.9	NGO/PP support	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPS in case detection and provision of DOT	5.94	3	
I.10	Medical College	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under Medical Colleges head in PIP completed	0	0	
I.11	Office Operation	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under miscellaneous head in PIP	4.0	1.23	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit cost (wherever applicable)</b>	<b>Physical target /expected output</b>	<b>Amount Proposed (Rs. Lakhs)</b>	<b>Amount Approved (Rs. lakhs)</b>	<b>Remarks</b>
			completed			
I.12	Contractual services	As per Revised Norms and Basis of Costing for RNTCP	1) All contractual staff appointed and paid regularly as planned	57.95	34	Position to be hired is being calculated for 6 month salary.
I.13	Printing	As per Revised Norms and Basis of Costing for RNTCP	1) All printing activities at state and district level completed as planned	2.25	0.56	
I.14	Research and studies	As per Revised Norms and Basis of Costing for RNTCP	1) Proposed Research has been initiated or completed in the FY as planned		0	
I.15	Procurement of drugs			0	0	
I.16	Procurement –vehicles	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of vehicles completed as planned	3.90	3.9	
I.17	Procurement- Equipments	As per Revised Norms and Basis of Costing for RNTCP	1)Procurement of equipments completed as planned	1.00	0	
I.18	Patient support & Transportation	As per Revised Norms and Basis of Costing for RNTCP	Payment of transportation charges to patients	0.16	0.16	
I.19	Supervision & Monitoring	As per Revised Norms and Basis of Costing for RNTCP	Number of evaluation and review meeting done by state	4.60	2	
	<b>Subtotal</b>			<b>142.61</b>	<b>53.73</b>	
	Disease control Flexi pool fund			0.42	0	
	<b>TOTAL APPROVAL</b>			<b>143.03</b>	<b>53.73</b>	



## **ANNEXURES**

## RCH FLEXIBLE POOL

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
<b>A.1</b>	<b>MATERNAL HEALTH</b>			<b>21.04</b>	<b>16.29</b>	-
A.1.1	Operationalise Facilities (Any cost other than infrastructure, HR, Training, Procurement, Monitoring etc.) may include cost of mapping, planning-identifying priority facilities,etc)					
A.1.1.2	Operationalise 24x7 PHCs					
A.1.1.3	Operationalise Safe abortion services (including MVA/ EVA and medical abortion)at health facilities	100000	1	1.00	0.00	Not Approved
A.1.1.4	Operationalise RTI/STI services at health facilities	50000	3	1.50	0.00	Not Approved
A.1.2	Referral Transport			0.00		
A.1.3	Integrated outreach RCH services (state should focus on facility based services and outreach camps to be restricted only to areas without functional health facilities)					
A. 1.3.1.	Oureach camps	0	0	0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.1.3.2.	Monthly Village Health and Nutrition Days	100	1248	1.25	0.00	Not Approved.
A.1.4.	Janani Suraksha Yojana / JSY			3.66	3.66	
A.1.4.1	Home deliveries	500	70	0.35	0.35	Approved
A.1.4.2	Institutional deliveries					
A.1.4.2.a	Rural	700	240	1.68	1.68	Approved
A.1.4.2.b	Urban	600	225	1.35	1.35	Approved
A.1.4.2.c	C-sections	0	0	0.00		
A.1.4.3	Administrative Expenses	28000	1	0.28	0.28	Approved
A.1.4.4	Incentives to ASHA	0	0	0.00		
A.1.5	Maternal Death Review (both in institutions and community)	0	0	0.00		
A.1.6	Other strategies/activities (please specify)					
A.1.6.1	Operationalise FRUs	100000	1	1.00	0.00	Not Approved.
A.1.7	JSSK- Janani Shishu Surakhsha Karyakram			12.63	12.63	
A.1.7.1	Drugs and consumables	0	0	4.41	4.41	Approved

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.1.7.2	Diagnostic	0	0	0.00		
A.1.7.3	Blood Transfusion	300	300	0.90	0.90	Approved
A.1.7.4	Diet (3 days for Normal Delivery and 7 days for Caesarean)	0	0	0.00		
A.1.7.5	Free Referral Transport	0	0	0.00		
A.1.7.6	Other JSSK activity					
A.1.7.6.1	Mother Care	400	1830	7.32	7.32	Rs. 7.32 lakhs is approved for providing a gown, sanitary napkins and Johnson's baby kit to all mothers who deliver at public institutions.
	<b>Sub-total Maternal Health (excluding JSY)</b>			<b>17.38</b>	<b>12.63</b>	
	<b>Sub-total JSY</b>			<b>3.66</b>	<b>3.66</b>	
<b>A.2.</b>	<b>CHILD HEALTH</b>			<b>7.00</b>	<b>0.00</b>	-
A.2.1	IMNCI (including F-IMNCI; primarily budget for planning for pre-service IMNCI activities in medical colleges, nursing colleges, and			0.00		

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
	ANMTCs)					
A.2.2	Facility Based Newborn Care/FBNC (SNCU, NBSU, NBCC - any cost <b>not</b> budgeted under HR, Infrastructure, procurement, training, IEC etc.) e.g. operating cost rent, electricity etc. imprest money					
A.2.2.1	SNCU			0.00		
A.2.2.2	NBSU			0.00		
A.2.2.3	NBCC	20000	5	1.00	0.00	Not Approved.
A.2.3	Home Based Newborn Care/HBNC			2.00	0.00	Not Approved.
A.2.4	Infant and Young Child Feeding/IYCF	0	0	1.50	0.00	Not Approved.
A.2.5	Care of Sick Children and Severe Malnutrition (e.g. NRCs, CDNCs etc.)			0.00		
A.2.6	Management of diarrhoea & ARI & micronutrient malnutrition			0.00		
A.2.7	Other strategies/activities (please specify)	0	45	1.50	0.00	Not approved
A.2.8	Infant Death Audit			0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.2.9	Incentive to ASHA under child health			0.00		
A.2.11	Any other interventions (eg; rapid assessments, protocol development)					
A.2.11.1	Implementation of IMNCI activities in district	50000	2	1.00	0.00	Not Approved
	<b>Sub-total Child Health</b>	<b>0</b>	<b>0</b>	<b>7.00</b>	<b>0.00</b>	
<b>A.3</b>	<b>FAMILY PLANNING</b>			<b>5.67</b>	<b>8.49</b>	-
A.3.1	Terminal/Limiting Methods					
A.3.1.1	Orientation workshop, dissemination of manuals on FP standards & quality assurance of sterilisation services, fixed day planning meeting			0.88	0.00	Not Approved.
A.3.1.4	Compensation for female sterilisation			1.73	1.73	Rs. 1.73 lakhs is approved for 125 APL beneficiaries @ Rs. 650 /- and 40 BPL beneficiaries @ Rs. 1,000 /- in Daman, and 80 APL beneficiaries in Diu @ Rs. 650 /-.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.3.1.5	Compensation for male sterilization/NSV Acceptance	1500	30	0.45	0.45	Rs. 0.45 lakhs is approved for 20 beneficiaries in Daman and 10 beneficiaries in Diu @ Rs. 1500 /- beneficiary.
A.3.1.6	Accreditation of private providers to provide sterilisation services			0.00	0.00	
A.3.2	Spacing Methods					
A.3.2.1	IUD camps			0.00	0.00	
A.3.2.2	IUD services at health facilities (including fixed day services at SHC and PHC)	20	300	0.06	0.06	Approved
A.3.2.5	Contraceptive Update seminars	30000	1	0.30	0.00	Not Approved
A.3.4	Repairs of Laparoscopes	50000	1	0.50	0.50	Approved
A.3.5	Other strategies/activities (please specify):					
A.3.5.3	World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities			0.75	0.75	Approved
A.3.5.4	Other strategies/ activities (such as strengthening fixed day services for IUCD and sterilization etc.)					
A.3.5.4.1	Delivery of contraceptives by at door step	100000	1	1.00	0.00	Not Approved.

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.3.5.4.2	FP Indemnity Scheme			0.00	5.00	Approved as the FP Insurance Scheme has now been decentralized
	<b>Sub-total Family Planning (excluding Sterilisation Compensation and NSV Camps)</b>			<b>2.18</b>	<b>2.18</b>	
	<b>Sub-total Sterilisation Compensation and NSV Camps</b>			<b>3.49</b>	<b>6.31</b>	
<b>A.4</b>	<b>ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH</b>			<b>21.67</b>	<b>1.05</b>	-
A.4.1	Adolescent health services	170000	8	3.80	0.00	
A.4.1.1	Disseminate ARSH guidelines.	100000	2	2.00	0.00	Not Approved
A.4.1.2	Establishment of new clinics at DH level			0.00	0.00	
A.4.1.3	Establishment of new clinics at CHC/PHC level			0.00	0.00	
A.4.1.4	Operating expenses for existing clinics	50000	2	1.00	0.00	Not Approved
A.4.1.5	Outreach activities including peer educators	20000	4	0.80	0.00	Not Approved.
A.4.2	School Health programme					
A.4.2.1	Prepare and disseminate guidelines for School Health Programme.	50	100	0.05	0.05	Printing of 100 guidelines @ Rs. 50 per guidelines approved



FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)		4	0.10	0.10	Quarterly meetings with school education (SSA & RMSA, ICDS and Department of Disability of Ministry of Social Justice and Empowerment) @ Rs. 1500 /- meeting for Daman and Rs. 1000 /-meeting for Diu approved
A.4.2.3	Mobility support			12.60	0.00	Approval Pended. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.4.2.4	Referral support	0	0	0.00		
A.4.2.5	Other strategies for school health					
A.4.2.5.1	First Aid Box to schools in routine	1500	138	2.07	0.00	Approval shifted to B 16.2.7.
A.4.2.5.2	Procurement / Recurring cost for maintenance of computer	25000	1	0.25	0.00	Approval shifted to B 16.1.6.2
A.4.2.5.4	Operational cost			1.80	0.90	Running cost of one DEIC @ Rs 30000 per month is approved for 3

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						months
A.4.3	Other strategies/activities (please specify)					
A.4.3.3	WIFS activity			1.00	0.00	Not Approved
	<b>Sub-total ARSH</b>			<b>21.67</b>	<b>1.05</b>	
<b>A.7</b>	<b>PNDT Activities</b>					
A.7.2	Other PNDT activities (please specify)					
A.7.2.1	Worshop on PNDT	50000	2	1.00	0.00	Not Approved
	<b>Sub-total PNDT activities</b>			<b>1.00</b>	<b>0.00</b>	
<b>A.8</b>	<b>Human Resources</b>			<b>888.04</b>	<b>226.28</b>	<u>As agreed, the following key conditionalities would be enforced during the year 2013-14.</u> a) Rational and equitable deployment of HR with the highest priority accorded to high priority districts and delivery points. b) Facility wise performance audit and corrective action based thereon. c) Performance Measurement system set up

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						<p>and implemented to monitor performance of regular and contractual staff.</p> <p>d) Baseline assessment of competencies of all SNs, ANMs, Lab Technicians to be done and corrective action taken thereon.</p> <p>-</p> <p>Approval is being granted for HR of all cadres under NRHM for six months only and its continuation for the next six months would be contingent on compliance of the above four conditionalities</p> <p>.</p> <p>- From 1st October 2013 under NRHM, funds for salary to contractual HR would be done only to make payments to contractual staff over and above the sanctioned</p>

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						regular positions in the State. - It is expected that the state will henceforth fill up their vacant regular HR positions and will not use NRHM funds to substitute state spending.
A.8.1	Contractual Staff & Services					
A.8.1.1	ANMs,Supervisory Nurses, LHV's,					
A.8.1.1.1	ANMs					
A.8.1.1.1.d	24 X 7 PHC	204000	1	2.04	0.00	Not approved
A.8.1.1.1.f	Sub Centres	204000	26	53.04	24.34	26 ANMs approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.1.h	Others	0	0	0.00		
A.8.1.1.2	Staff Nurses					
A.8.1.1.2.a	DH	348000	32	111.36	23.65	14 New Staff nurses not approved. 18 existing posts

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						at Rs. 21900 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2. b	FRUs	348000	20	69.60	14.45	9 New Staff Nurses not approved. 11 existing posts approved at Rs. 21900 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2. d	24 X 7 PHC	348000	8	27.84	7.88	2 New Staff Nurses not approved. 6 existing posts @ Rs. 21900 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.1.2.f	SNCU/ NBSU/NRC etc	348000	12	41.76	15.77	Approved existing 12 SNs @ Rs.21900/- per month. Approval is being granted for six months only with the above mentioned

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						condition.
A.8.1.1.2.g	Others	348000	6	20.88	0.00	Not approved
A.8.1.1.3	LHVs/supervisory nurses					
A.8.1.1.3.b	FRUs	240000	1	2.40	0.00	Not approved
A.8.1.1.3.d	24 X 7 PHC	240000	1	2.40	0.00	Not approved
A.8.1.2.1	Laboratory Technicians					
A.8.1.2.1.a	DH	216000	4	8.64	1.87	2 new LTs not approved. 2 existing posts approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.1.b	FRUs	216000	2	4.32	1.87	1 new LT not approved. 2 existing posts approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.2.1.d	24 X 7 PHC	216000	1	2.16	0.94	1 LT approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.1.f	Others	216000	1	2.16	0.94	1 LT approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.2.2	MPWs	204000	2	4.08	0.00	Not approved
A.8.1.3	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologist, Pathologist, Specialist for CHC )					
A.8.1.3.1	Obstetricians and Gynecologists					
A.8.1.3.1.a	DH		2	19.80	9.90	1 OBG for Daman is approved @ Rs. 65000 per month . 1 OBG for Diu is approved @ Rs. 100000 per month. Approval is being granted for six months only with the

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						above mentioned condition.
A.8.1.3.1. b	FRUs		2	19.80	9.90	1 OBG for Daman is approved @ Rs. 65000 per month. 1 OBG for Diu is approved @ Rs. 100000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.2	Pediatricians					
A.8.1.3.2. a	DH		3	24.60	12.30	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.2. b	FRUs		2	16.80	8.40	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.3	Anesthetists					
A.8.1.3.3. a	DH	780000	1	7.80	3.90	1 anesthetist approved at Rs. 65000 per month. Approval is



FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						being granted for six months only with the above mentioned condition.
A.8.1.3.3. b	FRUs	900000	1	9.00	4.50	1 anesthetist approved at Rs. 75000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.4	Surgeons					
A.8.1.3.4. a	DH		6	49.20	16.20	1 new Physician and 1 new Orthopaedic Surgeon not approved. 1 general surgeon approved at Rs. 65000 per month, 2 physicians approved at Rs. 65000 (Daman) and Rs. 75000 (Diu) per month, and 1 Orthopaedic Surgeon approved at Rs. 65000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.3.4. b	FRUs		4	33.60	12.30	New physician not approved. 2 General surgeons approved at Rs. 65000 (Daman) and Rs. 75000 (Diu), 1 physician approved at Rs. 65000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.3.4. d	Others (Please specify)		2	23.96	0.00	Not approved
A.8.1.5	Medical Officers					
A.8.1.5.1	DH	540000	10	54.00	13.50	5 new MOs not approved. 5 existing posts approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.2	FRUs	540000	3	16.20	8.10	3 MOs approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.8.1.5.4	24 X 7 PHC	540000	2	10.80	5.40	2 MOs approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.7	MOs for SNCU/ NBSU/NRC etc	540000	3	16.20	8.10	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.5.9	Others	540000	1	5.40	0.00	Not approved as UT has indicated that this activity has been removed from updated PIP
A.8.1.7.1	Pharmacist					
A.8.1.7.1. a	DH	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.1. b	FRUs	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						above mentioned condition.
A.8.1.7.1. d	24 X 7 PHC	282000	2	5.64	2.56	2 Pharmacists approved at Rs. 21300 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.2	Radiographers					
A.8.1.7.2. b	FRUs	187200	1	1.87	0.94	1 radiographer approved at Rs. 15600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.2. d	24 X 7 PHC	187200	1	1.87	0.00	Not approved
A.8.1.7.4	School health teams (Exclusively for SH)					
A.8.1.7.4. a	MOs	540000	10	54.00		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4. b	LTs	216000	4	8.64		Approval on hold. UT is to submit revised RBSK

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.c	Dental Technicians	180000	2	3.60		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.d	Ophthalmic Assistants		28	76.02		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.e	Staff Nurse	348000	4	13.92		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.f	Pharmacists			0.00		RBSK mobile team would require pharmacist to dispense medicines. To be considered at the time of submission of revised

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						propoal.
A.8.1.7.4.g	ANMs	204000	3	6.12		Approval on hold. UT is to submit revised RBSK supplementary PIP by adjusting teams from MMU as discussed in NPCC.
A.8.1.7.4.h	MPW	158400	3	4.75		Not recommended under RBSK
A.8.1.7.5	Counsellors					
A.8.1.7.5.2	ARSH Counselors	158400	3	4.75	2.38	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.5.3	Honorarium to ICTC counselors for ARSH activities	30000	1	0.30	0.15	Approved Approval is being granted for six months only with the above mentioned condition.
A.8.1.7.5.4	Other (please specify)	0	0	0.00		
A.8.1.11	Support Staff for Health Facilities					
A.8.1.11.a	DH		6	9.66	3.14	New Driver and Attendant not approved. 2 Registration Clerks approved at Rs. 11200 per

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						month. 1 DEO approved at Rs. 12000 per month. 1 Accountant approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.11.b	FRUs		8	11.99	4.14	New DEO and attendant not approved. 2 registration clerks approved at Rs. 11200 per month, 1 Attendant approved at Rs. 6600 per month, 1 Accountant approved at Rs. 18000 per month, and 2 Drivers approved at Rs. 11000 per month. Approval is being granted for six months only with the above mentioned condition.

