



National Rural Health Mission



State Action Plan Uttar Pradesh 2012-13 (Approved)

Department of Medical Health & Family Welfare,
Govt. of Uttar Pradesh

CONTENTS

Chapter-1: State Specific Targets for Next Five Years.....	5
Chapter-2: Outcome Analysis of PIP of 2010-11 and 2011-12.....	12
Chapter-3: Policy and Systemic Reforms in Strategic Areas	15
Chapter-4: Schemes/Programmes	19
A.1. Maternal Health	20
1. State Progress at a Glance	21
2. Conceptual framework for Maternal Health Plan	22
3. Increase complete ANC from 2.8 % to 40% (DLHS-III).....	23
4. Village Health and Nutrition Days	25
5. Increase Institutional Delivery From 45% To 49% in Public Sector	28
6. Increase Access to Emergency Obstetric Care	34
7. Janani Shishu Suraksha Karyakram (JSSK).....	38
8. RTI/STI Services	43
9. Reduce Incidence of Unsafe Abortion.....	47
10. Institutionalization of Maternal Death Audit System	49
11. Interventions for Improvement of Quality of Services	52
12. Incentives for Good Performance Proposed for Maternal Health	53
13. Programme Management Support for Maternal Health.....	55
14. IEC/BCC Activities.....	56
15. Human Resources	56
16. Procurement Plan.....	59
17. Maternal Health Trainings.....	61
A.2. Child Health	64
1. Essential Newborn Care	65
2. Care of Sick Newborn	66
3. Treatment of Sick Newborn Under JSSK Scheme.....	71
4. Home Based Newborn Care	71
5. Promoting IYCF Practices	74
6. Managing Children With Malnutrition	75
7. Management of Diarrhoea, ARI and Micronutrient Malnutrition.....	81
8. Trainings	95
9. Programme Management Support for Child Health	97
10. IEC/BCC Activities.....	97
11. Human Resources	97
A.3. Family Planning.....	99
1. Background	99
2. Terminal/Limiting Methods (Providing Sterilization Services In Districts).....	101
3. Accreditation of Private Centres/ NGOs for Sterilization Services	103
4. Post Partum Family Planning Services at Hospitals	104
5. Spacing Method (providing of IUD services by districts)	107
6. Family Planning Management	108
7. Performance Based Rewards.....	109
8. Utilization of ASHAs for Family Planning Services	111
9. Social marketing of contraceptives by ASHA.....	112
10. IEC/BCC Activities.....	112
11. Procurement of Drugs/Materials	112
12. Family Planning Training.....	113

A.4. Adolescent Reproductive & Sexual Health	115
1. Adolescent Friendly Health Services	115
2. Promotion of Menstrual Hygiene	116
3. Saloni Swastha Kishori Yojana	117
4. Intervention for Non-School Going Adolescent Girls Addressing Anaemia.....	119
5. Convergence.....	121
6. School Health Programme.....	121
7. Child Health Guarantee Scheme/Bal Swasthya Guarantee Yojna.....	123
A.5. Urban RCH	129
1. Urban Health Scenario in Uttar Pradesh	129
2. Primary Urban Health Facilities in the State	131
3. Solutions and Prioritized Strategies	132
4. New Urban Health Posts - Funded BY NRHM	132
5. Key Activities Proposed to Strengthen the Urban RCH Program in 2012-13.....	134
6. Urban RCH Services in 13 Big Cities	136
7. Urban RCH Services in 54 Districts	137
8. Establishment of Additional Urban Health Posts	142
A.6. PC & PNDT and Gender Mainstreaming	146
1. Establishment of PCPNDT Cells at Every Level	146
2. Inspection and Monitoring.....	147
3. Review Meetings.....	148
4. Orientation Workshops of District Advisory Committees and Inspection Committee Members	148
5. District Level Activities	149
6. IEC/BCC Activities	149
A.7. Infrastructure and Human Resources	151
1. Human Resource - Maternal Health	151
2. Human Resource – Routine Immunization.....	154
3. Human Resource – Child Health	155
4. Human Resource – Para Medicals	157
5. Human Resource – Dental Doctors.....	157
6. Human Resource – Others	158
7. Human Resource - School Health Programme	158
8. Human Resource - SIHFW	158
9. Human Resource – B.R.D. Medical College, Gorkhapur	159
A.8. Training	160
1. Maternal Health Trainings.....	160
2. Integrated Management and Environment Programme (IMEP)	162
3. Child Health Trainings	163
4. Family Planning Trainings.....	163
5. ARSH Training	165
6. Training under Saloni Swasthya Kishori Yojna	166
7. Programme Management Trainings.....	166
8. SIHFW Strengthening.....	168
9. Development of Training Materials/Packages.....	171
A.9. Programme Management	172
2. Operational Expenses.....	180
3. Divisional PMUs	181
4. District PMUs	181
5. Block PMUs.....	182

6.	Human Resource Plan for SIHFW/CTI	183
	BUDGETARY DETAILS OF RCH FLEXI-POOL - 2012-13	186
	B. MISSION FLEXI POOL.....	188
1.	ASHA Scheme.....	189
2.	Untied Fund.....	207
3.	Annual Maintenance Grant (AMG)	208
4.	Hospital Strengthening	208
5.	Health Care Infrastructure	210
6.	RKS Funds	220
7.	District Action Plan	220
8.	Panchayati Raj Initiatives	221
9.	Mainstreaming of AYUSH	223
10.	Information, Education and Communication/ Behaviour Change Communication (IEC/BCC).....	226
11.	Improving Access to Health Services Using Mobile Medical Units (MMUs)	240
12.	Referral Transport/Emergency Medical Transport Services (EMTS)	243
13.	Procurement	246
14.	Operationalisation of Regional Drug Warehouses	249
15.	New Initiatives/strategic Intervention/Innovations	251
16.	Research, Studies and Analysis	256
17.	State Public Health Resource Institute (SPHRI).....	257
18.	Support Services	265
19.	Other Expenditure and Power Backup	268
	BUDGETARY DETAILS OF MISSION FLEXI- POOL - 2012-13.....	269
	C. Immunisation	274
1.	Strategies for further improving Routine Immunization	278
2.	Target of Immunization coverage	278
3.	Manpower.....	279
4.	Improve the Accessibility of Routine Immunization.....	279
5.	Alternate Vaccine delivery.....	281
6.	Supervision and Monitoring	281
7.	Training	282
8.	Coordination with Partners (ICDS, PPP, other agencies)	283
9.	Vaccines and Logistics.....	285
10.	Human Resources	286
11.	Routine Immunization Weeks (2012-13)	287
12.	Pulse Polio Immunization Programme	288
13.	IEC/BCC Activities for Routine Immunization.....	307
	D. NATIONAL DISEASE CONTROL PROGRAMMES	312
	D.1. National Iodine Deficiency Disorder Control Programme.....	313
	D.2. Integrated Disease Surveillance Programme	318
	D.3. National Vector Borne Disease Control Program	327
1.	Malaria	331
2.	Dengue & Chikungunia	343
3.	Japanese Encephalitis / AES.....	346
4.	Filaria.....	357
5.	Kala – Azar	362
	D.4. National Leprosy Eradication Programme	365
	D.5. National Programme For Control of Blindness	375
	D.6. Revised National Tuberculosis Control Programme	383

D.7. National Programme for Prevention & Control of Fluorosis	403
D.8. National Programme for Prevention, Control & Treatment of Communicable Diseases	404
D.9. National Programme for Prevention and Control of Deafness	407
Chapter-5: Monitoring and Evaluation	415
1. Quality Assurance for RCH Services	415
2. District level Monitoring and Supervision for quality assurance	421
3. Data Entry Operators at Block level for Mother and Child Tracking System	423
4. Computerization H-MIS, E-Governance and E-Health	424
5. Strengthening MIS Division	429
6. Pregnant Mother and Child Tracking System	430
7. CUG Mobile Phones for MO-IC (PHCs) and ANMs.....	431
8. Concurrent and Third Party Evaluation by Independent Agency.....	433
9. Proposal for Supportive Supervision, Monitoring and Evaluation	433
Chapter-6: Financial Management	436
Approved Budget Summary	440

CHAPTER-1: STATE SPECIFIC TARGETS FOR NEXT FIVE YEARS

A. Outcome Indicators

Indicators	Current Status as per available data	Cumulative target for next five years	2012 -13	2013 -14	2014 -15	2015 -16	2016 -17
Maternal Mortality Ratio (MMR)	359 (SRS - 2009)	200	310	280	250	225	200
Infant Mortality Rate (IMR)	61 (SRS - 2010)	32	56	51	45	38	32
Total Fertility Rate (TFR)	3.7 (SRS - 2009)	2.8	3.75	3.6	3.4	3.1	2.8
Complete Immunization	40.9% (CES - 2009)	90%	50%	60%	70%	80%	90%
Contraceptive Prevalence Rate (CPR)	43.6% (NFHS- III)	53%	41%	44%	47%	50%	53%
Institutional Delivery	62.1% (CES – 2009)	85%	65%	70%	75%	80%	85%
Malaria Mortality Reduction rate	90	0	0	0	0	0	0
Kalazar Mortality Reduction rate	9%	<5%	8%	7%	6%	5%	<5%
Dengue Mortality Reduction rate	3.2%	<1.6%	2.5%	2%	1.8%	1.7%	1.6%
Cataract related blindness prevalence	-	<0.5%	0.6%	0.58%	0.55%	0.52%	0.5%
Cataract operations	3.44 Lakhs (up-to Nov. 11)	40 Lakhs	8 Lakhs	8 Lakhs	8 Lakhs	8 Lakhs	8 Lakhs
Leprosy prevalence rate	<1 per 10000	0.86/10000	Sustain <1%	Sustain <1%	Sustain <1%	Sustain <1%	Sustain <1%
Tuberculosis cure rate	86%	88%	87%	87%	87%	88%	88%

B. Output Indicators:

Sl. Activity/ Monitorable Indicators		Current status on latest available data	Cumulative Targets for 2 nd phase of NRHM				
			2012 -13	2013 -14	2014 -15	2015 -16-	2016 -17
A Maternal Health							
1	Institutional deliveries (%)	62.1%	66%	71%	76%	81%	85%
2	24x7 facilities (sub district up to APHCs)	860	900	980	1060	1140	1200
3	Functional FRUs (district & Sub district)	132	160	195	235	270	300
B Child Health							
4	SNCUs	12	15	20	25	30	30
5	New Born care Corners	760	800	900	1050	1100	1100
6	Stabilization units in FRUs	125	130	160	180	180	180
7	Full Immunization	40.9%	50%	60%	70%	80%	90%
C. Population stabilization							
8	Male sterilization	8224	11000	15000	20000	25000	40000
9	Female sterilization	371267	450,000	450,000	450,000	450,000	450,000
10	IUDs	1544271	1600000	1700000	1800000	1900000	2000000
D. Disease Control							
11	Annualized New Positive Detection rate of TB (%)	68	75	80	85	90	90
12	Success rate of new smear positive cases (%)	90	90.2	90.4	90.6	90.8	91
	Treatment initiated on DOTS (%)	95	95	95	95	95	95
13	ABER for malaria (%)	2.37	4	5	6	8	10
14	API for malaria (per thousand population)	0.33	0.32	0.31	0.3	0.29	0.28
15	Annual new case detection rate for leprosy (per Lakh population)	12.5	14.7	13.7	12.2	10.7	9.8
16	Cataract surgeries performed in Lakhs	3.44 Lakhs up to Nov.11	8	8	8	8	8
E Training							
17	Doctors trained on EmOC (*add 2 more district training centres per year and 2 providers trained each year)	62	75	137	203	271	343
18	Doctors trained on LSAS	122	162	202	246	292	340
19	Doctors trained on NSV/	219	254	334	414	514	624

	conventional male sterilization						
20	Doctors trained on abdominal tubectomy (mini lap)	139	160	180	200	230	260
21	Doctors trained on laparoscopic tubectomy	172+?90	212	252	300	360	410
22	Persons trained in IMNCI (CCSP)	50942	61000	91000	125000	135000	145000
F. Community Processes							
23	Functional VHSCs	51494	51700	51914	51,914	51,914	51914
24	ASHAS with drug kits						
25	ASHAS trained on module 6&7	0	60,000	90,000	120,000	125,000	125,000
G. Improved Management							
26	Evaluation and assessment of NRHM activities (* any of JSY, CCSP, BSPM, RI, School health, urban RCH, ASHA scheme, quality of care at FRU/24x7 facilities)	5 (ASHA scheme, innovation in ASHA training, TNA, RKS, Sas Bahu Sammelan)	5*	5*	5*	5*	5*
27	Cold chain management (no. of functional ILR points)	1000	1100	1200	1300	1400	1500

H. Human Resources

L1	Category	No. of sanctioned post	No. of vacant post against sanctioned	Target of filling post against sanctioned	
				2012-13	2013-14
49	Specialist /Doctors	14785	5579	3500	2079
50	Staff Nurses	6893	777	525	252
51	LHV				
52	ANM	23580	2482		
53	MPW	8857	6291		
54	Laboratory Technicians	2470	574	208	366
55	Pharmacists	6543	1748	0	766
56	Others AYUSH nurses AYUSH pharmacist X-Ray/ ECG technician				