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.8.1.11.d	24 X 7 PHC		10	12.20	2.87	1 new DEO, 1 new Health Assistant Female, 2 new attendants and 1 new registration clerk not approved. 1 Registration clerk approved at Rs. 11200 per month, 1 Health Assistant Male approved at Rs. 8000 per month, 2 drivers approved at Rs. 11000 per month, 1 attendant approved at Rs. 6600 per month. Approval is being granted for six months only with the above mentioned condition.
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	158400	1	1.58	0.79	Approved Approval is being granted for six months only with the above mentioned condition.
	<b>Sub-total HR</b>			<b>888.04</b>	<b>226.28</b>	
<b>A.9</b>	<b>TRAINING</b>			<b>28.75</b>	<b>1.95</b>	



FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.9.1	Strengthening of existing Training Institutions (SIHFW, ANMTCs, etc.)					
A.9.2	Development of training packages			1.00	0.00	Not Approved
A.9.2.2	Other activities (pl. specify)					
A.9.2.2.1	Procurement of audio equipment / recurring cost for maintenance of equipments	50000	2	1.00	0.00	Shifted to B16.1.7
<b>A.9.3</b>	<b>Maternal Health Training</b>	<b>0</b>	<b>0</b>	<b>4.65</b>	<b>0.00</b>	
A.9.3.1	Skilled Attendance at Birth / SBA					
A.9.3.1.4	Training of Staff Nurses in SBA			2.00	0.00	Not Approved
A.9.3.2	EmOC Training					
A.9.3.2.3	Training of Medical Officers in EmOC			1.50	0.00	Not Approved
A.9.3.4	Safe abortion services training (including MVA/ EVA and Medical abortion)					
A.9.3.4.2	Training of Medical Officers in safe abortion			0.75	0.00	Not Approved
A.9.3.5	RTI / STI Training					
A.9.3.5.2	Training of laboratory technicians in RTI/STI			0.15	0.00	Not Approved
A.9.3.5.3	Training of Medical Officers in RTI/STI			0.25	0.00	Not Approved
<b>A.9.4</b>	<b>IMEP Training</b>					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.9.4.2	IMEP training for state and district programme managers			0.25	0.00	Not Approved
A.9.4.3	IMEP training for medical officers			1.25	0.00	Not Approved
<b>A.9.5</b>	<b>Child Health Training</b>					
<b>A.9.5.1</b>	<b>IMNCI Training (pre-service and in-service)</b>					
A.9.5.1.2	IMNCI Training for ANMs / LHVs			1.50	0.00	Not Approved
<b>A.9.5.2</b>	<b>F-IMNCI Training</b>					
A.9.5.2.2	F-IMNCI Training for Medical Officers		6	1.00	0.00	Not Approved
A.9.5.2.3	F-IMNCI Training for Staff Nurses			0.50	0.00	Not Approved
<b>A.9.5.3</b>	<b>Home Based Newborn Care / HBNC</b>					
A.9.5.3.2	Training on HBNC for ASHA			0.88	0.00	Not Approved
<b>A.9.5.5</b>	<b>Other child health training (please specify)</b>					
<b>A.9.5.5.1</b>	<b>NSSK Training</b>					
A.9.5.5.1.2	NSSK Training for Medical Officers			1.00	0.00	Not Approved
A.9.5.5.1.3	NSSK Training for SNs			0.95	0.00	Not Approved
<b>A.9.6</b>	<b>Family Planning Training</b>			<b>5.30</b>	<b>0.00</b>	
<b>A.9.6.1</b>	<b>Laparoscopic Sterilisation Training</b>					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)			0.80	0.00	Not Approved
<b>A.9.6.2</b>	<b>Minilap Training</b>					
A.9.6.2.2	Minilap training for medical officers			1.00	0.00	Not Approved
<b>A.9.6.3</b>	<b>Non-Scalpel Vasectomy (NSV) Training</b>					
A.9.6.3.2	NSV Training of medical officers			0.50	0.00	Not Approved
<b>A.9.6.4</b>	<b>IUD Insertion</b>					
A.9.6.4.2	Training of Medical officers in IUD insertion			0.50	0.00	Not Approved
A.9.6.4.3	Training of staff nurses in IUD insertion			1.00	0.00	Not Approved
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion			1.00	0.00	Not Approved
A.9.6.5	Contraceptive update/ISD Training			0.50	0.00	Not Approved
<b>A.9.7</b>	<b>Adolescent Reproductive and Sexual Health/ARSH Training</b>			5.67	1.95	
A.9.7.3	ARSH training for medical officers			0.58	0.00	Not Approved
A.9.7.4	ARSH training for ANMs/LHV's			0.68	0.00	Not Approved
A.9.7.5	ARSH training for AWWs			0.68	0.00	Not Approved
<b>A.9.7.6.1</b>	<b>WIFS training</b>					
A.9.7.6.1.2	Refresher training – ANM/MO/ AWW/ Nodal Teacher			1.53	0.00	Not Approved
<b>A.9.7.6.3</b>	<b>SHP training</b>					

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.9.7.6.3.1	School Health Training -Training of team – technical and managerial		16	0.30	0.75	Approval revised as proposed sum is inadequate for 5 days training of RBSK guidelines for 3 mobile health teams at Daman or Diu
A.9.7.6.3.2	Training of Nodal teachers			0.75	0.00	Not recommended under RBSK guidelines
A.9.7.6.3.3	One day orientation for programme managers/ MO			0.75	1.20	Approval revised as proposed sum is inadequate for approval for training of IDEIC (Daman) staffs for 15 days
A.9.7.6.3.4	Training/Refresher training -ASHA			0.25	0.00	ANM and Mos would train ASHAs in monthly meeting
A.9.7.6.3.5	Training/Refresher training -ANM			0.15	0.00	Approval Pended. roposal to be revised as proposed sum is inadequate for training of 48 ANM in Daman and 14 ANM in Diu in one day.
<b>A.9.8</b>	<b>Programme Management Training (e.g. M&amp;E, logistics management, HRD etc.)</b>					

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
A.9.8.1	Training of SPMSU staff			1.00	0.00	Not Approved
A.9.8.2	Training of DPMSU staff			2.00	0.00	Not Approved
A.9.9.1	PC/PNDT training			1.00	0.00	Not Approved
<b>A.9.11</b>	<b>Training (Other Health Personnel)</b>					
A.9.11.1	Promotional Training of ANMs to lady health visitor etc.			0.30	0.00	Not approved as UT has not specified details
A.9.11.2	Training of ANMs, Staff nurses, AWW, AWS			0.50	0.00	Not approved as UT has not specified details
	<b>Sub-total Training</b>	<b>0</b>	<b>0</b>	<b>28.75</b>	<b>1.95</b>	
<b>A.10</b>	<b>PROGRAMME MANAGEMENT</b>			<b>53.21</b>	<b>31.16</b>	<u>Approval for Programme Management staff is being granted for six months only and its continuation for the next six months would be contingent on compliance of condition that Performance Measurement system is set up and implemented to monitor performance of regular and contractual staff.</u>
<b>A.10.1</b>	<b>Strengthening of State society/ State Programme Management</b>			<b>8.10</b>	<b>4.50</b>	

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
	<b>Support Unit</b>					
	Contractual Staff for SPMSU recruited and in position					
A.10.1.1	State Programme Manager			0.00		
A.10.1.2	State Accounts Manager			0.00		
A.10.1.3	State Finance Manager			0.00		
A.10.1.4	State Data Manager			0.00		
A.10.1.5	Consultants/ Programme Officers (including for MH/CH/FP/ PNDT/ AH including WIFS SHP, MHS etc.)			0.00		
A.10.1.6	Programme Assistants			0.00		
A.10.1.7	Accountants	277200	1	2.77	1.08	1 Accountant approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.1.8	Data Entry Operators	158400	2	3.17	1.44	2 Data Entry Operators approved at Rs. 12000 per month. Approval is being granted for six months

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						only with the above mentioned condition.
A.10.1.11	Others (Please specify)					
A.10.1.11.1	Honoraium to UT Data Officer	36000	1	0.36	0.18	1 Data Officer approved at Rs. 3000 /- pm Approval is being granted for six months only with the above mentioned condition.
A.10.1.11.2	Contingency expenses	120000	1	1.20	1.20	Approved
A.10.1.11.3	TA/DA	60000	1	0.60	0.60	Approved
<b>A.10.2</b>	<b>Strengthening of District society/ District Programme Management Support Unit</b>					
	<b>Contractual Staff for DPMSU recruited and in position</b>					
A.10.2.1	District Programme Manager	594000	2	11.88	5.40	2 DPMs approved at Rs. 45000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.2	District Accounts Manager	462000	1	4.62	2.10	1 District Finance Manager

FMR Code	Budget Head	Unit Cost (Rs)	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
						approved at Rs. 35000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.3	District Data Manager	330000	2	6.60	3.00	2 District M&E Assistants approved at Rs. 25000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.5	Accountants	277200	2	5.54	2.16	2 District Accountants approved at Rs. 18000 per month. Approval is being granted for six months only with the above mentioned condition.
A.10.2.7	Support Staff (Kindly Specify)	87600	2	1.75	0.79	2 Office Attendants approved at Rs. 6600 per month. Approval is being granted for six months only with the above mentioned condition.