RCH MONITORABLE INDICATORS

Sl.	Indicator	2011-12		2012-13									
		Baseline (April- Nov-11)		Q1 target		Q2 target		Q3 target		Q4 target		Annual target	
		HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total	HF districts	State total
A	Maternal Health												
A1	<i>Service delivery</i>												
A1.1	% of pregnant women registered in the quarter	39%	65%	9%	15%	12%	20%	12%	20%	12.0%	20%	45%	75%
A1.2	% pregnant women registered in first trimester, in the quarter	22%	37%	9%	15%	9%	15%	9%	15%	9.0%	15%	36%	60%
A1.3	Institutional deliveries (%) in quarter	17%	29%	9%	15%	12%	20%	10%	16%	9.0%	15%	40%	66%
A.2.	Quality												
A.2.1	% unreported deliveries in quarter	NA	NA	4%	7%	4%	7%	4%	7%	4.2%	7%	17%	28%
A2.2	% high risk pregnancy identified	4%	7%	1%	2%	1%	2%	1%	2%	1.20%	2%	5%	8%
	(a) % women having hypertension	0.60%	1%	0.24%	0.40%	0.24%	0.40%	0.24%	0.40%	0.24%	0.40%	1%	1.60%
	(b) % women having low Hb level	4%	6%	5%	8%	5%	8%	5%	8%	4.80%	8%	19%	32%
A.2.3	(a) % of home delivery by SBA	6%	10.40%	2%	3%	2%	3%	2%	3%	1.80%	3%	7%	12%
A.2.4	%C-sections performed												
	(b) In public facilities	0.64%	1.06%	0.90%	1.5%	0.90%	1.50%	0.90%	1.50%	0.90%	1.50%	4%	6%
	(c) in private accredited facilities	0.14%	0.23%	0.15%	0.25%	0.15%	0.25%	0%	0.25%	0.15%	0.25%	1%	1%
A2.5	% deliveries discharged after at least 48 hrs after delivery (out of public institution deliveries)	NA	NA	54%	90%	54%	90%	54%	90%	54%	90%	54%	90%
A.2.6	% of still births	0.38%	0.64%	0.06%	0.10%	0.06%	0.10%	0.06%	0.10%	0.06%	0.10%	0.2%	0.40%
A.2.6	% of maternal deaths audited	1.15%	1.92%	3%	5%	3%	5%	3%	5%	3%	5%	12%	20%
A.3	Outputs												
A.3.1	% of 24x7 PHCs	230	435	263	438	266	443	268	447	270	450	270	450

	operationalized as per Gol guidelines												
A3.2	% of FRUs operationalized as per Gol guidelines	64	141	87	145	90	150	93	155	93	155	96	160
A3.3	% of sub centers doing >3 deliveries per month	907	1628	990	1650	1050	1750	1110	1850	1200	2000	1200	2000
A.3.4	% of PHCs/ non FRUs CHCs doing 10 deliveries per month	497	841	255	425	258	430	263	438	270	450	270	450
A.3.5	% of FRUs (Except DH) conducting 20 deliveries per month	24	66	41	68	43	72	46	77	49	81	49	81
A.3.6	No. of ANMs/ LHV s/ SN trained as SBA	-	496	0	0	240	400	360	600	360	600	960	1600
A.3.7	No. doctors trained as EmOC	-	13	0	0	0	0	10	16	0	0	10	16
A.3.8	No. doctors trained as LSAS	-	18	0	0	0	0	24	40	0	0	24	40
A.5	Facility utilization												
A.5.1	% of FRUs conducting c-section		132	5	8	8	13	13	21	17	28	96	160
A.5.2	Average no. of c-section per FRU		245	39	65	51	85	51	85	39	65	180	300
A.5.3	Average no of MTPs performed per FRU		NA										
A.5.4	Average no of deliveries per 24x7 PHC		1109	150	250	180	300	180	300	150	250	660	1100
A.5.5	Average no of MTPs performed per 24x7 PHC		NA										
A.5.6	% SC conducting at least 5 deliveries per month		1370	60	100	60	100	88.2	147	60	100	1080	1800
B	Child Health												
B1	Service delivery												
B1.1	Children 9-11 months fully immunized												
B1.2	% children breastfed within 1 hr of birth												
B1.3	% of low weight children												
B2	Quality												
B2.1	% women receiving PP check up to 48 hrs to 14												

	days												
B2.3	% drop out from BCG to measles												
B3	Outputs												
B3.1	% SNCUs operationalised baseline of 16 SNCUs & for 2012-13, the target is 17 SNCUs	43	44	17	23	33	53	0	0	50	24	100	100
B3.2	% stabilization units operationalised (54 will be the target for 2012-13)	66	67	0	0	56	56	44	44	0	0	100	100
B3.3	% New born baby corners operationalised (87 will be the target for 2012-13)	92	90	0	0	27	25	54	55	19	20	100	100
B3.4	% of personnel trained in IMNCI (target for the 2012-13 will be 18696)	46	45	14	14	22	22	40	40	24	24	100	100
B3.5	% of personnel trained in F- IMNCI (target for 2012-13 will be 992)	20	22	6	6	21	21	40	40	33	33	100	100
B3.6	% personnel trained in NSSK (target for 2012-13 will be 5022)	34	28	0	0	51	51	49	49	0	0	100	100
B4	Facility Utilization												
B4.1	Average no of children treated in SNCUs												
B4.2	Average no of children treated in NBSUs												
C	Family Planning												
C1	Service delivery												
C1.1	% of total sterilization against ELA		25.64%	6%	10%	6%	10%	24%	40%	24%	40%	60%	100%
C1.2	% of post partum sterilization		2.90%										6%
C1.3	% male sterilization		1.20%	0.30%	0.50%	0.30%	0.50%	0.90%	1.50%	0.90%	1.50%	1.80%	3%
C1.4	% of IUD insertion against planned		48.27%	15%	25%	15%	25%	15%	25%	15%	25%	60%	100%
C1.5	% IUD retained for 6 months		NA										
C1.6	% of sterilization acceptors after 2 children		NA										

C1.7	% of sterilization acceptors after 3 or more children		NA										
C 2	Quality												
C2.1	% complication following sterilization		0.69%	0%	0%	0%	0%	0.06%	0.10%	0.06%	0.10%	0.12%	0.20%
C3	Outputs												
C3.1	No. doctors trained in mini lap		28	0	0	7	12	7	12	9	15	23	39
C3.2	No. doctors trained in NSV		78	0	0	7	12	22	36	29	48	58	96
C3.3	No. doctors trained in laparoscopic ligation		46	0	0	9	15	13	21	16	27	38	63
C3.4	No. ANM/LHV/ SN/Mo trained in IUD insertion		265	0	0	540	900	900	1500	1260	2100	2700	4500
C4	HR productivity												
C4.1	Average no of NSV conducted by trained doctors		100%		100%		100%		100%		100%		100%
C4.2	Average no of minilap conducted by minilap trained doctors		100%		100%		100%		100%		100%		100%
C4.3	Average no of laparoscopic ligation conducted by lap sterilization trained doctors		100%		100%		100%		100%		100%		100%
C4.4	Average no of IUD inserted by MO trained in IUD		100%		100%		100%		100%		100%		100%
C4.5	Average no of IUD inserted by MO trained in IUD		100%		100%		100%		100%		100%		100%
C4.6	Average no of IUD inserted by SN/ LHV/ANM trained in IUD insertion		100%		100%		100%		100%		100%		100%
C5	Facility Utilization												
C5.1	Average no of sterilization performed in FRUs		65.50%	42%	70%	42%	70%	42%	70%	42%	70%	42%	70%
C5.2	Averag no of sterilization performed in 24x7 PHCs		27.10%	18%	30%	18%	30%	18%	30%	18%	30%	18%	30%

CHAPTER-2: OUTCOME ANALYSIS OF PIP OF 2010-11 AND 2011-12

ACTIVITY	FINANCIAL			
	2010-11		2011-12*	
	Amount Approved	Exp.	Amount Approved	Exp.
RCH Flexipool	76149.13	65509.41	107374.51	42244.21
Maternal Health - JSSK	2043.47	1549.92	24087.35	109.20
Maternal Health - JSY	39937.59	45018.37	47533.50	355333.85
Child Health	1157.54	973.25	1799.07	55.09
Family Planning	8344.75	4427.11	7906.30	1673.79
ARSH/SHP	311.00	261.25	1286.22	92.29
Urban RCH	1674.36	1071.81	1273.68	232.09
Tribal RCH				
PNDT & Sex Ratio	791.97	277.08	47.35	2.17
Infrastructure & HR	10379.16	6770.21	13779.23	2185.84
Institutional Strengthening	1185.55	546.29		
Training	5373.54	1639.06	5435.82	1183.43
BCC/IEC	2263.66	1384.83		
Procurement	476.44	22.66		
Program Management	2210.10	1567.57	4225.99	1371.46
Vulnerable Groups				
Sterilisation & IUD compensation and NSV camps				
Mission Flexible Pool	123078.82	94395.74	64544.79	16550.39
ASHA Programme	13583.22	8497.30	3860.34	420.66
Untied Fund	13228.30	10779.69	8379.25	371.69
AMG	2860.20	2623.85	3329.30	9.99
Hospital Strengthening	14023.45	26499.11	4264.08	2956.58
New Construction/ Renovation and setting up	15584.77	15807.64	13406.66	5615.34
Corpus grants to HMS/RKS	4313.00	3899.43	3031.50	24.67
DHAP	200.00	92.36	200.00	.008
Panchayati Raj Initiative	293.41	323.74	124.80	1.60
Mainstreaming of AYUSH			3168.00	655.66
IEC-BCC NRHM	2087.28	1848.96	4237.05	640.52
Mobile Medical Units	4268.60	29.00	2779.70	4014.52

Referral Transport	15888.16	4259.70	5311.50	35.85
Additional Contractual Staff	6147.92	4915.26		
PPP/NGO/INNOVATION			59.50	4.31
Training	4646.35	508.41		
Incentives Schemes	5137.25	2548.52		
Planning, Implementation and Monitoring	5034.99	2628.48	1566.42	78.46
Procurement	2859.29	3741.78	3651.63	1089.53
Regional Drugs warehouses	382.57	100.98	120.33	8.32
New Initiatives/ Strategic Interventions	4544.83	26.65	151.60	1.82
Health Insurance Scheme			115.00	-
Research, Studies, Analysis	166.00	0.00	0.00	0.96
State level health resources centre (SHSRC)	665.32		25.00	0.18
Support services	1082.33	886.33	172.13	
NRHM Management Costs/Contingencies	1845.58	722.06	6591.00	
Other expenditures	4236.00	3656.49		
Immunization	5352.06	4650.93	6077.47	9991.16
Mobility support for Supervision and Monitoring at districts and State level.	37.50	36.96	6077.47	1093.89
Cold chain maintenance	24.60	21.10		
Alternate Vaccine Delivery to Session sites	843.69	843.69		
Focus on urban slum & underserved areas	148.34	117.64		
Social Mobilization by ASHA /Link workers	2531.08	2433.77		
Computer Assistants support at State/district level	78.14	70.13		
Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	330.16	327.68		
Quarterly review meeting at State/District/Block level	238.03	162.82		
District level Orientation for 2 days ANMs, MPHW,LHV	258.43	80.78		
Trainings	278.17	43.69		
To develop micro plan at sub-centre level and block level	20.62	16.10		
For consolidation of micro plan at PHC/CHC level	9.65	7.29		
POL for vaccine delivery from State to District and PHC/CHCs	71.00	47.85		
Consumables for computer including provision for internet access	3.41	3.31		
Red/Black/Zipper bags	80.30	72.65		
Bleach/Hypochlorite solution	5.00	4.02		
Twin Bucket	4.00	3.22		
<i>Funds for preparing disposal pit</i>	17.50	12.38		

<i>Funds for purchase of small polythene zipper bags</i>	10.04	9.36		
<i>Operational expenses at divisional vaccine storage</i>	4.75	2.46		
<i>Funds for annual maintenance contract of WIC/WIF</i>	8.40	8.31		
<i>J.E (2010-11)</i>	349.25	325.72		
IPPI	17858.00	12866.34	3028.52	8896.27
Disease Control Program	24.00		24.00	
NVBDCP	1022.09	768.39	2831.03	27.59
IDSP	510.72	290.52	563.56	146.03
NPCB	3500.00	3254.33	3200.00	434.44
NLEP	572.00	365.46	707.08	28.40
RNTCP	4596.10	3311.29	5004.78	2300.89
NMHP	0.00	520.63	54.25	54.25
NIPPCD	126.00	0.00	4.94	4.94
Infrastructure Maintenance (Treasury Route)	46560.00	80092.79	52907.00	74596.04
Grant Total	279348.92	266025.83	246262.74	146377.34

**up to Feb. 2012.*

CHAPTER-3: POLICY AND SYSTEMIC REFORMS IN STRATEGIC AREAS

Sl.	Strategic Areas	New Policies should try to address the following issues
1.	HR policies for Doctors, Nurses paramedical staff and programme management staff	<p>HR policies: subject to Commitment from GoI for continuation of support for incremental staff recruited during NRHM phase I & II till state is in position to sustain them through its own resources and through mutual agreement:</p> <ul style="list-style-type: none"> - Converting contractual employees-allopathic doctors, nurses and paramedics to regular posts in respective provincial health cadre and regularization - Converting contractual employees with AYUSH qualifications- doctors, nurses and paramedics to respective state cadre under department of AYUSH - Redeployment of doctors and nurses in FRUs and 24x7 facilities with assured tenure - Assured tenure of CMOs, CMS's at districts, programme officers at state HQ, state training institution, specialists and trained service providers at FRUs, 24x7 facilities and accredited sub centers - Integration of programme management units at state, districts and blocks into health system structures with corresponding pay scales existing in the state - Assured career development, skill up-gradation related to range and quality of clinical care, facility management, HR management, programme management, procurement, financial management, HMIS - Separate cadre for H & FW directorate with entry level at level 4 with 15-20 years of service behind them through state level recruitment process for officers showing exceptional leadership skills and programme management competency. They need to be groomed and continue as programme officers as long as they wish but on the basis of performance. - Provision of walk in interview at district level for all contractual staffs as per need, with provision of continuation till suitable replacement is available through UP-PSC or up to respective plan period. - Constitution of district level recruitment committees for walk in interviews on fixed day at every week to be chaired by CMO, with representation from DM, Zila Panchayat chairman, SC and OBC members with Addl. CMO/ Dy.CMO karmic being the secretary of the team.
2.	Accountability and Performance appraisal	<ul style="list-style-type: none"> - Performance appraisal for CMOs and district programme officers for each quarter by DG FW and respective programme officer with provision of feedback within one month and fixation of responsibility for major programme and financial lapses. Completion of ATR by next quarter.