<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost (Rs)</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs in Lakhs)</b>	<b>Remarks</b>
A.10.2.8	Others (Please specify)					
A.10.2.8.1	TA/DA	60000	2	1.20	1.20	Approved
A.10.2.8.2	Recurring cost for maintenance of computer			0.25	0.25	Approved
A.10.2.8.3	Provision of equipment / furniture in DPMU Cell			1.50	0.00	Approval Pended. State to share detailed costing break-up
A.10.2.8.4	Contingency expenses	120000	2	2.40	2.40	Approved
A.10.4	Strengthening (Others)					
A.10.4.2	Accounting software, Internet connectivity, maintenance, accounting manual			1.16	1.16	Approved
A.10.5	Audit Fees			4.00	4.00	Approved
A.10.6	Concurrent Audit system	60000	2	1.20	1.20	Approved
A.10.7	<b>Mobility Support, Field Visits</b>					
A.10.7.2	DPMU/District	300000	1	3.00	3.00	Approved, however UT to share supportive supervision plan.
	<b>Sub-total Programme Management</b>			<b>53.21</b>	<b>31.16</b>	
	<b>TOTAL RCH SUPPLY SIDE</b>	<b>170000</b>	<b>8</b>	<b>1019.23</b>	<b>275.26</b>	
	<b>TOTAL RCH DEMAND SIDE</b>	<b>0</b>	<b>0</b>	<b>7.15</b>	<b>9.97</b>	
	<b>GRAND TOTAL</b>	<b>170000</b>	<b>8</b>	<b>1026.38</b>	<b>285.23</b>	

## MISSION FLEXIBLE POOL

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>B</b>						
<b>B1</b>	<b>ASHA</b>					
<b>B 1.1</b>	ASHA Cost:					
B1.1.1	Selection & Training of ASHA					
B1.1.1.1	Module I - IV			6.00	6.00	(New Activity) Approved.
B1.1.1.2	Module V			0.00		
B1.1.1.3	Module VI & VII			1.72	0.00	Not Approved. If UT plans to conduct Module 6 & 7 then no.of days proposed should be reviewed as Module 6 & 7 are transacted in four rounds (20days). Two days of training would not be sufficient
B1.1.2	Procurement of ASHA Drug Kit					
B1.1.2.1	New Kits	1200	51	0.61	0.00	Not Approved. As 69 new drug kits @Rs.800 per drug kit were approved in RoP 2012-13. State needs to procure them and then propose for more drug kits. State to replenish drug kits from the PHC.
B1.1.2.2	Replenishment	800	47	0.38	0.00	

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B1.1.2.3	Procurement of ASHA HBNC Kit					
B1.1.2.4	New Kits	2000	99	1.98	1.98	(New Activity) Approved
B1.1.2.5	Replenishment			0.00		
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)					
B1.1.3.5	Other incentive					
B1.1.3.5.1	Incentives to linkworker	30000	99	29.70	17.64	(Ongoing Activity)Approved for 98 Link Workers/ ASHAs @Rs.1500 per month, while Fixed incentive per month should be linked to specified monthly activities. The incentives for link workers working as ASHAs to be as per the approved national norms for ASHA incentives.
B1.1.3.6	Other (support provisions to ASHA such as uniform, diary, ASHA Ghar etc)					
B1.1.3.6.1	Uniform, diary, stationery	1200	99	1.19	1.19	(New Activity) Approved for 98 Link Workers/ ASHAs
	<b>Subtotal ASHA</b>			<b>41.58</b>	<b>26.81</b>	
<b>B2</b>	<b>Untied Funds</b>					
B2.1	Untied Fund for CHCs/SDH	50000	2	1.00	0.00	Not Approved. As the Utilization in
B2.2	Untied Fund for PHCs	25000	3	0.75	0.00	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B2.3	Untied Fund for Sub Centres	10000	26	2.60	0.00	2012-13 is NIL.
B2.4	Untied fund for VHSC	10000	28	2.80	0.00	
	<b>Subtotal Untied Funds</b>			<b>7.15</b>	<b>0.00</b>	
<b>B.3</b>	<b>Annual Maintenance Grants (only for Government institutions)</b>					
B3.1	CHC	100000	1	1.00	0.00	Not Approved.
B3.2	PHCs	50000	1	0.50	0.00	
B3.3	Sub Centres	10000	6	0.60	0.00	
	<b>Subtotal Annual Maintenance Grants</b>			<b>2.10</b>	<b>0.00</b>	
<b>B.4</b>	<b>Hospital Strengthening</b>					
<b>B.4.1</b>	Up gradation of CHCs, PHCs, Dist. Hospitals					
B.4.3	Sub Centre Rent and Contingencies	60000	5	3.00	0.00	Not Approved
B.4.4	<b>Logistics management/ improvement</b>			0.00		
	<b>Subtotal Hospital Strengthening</b>			<b>3.00</b>	<b>0.00</b>	
<b>B5</b>	<b>New Constructions (proposed for the coming year)</b>					
B5.1	CHCs			0.00		
B5.2	PHCs			0.00		
B5.3	SHCs/Sub Centres			0.00		
B5.4	Setting up Infrastructure wing for Civil works					
B5.4.1	Staff at State level			0.00		
B5.4.2	Staff at District level			0.00		
B5.5	Govt. Dispensaries/ others renovations			0.00		
B5.6	Construction of BEmONC and CEmONC centres					
B5.6.1	Absolutely new SNCU/NBSU/NBCC			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.5.6.2	Carry forward /Spillover from previous year's sanction for SNCU, NBSU, NBCC			0.00		
B.5.6.3	Additional requirement for SNCU, NBSU, NBCC			0.00		
B.5.7	Major civil works for operationalization of FRUS			0.00		
B.5.8	Major civil works for operationalization of 24 hour services at PHCs			0.00		
B.5.9	Civil Works for Operationalising Infection Management & Environment Plan at health facilities			0.00		
B.5.10	Infrastructure of Training Institutions --					
B.5.10.1	Strengthening of Existing Training Institutions/Nursing School( Other than HR)- --- Infrastructure for GNM Schools and ANMTC			0.00		
B.5.10.1.1	Additional Building/ Major Upgradation of existing Structure			0.00		
B.5.10.1.2	Repair/ Renovation			0.00		
B.5.10.1.3	Spillover of Ongoing Works			0.00		
B.5.10.1.4	Quarters and hostels/residential facilities			0.00		
B.5.10.1.5	New Training Institutions/School (SIHFW/GNMTC/ANMTC etc)			0.00		
B.5.11	SDH			0.00		
B.5.12	DH	500000	2	10.00	0.00	DEIC renovation under RBSK Not Approved.

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	<b>Subtotal New Construction</b>			<b>10.00</b>	<b>0.00</b>	
<b>B.6</b>	<b>Corpus Grants to HMS/RKS</b>					
B6.1	District Hospitals	500000	2	10.00	0.00	Not Approved as utilization in 2011-12 was NIL
B6.2	CHCs	100000	1	1.00	0.00	Not Approved
B6.3	PHCs	100000	1	1.00	0.00	Not Approved
	<b>Subtotal Corpus Grants to HMS/RKS</b>			<b>12.00</b>	<b>0.00</b>	
<b>B7</b>	<b>Health Action Plans (Including Block, Village)</b>					
B7.1	State	25000	1	0.25	0.00	Not Approved
B7.2	District	25000	2	0.50	0.00	Not Approved Rs.0.50 lakhs at the district level is not approved as the utilization in 2012-13 is NIL
	<b>Subtotal Health Action Plans</b>			<b>0.75</b>	<b>0.00</b>	
<b>B8</b>	<b>Panchayati Raj Initiative</b>					
B8.1	Constitution and Orientation of Community leader & of VHSC,SHC,PHC,CHC etc	50	120	0.06	0.00	Not Approved.
B8.2	Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC	850	120	0.70	0.00	Not Approved as details are not given.
	<b>Subtotal Panchayati Raj Initiative</b>			<b>0.76</b>	<b>0.00</b>	
<b>B9</b>	<b>Mainstreaming of AYUSH</b>					
<b>B.9.1</b>	<b>Medical Officers at CHCs/ PHCs (Only AYUSH)</b>					
B.9.1.1	DH			0.00		
B.9.1.2	FRUs			0.00		
B.9.1.3	Non FRU SDH/ CHC			0.00		
B.9.1.4	24 X 7 PHC	540000	4	21.60	0.00	Not Approved

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.9.1.5	Non- 24 X 7 PHCs/ APHCs			0.00		
<b>B.9.2</b>	<b>Other Staff Nurses and Supervisory Nurses/ AYUSH pharmacists (Only AYUSH)</b>					
B.9.2.1	DH			0.00		
B.9.2.2	FRUs			0.00		
B.9.2.3	Non FRU SDH/ CHC			0.00		
B.9.2.4	24 X 7 PHC		23	44.83	0.00	Not Approved
B.9.2.5	Non- 24 X 7 PHCs			0.00		
B.9.2.6	Urban Clinics/ Health Posts			0.00		
B.9.2.7	Other	648000	2	12.96	0.00	Not Approved
	<b>Subtotal AYUSH</b>			<b>79.39</b>	<b>0.00</b>	
<b>B10</b>	<b>IEC-BCC NRHM</b>				0.00	Not Approved
B.10	Strengthening of BCC/IEC Bureaus (state and district levels)					
B.10.1	Development of State BCC/IEC strategy			0.00		
B.10.2	Implementation of BCC/IEC strategy					
B.10.2.1	BCC/IEC activities for MH					
B.10.2.1.1	Mass media			2.25		
B.10.2.1.2	Mid-media			1.75		
B.10.2.2	BCC/IEC activities for CH	0	0	3.00		
B.10.2.2.1	Mass media			1.50		
B.10.2.2.2	Mid-media			1.50		
B.10.2.3	BCC/IEC activities for FP					
B.10.2.3.1	Mass media			1.50		
B.10.2.3.2	Mid-media			1.25		
B.10.2.4	BCC/IEC activities for ARSH					
B.10.2.4.	Mass media			2.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
1						
B.10.2.4.2	Mid-media			2.00		
B.10.2.5	Other activities (please specify)			3.00		
B.10.2.6	IPC initiatives/tools	15000	4	0.60		
B.10.3	Health Mela			0.00		
B.10.4	Creating awareness on declining sex ratio issue			5.00		
B.10.5	Other activities					
B.10.5.1	Printing of MCP cards, safe motherhood booklets etc			3.50		
B.10.5.2	Printing of WIFS cards etc			2.40		
B.10.5.3	Other printing					
B.10.5.3.1	Drama / Nukkad for health related subjects	12500	4	0.50		
B.10.5.3.2	BCC/IEC activity for Immunisation			2.50		
	<b>Subtotal IEC</b>			<b>31.25</b>	<b>0.00</b>	
<b>B11</b>	<b>Mobile Medical Units (Including recurring expenditures)</b>					
B11.1.1	Capex			0.00		Approval Pended till the State implements directives of GoI regarding 'National MMU Service' conveyed to States vide no. P17018/19/2012 dated 26.02.2013
B11.1.2	Opex			2.50	0.00	
B11.1.3	HR			22.42	0.00	
B11.1.4	Training/orientation			0.00		
	<b>Subtotal Mobile Medical units</b>			<b>24.92</b>	<b>0.00</b>	
<b>B12</b>	<b>Referral Transport/Patient transport System</b>					