		<ul style="list-style-type: none"> - Performance appraisal system at facility level to be in place through a committee chaired by respective CMS/ Superintendent or Dy CMO with nomination - Annual renewal based on performance output in relation to predetermined bench marks. - Contractual appointments for health service providers to be linked to predetermined health facility and not transferable
3.	Policies on drugs, procurement system and Logistics management	<ul style="list-style-type: none"> - Establishing online procurement system with integrated forecasting, indenting, consumption, pipeline pattern - Availability of annual quantity and state rate contract for essential drugs and equipments from manufacturers following GMP by June 31st of every year to enable field units to procure as per need - Inbuilt AMC with every equipment purchased - Regular system of quality checks for medicines and equipments - Freezing specification of equipments for five years to avoid collusion with specific manufacturers provided equipments are not needed for cutting edge research - Online availability of blacklisted firms supplying spurious drugs/ equipments and other hospital supplies from Gol, GoUP and other states - Online availability of model tender documents for use by districts/field units - Online system for supply chain management, stock outs, expiry
4.	Equipments	<ul style="list-style-type: none"> - Different categories of facilities to have standard equipment list with approved specification - Districts to monthly report on availability of functional equipments as per checklist, breakdowns, period of non use, availability of AMC, reasons for not repairing within 3 days of breakdown. - Respective programme officers to present monthly status on non functional equipment to DG/ government and reasons for delay in repairs. - Fixation of responsibility for absence/ non functional equipments at facility
5.	Ambulance Services and Referral Transport	<ul style="list-style-type: none"> - Assured availability - Entitlements for critical patients, mothers and newborns from village to institution and dropping back to village - Establishing control rooms for timely response and provision of services - PPP mode for operationalizing and transferring government ambulances in public health facilities for better utilization and avoid misuse for administrative purposes - State response to Gol proposal on reducing financing

		support @ 20% every year
6.	Maintenance of buildings. Sanitation, Water, Electricity, laundry, kitchen	<ul style="list-style-type: none"> - Review current mechanisms, adequacy, integration of resources from different sources, decentralization of authority for local decision making and accountability - 24 hr arrangement for electrical, plumbing, carpentry services - Power back up - Cleanliness and sanitation services, clean toilets - Clean linen and diet for pregnant women in rural health facilities
7.	Diagnostics	<ul style="list-style-type: none"> - Review on access, efficacy and adequacy. Mechanism of local decision making and authorization, responsibility and accountability - Mechanism for assured access at affordable cost - Placing prescription audit system - Placing PPP mechanism in case of need and linkages with private providers
8.	Patient's feedback and grievance re-dressal	<ul style="list-style-type: none"> - Review current system and placement of convenient and transparent mechanism locally - Time bound disposal of grievances - Functional follow up action and analysis
9.	Private Public Partnership (PPP)	<ul style="list-style-type: none"> - State PPP policy for health and RCH sector - Supplement access in underserved and vulnerable areas for deliveries, FP and diagnostic services
10.	Inter-sectoral convergence	<ul style="list-style-type: none"> - Coordination mechanism at appropriate levels with key departments and schemes viz. water, sanitation, hygiene, nutrition, IYCF, gender, education, women empowerment, convergence with SABLA, SSA, ICDS etc
11.	Community mobilization	<ul style="list-style-type: none"> - Systemic reinforcement of active community participation and involvement through continuous engagement with panchayat department at various levels - Energize VHSC through quality training, joint monitoring and quarterly/half yearly reports at district level on achievements and gaps - Micro planning and assured availability of all earmarked services at VHNDs
12.	IEC	<ul style="list-style-type: none"> - Rolling out plan of state BCC strategy prepared and implemented at state, district, block and village level - Identification and effective coverage of vulnerable, under served and high risk areas - Strong emphasis on local role models and access to IPC at community level
13.	Civil Registration System (CRS)	<ul style="list-style-type: none"> - Identification of gaps in state for birth & death registration - State plan for achieving 100% birth and death registration - Monitoring and review mechanism in place

14.	Supportive Supervision	<ul style="list-style-type: none"> - Review and strengthen role and responsibilities of field level supervisors -LHV, DPHNOs and MPHS - Regular mechanism for gap identification and capacity building for supportive supervision - Performance monitoring of field supervisors
15.	Monitoring and Review	<ul style="list-style-type: none"> - Identify gaps - Mechanism of regular and time bound review at CM, H&FM, Principal Secretary, Mission Director, District Health Society, Block, CHCs, PHC and village level - HMIS data made available and utilized for reviews
16.	Meetings of State Health Mission/Society/District Health Society	<ul style="list-style-type: none"> - Regular meeting for periodic reviews - Develop future roadmaps - Time bound follow up action
17.	Medical Colleges (New Colleges and Up-gradation of existing ones)	<ul style="list-style-type: none"> - Forecast short and long term need of doctors for state (both public and private sectors) - Need based strengthening and expansion for increased supply of doctors - Quality of education and CME - Expansion of tertiary care services - System for engaging medical colleges as resource centers for national health programmes
18.	Nursing Schools/ Paramedical education	<ul style="list-style-type: none"> - Forecast short and long term need of staff for state (both public and private sectors) - Need based strengthening and expansion for increased supply of trained health providers - Address quality issues in trainings - Assured career growth for nursing and paramedical staff
19.	Capacity building	<ul style="list-style-type: none"> - State plan for strengthening SIHFW/ DTCs - Quality assurance - Availability of centralized training log - Monitoring of post training outcomes - Induction training of all key cadres - Management training of clinicians

CHAPTER-4: SCHEMES/PROGRAMMES

Part – A: RCH Flexi-pool

Part – B: Mission Flexi-pool

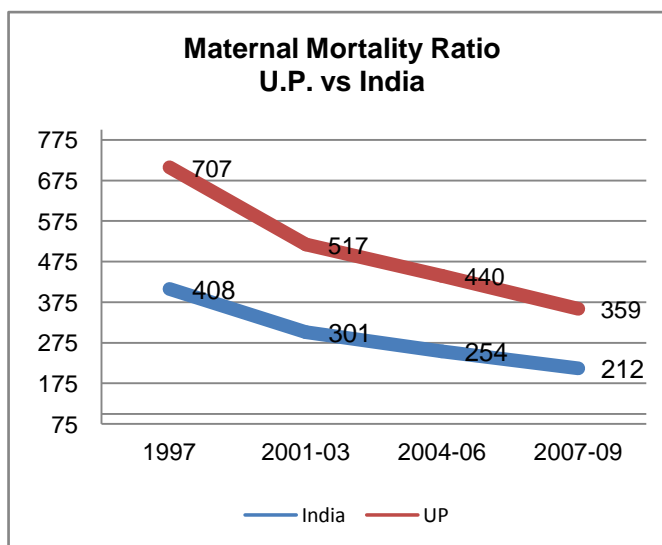
Part –C: Immunization

Part – D: Disease Control Programmes

A.1. MATERNAL HEALTH

Maternal mortality in the state has continued to remain high for several decades but with introduction of various programme packages during the last 15 years, the Maternal Mortality Ratio (MMR) has started declining. However, there is still a long way to go to achieve the defined objectives for the state.

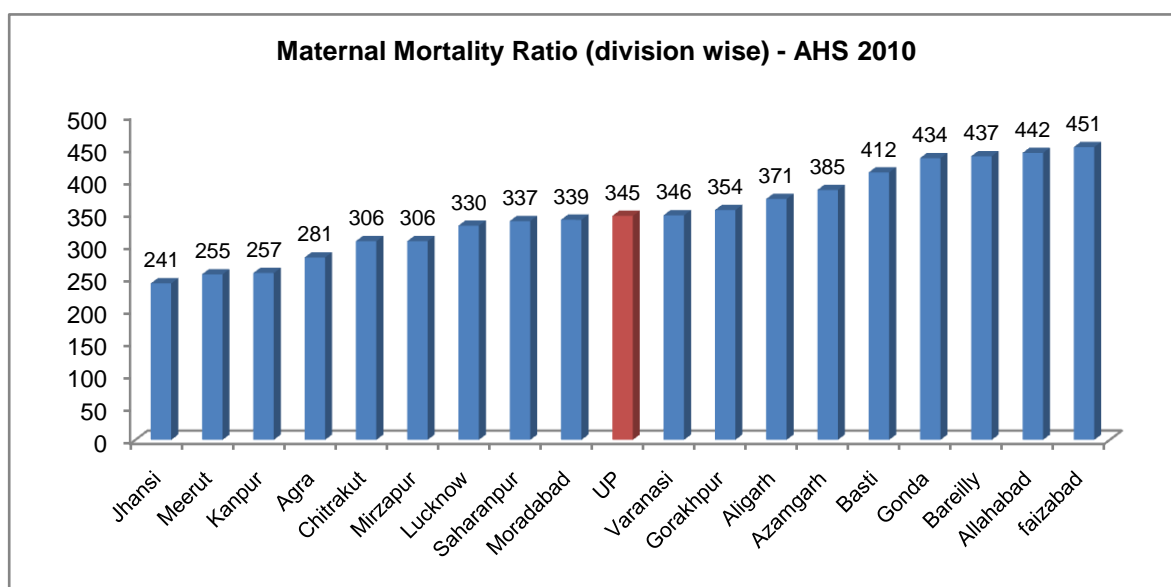
Recently Annual Health Survey Bulletin has been issued for Uttar Pradesh which shows division wise MMR data. It shows that in spite of all the constraints and tough terrain, Bundelkhand has better MMR than many of the eastern and Terai districts. The MMR in the state has further dropped to 345 per lakh live births in 2010-11.



Year	1997	2001-03	2004-06	2007-09	2010 (AHS)
MMR of UP	707	517	440	359	345

Source: Sample Registration System (SRS) Bulletin, 1997, 2001-03, 2004-06, 2007-09, AHS 2010

Divisional data shows that Faizabad division has highest MMR while Jhansi has lowest at 241.



The implementation of focused interventions under NRHM such as Janani Suraksha Yojana (JSY) has helped in promoting institutional deliveries and bringing down MMR. To balance quality of care with tremendous increase in case load of JSY beneficiaries at health facilities,

the efforts are being made to operationalize more and more facilities as FRUs and 24X7 PHCs/CHCs. Accreditation of sub centres is also being undertaken. More emphasis is being laid on 48 hours stay after the delivery at the facility. State is doing strategic planning for implementing various clinical training programmes to enhance skills of service providers for improving quality of care as per standard protocols.

1. State Progress at a Glance

Progress on Key MH Indicators

MMR	RGI(2004-06)	RGI(2007-09)	AHS(2010-11)
	440	359	345

Indicators (in %)	DLHS-III (2007-08)	CES(2009)	HMIS (2010-11)	HMIS (2011-12) up to Dec, 2011
Any ANC	64.4	71.6	96.92%	65.08%
3+ANC	21.9	38.2	71.11%	50.29%
Registration within 12 weeks	25.1		56.86%	37.04%
Full ANC	2.8	12.4	70.09%	NA
Ins. Delivery.	24.5	62.1	43.59%	30.81%
Safe Delivery (Home by SBA)	30.1	64.1	12.15%	10.42%
Home Delivery	74.5		20.30%	18%
% of C-sections out of total reported institutional deliveries				
At Public	6.8*		3.68%	1.06%
At Private	13.8*		1.32%	0.23%
% of anemic women out of total registered pregnancies	56.6*		8.31%	6%
% of severely anemic women out of total anemic pregnant women			17.09%	NA

* NFHS III (2005-06)

Achievements

Activity	Upto 2010-11 (cumulative)	2011-12 (till Nov) (Cumulative)
No. of fully functional FRUs	162	132
No. of fully functional 24X7 PHCs	840	860
No. of Blood bank licensed and functional	170	195 (105 Pvt. + 90 Govt. hospitals, medical colleges & Army hosp.)
No. of Blood Bank non functional due to any reason		
No. of Blood Storage Units licensed and functional	NONE	140 (certification received for 11 only)
No. of Blood Storage Units non functional due to any reason	140 but not licensed	129 Under process of certification
No. of VHNDs held	658389	628824
No. Trained in LSAS	104	18

No. Trained in EmOC	62	13
No. Trained in SBA	2500	496
No. Trained in MTP	158	12
No. Trained in RTI/STI	479	87 LTs
No. of Maternal Deaths reported	551	413
No. of Maternal Deaths reviewed	431	305

2. Conceptual framework for Maternal Health Plan

Specific Objectives	Specific Implementation Strategy
Objective -1 To Increase complete ANC from 2.8 % to 40%(DLHS-III)	Strategy - 1 Strengthening Outreach Services
Objective-2 To increase institutional delivery from 43.9% to 50% in Public sector	Strategy - 1 Implementation of JSY
	Strategy - 2 Support for Operationalization of L-1 MCH Centre (SC Delivery Points)
	Strategy -3 Operationalization of Level-2 MCH services at all BPHC and selected APHCs
Objective -3 To increase access to emergency obstetric care (increase C-Section Rate from 3.68% to 6 % in public sector)	Strategy - 1 Operationalization of FRU selected as L-3
	Strategy - 2 Implementation of JSSK at all 132 functional FRUs
Objective -4 Reduce incidence of RTI/STI	Strategy -1 Early detection through regular screenings in OPD and treatment at all district level facilities.
	Strategy - 2 Similar services at Sub district level (PHC/CHC) in 16 NACP HPDs.
Objective -5 Reduce incidence of unsafe abortion	Strategy : 1 Making available Comprehensive Abortion Care services at all district level L-3 MCH centres
Objective -6 Institutionalization of Maternal death Audit system	Strategy -1 To ensure reporting of 40% of expected maternal deaths in the districts
	Strategy -2 To ensure maternal death Audit of 50% of the deaths reported
Objective -7 Improve Quality of services	Strategy -1 Establishment of QAC at all levels
	Strategy -2 Improve quality of delivery services at all levels at all levels

3. Increase complete ANC from 2.8 % to 40% (DLHS-III)

Activity proposed: Strengthen Outreach and Sub center Services

In the State, while nearly 65 percent of women receive any ANC (DLHS-III), the percentage of women receiving 3 ANC is only 22 percent and complete ANC is further low at 2.8%. However, with concerted efforts in the field and inclusion of ante natal and post natal care into the JSY package, the uptake of these services has been encouraging. The concurrent evaluation of the JSY scheme in selected states by GoI in 2008 reports that among the JSY beneficiaries, 95 percent were registered for ANC, more than 82 percent had at least 3 checkups, 83 percent consumed at least 100 IFA tablets and 84 percent received post natal care. To further strengthen ante natal and post natal care services, ASHAs have been trained to promote early registration of pregnancies; provide three ANC checkups during VHNDs with ANMs; and ensure TT coverage and consumption of iron and folic acid. ASHAs in turn mobilize communities and motivate them for availing complete ante natal services. Micro plans for registered births are being developed by the ASHA with the support of ANMs.