<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B12.1	Ambulance/EMRI Capex					
B12.1.1	State basic ambulance/ 102 Capex	100000 0	3	30.00		Approval Pended till the State implements directives of GoI regarding 'National Ambulance Service' conveyed to States vide no. P17018/19/2012 dated 26.02.2013
B12.2	Operating Cost /Opex for ambulance					
B12.2.1	State basic ambulance/102 Opex			6.00	0.00	
B12.2.2	Operating Cost /Opex for ASL ambulance			0.00		
B12.2.3	Opex EMRI-BLS			48.00	0.00	
B12.2.4	Opex EMRI-ALS			0.00		
B12.2.5	HR Basic ambulance			16.57	0.00	
	<b>Subtotal Referral Transport</b>			<b>100.57</b>	<b>0.00</b>	
<b>B.13</b>	<b>PPP/ NGOs</b>					
B13.1	Non governmental providers of health care RMPs			0.00		
B13.2	Public Private Partnerships (Out Sourcing set up, if applicable for State, to be budgeted under this head)					
B13.2.1	Incentive to TBA for motivation for Public Institutional delivery	700	200	1.40	0.00	Not Approved
	<b>Subtotal PPP/NGOs</b>			<b>1.40</b>	<b>0.00</b>	
<b>B14</b>	<b>Innovations( if any)</b>					
B14.1	Intersectoral convergence			0.00		

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B14.2	2. MoU between Public & Private Institute for Institute Delivery strengthens in Diu District as per Gujrat Chirnjiv Yojna Model. for C-Section Rs. 5000/- & Normal Delivery 3000/- to Private Institute. Annual 500 Delivery target in Diu District. Fund Proposed: 400 Delivery Normal= 400 x 3000= 12, 00,000 & C-Section Delivery 100 X 5000 = 5,00,000 Total 17,00,000. Proposed Because No a single Obg./gynec offering service in diu.	7000	100	7.00	0.00	Not Approved
B14.3	Establishment of Geriatric Ward under National Programme for Health Care of Elderly (NPHCE) (Excluding HR. HR included under RCH)			15.80	0.00	Not Approved
B14.4	Human Resource, BCC/IEC and other contingency for Implementation of National Programme for Prevention and Control of Deafness (NPPCD)	818000	2	17.66	0.00	Not Approved
B14.5	Human Resource, workshops / meetings and other operational expenses for Clinical Establishment			13.70	0.00	Not Approved.
	<b>Subtotal Innovations</b>			<b>54.16</b>	<b>0.00</b>	
<b>B15</b>	<b>Planning, Implementation and Monitoring</b>					
<b>B15.1</b>	Community Monitoring (Visioning workshops at state, Dist, Block level)					
B15.1.1	State level	5000	4	0.20	0.00	Not Approved

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B15.1.2	District level	5000	4	0.20	0.00	Not Approved
B15.1.3	Block level			0.00		
<b>B15.2</b>	Quality Assurance					
B15.2.4	Review meetings					
B15.2.4.1	State			0.00		
B15.2.4.2	District	20000	4	0.80	0.00	Not Approved.
B15.2.4.3	Block			0.00		
<b>B15.3</b>	Monitoring and Evaluation					
B15.3.1	Monitoring & Evaluation / HMIS /MCTS					
B15.3.1.1	HR for M&E/HMIS/MCTS	132000	1	1.32	0.60	(On-going activity) Approved @Rs.10,000 per month for six months initially for existing 1 Telephone operator as approved in RoP 2012-13. UT must ensure that the contact details of all the ASHA/ANM and beneficiaries should be validated and services given to the beneficiaries to be verified.
B15.3.1.5	Data Entry Operators	158400	3	4.75	1.44	(On-going activity)Approved Rs.1.44 lakhs for 6 month initially for existing 2 DEO at current salary @ 12000 per month.
B15.3.2	Computerization HMIS and e-governance, e-health					

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B15.3.2.1.a	HMIS Operational Cost (excluding HR & Trainings)			1.75	0.00	Not Approved
B15.3.2.1.b	Procurement of Computers/ printers/ cartridges etc.	75000	1	0.75	0.00	Not Approved.
B15.3.2.1.c	Maintenance of Computers/ AMC/ etc.			0.54	0.00	Not Approved.
B15.3.2.2.a	MCTS Operational Cost (excluding HR & Trainings)					
B15.3.2.2.b	Procurement of Computers/ printers/ cartridges etc.			0.00		
B15.3.2.2.c	Maintenance of Computers/ AMC/ etc.			0.00		
B15.3.2.2.d	Other Office and admin expenses			0.55	0.00	Not Approved.
B15.3.3	Other M & E Activities					
B15.3.3.1	HMIS Training	50000	1	0.50	0.00	Not Approved.
B15.3.3.2	MCTS Training	50000	1	0.50		
B15.3.3.3	Mobility Support for HMIS/ MCTS			0.00		
B15.3.3.4	Review Meetings for HMIS	5000	8	0.40	0.00	Not Approved.
B15.3.3.5	Review Meetings for MCTS	5000	8	0.40		
B15.3.3.10	Others					
B15.3.3.10.1	MCTS Internet connection and telephone charges	60000	1	0.60	0.00	Not Approved.
B15.3.3.10.2	Printing of formats for HMIS/MCTS (registers for MCTS, other reporting formats etc.)	100000	1	1.00	0.00	Not Approved
	<b>Subtotal Planning, Implementation and Monitoring</b>			<b>14.26</b>	<b>2.04</b>	
<b>B.16</b>	<b>PROCUREMENT</b>					
B16.1	Procurement of Equipment					
B16.1.2	<b>Procurement of equipment: CH</b>			0.00		
B16.1.3	<b>Procurement of equipment: FP</b>					
B16.1.3.1	NSV kits			0.00		

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B16.1.3.2	IUCD kits			0.00		
B16.1.3.3	minilap kits			0.00		
B16.1.3.4	laparoscopes			0.00		
B16.1.3.5	PPIUCD forceps			0.00		
B16.1.3.6	Other (please specify)			0.00		
B16.1.4	<b>Procurement of equipment: IMEP</b>			0.00		
B16.1.5	Procurement of equipment other than above			0.00		
B16.1.6	<b>Equipments for ARSH/ School Health</b>					
B16.1.6.1	Equipments for ARSH Clinics			0.00		
B16.1.6.2	Equipments for School Health Equipments for School Health Screening (weighing scale, Height measurement scale and Snellens' Charts)			34.26	17.43	(New Activity) Approved <sup>9</sup> Rs.1.08 for 3 sets of equipments @ Rs 36000 per set (pure tone audiometer is not recommended for mobile health teams to begin with). One sets of equipments for DEIC @ Rs 16.10 lakhs. Rs0.25 lakhs is recommended for one computer is shifted from A 4.2.5.2.
B16.1.7	<b>Equipments for Training Institutes</b> Procurement of audio	50,000	2		0.00	Not Approved. Shifted from A.9.2.2.1

<sup>9</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
	equipment / recurring cost for maintenance of equipments					
B16.1.8	<b>Equipments for AYUSH</b>			0.00		
B16.1.9	<b>Procurement of Others/Diagnostics</b>			0.00		
<b>B.16.2</b>	<b>Procurement of Drugs and supplies</b>					
B.16.2.1	<b>Drugs &amp; supplies for MH</b>					
B.16.2.1.1	RTI /STI drugs and consumables			0.00		
B.16.2.1.2	Drugs for Safe Abortion			0.00		
B.16.2.1.3	Others (Please specify)					
B.16.2.1.3.5				0.00		
B.16.2.1.4	RPR Kits			1.87	0.00	Not Approved. In 2012-13 Rs.1.87 lakhs was approved and utilization was NIL.
B.16.2.1.5	Whole blood finger prick test for HIV			0.00		
B.16.2.3	<b>Drugs &amp; supplies for FP</b>					
B.16.2.3.1				0.00		
B.16.2.4	<b>Supplies for IMEP</b>					
B.16.2.4.1	Purchase of color coded bags for bio medical waste	15000	1	0.15	0.00	Not Approved
B.16.2.5	<b>General drugs &amp; supplies for health facilities</b>					
B.16.2.5.1	IPD			27.79	0.00	Not Approved.
B.16.2.5.2	OPD			139.32	0.00	
B.16.2.6	<b>Drugs &amp; supplies for WIFS</b>					

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
B.16.2.6.1	IFA			4.50	0.00	Not Approved
B.16.2.6.2	Albendazole			0.65	0.00	Not Approved
B.16.2.7	<b>Drugs &amp; supplies for SHP</b>			0.30	2.37	(New Activity) Approved <sup>10</sup> for 138 first aid box for 138 schools @ Rs 1500 per box shifted from A 4.2.5.1. And Rs 0.30 lakhs for mobile health team. Conditionality UT to only procure drugs for DEIC after the RBSK EDL is announced from MoHFW.
	<b>Subtotal Procurement</b>			<b>208.84</b>	<b>19.80</b>	
<b>B.18</b>	<b>New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutrition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)</b>					
<b>B.20</b>	<b>Research, Studies, Analysis</b>			1.00	0.00	Not Approved.
	<b>Subtotal Research, Studies, Analysis</b>			<b>1.00</b>	<b>0.00</b>	
<b>B22</b>	<b>Support Services</b>					
B22.3	Support Strengthening NVBDCP			0.00		