- **MCP cards-** This year MCP cards will be printed and supplied to the districts in sufficient numbers. These cards will be distributed during VHNDs complete ANC and micro-birth planning for institutional deliveries. Funds are mentioned in RI programme.
- **Weekly orientation of ANMs on complete ANC check up at block level:** a system of orienting ANMs on complete ANC check up will be institutionalized and guidelines will be issued for MOICs to conduct a weekly practice session for ANMs on every Tuesdays. Measurement of BP, Hemoglobin and proper filling up of MCTS formats/ MCP cards will be main activities of practice sessions. These sessions will be organized on a CME format and evolve problem solving system for the field workers. ANMs will also receive maternal health and FP supplies along with vaccines including N/10 HCl and submit weekly performance report. No funds required.
- **Availability of pregnancy testing kits for ASHA-** Early registration and complete ANC care may be increased significantly by early detection of pregnancy. Under the 'MCTS, early diagnosis of pregnancy by user's friendly pregnancy testing kit by ASHA & ANM will be highly beneficial for the scheme. Reorientation to ANMs and ASHAs for use of these kits will be given by the MO I/Cs of all CHC/Block level MOI/Cs during monthly meetings. Procurement for early detection of pregnancies will be done by GOI @ 150 tests per sub center. Distribution to ASHAs will be ensured by the districts.
- **MCTS for tracking of missed out ANC-** MOICs will ensure that all ANMs track and bring report of missed out ANCs on weekly meetings. This list will be shared by ANMs with ASHAs for bringing these ANCs on next VHND. This will ensure complete and quality ANC coverage through Follow up during monthly Village Health and Nutrition Days (VHNDs) being organized on VHSCs every month. No funds required.
- **Incentives for ASHAs for counseling of eligible couples for early registration:** An amount of Rs. 100 per month has been budgeted for ASHAs for conducting monthly meetings with pregnant women in her village to emphasize on the need for complete ante, natal and post natal care, ASHAs will conduct this meeting just before VHND in her

village for tracking and counseling missed out ANCs so that they attend VHND or visit SC on Thursday. The funds have been mentioned under ASHA incentives.

- **Support for good ANC care at sub-centre level by organizing fixed day ANC Clinic on Thursdays at sub centers:** it is mandatory to check BP, weight of the ANC mother, Hb and urine for albumin/sugar. For this, all sub-centers of UP, (total 20521, around 3864 accredited, remaining 16657) would be provided funds for procurement/maintenance of BP Instrument, weighing machine, haemoglobin-meter and consumables/ test tubes etc. for Hb%, urine albumin and sugar testing. The guidelines for this will be issued by DGFW office and the funds available under “untied fund at sub centre” will be utilized for refurbishing consumables and repair of equipments.

There is a fixed roster for sub center services that ANM has to follow. ANM has to conduct clinic on Thursdays for ANC check up, IUDs, treatment of minor ailments and other activities that require sub center privacy. This clinic will be ensured to facilitate IUD services and ANC checkups etc. and will also add quality component to Antenatal care.

- **Incentives for good performers:** ANMs will be selected through MCTS who have achieved complete ANC coverage (meaning early registration, 3 checkups, HB/WT/BP measurement and abdominal exam/100IFA/2TT) of more than 75% in their areas in the year 2011-12. ASHAs will also be identified from their areas and ANM and each ASHA (with similar coverage) will be given an incentive of Rs. 5000.00 for ANM & Rs. 1000.00 for ASHA this year. It is expected that at least 250 ANMs and 1000 ASHAs will be able to cross this bench mark. The funds are included under incentives plan.
- **ANMs on contract for outreach services: *Justification Note***
 - A. The state has total 20521 subcenters, 23580 posts of ANMs sanctioned and 4197 posts are lying vacant clearly reflecting on poor ANC coverage and delivery care. The situation is:
 - B. In 45 HFDs- The state has 45 HFDs having 11707 sub centres. Out of 13458 posts sanctioned, 2432 are lying vacant.
 - C. In 5 divisions (20 districts): Basti, Faizabad, Devipatan, Barielly & Allahabad have MMR more than 400/lakh live births. Out of 20 districts in these 5 divisions, 14 are HFDs and remaining 6 districts also require 360 ANM posts to fill vacancies.
 - D. Remaining 26 districts have 1405 vacancies.
 - E. As no regular batch of ANMs is getting trained in government ANMTCs, the state has crunch of ANMs. Lately 87 private ANMTCs have been approved by the state government and Indian Nursing Council in the state, which have annual capacity of 3940 ANMs. The state ANMs service rules do not allow absorption of these ANMs (coming out from private sector) on regular posts therefore these ANMs are available for contractual appointment only till amendment in ANM service rules takes place. The state is evaluating the policy change that might take some time, till that time the state proposes contractual ANMs on all 4197 vacant posts of ANMs to address poor ANC coverage and outreach services.

Budget Proposed under Objective – 1						
Sl.	Activity Proposed	Old/ New	Total Beneficiaries	Unit Cost	Total cost (Rs. Lakhs)	Remarks
1	Incentives for good performance of ANMs	New	250 ANMs 1000 Ashas	5000.00 1000.00	22.50	Booked under incentives
2	ANMs on contract for outreach services on vacant sub centers	Old	4197 ANMs	10,000	5036.40	Booked under HR

To fulfil the above objective, GOI approved Rs.22.50 Lakhs for Sl.No.1 (ROP-FMR Code-A.1.1.5) and Rs. 5036.40 Lakhs for Sl. No. 2 (ROP-FMR Code-A.8.1.1).

4. VILLAGE HEALTH AND NUTRITION DAYS

Maternal Mortality and Infant Mortality in the state continues to remain high for many decades but with introduction of various programme packages during nineties, such as Child Survival and Safe Motherhood programme (CSSM), RCH I, RCH II and now National Rural Health Mission (NRHM), Maternal Mortality Ratio (MMR) and Infant Mortality Rate have started declining. However, there is a long way to go to achieve the defined objectives for the state.

Reduction in maternal mortality and child mortality is an important aim of National Rural Health Mission and the Millennium Development Goals (MDGs). Many innovations have been done in the State with the support of GOI to strengthen ‘**Village Health and Nutrition Day**’ which provides comprehensive outreach services for pregnant women and children at their doorstep, feedback from State and District level Officers about implementation of VHND, it has been decided that 1 Village Health and Nutrition Day will be organized in each Gram Sabha level per month in coordination with VHSC members, AWW, ANM and ASHA.

The main objective of the programme is to expand access to care and improve quality of service through a range of strategic approaches,

Strategy -

1. Intensive micro planning with route maps to cover each Gram Sabha per month
2. Computerization of available human resource related to programme
3. Tracking of Pregnant woman & child and computerization of data
4. Intensive supervision by Medical Officer in-charge of CHC and PHC to ensure VHND sessions
5. Session wise reporting from Block and sharing report of VHND by Gram Pradhan to Block MOIC in ‘Tehsil Divas’
6. Analysis of reports at District level Officers and feedback to Chief Medical Officers(FW) for corrective action

Objective -

- Complete Ante-Natal care, immunization, promotion of institutional delivery and to ensure postnatal care
- New born care, fully immunization of infants and nutritional counseling to each child.

Planning Processes

State level:

- State level coordination meeting with Health, ICDS and PRI department
- Direction from Health, ICDS and PRI department to their District level officers for active participation in organizing VHND.
- Sensitization workshops of CMO and Nodal Officers at State level
- Extensive IEC by through Audio/Video and print media

Divisional and District level:

- Patronage and full involvement of Commissioner and District Magistrate to ensure proper microplanning and interdepartmental coordination and frequent review of programme to fulfill the gaps
- Appeal District Magistrate to All Gram Pradhans.
- Sensitization workshop of all Medical Officers at Division level under the chairmanship of Commissioner
- Chief Medical Officer will be nominated as a Nodal Person to this programme to ensure microplanning, implementation and supervision as per State instruction.

Block level:

- Nomination of one Medical Officer for each PHC(30000 Population) to ensure proper microplanning ,implementation and Supervision of program
- Vehicle support to ensure to supervision of the session by Medical Officer
- Pre session checklist ,session site checklist and RI monitoring formats made available to supervise the Cold chain and immunization sessions
- List of all Pregnant women , Infants and 1-5 years children was prepared by ANMs using the tracking formats for pregnant women and children
- 'Dugdugi' in village level before VHND session.
- IPC by ASHA

Implementation Processes

Block level:

- The Medical Officer in charge will ensure all vaccine and logistic for VHND
- He will supervise 1-3 VHND sessions. Medical Officer shifts his session sites as per microplan as per microplan on next session day to cover all VHND sessions
- Computerization of all records
- Sharing of report by Gram Pradhan to MOIC in Tehsil Divas
- Regular reporting from CHC to District H.Q. and State H.Q.

Village level:

- ASHA, AWW and Pradhan/Panchayat Members will mobilize community to bring pregnant women and children to session site for services
- '**Mother and Child Protection Cards**' will be prepared for every pregnant woman and counter foil will be updated by ANM. Pregnant women will be provided ANC, immunization and advise about rest and nutrition by the ANM

- ANM will provide “**Safe Motherhood Booklet**” to all pregnant women and acknowledge them on importance of complete ANC , institutional delivery , PNC and newborn care
- Infants will be immunized, recorded and mother will be advised about breast-feeding/nutrition and neo-natal care.
- Height and Weight of the children will be recorded for Growth and development and nutrition counseling of malnourished children
- High risk women and severely malnourished children will be referred to CHCs/District Hospitals for management.

Monitoring System

- Session wise intensive supervision by Medical Officer
- Monitoring and supervision by All CMO at least one CHC and one session in the field on every VHND to monitor the implementation and quality of services
- Visit of the State level Coordinators to the Districts and monitor the session, micro planning and verify various arrangements like Cold-Chain, logistic and management of vehicle
- Evaluation of the programme by an independent agency for mid-term corrective measures and outcome indicators

Logistic management - All logistic will be ensured by MOIC of CHC and ANM at VHND session site like vaccines, AD syringes, MCP cards, safe mother hood booklet, IFA tab, Hb checkup ,Pregnancy test kit, weighing machine and BP instrument.

Budgetary provision: *In State there are 51914 Gram Sabha and atleast 1 VHND session will be held in each Gram Sabha every month, so 622968 VHND sessions will be organized in a year.*

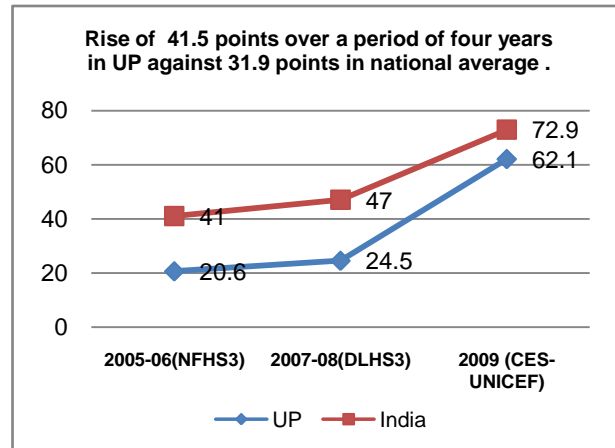
- Budget to oragnize VHND session:** Budget to oraganize VHND will be utilized from the Budget to VHSC under untied grant to VHSC. Rs 100.00 per VHND session will be provisioned. So Each Gram Sabha will utilize approximately Rs. 900/- per year (75 % of the budget) in organizing VHND sessions. **Rs 467.22 Lakhs** will be utilized from budget under untied grant to VHSC under Mission Flexipool.
- Mobility support to ANM for VHND:** About 622968 VHND session will be organized in a year and Each ANM will provided mobility support of Rs 100.00 for each VHND for 467226 VHND sessions (75% of the total) **for which Rs. 467.22 Lakhs was budgeted under Mobility support for ANM under Mission Flexipool, which is not approved by GOI (ROP- FMR Code- B.15.3.3).**
- For Supervision and monitoring :** Atleast 3-4 sessions will be supervised by 1 vehicle and provision of hiring vehicle is under supervision and monitoring head under Mission Flexipool.

5. INCREASE INSTITUTIONAL DELIVERY FROM 45% TO 49% IN PUBLIC SECTOR

Activity proposed: Implementation of Janani Surksha Yojna (JSY)

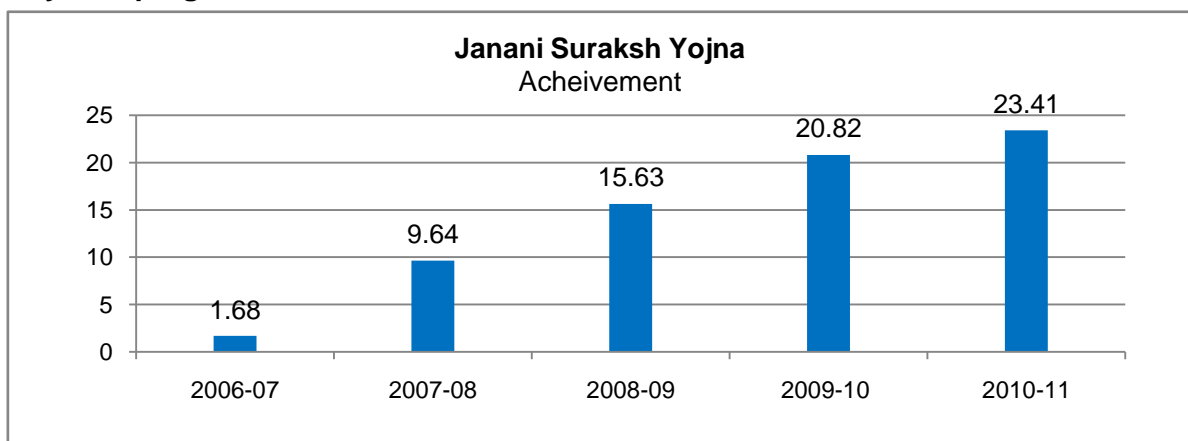
The data from the concurrent assessment of the JSY scheme in selected states by Gol in 2008¹ indicates an increase in institutional deliveries in the state. Some of the key findings from the assessment are:

- 48 percent of the deliveries in the State were institutional deliveries whereas DLHS III conducted just a year earlier reports these at 24.6, an increase of 23 percent points in a year, which is commendable and can be attributed to JSY scheme.
- Of these women nearly 60 percent are staying for 24 hours or more at the place of delivery.
- Out of the total JSY beneficiaries, more than 60 percent are from SC/ST and other vulnerable groups.
- Among the JSY beneficiaries, 95 percent were registered for ANC, more than 82 percent had at least 3 checkups, 83 percent consumed at least 100 IFA tablets, 84 percent post natal care, 96 percent babies received BCG and 88 mothers who delivered at facilities were advised for exclusive breast feeding.



The JSY scheme is being implemented successfully across all the districts in the State and necessary guidelines are regularly being sent to the districts with regular disbursement of funds. Wide publicity of the scheme is being ensured through hoardings, pamphlets, bus panels, print media and electronic media. Identification of private sector health facilities is being undertaken for the provision of JSY benefits and the facilities are being accredited as per Government of India norms. The activities will be continued during the year 2012-13 and efforts will be made to increase institutional deliveries. Further, the beneficiaries are being encouraged to stay for at least 48 hours after delivery. The ANMs and ASHAs are being oriented to ensure proper birth planning to ensure timely antenatal check-ups and institutional delivery.

Physical progress of JSY



Cumulative Progress of Institutional Deliveries since JSY was launched in 2006-07:

No of Institutional deliveries		
	Target in lakh	Achievement in Lakhs
2006-07	0.0	1.68
2007-08	7.33	9.64
2008-09	15.00	15.63
2009-10	18.00	20.82
2010-11	21.00	23.41
2011-12	25.00	17.25 (till Dec 2011)
2012-13	27.00	

It is estimated that by the end of the financial year 2011-12, the total number of beneficiaries under JSY would be around 25 to 26 Lakhs. Facility wise break up of these deliveries is presented in the following table:

Sl.	Description	Nos.	Percentage
1	Total JSY beneficiaries till Sept. 2011	10,46,251	41.85 (against target of 25 Lakhs)
2	BPL deliveries at home	4,580	0.44%
3	Deliveries at Sub Centers	1,69,576	16.21%
4	Deliveries at PHCs	2,89,992	27.72%
5	Deliveries at CHCs	3,73,478	35.69%
6	Deliveries at DHs including Medical Colleges	2,08,625	19.94%

Source: Progress Report (2011), JSY, DG-FW

Target Setting and Justification

At present about 45 percent institutional deliveries are taking place at public health facilities (calculations based on CBR 25.5; AHS 2010 and Population 1995 Lakhs Census 2011). CES 2010 shows total 62% institutional deliveries in the state. A number of deliveries are being conducted in public sector facilities like railway hospitals, army hospitals, command hospitals and ESI hospitals, which could be contributing about 2% to 5% of delivery load. Further, 10% to 15% deliveries are being conducted in the private sector, which has expanded during the last five years (as per NFHS-3, 2005-06 reports, there were 13.8 % deliveries in the private sector, out of a total of 20.6% institutional deliveries in the state). Targeted efforts will be made to ensure reporting of normal deliveries and LSCS from the private sector. Now, along with tremendous increase in the numbers, we would certainly make efforts to assure the quality.

We propose 4% increase in public sector under JSY every year during the next 5 years. It is proposed to increase the percentage of institutional deliveries at public health facilities to 49 percent i.e. 27.00 Lakhs deliveries.

Janani Suraksha Yojna Programme Management

It is proposed to further strengthen the implementation of JSY in the State, for which additional support is required at the State level. A support cell has already been established at the Family Welfare Directorate. However, this cell requires additional strengthening in

view of the enormous data being received from the districts and for redressal of complaints, as well as, for effective monitoring. Last year 90% of the beneficiaries were from rural background and only 0.50% of the BPL Home deliveries were reported, therefore the basis for calculation has been revised in view of the current scenario.

Budget head	Physical target			Rate	Amount
	Unit of measure	Current Status	Estimated Target	(Rs./ Unit)	(Rs. in Lakhs)
(a) Beneficiaries					
(i) Home Deliveries (BPL)		0.50%	13,500	500	67.50
(ii) Institutional Deliveries	Per Benef.				
(iii) Rural (ASHA facilitated)		70.00%	1890000	2,000.00	37800
(iv) Rural (Not facilitated by ASHA)		19.50%	526500	1,650.00	8687.25
(v) Urban		10%	270,000	1,000.00	2700.00
(b) Caesarean Sections (Accr. Private Facility/ Provider)	Per benef.	-	30,000	1,500.00	450.00
Sub-Total					49,704.75
Administrative Expenses at State level @1 % of total amount*					497.05
Administrative Expenses at District level @ 4% of total amount*					1,988.19
Total					52,189.99

In the state, only "Drop back" facility is being provided under JSSK programme while ASHAs are being paid Rs 250.00 per beneficiary for bringing the mother and family members to the hospital. Therefore Rs 600.00 per beneficiary for ASHAs is being proposed as before.

A total budget requirement of Rs 52,189.99 Lakhs was proposed under JSY for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.1.4 and its sub heads)

Support for Medical colleges under JSY

Gynaecology and obstetrics department of medical colleges are catering to large case load under JSY and they are providing us secondary and tertiary level EMOC support besides working as training sites for various clinical trainings. It is proposed to grant them clerical and administrative support. Therefore this year it is being proposed to allow them a computer operator @ 7500.00 per month. Thus an additional budget of Rs. 8.10 Lakhs has been included under 1% administrative budget at the state level. These colleges will continue to get office support of Rs. 1.00 Lakh per year through DHS.

Administrative expenses at State level @ 1% of total amount, which amounts to Rs. 497.05 Lakhs, will be utilized for establishment of a JSY Cell in directorate of family welfare, which will be manned by One Programme Assistant, One Accountant, One data analyst, One data assistant and One office attendant. Apart from JSY cell, expenditure on various other state level activities will also be met from this budget. At district level @ 4% of total, which amounts to Rs. 1,988.19 Lakhs and this amount will be utilized for various administrative activities as per Gol norms.

State Level Administrative Expenses under JSY for 2012-13		
Sl.	Description	Amount (Rs.)
Non-recurring Expenses		
A. Establishment of JSY cell at DGFW Office		
1	Laptop System (3 nos.)	2.00
3	A.C. 1.5 Ton (Window-2) with stabilizer & fitting	0.75
4	Printer & Scanner (2 nos.)	0.75
5	Photocopier Machine-1	2.00
6	Furniture	2.00
Sub-Total - A		7.50
B. Recurring Expenses of JSY cell at DGFW Office		
1	Office Stationary	4.00
2	Computer Consumables	4.00
3	Maintenance & Upkeep	1.00
4	Communication Expenses	2.79
5	TA/DA & Conveyance to Staff, intra state and Delhi visits	4.00
6	Support for JSY monitoring/inquiry/vigilance to State Officers & Div. AD	22.00
7	Review Meetings/Workshops	20.00
8	Printing of formats/information brochures, etc.	2.00
9	Telephone & Mobile Exp. (Officer & Staff)	2.00
10	Internet connection with Charges(data card) & Contingency (All Tax included)	1.00
11	Honoraria to Contractual Staff to JSY Cell (DGFW Office and SPMU)	12.00
	1- Data Analyst. @ Rs.25000/- p.m.+10%)	
	2- Programme assistant @ 21000 PM	
	3- Accountant @ Rs.25000/- p.m.+10%)	
	4- Data Assistant @ Rs.17000/- p.m.)	
	5- Support staff @ Rs.6500/- p.m.)	
Sub-Total - B		74.50
C. Support for medical colleges for JSY		8.10
Total (A+B+C)		90.10
D. IEC (JSY, JSSK, WBFD, etc.) and other activities		406.94
Grand Total (A+B+C+D)		497.04

Monitoring and Quality Assurance of JSY

Monitoring of Janani Suraksha Yojana is being done strictly as per the guidelines of the GoI. Focus for this year would be-

- A.** JSY Wards- Facilities with more than 150% bed occupancy rate will be selected and will be assessed for addition of beds/wards. New wards for extra beds will be added and state budget will be used for this activity. Details of progress are given under chapter on infrastructure.
- B.** JSY will be added this year to QAC and Quality assurance will be done through regular monitoring visits of state, divisional and district level officers. Monitoring will be done to assure quality and ensure hospital stay for 48 hrs and payment within 24 hrs at least at CHC, PHC & DHs.
- C.** A JSY website has been opened and detailed information of all beneficiaries are being

entered at the website for 100% transparency.

- D. Detailed guidelines for proper maintenance of records (Physical and financial both) on record up keeping (physical and financial) would be disseminated to all the districts based on CAG findings by the end of March 2012.
- E. Physical Verification – 10% beneficiaries are being verified by the district authorities, 1% of the beneficiaries are randomly selected from the website and verified telephonically from the state and divisional level. This will continue this year.
- F. Grievance Redressal Cell - Grievance-redressal mechanism has been established through a toll free number activated at the state level. A toll free number will soon be activated at each of the district for grievance redressal. The support for establishment and HR placement at CMS female hospital/wing of District combined hospital in all 75 districts has been detailed under JSSK programme. This cell will also function as a help desk at district women hospitals where FWCs and grievance redressal cell workers will function under CMS(F). All hospitals with high delivery load will be instructed to establish help desk for assisting the target beneficiaries of JSY, JSSK and RSBY and also to maintain records and display of list of beneficiaries.

Activity proposed: Support for Operationalization of L-1 MCH Centre (SC Delivery Points) with rationale

- SBA training to ANM (budgeted in training head)- This year 1628 subcenters have been identified as delivery points. To make sure that quality of delivery services are improved at these centres, 1000 ANMs from these delivery points will be trained in SBA this year. The activity is budgeted under Training Chapter. This will ensure timely identification of complications and referral. These ANMs will also be able to provide Obstetric First Aid during any complication to prevent deaths.
- Extra support of contractual ANMs for sub centers having monthly deliveries>5- 1370 sub centers are having delivery load of more than 5 per month. At these sub centers availability of ANM is necessary all 24 hrs to look after women in labour and outreach or delivery care services don't get neglected. Out of these 1370 active delivery points,

Bases on the delivery load, slabs have been created to support these sub centers-

- a. Category 1-Sub centers having 5-20 del/month- are proposed to have 1 additional ANM on contract
- b. Category 2-Sub centers having 21-50 del/month- are proposed to have 2 additional ANM on contract
- c. Category 3-Sub centers having >50 del/month- are proposed to have 3 additional ANM on contract

Therefore, 841 sub centers in category 1 are proposed one 2nd contractual ANMs, 421 sub centers in category 2 are proposed two 2nd contractual ANMs and 108 sub centers in category 3 are proposed three 2nd contractual ANMs. Thus a total of 2007 contractual ANMse proposed for these active L1 delivery points on contract from NRHM to facilitate outreach as well as delivery and sub center clinic services. The funds have been reflected under HR plan.

- Additional Subcenter untied funds and AMG will be continued this year for Subcenters. It has been planned that 1370 subcenters having delivery load of more than 5 per month will be provided additional subcenter untied funds up to Rs 20,000 per year and out of these 927 subcenters having more than 10 deliveries per month will be granted Rs. 30,000 untied funds this year. This will facilitate extra efforts required for upkeep and maintenance of centre in terms of cleanliness, repairs and maintenance for water supply, electricity, replenishing consumables, disposables, medicines and equipments. *The funds for this activity have been budgeted under NRHM – Untied fund and AMG.*
- Medicines for outreach services- this year availability of basic medicines essential for ANC will be ensured at all levels. 8400 Lakhs Iron & folic acid Tablet and 56 Lakhs Albendazole Tablets have been budgeted under procurement plan. Drugs necessary for PNC and child care have been included in essential drug list and will be available for the districts to be procured under Rate contract.

Justification note- the state has estimated number of 56 lakhs pregnant women in a year which will require 100 IFA tablets. 50% of these are assumed to be anaemic therefore will require additional 100 tablets. Iron and Folic Acid tablets are being proposed for all PW, whether coming for institutional deliveries or not. Under JSSK medicines are being proposed for 16% of institutional deliveries happening at sub centers, therefore additional supply of Iron & Folic Acid tablets and Albendazole is proposed under maternal health procurement plan to address anaemia, rampant in the state.

The detailed Information of L1 delivery points is annexed at: KPI Format 2 for L1

Activity proposed: Operationalization of Level-2 MCH services at all BPHC and selected APHCs

- Contractual Human resource - These centers are catering to heavy load of Institutional deliveries, and therefore require round the clock medical officers and staff nurses to maintain quality of labour room services. The state is working towards regular appointments against sanctioned posts but even sanctioned posts are not sufficient. It is proposed that contractual LMOs and Staff Nurses be provided on contract to fill the gaps. 3 Staff nurses and at least 1LMOs will be deployed to ensure 24 hr quality delivery services, management of complications and timely referrals. MBBS LMOs will be rationally deployed at very high load centers. The state will continue to make efforts towards regular deployment of MBBS LMOs through commission.