<sup>10</sup> Unit Costs in relation to various procurements of equipments and printing etc. are only indicative for the purpose of estimations. However, actual expenditure must be incurred after following rules and due processes

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Quantity / Target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
B22.6	Other NDCP Support Programmes			5.00	0.00	Not Approved
B22.7	Non communicable diseases			1.00	0.00	Not Approved
	<b>Subtotal Support Services</b>			<b>6.00</b>	<b>0.00</b>	
<b>B.23</b>	Other Expenditures (Power Backup, Convergence etc)					
B.23.1	Evening OPDs			9.57	0.00	Not Approved
B.23.2	Close User Group (CUG) for health staff			8.54	0.00	Not Approved
	<b>Subtotal Other Expenditures (Power Backup, Convergence etc)</b>			<b>18.11</b>	<b>0.00</b>	
<b>GRAND TOTAL MFP</b>				<b>617.24</b>	<b>48.65</b>	



## IMMUNIZATION AND PPI OPERATION COST

FMR Code	Budget Head	Unit Cost	Quantity / Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
C.1	RI Strengthening Project ( Review meetings, Mobility support, Outreach services etc)					
c.1.a	Mobility Support for supervision for distict level officers.	Rs.2,50,000/ Year /district level officers.		2.50	2.50	
c.1.b	Mobility support for supervision at state level	Rs. 150000 per year.		0.40	0.40	
c.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	Rs. 10 beneficiaries		0.75	0.75	
c.1.d	Support for Quarterly State level review meetings of district officer	Rs. 1250/ per participant /day for 3 persons (CMO/DIO/Dist Cold Chain Officer)		0.30	0.30	State to share the meeting notice and minutes with MOHFW.
c.1.e	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders	Rs. 100/per participant for meeting expenses for 5 persons (lunch, Organizati		0.10	0.10	State to share the meeting notice and minutes with MOHFW.

		on expenses)				
c.1.f	Quarterly review meetings exclusive for RI at block level	Rs. 50/ per person as honorarium for ASHA (Travel) and Rs. 25/person at the disposal of MO-IC for meeting expenses (refreshment, stationary and misc. expenses)		0.00	0.00	State to share the meeting notice and minutes with MOHFW.
c.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	Hiring of ANM@450/session for four session/month/slum of 10000 population and Rs. 300/- per month as contingency per slum i.e. Rs. 2100/- per month per slum of 10000 population		0.00	0.00	
c.1.h	Mobilization of children through ASHA or other mobilizers	Rs. 150 per session		0.00	0.00	
c.1.i	Alternative vaccine delivery in hard to reach areas	Rs. 150 per session		0.83	0.83	

c.1.j	Alternative Vaccine Delivery in other areas	Rs. 75 per session				
c.1.k	To develop microplan at sub-centre level	@ Rs 100/- per subcentre		0.03	0.03	
c.1.l	For consolidation of microplans at block level	Rs. 1000 per block/ PHC and Rs. 2000 per district		0.08	0.08	
c.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Rs1,50,000/ district/year		2.00	2.00	
c.1.n	Consumables for computer including provision for internet access for RIMs	@ 400/- month/ district		0.10	0.10	
c.1.o	Red/Black plastic bags etc.	Rs. 3/bags/session		0.07	0.07	
c.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	Rs. 1200 per PHC/CHC per year		0.00	0.00	
c.1.q	Safety Pits	Rs. 5250/pit		0.04	0.04	
c.1.r	State specific requirement			0.00	0.00	
c.1.s	Teeka Express Operational Cost			0.00	0.00	
c.1.t	Measles SIA operational Cost			0.00	0.00	
c.1.u	JE Campaign Operational Cost			0.00		
c.1.v	Others			0.00		
C.1-Sub Total				7.20	7.20	
C.2	Salary of Contractual Staffs					

C.2.1	Computer Assistants support for State level	Rs.12000-15000 per person per month	1.00	1.98	0.90	* Salary is for 6 months * State to provide details of total sanctioned posts, filled up and vacancy.
C.2.2	Computer Assistants support for District level	8000-10000 per person per month	2.00	3.19	1.20	* Salary is for 6 months * State to provide details of total sanctioned posts, filled up and vacancy.
C.2.3	Others(service delivery staff)			0.00		
C.2-Sub Total				5.17	2.10	
C.3	Training under Immunization					
C.3.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse MidWives, BEEs & other staff ( as per RCH norms)	As per revised norms for trainings under RCH		1.50	1.50	Approved, but expenditure has to be as per NRHM norms.Also, all the trainings should be approved from Immunization division.
C.3.2	Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module)			0.00	0.00	
C.3.3	One day refresher training of district Computer assistants on RIMS/HIMS and immunization formats			0.00	0.00	

C.3.4	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers			0.00	0.00	
C.3.5	One day training of block level data handlers by DIOs and District cold chain officer			0.00	0.00	
C.3.6	Others			0.00	0.00	
<b>C.3-Sub Total</b>				<b>1.50</b>	<b>1.50</b>	
C.4	Cold chain maintenance	Rs.750/PHC/CHCs per year District Rs.15000/year		0.30	0.30	
C.5	ASHA incentive for full Immunization	Rs 100 per child for full immunization in first year		0.00	0.00	
		Rs 50 per child for ensuring complete immunization upto 2nd year of age				
	<b>Total ROUTINE IMMUNIZATION</b>			<b>14.17</b>	<b>11.10</b>	
C.6	Pulse Polio Operational Cost (Tentative)			4.21	4.21	
	<b>Total</b>			<b>18.38</b>	<b>15.31</b>	

**NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME  
(NIDDCP)**

<b>FMR Code</b>	<b>Activity</b>	<b>Unit cost</b>	<b>Physical target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>D</b>	<b>IDD</b>					
D.1	<b>Establishment of IDD Control Cell-</b>		Implement ation & monitorin g of the programm e	*	8.00	Filling up of sanctioned vacant posts i.e. Technical Officer & LDC on regular/contract basis on priority.
D.1.a	Technical Officer	1				UT Administration may conduct and co-ordinate approved programme activities and furnish quarterly financial & physical achievements as per prescribed format.
D.1.b	Statistical Assistant	1				
D.1.c	LDC Typist	1				
D.2	<b>Establishment of IDD Monitoring Lab-</b>		Monitorin g of district level iodine content of salt and urinary iodine	*	5.50	UT Administration may conduct quantitative analysis of salt & urine as per NIDDCP Guidelines and furnish

FMR Code	Activity	Unit cost	Physical target	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in lakhs)	Remarks
			excretion as per Policy Guidelines			monthly/quarterly statements.
D.2.a	Lab Technician	1				
D.2.b	Lab. Assistant	1				
D.3	<b>Health Education and Publicity</b>		Increased awareness about IDD and iodated salt.	*	2.00	IDD publicity activities including Global IDD Day celebrations at various level.
D.4	<b>IDD Survey/Resurveys</b>	Rs. 50,000 per district	1 district	*	0.50	UT Administration may under take 1 district IDD survey as per guidelines and furnish report.
D.5	Salt Testing Kits to be procured by UT Administration for 1 endemic district	12 STK per annum per ASHA A	Creating iodated salt demand and monitoring of the same at the community level.		**	UT Administration to monitor the qualitative analysis of iodated salt by STK through ASHA in 1 endemic districts i.e.. Daman & Diu
5	ASHA Incentive	Rs. 25/- per month	50 salt samples per month per ASHA		**	

<b>FMR Code</b>	<b>Activity</b>	<b>Unit cost</b>	<b>Physical target</b>	<b>Amount Proposed (Rs. in Lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
		for testing 50 salt sample /month	in 1 endemic districts			
<b>TOTAL</b>				<b>20.52</b>	<b>16.00</b>	

\*There is no activity –wise fund break up proposal in respect of NIDDCP in the PIP for the year 2013-14

\*\*Based on the demand of State/UT Govt. for procuring STK & performance based incentive to ASHA for 1 endemic districts funds will be released through flexi pool of NRHM by GOI.



## INTEGRATED DISEASE SURVILLIANCE PROGRAMME (IDSP)

FMR Code	Budget Head	Unit Cost	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs in lakhs)	Comments
<b>E1</b>	<b>Operational Cost</b>				
	Field Visits		13.0	9.8	
	Office Expenses				
	Broad Band expenses				
	Outbreak investigations including Collection and Transport of samples				
	Review Meetings				
	Any other expenditure				
	<b>Sub Total</b>		<b>13.0</b>	<b>9.8</b>	
<b>E 1.2</b>	<b>Laboratory Support</b>				
	District Priority Lab		3.0	3.0	
	Referral Network Lab				
	District public health lab equipments		5.0	5.0	
	District public health lab manpower				
	District public health lab consumables				
	contingency				
	<b>Sub Total</b>		<b>8.0</b>	<b>8.0</b>	
<b>E.2</b>	<b>Human Resources</b>				
E.2.1	Remuneration of Epidemiologists		10.8	9.45	Remuneration for vacant positions calculated for 9 months.
E.2.2	Remuneration of Microbiologists		7.2	7.2	
E.2.3	Remuneration of Entomologists		3.6	2.7	
	Veterinary Consultant				Remuneration s for medical personnel working as Epidemiologis
E.3	Consultant-Finance/ Procurement		2.772	2.8	
E.3.1	Consultant-Training/ Technical		3.6	0.0	

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs in lakhs)</b>	<b>Comments</b>
E.3.2	Data Manager		2.7+2.4=5.1	2.4+2.16=4.56	ts, Microbiologist, training Manager should be more in comparison to non medical personnel;
E.3.3	Data Entry Operator		3.168	3.168	
	Multitasking staff		1.752	0.00	
	Driver		2.904	0.00	
	<b>Sub Total</b>		<b>40.896</b>	<b>29.878</b>	
<b>E.8</b>	<b>Training</b>	As per NRHM Guidelines			Based on past expenditure and keeping in view a feasible target presently this amount is approved.
	(Medical Officers) (3 days )		1.26	2.0	
	Medical college doctors (1 day)				
	Hospital pharmacists/Nurses training (1day)		<b>0.5</b>		
	Lab Tech (3 days)		<b>0.4</b>		
	Data Managers (2 days)		0.1		
	DEO cum accountant (2 days)		0.1		
	ASHA & MPWs, AWW & Community volunteers (1day)		0.6		
	One day training for data entry & analysis for Block Health Team (including Block Programme Manager)		0.1		
	One day training for MO from private institutions		1.0	0.0	
	<b>Sub Total</b>		<b>4.06</b>	<b>2.0</b>	
	<b>For each newly formed (Corporation as district) District to cover for the expenses on account of Non-recurring costs on Computer Hardware, some</b>				

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit Cost</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs in lakhs)</b>	<b>Comments</b>
	<b>office equipment &amp; accessories.</b>				
<b>E.7</b>	<b>ID Hospital Network</b>				
<b>*</b>	<b>Surveillance in Metro Cities</b>				
<b>*</b>	<b>New formed Districts</b>				
	<b>Total</b>		<b>65.96</b>	<b>49.678</b>	

## NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDGP)

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
<b>F.1</b>	<b>Domestic Budget Support (DBS)</b>					
<b>F.1.1</b>	<b>Malaria</b>					
F.1.1.a	<b>Contractual Payments</b>			0.00		
F.1.1.a.i	MPW contractual			0.00	0.00	
F.1.1.a.ii	Lab Technicians ( against vacancy)			0.00	0.00	
F.1.1.a.iii	VBD Technical Supervisor (one for each block)			0.00	0.00	
F.1.1.a.iv	District VBD Consultant (one per district) (Non-Project States)			3.00	0.00	New activity and due to budget constraint can not be considered at this moment
	Data Entry Operator one per district (Non-project states)			0.00	0.00	
F.1.1.a.v	State Consultant (Non – Project States),			0.00	0.00	
	M&E Consultant (Medical Graduate with PH qualification)			0.00	0.00	
	- VBD Consultant (preferably entomologist)			0.00	0.00	
F.1.1.b	ASHA Incentive			3.50	3.50	This is for volunteers/ink workers as proposed by UT
F.1.1.c	<b>Operational Cost</b>					
F.1.1.c.i	Spray Wages			22.00	17.50	<b>Through Treasury Route</b>

FMR Code	Component (Sub - Component)	Unit Cost	Physical Target	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
F.1.1. c.ii	Operational cost for IRS			0.00	0.00	
F.1.1. c.iii	Impregnation of Bed nets- for NE states			0.00	0.00	
F.1.1. d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility			9.00	4.00	
F.1.1. e	IEC/BCC			11.00	2.00	
F.1.1. f	PPP / NGO and Intersectoral Convergence			2.00		
F.1.1. g	Training / Capacity Building			5.80	5.00	
F.1.1. h	Zonal Entomological units			0.00	0.00	
F.1.1. i	Biological and Environmental Management through VHSC			0.00	0.00	
F.1.1. j	Larvivorous Fish support			0.00	2.00	
F.1.1. k	Construction and maintenance of Hatcheries			3.50		
F.1.1. l	Any other Activities (Pl. specify)					
	Honorarium for the staff for monitoring & supervision			2.20	1.00	Rest may be clubbed with Dengue/Chikungunya (F.1.2.c)
	Hiring of vehicle throughout the year for monitoring & supervision			7.00	0.00	May be met from F.1.1.d
	<b>Total Malaria (DBS)</b>			<b>69.00</b>	<b>34.00</b>	
F.1.2	<b>Dengue &amp; Chikungunya</b>					
F.1.2. a	<b>Strengthening surveillance (As per GOI approval)</b>					
F.1.2. a(i)	Apex Referral Labs recurrent			3.50	0.00	Apex in NIV Pune which is separately

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
						funded
F.1.2. a(ii)	Sentinel surveillance Hospital recurrent			2.00	1.00	as per existing
F.1.2. a(iii)	ELISA facility to Sentinel Surv Labs			5.00	5.00	
F.1.2. b	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)			0.00	0.00	
F.1.2. c	Monitoring/supervision and Rapid response			0.50	1.00	Can be used for malaria also
F.1.2. d	Epidemic preparedness			0.50	0.50	
F.1.2. e	Case management			1.00	1.00	
F.1.2. f	Vector Control & environmental management			0.50	2.00	Very crucial activity to prevent hence it should be intensified
F.1.2. g	IEC BCC for Social Mobilization			3.00	4.00	
F.1.2. h	Inter-sectoral convergence			0.50	0.50	
F.1.2. i	Training & printing of guidelines, formats etc. including operational research			0.50	1.00	
	<b>Total Dengue/Chikungunya</b>			<b>17.00</b>	<b>16.00</b>	
<b>F.1.3</b>	<b>AES/JE</b>					
F.1.3. a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by GoI			0.00	0.00	
F.1.3. b	IEC/BCC specific to J.E. in endemic areas			0.00	0.00	

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.1.3.c	Capacity Building			0.00	0.00	
F.1.3.d	Monitoring and supervision			0.00	0.00	
F.1.3.e	Procurement of Insecticides (Technical Malathion)			0.00	0.00	
F.1.3.f	Fogging Machine			0.00		
F.1.3.g	Operational costs for malathion fogging			0.00	0.00	
F.1.3.h	Operational Research			0.00	0.00	
F.1.3.i	Rehabilitation Setup for selected endemic districts			0.00	0.00	
F.1.3.j	ICU Establishment in endemic districts			0.00	0.00	
F.1.3.k	ASHA Incentivization for sensitizing community			0.00	0.00	
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter			0.00	0.00	
F.1.3.m	Establishing district counseling centre			0.00	0.00	
	<b>Total AES/JE</b>			<b>0.00</b>	<b>0.00</b>	
<b>F.1.4</b>	<b>Lymphatic Filariasis</b>					
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision and mobility support for Rapid Response Team and contingency support			1.50	0.64	
F.1.4.b	Microfilaria Survey			0.00	0.00	
F.1.4.c	Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions			0.00	0.00	

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.1.4.d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers			0.00	1.35	This is required for training on morbidity management & validation procedure. Need to plan.
F.1.4.e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA			0.00	0.00	
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA			0.00	0.00	
F.1.4.g	<b>Verification and validation for stoppage of MDA in LF endemic districts</b>					
F.1.4.g.i	a) Additional MF Survey			0.50	0.70	
F.1.4.g.ii	b) ICT Survey			0.00	0.00	
F.1.4.g.iii	c) ICT Cost			0.00	0.00	
F.1.4.h	<b>Verification of LF endemicity in non-endemic districts</b>					
F.1.4.h.i	a) LY & Hy Survey in non-endemic district			0.80	0.00	
F.1.4.h.ii	b) Mf Survey in Non-endemic distt			0.00	0.00	
F.1.4.h.iii	c) ICT survey			0.50		
F.1.4.i	<b>Post-MDA surveillance</b>				0.00	
	<b>Total Lymphatic Filariasis</b>			<b>3.30</b>	<b>2.69</b>	
<b>F.1.5</b>	<b>Kala-azar</b>					



<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.1.5	Case search/ Camp Approach			Not Applicable	Not Applicable	
F.1.5.a	Spray Pumps & accessories					
F.1.5.b	Operational cost for spray including spray wages					
F.1.5.c	Mobility/POL/supervision					
F.1.5.d	Monitoring & Evaluation					
F.1.5.e	Training for spraying					
F.1.5.f	IEC/ BCC/ Advocacy					
	<b>Total Kala-azar</b>			<b>0.00</b>	<b>0.00</b>	
	<b>Total (DBS)</b>			<b>89.30</b>	<b>52.69</b>	
<b>F.2</b>	<b>Externally aided component</b>					
<b>F.2.a</b>	<b>World Bank support for Malaria (Identified state)</b>					
F.2.b	Human Resource			Not Applicable	Not Applicable	
F.2.c	Training /Capacity building					
F.2.d	Mobility support for Monitoring Supervision & Evaluation including printing of format & review meetings, Reporting format (for printing formats)					
	<b>Kala-azar World Bank assisted Project</b>					
F.2.e	Human resource			Not Applicable	Not Applicable	
F.2.f	Capacity building					
F.2.g	Mobility					
<b>F.3</b>	<b>GFATM support for Malaria (NEStates)</b>					
F.3.a	Project Management Unit including <b>human resource</b> of N.E. states			Not Applicable	Not Applicable	
F.3.b	<b>Training/Capacity Building</b>					