The state has 507 L2 centres where monthly delivery load is >100 per month. Regular male MOs are posted at some centers but hiring of female doctors is being proposed in view of the ethnicity, traditions and culture of the state. 401 MBBS LMOs on contract are proposed at these centers to ensure availability of at least 1 LMO there. It is necessary to have at least 3 staff nurses at all 24x7 centers, 1436 staff nurses are proposed to be hired to fill the gap. The funds have been mentioned under HR chapter.

The detailed gap analysis of L2 delivery points is annexed at KPI Format 2 for L2- gap analysis & KPI Format 2 for L2

- Comprehensive MCH services at these centers- these delivery points will be strengthened to provide all RCH services: quality ANC care, maintenance of Infection prevention, improved labour room practices, RTI/STI services, maternal death reviews.
- Training of MBBS Lady doctors on BEMOC, MDR, RTI/STI and training of SNs/LHVs in Skilled Birth Attendance from these centers has been included in the training chapter to ensure quality of comprehensive RCH services at these 841 L2 level delivery points
- Untied funds, AMG and RKS- this activity will be continued at the revised rate as per GOI revised financial guidelines. It is proposed that 24x7 centers with high delivery load will be granted more funds that the centers optimally functional. The details of AMG, Untied funds and RKS funds have been given in the relevant chapters under Mission flexipool.
- Universal coverage of JSSK at L2 MCH centers - free drugs and consumables will be ensures under JSSK scheme for all institutional deliveries this year. These drugs and consumables have been included in essential drug list to be made available on rate contract throughout the year. Details are under JSSK Chapter.

Budget proposed under objective 2						
Sl.	Activity proposed	Old/ New	Total beneficiaries	Unit cost	Total cost (Rs. Lakhs)	Remarks
1	Janani Suraksha Yojna	Old	27 Lakhs	-	52189.99	
2	Additional ANM on active L1 delivery points	Old	2007	10,000	2408.40	Booked under HR
3	Medicines for outreach services	Old	56 Lakh ANCs	-Iron& Folic Acid @ Rs. 0.15 -Albendazole @ Rs 1	1316.00	Booked under procurement plan
4	Contractual HR for L2 centers	Old	1436 staff Nurses 401 MBBS LMOS	16500 36000	4575.60	Booked under HR

To fulfil the above objective, GOI approved Rs. 52189.99 Lakhs for SI.No.1 (ROP-FMR Code-A.1.4), Rs. 2408.40 Lakhs for SI.No.2 (ROP-FMR Code-A.8.1.1), Rs.753.50 Lakhs for SI.No.3 (ROP FMR-Code-B.16.2.1) and Rs.4575.60 Lakhs for SI.No.4 (ROP-FMR Code- A.8.1.1 & A.8.1.5).

6. INCREASE ACCESS TO EMERGENCY OBSTETRIC CARE

(Increase C-Section Rate from 3.68% to 6 % in public sector)

Activity proposed: Operationalization of FRU selected as L-3

To bring about a reduction in maternal mortality, it is imperative that our health units are equipped to handle complicated cases of pregnancy and ensure safe delivery. Globally the availability of emergency obstetric care is judged by looking at the rates of LSCS and complication management rate, as these rates tell us whether the women in need of surgical obstetric interventions are being attended to or not. A LSCS rate of less than 5% and complication management of less than 15% tells us that the emergency obstetric care services are still inadequate while a LSCS rate of more than 15% tells us that there is an

unhealthy trend of LSCS being performed without proper indications. In Uttar Pradesh LSCS rate in public health facilities is between 1-1.5% and total LSCS rate is less than 2%, which on one side indicates unavailability of emergency obstetric services in public sector, on other side clearly indicates poor status of maternal mortality/ morbidity and foetal outcome because of low LSCS rate.

UP needs to increase number of facilities providing C-Section services in rural areas and also improve on quality of services being provided at those centres.

Status of EMOC services

Out of identified 165 FRUs, State has identified 132 functional FRUs this year (leaving 9 medical colleges) i.e. from where Caesarean facilities have been reported this year and linkages with blood banks have been established. Among these 51 are DFWs, 15 DCH (District combined Hospital) and 60 CHCs and 6 others. At the beginning of PIP year 2011-12, we had 162 FRUs identified to make them functional on GOI Guidelines but because of large number of retirements and promotion to administrative posts, at the end of Nov 2011 the state observed decline in No. of functional FRUs and only 132 FRUs reported LSCS besides 9 medical colleges. Availability of specialists on contract is still a problem. Contractual specialists could not be allowed this year at CHC FRUs in time and Non-availability of funds has contributed in a large way to this. These issues will be tackled in year 2012-13.

Achievements (at FRU)

Year	Status of deliveries		
Type of Deliveries	Normal	Assisted	Caesarean Section
2008 -09	3,33,570	23,066	30,717
2009-10	4,17,447	39,068	35,586
2010-11	486698	46203	42805
2011-12 (Nov)	358171	45165	33641

Activities and additional support planned for L3 centers with justification

Procurement of drugs, logistics, manpower deployment, training and infrastructure strengthening has been planned for these points only to make them holistically functional. No resources will be wasted on non-functional FRUs but potential FRUs will be identified to be upgraded from L2 level to L3 level with available state resources. Meticulous planning for contractual human resource at the facilities has been given based on case load and individual need and incentives for rural functionaries has been done to motivate good workers.

- Utilize and monitor performance of EMOC & LSAS trained MOs: At present the state has 104 LSAS trained doctors and 62 EMOC trained doctors. Placement and performance of LSAS/EMOC trained doctors and contractual specialists will be monitored against functional status of place of their posting this year to ensure FRU operationalization. Further LSAS /EMOC training for MOs from selected FRUs have been planned who are posted at functional/potential FRUs to address vacancy on specialist posts.

- Incentives for LSAS /EMOC trained doctors - To promote performance by these trained doctors at FRUs, the incentive of Rs. 500 per case is proposed on the performance in the year 2011-12 for LSAS/EMOC trained doctors performing at FRUs. No incentive will be given for first 50 cases, but from 51st case, the incentive of Rs. 500 per case is proposed. It is expected that 500 C-Sections performed by EMOC trained doctors and 1000 spinal anaesthesia given by LSAS trained doctors will be incentivized assessing performance in the year 2011-12. This incentive will promote performance by LSAS /EMOC trained doctors.
- Hiring of Gynaecologist/Paediatrician/ Anaesthetist on contract/on call to fill vacancy: All FRUs have been categorized based on delivery and C-Section load.
- **Proposal for HR with justification note**
 - A. 51 DWH are functional as FRUs, 28 are performing 2-3 C-Section daily, running PPCs, Daily FP camps, and normal deliveries more than 200 per month. These hospitals are proposed at least 4 Gynaecologists, 2 MBBS LMOs and 6 staff nurses. Contractual posts have been proposed to fill the gap accordingly.
 - B. Remaining 23 DWH which are having less than 50 C-sections per month, are having very high normal delivery load and low c-section rate because of poor HR availability (eg. District combined Hospitals Kaushambi & Maharajganj and DWH Mainpuri), therefore MBBS LMOs are proposed to share LR load but specialists' posts are proposed based on need.
 - C. Contractual Paediatricians are proposed only 15 in number and only at women hospitals to provide newborn care, where there is none available and delivery load is high.
 - D. Anaesthetist are proposed to make available at least 1 at each center. As such Anaesthetists are scarce in the state cadre.
 - E. 60 CHCs are functioning as FRUs in the state. Contractual specialists (Anaesthetist/ Paediatricians/ Gynecologist) have been proposed to make available at least 1 at each CHC FRUs. Most of the CHCs are having high normal delivery load and very low C-Section rate, therefore at least 5 SNs have been proposed and presence of 2 LMOs has been ensured to look after LRs.
 - F. Utilize General surgeons for EMOC services in rural areas.- It is seen that gynaecologists are not available for rural areas, in that case General surgeons will be encouraged to be hired on monthly contract basis. These general surgeons will be given BEMOC training on CMOs recommendations.
 - G. A total requirement has been summarized below:

Sl.	Type of facility	Gynae.	Anaesth.	Paed.	LMOs	SNs
1	DWH (>50 LSCS/mth)	21	12	5	37	7
2	DWH (<50 LSCS/mth)	10	5	3	28	17
3	DCH	9	2	0	17	3
4	CHCs & PPC	20	22	7	57	126
TOTAL		60	41	15	140	153

- H. Calls are proposed only for gynae/paed/anasth which will be monitored against LSCS performed/complications managed/lives saved at the rural facilities (CHCs only).

CMOs will be asked to submit utilization with justification note and status of regular or contractual specialists available at that facility for EMOC. On-call Gynaecologists will be allowed this year at those for CHC FRUs to maintain continuity of services if gynaecologists posted there are on leave. The calls will be monitored against No. of LSCS and availability of back up support for post operative care. It is proposed to allow 300 per district for the year 2012-13.

- Comprehensive RCH services at all L3 MCH centers - ANC/PNC & emergency obstetric care services, Safe abortion services, RTI/STI services, PPTCT/ICTC services, Post partum FP services all are planned at these centers besides huge load of OPD/IPD.
- AMG, RKS and Untied funds - This year revised guidelines will be followed and centre having high load will be accordingly budgeted more under AMG, Untied fund and RKS. The detail of budget for functional delivery points has been mentioned under NRHM flexipool. Detailed guidelines will be sent to the facility in charges to maintain security & cleaning services, bio medical waste management, procurement of colour coded bins, cleaning material, utility gloves, sanitizers, plastic aprons and other disposables, creation of buffer zone, sleepers, labour room and OT accessories, maintaining running warm and cold water supply, medicine shelves, improvement of nursing stations, maintain privacy and screening between tables, maintenance of fittings and fixtures etc from this fund. The objective is to improve asepsis and management of OTs/LRs in district women hospitals which are catering to a very high normal delivery load as well as doing LSCS.

The detailed gap analysis of L3 delivery points is annexed at :

- KPI Format 2 for L3- gap analysis & KPI Format 2 for L3

budget proposed under objective 3						
Sl.	Activity Proposed	Old/ New	Total Beneficiaries	Unit cost/ month	Total Cost (Rs. Lakhs)	Remarks
1	Contractual HR at L3 delivery points	Old	-116 Specialists -153 SNs -140 MBBS LMOs	48000 16500 36000	1575.90	Booked Under HR
2	Calls against complications/ C- sections	Old	22500 calls	2000	450.00	Booked under HR
3	Incentives for LSAS/EMOC trained doctors	New	-500 LSCS for Emoc -1000 spinals for LSAS	500	7.50	Booked under incentive plan

To fulfil the above objective, GOI approved Rs. 1575.90 Lakhs for SI.No.1 (ROP-FMR Code- A.8.1.1, A.8.1.3 & A.8.1.5), Rs.450.00 Lakhs for SI.No.2 (ROP-FMR Code- A.8.1.3) and Rs. 15.00 Lakhs for SI.No.3 (ROP-FMR Code- A.8.1.8)

7. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Janani Suraksha Yojna is being implemented in the state since 2005-06. The scheme has given various positive responses, where direct cash assistance is being provided to the beneficiaries. The state government has already ensured that all the treatment (which includes IFA tablets, Calcium supplementation and treatment of complications like hypertension, anemia and general infections) is provided free of cost to all pregnant women.

With the initiative from government of India, no pregnant women, delivering in public health facilities need to pay towards service fees, diagnostics, drugs, diet, consumables and other miscellaneous expenses. It is also to be ensured that every pregnant woman should be assured of free referral transport services from home to facility, facility to facility (if need be) and drop back from facility to home.

PROGRESS OF THE SCHEME

The state has started the scheme from 22 August, 2011. Following steps have been taken:

- A G.O. has been issued for total user free services in all the government facilities vide letter No. GI-132/5-9-2011-9(192)/11 dated 28.07.2011.
- All the districts are being covered with the scheme and Divisional ADs, CMOs and CMSs have been oriented regarding the programme at State level. Detailed instructions and operational guidelines have been sent to all the DMs, CMOs, CMSs and Superintendents of the CHCs.
- State and District nodal officers have been nominated for implementation of the scheme.
- The programme is being implemented in a phased manner. In the first phase all District Women Hospitals, District Combined Hospitals and CHCs designated as FRUs are being covered, thus covering about 165 units of the State. It was planned to initiate the second phase from December, 2011, but due to Assembly elections in the State, the progress in this direction seems to be minimal.
- Due to unavoidable circumstances in the state during year 2011-12, the no. of functional FRUs has also come down to 132. The efforts will be made to operationalize more units as FRU in the year 2012-13. The number of C sections has also come down as was expected & mentioned in the PIP 2011-12.
- The list of consumables and medicines has been finalized in consultation with the specialists and their availability is being ensured at every facility providing delivery services and new born care through Directorate of Medical and Health Services.
- The district authorities have been instructed for provision of free investigative services including ultrasound as per requirement to pregnant women.
- Food facility is available in 134 units as on 29 Feb , 2012 and is expected to be started in few more units by 31st March, 2012 as the election process is over and conditions of Aachar Sanhita will not be there. Since food facility in the District level hospitals already exists from State budget, these units are not being covered for this facility under JSSK.

- Vehicles have been out-sourced for drop back facility and services have been started in 133 units as on 29 Feb, 2012 and are expected to be started in few new units by 31st March, 2012.
- Citizen charter of services has been displayed at various sites of all the facilities covered under the scheme.
- Wide IEC activities (print and electronic media) are being ensured to create awareness among the community.
- A booklet of detailed guidelines has been developed at the State level, which will be widely distributed for smooth implementation of the scheme.
- The scheme is being supervised and monitored through DHS on a regular basis with special involvement of the Divisional Commissioners for the same.
- Developmental partners have also been involved for district level hand-holding and monitoring of the scheme.

PLANNING FOR YEAR 2012-13

A- AVAILABILITY OF MEDICINES AND CONSUMABLES

- Medicines and consumables will be made available at all delivery points including active subcentres which are accredited under JSY.
- The deliveries taking place at L1 delivery points i.e. Subcentres and few additional PHCs, the medicines and consumables will be made available by Chief Medical Officer of the district. The essential drug list for this level has been prepared at state level and funds will be released to DHS for the purpose. An amount of Rs 428.00 Lakhs is being proposed for the purpose @ Rs. 100/- per delivery for estimated 4.28 Lakhs normal institutional deliveries at this level. At L1 facilities only ANM is available and most of injection and consumables may not be utilised. Only those Essential drugs will be made available at this level which may be utilised by ANMs. Hence a budget of Rs 100 per pregnant women is being proposed for 4.28 Lakhs deliveries expected at L1 delivery points.
- Similarly provision of Iron Folic Acid for all the pregnant women will be made reaching subcentres or VHNDs through CMOs who will ensure availability. The details have been given with maternal health section under ANC/ INC and PNC.
- All the treatment, medicines and other consumables will be provided free of cost to all the pregnant ladies reaching identified public health facilities for delivery. A budget of Rs 7,612.50 Lakhs is being proposed for the purpose @ Rs. 350/- per normal delivery for estimated 21.75 Lakhs normal institutional deliveries at L2 and L3 delivery points.
- Facility for free C- section is also being provided and it is expected that in the year 2012-13, there will be about 50,000 caesarean sections at FRUs & 35,000 at 10 Medical Colleges (7 State + 3 Central) for which a budget of Rs 1,360.00 Lakhs is being proposed @ Rs 1600/- per caesarean section. (In the Year 2011-12 estimated number of C Section at FRUs and Medical colleges is about 75,000).
- The Essential Drug / consumable list for all type of deliveries at various delivery points has been sent to Director General, Medical and Health Services and Director CMSD who will ensure that Rate contract is done for all of them within given timeframe, so that CMOs/CMSs are able to procure the items and make them available accordingly to the facilities. The funds will be released to accounts of DHS of all districts. CMOs will map various delivery points of the district, identify and finalize the individual requirement as per delivery load, get the proposal approved in the Governing Body of DHS, procure the items

as per rule and ensure that all the facilities have sufficient stock of medicine and consumable for the whole year, so that no pregnant women reaching these facilities for delivery points has to spend a single penny on medicines and consumables.

B- AVAILABILITY OF FOOD

- The efforts will be made to cover, a total of 566 units(Block level CHC/PHC/SDH/PPC), having more than 100 deliveries/month and having at least 10 beds exclusively for pregnant women and post partum cases. This will be done gradually during the financial year 2012-13.
- The provision of free food facility is already there from state budget in Medical Colleges and District Women / Combined Hospitals. This facility is being proposed for women delivering at the other units covered under JSSK. The state proposes food facility for 2 days as, it is very difficult for families to make them stay beyond 24 hrs. But since, all efforts are being made to continue them to stay atleast for 48 hrs, it is being budgeted @ Rs. 100/- per day for 2 days have been included for 15.50 Lakhs pregnant women expected to deliver at SDH / CHCs / PHCs etc. A budget of Rs 3,100.00 Lakhs is being proposed for the purpose. The arrangement of food at these units is being made by outsourcing the activity to local Dhabas / Restaurants/ SHGs or NGOs, depending upon their availability with the minimum assured number of diets to be supplied every day. Food facility for approx 2,500 C- section cases is also being budgeted for 7 days but only for those delivering in CHC-FRUs (excluding DWH/DCH). An amount of Rs 17.50 Lakhs is being proposed for the purpose.

C- INVESTIGATIONS

- All the investigations including blood/urine/Stool examination and ultra-sound will be provided free of cost to all the pregnant ladies reaching these government facilities. Most of the investigations like blood/urine/stool are already free of cost but an amount of Rs. 100/- per case is being budgeted for approx. 11.30 Lakhs beneficiaries (50% of total del. Expected at L2 and L3 delivery points) for sophisticated investigations like ultrasound which is it at par with state govt rates. A budget of Rs 1,130.00 Lakhs is being proposed for the purpose. User charges will be removed and the budget will go to RKS to be used for beneficiaries.
- The pregnant women suffering from anaemia will be provided iron sucrose injection or blood transfusion as per requirement, free of cost. A G.O. has been issued by the state govt. to provide free services for investigations and consumables for blood transfusion to all the JSY beneficiaries. Hence no budget is being proposed under this head. Provision of Iron Sucrose Inj is there in EDL for Normal / C section deliveries.

D- TRANSPORTATION OF WOMEN FROM HOME TO FACILITY, FACILITY TO FACILITY AND DROP-BACK

- For transportation of pregnant women to reach the facility, provision of Rs. 250/- is already available in JSY scheme and it is being proposed to continue the same. As, the scheme of emergency medical transport services (EMTS) had been finalised in the state, a MoU had been signed between the state and service provider (EMRI) but the services could not be started because of court case. Therefore, transportation from home to facility (under EMTS) is proposed to be started from next year and till that time support under JSY to ASHA or beneficiary has been proposed under JSY Scheme.

- Further, an amount of Rs. 250/- per beneficiary is being budgeted just for drop back facility after delivery for 16.35 Lakhs beneficiaries expected to deliver in these identified units(L3 and L2 delivery points) including 10 Medical Colleges, as these ambulances will not be utilised for this purpose.
- There is a system of referral transport facility under CCSP programme and according to the provision; ASHA visiting the PNC women ensures the referral of the sick new born. She gets an amount of Rs. 250/- for ensuring the treatment of sick baby and the same system will be continued.

E- MEDICINE FOR SICK NEW BORN

- An amount of Rs. 500 Lakhs is being proposed for medicines and consumables for the treatment of referred sick new born (5% of total expected births in the state @ Rs 200/- per cases for the estimated number of 2.50 Lakhs new born). The essential drug list has been finalized and will be made available to all CMOs.

F - GRIEVANCE RE-DRESSAL CELL

1- STATE LEVEL – To address queries regarding availability of medical facilities, specialists or rights relating to JSY/JSSK and New Born Care, help line/grievance redressal cell has been established at the State. At the moment, this cell is functional between 9:00 AM to 6:00 PM during office hours at toll free no. of 1800-180-1900 has been published to all the districts. The costing for the grievance re-dressal cell operations is budgeted under the HMIS budget under M&E section. As the grievance re-dressal cells are proposed to be established in each district in 2012-13, there is no point in extending the present timings of help line operations at State level.

2- DISTRICT LEVEL – A grievance re-dressal cell will also be established at CMO/ACMO Office in all the districts which will be functional for at least 12 hrs everyday to register and address various complaints made by the public. A Toll free number will be taken in each district where an operator will be available from 8 am to 8 pm with good knowledge of the scheme and referral of queries will be done to Nodal Officers of the facilities and the district. For establishment of the grievance re-dressal cell at the district level, the budgetary details are as below:

SI	Description	Physical Targets	Unit Cost In Rs	Amount (in Rs.)
1	For establishment of Toll Free Number with telephone connection & Office ,minor renovation, if required, and provision of safe drinking water, clean toilet etc.	1	20,000	20,000
2	Computer system + UPS+ Laser printer	-	40,000	40,000
3	1 table , 4 chairs and 1 Small Almirah etc	-	10,000	10,000
4	2 Call Operators having good knowledge of computers @ 7,000 for 12 months	2	14,000	1,68,000
5	Consumables & Stationary for 12 months	-	2,000	24,000
6	Telephone bill for 12 months	-	1500	18,000
Total				2,80,000

The funds will be transferred to DHS, which after approval from Governing body will execute the same.

G. IEC/BCC ACTIVITIES

The IEC/BCC activities under JSSK will be borne from 1% state level administrative cost under JSY as mentioned in the chapter.

BUDGET SHEET FOR JSSK YEAR 2012-13

Sl.	Description	Physical Targets (No of exp. del.)	Unit Cost (in Rupees)	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
A	1- Drugs and consumables for normal deliveries at Sub centres	4,28,000	100	428.00	8750.00 (approved for 25 Lakh deliveries)
	2 -Drugs and consumables for normal deliveries at all facilities excluding SCs	21,75,000	350	7,612.50	
	3- Drugs and consumables for C Section at 141 delivery points(60 Community Health Centres-FRU , 6 others, 66 DWH+DCH + 10 Med. Colleges)	85,000	1600	1,360.00	1280.00
B	1- Free Food Arrangements for Normal del. For 2 days at 566 delivery points	15,50,000	200	3,100.00	4650.00
	2- Free Food Arrangements for C-section for 7 days in CHC-FRUs -60 units i.e.CHC+ others (approx. 82,500 pregnant women undergoing C-sections at DWH/DCH and Medical Colleges are provided through state budget*)	2,500	700	17.50	17.50
C	Investigations charges for ultra-sound of pregnant women (50% of Total deliveries conducted in active Del. Points L2 and L3)	11,30,000	100	1,130.00	1130.00
D	Drop Back from facility to home (Normal + C-Section.) for all deliveries taking place at 566 L2 & L3 points having more than 100 del. Per months.	16,35,000	250	4,087.50	4087.50
E	Medicines for newborn (upto 30 days) (5% of total expected births i.e. 5% of 51 Lakhs deliveries)	2,50,000	200	500.00	Approved but budgeted under Child health; Additionally Rs. 625 Lakhs is also approved by GOI under child health for referral of sick neonates(@Rs. 250 for 2.50 Lakh neonates)
F	75 District Grievance re- dressal cell at CMO/ACMO level	75	2,80,000	210.00	Not approved (pl. refer ROP-FMR Code-A.1.6.4)
G	Other Expenses –				
	a- Administrative expenses at STATE LEVEL (Advertisement, monitoring and supervision, review meeting etc)	1	10,00,000	10.00	
	b- Administrative expenses at District LEVEL (Advertisement, monitoring and supervision, review meeting etc)	75	50,000	37.50	
Grand Total				18,493.00	19,915.00

* This Budget was not proposed

Thus, a total amount of Rs. 19,915.00 Lakhs was approved by GOI (ROP-FMR Code-A.1.6.1 and its subheads) against the budgetary proposal of Rs. 18,493.00 Lakhs for JSSK scheme in state for the year 2012-13.

8. RTI/STI SERVICES

Activity proposed 1: Early detection through regular screenings in OPD and treatment at all district level facilities.

STI/RTI clinics have been established in district hospitals and Medical Colleges all over the state. Presently 86 Designated STI/RTI clinics are functional in the state. These Clinics are supported by UP State AIDS Control Society in terms of capacity building of staff of these clinics, infrastructure strengthening, appointment of counsellor on contract, provision of colour coded drug kits for syndromic case management, provision of consumables and testing kits etc. UPSACS has trained 68 Medical Officers and 71 lab technicians of these clinics in the current year. Presently 79 Counsellors are also working in these clinics. Linkages have been developed between these district level facilities and sub district level facilities for training activities. STI/STI services at district level are provided by ICTCs established in all district hospitals by UPSACS as per NACO guidelines. RTI STI counsellors posted at DH level provide RTI STI counselling and ensure identification and treatment of RTI/STI in general and ANC population and referred all STI/RTI attendees and ANCs for syphilis and HIV testing.

Activity proposed 2: Service delivery, training and supplies at Sub district level (PHC/CHC) in 16 NACP HPDs in year 2012-13.

It is envisaged that STI/RTI services and Syndromic case management should also be provided to the rural population through the existing health care infrastructure at the sub-district level. This year 16 high prevalence NACP Districts will be taken up for strengthening subdistrict units (CHCs and PHCs) for RTI/STI Services and also for regular reporting. It is estimated that 6% population suffers with RTI/STI and at least 25% of this will be attended by the sub district units in OPDs. Therefore the estimated 101205 cases are expected to attend OPDs and get treatment in these 16 districts. Free testing for syphilis is expected to be done for 516607 ANCs in these 16 districts.

Annual objectives based on this calculation are as follows in table 1:

RTI/STI target for 16 high prevalence NACP Districts - 2012-13						
Sl.	Districts	NRHM STI Target 6% of rural population	Coverage 25%	Estimated Annual Pregnancies	Coverage 25%	No. of RPR tests required
1	Agra	29860	7465	152422	38106	45571
2	Allahabad	39421	9855	201228	50307	60162
3	Azamgarh	31518	7880	160885	40221	48101
4	Bahraich	19437	4859	99215	24804	29663
5	Chitrakoot	6759	1690	34504	8626	10316
6	Gonda	21903	5476	111806	27952	33427
7	Gorakhpur	29532	7383	150749	37687	45070
8	Kanpur Nagar	33248	8312	169716	42429	50741
9	Kheri	26646	6662	136019	34005	40666
10	Kushinagar	23407	5852	119483	29871	35723
11	Lucknow	30868	7717	157568	39392	47109
12	Mathura	16631	4158	84892	21223	25381
13	Mau	14968	3742	76405	19101	22843

14	Meerut	23596	5899	120450	30113	36012
15	Moradabad	32095	8024	163829	40957	48981
16	Varanasi	24930	6233	127255	31814	38046
Total		404819	101205	2066426	516607	617811