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.3.c	<b>Planning and Administration</b> ( Office expenses recurring expenses, Office automation , printing and stationary for running of project)					
F.3.d	<b>Monitoring Supervision</b> (supervisory visits including travel expenses, etc) including printing of format and review meetings,					
F.3.e	<b>IEC / BCC</b> activities as per the project					
F.3.f	<b>Operational cost for treatment of bednet</b> and Infrastructure and Other Equipment (Computer Laptops, printers, Motor cycles for MTS )					
	<b>Total : EAC component</b>			<b>0.00</b>	<b>0.00</b>	
<b>F.4</b>	<b>Any Other Items ( Please Specify)</b>			0.00	0.00	
<b>F.5</b>	<b>Operational costs ( mobility, Review Meeting, communication, formats &amp; reports)</b>			0.00	0.00	
	<b>Grand total for cash assistance under NVBDCP (DBS + EAC)</b>			<b>89.30</b>	<b>52.69</b>	
<b>F.6</b>	<b>Cash grant for decentralized commodities</b>					
F.6.a	Chloroquine phosphate tablets			0.50	1.80	
F.6.b	Primaquine tablets 7.5 mg			0.10		
F.6.c	Primaquine tablets 2.5 mg			0.05		
F.6.d	Quinine sulphate tablets					
F.6.e	Quinine Injections					
F.6.f	DEC 100 mg tablets					
F.6.g	Albendazole 400 mg tablets					
F.6.h	Dengue NS1 antigen kit			1.00		

<b>FMR Code</b>	<b>Component (Sub - Component)</b>	<b>Unit Cost</b>	<b>Physical Target</b>	<b>Amount Proposed (Rs. in lakhs)</b>	<b>Amount Approved (Rs. in lakhs)</b>	<b>Remarks</b>
F.6.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)			1.00		
F.6.j	Pyrethrum extract 2% for spare spray			1.00		
F.6.k	ACT ( For Non Project states)			0.50		
F.6.l	RDT Malaria – bi-valent (For Non Project states)			1.00		
F.6.m	Any Other Items ( Please Specify)			0.00		
	<b>Total grant for decentralized commodities</b>			<b>5.15</b>	<b>1.80</b>	
	<b>Grand Total for grant-in-aid under NVBDCP</b>			<b>94.45</b>	<b>54.49</b>	
	<b>Commodity Grants</b>			0.00	0.00	
	<b>Total NVBDCP Cash + Commodity</b>			<b>94.45</b>	<b>54.49</b>	

## NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Activity proposed	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>G1.Case detection &amp; Management</b>						
1.1 Specific - plan for High Endemic Districts	Block	200000	-	-	-	
1.2 Services in Urban Areas	Town - Med I - Med II- Mega-	Town - Med I - Med II- Mega-	-	-	-	
1.3. ASHA Involvement						
Sensitization		100	-	-	-	
*Incentive to ASHA	Detecti on	250	5	0.01	0.01	
	PB	400	3	0.01	0.01	
	MB	600	2	0.01	0.01	
1.4 Material & Supplies						
Supportive drugs, lab. reagents & equipments and printing works	District	68,000	1	0.60	0.60	
1.5 NGO - Scheme	No.	600000	-	-	-	
<b>G2. DPMR</b>						
MCR footwear, Aids and appliances, Welfare allowance to patients for RCS, Support to govt. institutions for RCS		MCR - 300/-	10	0.03	0.03	MCR-2 pair per person
		Aids/Applia nce -17000	-	-	-	
		Welfare/RCS - 8000	-	-	-	
		At Institute - 5000	-	-	-	
		At camps - 10000				

Activity proposed	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
<b>G3. IEC/BCC</b>						
Mass media, Outdoor media, Rural media, Advocacy media		98,000	2	1.96	1.96	
<b>G4. Human Resources &amp; Capacity building</b>						
4.1 Capacity building		156380	19	2.40	2.40	State specific requirements & rate
4.2. Human Resources on contract						
4.2.1. Contractual Staff at State level						
SMO	1	40000	-	-	-	
BFO cum Admn. Officer	1	30000	-	-	-	
Admn. Asstt.	1	16000	1	2.77	2.77	
DEO	1	12000	1	1.59	1.59	
Driver	1	11000	1	1.45	1.45	
4.2.2. District Leprosy Consultant		30000	-	-	-	Post of Driver of districts not available
Physiotherapist		25000	-	-	-	
4.2.3. Special Provision for selected States			-	-	-	
NMS	No.	25000	-	-	-	
4.2.4. Staff for blocks			-	-	-	
PMW	No.	16000	-	-	-	
<b>G5. Programme Management ensured</b>						
5.1. Travel Cost						

Activity proposed	Unit	Unit Cost (In Rupees)	Physical Targets	Amount Proposed (Rs. in lakhs)	Amount Approved (Rs. in lakhs)	Remarks
travel expenses - Contractual Staff at State level		80000	1	0.40	0.40	No staff at district
travel expenses - Contractual Staff at District level		25000	2	0.50	0.00	
5.2 Review meetings	4	20000 to 50000	4	1.00	0.80	
5.3 Office Operation & Maintenance						
Office operation - State Cell	1	75000	1	0.75	0.75	
Office operation - District Cell	No.	35000	2	0.70	0.70	
Office equipment maint. State	1	50000	1	0.50	0.50	
5.4 Consumables						
State Cell	1	50000	1	0.50	0.50	
District Cell	No.	30000	2	0.60	0.60	
5.5 Mobility Support						
State Cell	2	200000	-	-	-	
District Cell	1	150000	2	3.00	3.00	
<b>G6 Others</b>						
travel expenses for regular Staff for specific programme/training need, awards etc.				-	1.00	Essential requirements
<b>GRAND TOTAL</b>				<b>18.78</b>	<b>19.08</b>	

\*Incentive to ASHAs will be given at revised rate subject to the approval by MSG.

\*\*The State Leprosy Officer will be able to distribute the total IEC funds on the basis of actual requirements of each district keeping adequate funds at State level under Mass Media and Advocacy meetings.

\*\*\*Unit cost of Training to be calculated as per State NRHM norm fixed for all health programmes.

\*\*\*\* Remuneration of Contractual staff may be revised keeping in view the prevailing rate of remuneration in other National Health Programmes.

## REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP)

<b>FMR Code</b>	<b>Budget Head</b>	<b>Unit cost (wherever applicable)</b>	<b>Physical target /expected output</b>	<b>Amount Proposed (Rs. Lakhs)</b>	<b>Amount Approved (Rs. lakhs)</b>	<b>Remarks</b>
I.1	Civil works	As per Revised Norms and Basis of Costing for RNTCP	1) Civil work Up gradation and maintenance completed as planned	38.60	0.3	
I.2	Laboratory materials	As per Revised Norms and Basis of Costing for RNTCP	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL On Site Evaluation and Panel Testing in the year; 3) IRLs accredited and functioning optimally	0.85	0.6	
I.3	Honorarium	As per Revised Norms and Basis of Costing for RNTCP	1) All eligible Community DOT Providers are paid honorarium in all districts in the FY	0.76	0.29	
I.4	ACSM	As per Revised Norms and Basis of Costing for RNTCP	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding;	6.76	2.7	
I.5	Equipment maintenance	As per Revised Norms and Basis of Costing for RNTCP	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as	1.00	0.4	

FMR Code	Budget Head	Unit cost (wherever applicable)	Physical target /expected output	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. lakhs)	Remarks
			planned; 2) All BMs are in functional condition			
I.6	Training	As per Revised Norms and Basis of Costing for RNTCP	1) Induction training, Update and Re-training of all cadre of staff completed as planned;	4.96	0.59	
I.7	Vehicle maintenance/ operation	As per Revised Norms and Basis of Costing for RNTCP	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained;	3.00	2	
I.8	Vehicle hiring	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding	6.88	2	
I.9	NGO/PP support	As per Revised Norms and Basis of Costing for RNTCP	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPS in case detection and provision of DOT	5.94	3	
I.10	Medical College	As per Revised Norms and Basis of Costing for RNTCP	1) All activities proposed under Medical Colleges head in PIP completed	0	0	
I.11	Office Operation	As per Revised Norms and Basis of Costing	1) All activities proposed under miscellaneous	4.0	1.23	



FMR Code	Budget Head	Unit cost (wherever applicable)	Physical target /expected output	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. lakhs)	Remarks
		for RNTCP	head in PIP completed			
I.12	Contractual services	As per Revised Norms and Basis of Costing for RNTCP	1) All contractual staff appointed and paid regularly as planned	57.95	34	Position to be hired is being calculated for 6 month salary.
I.13	Printing	As per Revised Norms and Basis of Costing for RNTCP	1) All printing activities at state and district level completed as planned	2.25	0.56	
I.14	Research and studies	As per Revised Norms and Basis of Costing for RNTCP	1) Proposed Research has been initiated or completed in the FY as planned		0	
I.15	Procurement of drugs			0	0	
I.16	Procurement –vehicles	As per Revised Norms and Basis of Costing for RNTCP	1) Procurement of vehicles completed as planned	3.90	3.9	
I.17	Procurement- Equipments	As per Revised Norms and Basis of Costing for RNTCP	1)Procurement of equipments completed as planned	1.00	0	
I.18	Patient support & Transportation	As per Revised Norms and Basis of Costing for RNTCP	Payment of transportation charges to patients	0.16	0.16	
I.19	Supervision & Monitoring	As per Revised Norms and Basis of Costing for RNTCP	Number of evaluation and review meeting done by state	4.60	2	
	<b>Subtotal</b>			<b>142.61</b>	<b>53.73</b>	
	Disease control Flexi pool fund			0.42	0	
	<b>TOTAL APPROVAL</b>			<b>143.03</b>	<b>53.73</b>	