- Training of MOs & Paramedical staffs at sub-district level facilities: Training to 2 Medical officers (1 male and 1 female) and 1 LT on RTI/STI identification, Syndromic case management and Syphilis testing will be given from all BPHCs and CHCs in these 16 districts. The detailed training plan has been included in the training chapter. UPSACS will coordinate and provide necessary technical support.
- State level monitoring for service delivery & regular reporting: The reporting on M-8 format is part of web based reporting and HMIS. Monitoring of service delivery and regular monthly reporting will be ensured from this year. A budget for monitoring and supervision is proposed for these high focus districts @ Rs 20,000.00 per district for visits to be undertaken at least twice a year (visit would also cover district level training). UPSACS will monitor, mentor and supervise the programme at all levels in close coordination with NRHM STI/RTI focal person at state level. **A total budget of Rs 3.20 Lakhs was proposed for this activity, which is not approved by GOI (ROP-FMR Code-A.1.1.4).**
- Procurement of drugs and diagnostic kits: The colour coded drug kits (Kit 1 to Kit 7) for syndromic case management were distributed to districts (CMOs) directly from central level in year 2011-12. For year 2012-13 these drugs have been included in essential drug list to be procured by the districts. Budget has been calculated based on the NACO rates last approved for year 2011-12. 14827 RPR kits for syphilis test will also be provided at sub district level thorough NRHM budget. Estimated 101205 cases of RTI/STI are expected to attend OPDs and get treatment in these 16 districts. **A budget of Rs. 8.90 Lakhs was proposed for procurement of RPR kits and Rs. 68.92 Lakhs was budgeted for medicines, which is approved by GOI (ROP-FMR Code- B.16.2.1).** This budget has been included in procurement plan. For rest of the 59 districts procurement of drugs will be done based on needs as drugs are part of essential drug list.
- For other consumables, it is proposed that Rs 20,000.00 per district will be required for the procurement of Consumables and reagents like Glass slides, cover slips, reagents for Wet Mount, Normal saline, KOH testing, Whiff test etc gloves, disinfectants, etc. **A total budget of Rs. 3.20 Lakhs was proposed for this activity, which is approved by GOI (ROP-FMR Code-A.1.1.4).**

Budget proposed under objective 6						
Sl.	Activity proposed	Old /New	Total Beneficiaries	Unit cost	Total cost (Rs. in Lakhs)	Remarks
1	Early detection through regular screenings in OPD and treatment at all district level facilities.	Old			-	Supported by NACO

2	Service delivery, training and supplies at sub district level (PHC/CHC) in 16 NACP HPDS in year 2012-13	New	101205 cases 516607 ANC's	-14827 RPR kits -drugs	8.90 68.92	Under procurement plan
3	Consumables for 16 NACP districts	New	16 districts	20000.00	3.20	Supported by NRHM, UP
4	Training for 16 NACP districts	New	16 districts		27.38	Under training plan
5	State level monitoring for service delivery & regular reporting for 16 NACP districts	New	16 districts	20000.00	3.20	Supported by NRHM, UP

To fulfil the above objective, GOI approved Rs. 77.82 Lakhs for Sl.No. 2 (ROP-FMR Code- B.16.2.1), Rs. 3.20 Lakhs for Sl.No. 3(ROP-FMR Code-A.1.1.4) and Rs. 27.38 Lakhs for Sl.No.4 (ROP-FMR Code- A.9.3.5.2 & A.9.3.5.3). Budget proposed for state level monitoring and reporting (Sl.No.5) is not approved by GOI (ROP-FMR Code- A.1.1.4)

Table 2 - RTI/STI Budget for 16 high prevalence NACP Districts - 2012-13

Sl.	District	No. of Kits Required (1 kit contains 50 tests)	Total Kits Required { with 20% extra (includes Buffer & Wastage)}	Total Budget required for RPR kits (Approx Rs 60/= per kit)	Consumables @ Rs 20,000/= per year per district	Budget for Supportive Supervision (Rs 20,000/ per district).	Budget for medicines under essential drug list (calculation based on NACO rate list)	Total Budget for districts
1	Agra	911	1094	65621.52	20,000	20,000	508000	613621.52
2	Allahabad	1203	1444	86633.64	20,000	20,000	671000	797633.64
3	Azamgarh	962	1154	69265.08	20,000	20,000	536000	645265.08
4	Bahraich	593	712	42714.72	20,000	20,000	331000	413714.72
5	Chitrakoot	206	248	14854.68	20,000	20,000	115000	169854.68
6	Gonda	669	802	48135.24	20,000	20,000	371000	459135.24
7	Gorakhpur	901	1082	64901.16	20,000	20,000	503000	607901.16
8	Kanpur Nagar	1015	1218	73067.04	20,000	20,000	566000	679067.04
9	Kheri	813	976	58559.40	20,000	20,000	454000	552559.40
10	Kushinagar	714	857	51440.40	20,000	20,000	398000	489440.40
11	Lucknow	942	1131	67836.96	20,000	20,000	525000	632836.96
12	Mathura	508	609	36548.28	20,000	20,000	283000	359548.28
13	Mau	457	548	32894.28	20,000	20,000	255000	327894.28
14	Meerut	720	864	51856.56	20,000	20,000	402000	493856.56
15	Moradabad	980	1176	70532.64	20,000	20,000	546000	656532.64
16	Varanasi	761	913	54786.60	20,000	20,000	428000	522786.60
Total		12356	14827	889648.20	320,000	320,000	6892000	8421648.20

A total budget of Rs 6.40 Lakhs was proposed for 16 NACP districts for year 2012-13 under the RTI/STI control programme, out of which GOI approved Rs. 3.20 Lakhs for consumables (ROP-FMR Code-A.1.1.4) and Rs. 77.82 Lakhs was budgeted under Procurement plan, which is approved by GOI (ROP-FMR Code- B.16.2.1)

9. REDUCE INCIDENCE OF UNSAFE ABORTION

Abortions have been legal in India, for a broad range of indications, for over three decades now by virtue of The MTP Act, 1971. Despite this, unsafe abortions contribute to a significant percentage of maternal deaths in the country. As per estimates of AHS-2010, 8.9 percent of all maternal deaths in India are related to complications of unsafe abortions. While most causes of maternal mortality are not predictable, unsafe abortion is predictable and therefore, easily preventable, if women have access to safe abortion care services.

Activity proposed - 5.1. Making available Comprehensive Abortion Care services at all district level L-3 MCH centers

Status of progress - At present MTP services is mainly available only at 53 district women hospitals. The table below shows not very encouraging MTP achievements of the state in the last 3 years:

Year	No. of MTPs
2008-09	81644
2009-10	78588
2010-11	77602
2011-12 (Up to December 2011)	50395

It is proposed to strengthen the existing MTP services at these facilities and introduce CAC at 66 district level L3 delivery points this year.

Activities planned for strengthening CAC in the state:

- 6 days refresher training for certified providers – This year plan for training of 90 service providers from 66 centers has been proposed. The details of the training plan have been incorporated in training Chapter.
- CAC Training Centre Strengthening- The state has 10 CAC training sites. The centers need strengthening for standard practices to be followed, also need extra consumables and disposables. These centers will be provided Rs 30000.00 each for this purpose.

Justification- The training sites are PPOTs, which have to maintain Infection prevention equipments, cleaning material, utility gloves, sanitizers, plastic aprons, linen and other disposables, maintenance of fittings and fixtures. They would need repair of electrical suction machines/foot suction, extra chairs/stools, repair/purchase of MTP table/footsteps /curtain, extra caps/masks/slippers. The objective is to improve asepsis and management of PPOTs in these 10 district women hospitals functioning as training sites. These hospitals are catering to a very high LR/Gynae OT load, because of which PPOTs get neglected.

- Streamline registration process of doctors at district and state level: The new service providers trained will be registered under MTP ACT. For this district level MTP committee will be activated at all the districts. Recommendations forwarded by the districts will be considered for registration within a month at the state level.

- Accrediting private agencies for MTP service- District level MTP committees will undertake registration of private providers and centers under MTP Act. They will ensure regular reporting from private sector.
- Supply of CAC drugs, equipments kits and consumables: In the state of Uttar Pradesh, public sector caters to around 80,000 MTPs. It is expected that 20,000 1st trimester MTPs (25% of total) will be done by MMA, **for which Rs. 60.00 Lakhs was proposed (@ Rs 300.00 per case), which is approved by GOI(ROP-FMR Code-B.16.2.1).** Similarly 5000 cases of 2nd trimester MTPs are expected to be done at FRUs by MMA, therefore **Rs 25.00 Lakhs was budgeted (@ Rs 500.00 per case), which is approved by GOI (ROP-FMR Code- B.16.2.1).** It is expected that this year including MTPs by traditional methods (EVA), at least 80,000 MTPs will be requiring post MTP medicines. Therefore, **a budget of Rs.160.00 Lakhs was proposed @ 200.00 per case for 80,000 MTPs at district and sub-district level, out of which GOI approved Rs. 110.00 Lakhs for 55000 MTPs by traditional methods (EVAs)(ROP-FMR Code-B.16.2.1).** The drugs required for safe abortion services have been included in essential drug list and need based procurement will be done at the district level. This year 660 MVAs syringes (10 per site to 66 sites) were proposed, for which Rs. 13.20 Lakhs @ Rs 2000/- per kit was budgeted, **which is approved by GOI (ROP-FMR Code- B.16.1.1).**
- Justification of Budget for maintenance of PPOT and consumables- Infection prevention equipments, cleaning material, utility gloves, sanitizers, plastic aprons and other disposables, maintenance of fittings and fixtures etc from this fund. The objective is to improve asepsis and management of PPOTs in district women hospitals which are catering to a very high normal delivery and Obstetric OT, therefore PPOTs get neglected. This is very small amount provisioned separately for CAC implementation at DWHs. **A budget of Rs 3.30 Lakhs was proposed for these 66 (DWH&DCW) L3 delivery points @ Rs 5,000 per centre for the whole year, which is approved by GOI (ROP-FMR Code-B.16.2.1).**
- CAC training of Family Welfare Counselors- No separate budget is proposed for this activity as the component will be part of training package developed for all FP methods and procedures.
- IEC Plan for CAC- wall paintings are proposed for all 132 functional FRUs. Booklets for counsellors are also proposed for 300 FWCs. Wall paintings will be organized by district health officials. GOI will be requested to provide print ready soft copies of counselling booklets for 290 FWCs for IPC on Safe Abortion care services. **A budget of Rs. 30,000 was proposed for this activity for printing 300 booklets through IEC Bureau and budgeted under IEC/BCC Chapter in Mission Flexipool, which is approved by GOI (ROP-FMR Code- B.10.2.1).**
- Monitoring and Reporting on standardized formats- The present formats do not include type of procedure adopted for abortion (MMA/MVA/Traditional or mid trimester). The revised standard formats will be introduced in these 66 focus sites. For this activity Rs. 5,000 has been proposed per site (66) for procurement of Registers and reporting formats, registration formats etc. for proper running of programme, **which is approved by GOI (ROP-FMR Code- A.1.1.3).**

Budgetary Proposal for the activities to reduce incidences of unsafe abortion -

Sl	Activities proposed	Old/new	Physical targets	Unit cost (Rs.)	Frequency	Amount proposed (Rs. In Lakhs)
1	CAC drugs					
	First trimester - Mifepristone & Misoprostol	New	20,000	300	1	60.00
	Second trimester MTP- Mesoprostol, Inj. Oxytocin,	New	5,000	500	1	25.00
	Post MTP- drugs for all MTPs	New	80,000	200	1	160.00
2	MVA/ EVA equipments	New	660	2,000	1	13.20
3	MVA/ EVA consumables	New	66	5,000	1	3.30
4	MTP CAC-training Mos	Old	90		30 batches	16.60
5	CAC training centre strengthening	New	10	30000	1	3.00
6	CAC services: monitoring and supervision	New	By MH consultants and Quality Monitors			
7	Registers & stationary(formats etc)	New	66	5000	1	3.30

For this above purpose, Rs. 284.40 Lakhs was proposed out of which GOI approved Rs. 211.50 Lakhs in Mission Flexipool under procurement head (ROP-FMR Code- B.16.1.1 & B.16.2.1) and 15.30 Lakhs under RCH Flexipool (Rs. 9.00 Lakhs under training (ROP-FMR Code- A.9.3.4) & Rs. 6.30 Lakhs under programme head (A.1.1.3)).

10. INSTITUTIONALIZATION OF MATERNAL DEATH AUDIT SYSTEM

To accelerate the pace of decline of MMR and in order to achieve the NRHM & MDG goals Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH II National Programme Implementation Plan document. It is an important strategy to reduce maternal mortality as well as morbidity as it gives detailed information on various factors affecting maternal deaths at community, facility, district, region and national level. This information, when used at program level provides critical inputs on design and implementation issues. Based on GOI guidelines, the State had planned training/ workshops up to the block level and below in year 2011-12. However these activities will be completed by the end of March 2012. This year efforts will be concentrated to increase % of maternal deaths reporting and audits of reported deaths. The detailed progress on MDR is annexed at: Annexure 9 for MDR

Activity proposed-1: To ensure reporting of 40% of expected maternal deaths in the districts

- Linkage with MCTS for capturing all women deaths: It is very important that all deaths in the districts get reported. In the year 2011-12 only 3% of total expected deaths were reported and half of it was audited. This year linkage with MCTS will be tried through which increase in death reporting is expected up to 40% of all expected deaths. All the districts have been instructed to narrate expected number of maternal deaths in their districts in the DAP to make them aware of the universe of the problem.
- District quality Assurance committee to monitor all activities: Monitoring by quality assurance committee at the district will be done to evaluate no. of deaths reported vs. expected no of deaths in the district (calculated from the divisional MMR, by AHS 2010).

- Incentive for ASHA for maternal death reporting: ASHAs get Rs 50.00 from ASHA incentive for reporting every maternal death. This will be continued this year. The regular payments to ASHAs will be reviewed monthly by MOICs and CMOs during district level monthly review meetings. The funds have been included in the NRHM additionalities.

Activity proposed 2: To ensure maternal death audit of 50% of the deaths reported

- Regular monthly review meetings at district and sub district level: the instructions and detailed guidelines have been issued and orientation of all district level and block level officials will be completed by the end of March 2012. MDR committees have been constituted at all levels.
- Quarterly review meetings at division and state levels for ensuring reporting and audit activities at all levels. The focus will be on monitoring to ensure regular maternal death reporting and audits. Quarterly review meetings at the state level, quarterly review meetings at 18 divisions and monthly review meetings at the district level have been proposed to ensure constant focus on the issue.
- Printing of forms, booklets and annual report: this activity will be supported with Rs 5000.00 for each of 75 districts.
- District quality assurance committee to monitor all activities (monthly). Minutes of all the review meetings will be reviewed by District QAC and action will be taken accordingly to monitor the reporting network at the district level. Reporting from all medical colleges, district level women and combined hospitals will be ensured this year. Reporting by ASHA/AWW/ANM will also be promoted. In 1st quarter a 2 days orientation cum review meeting s will be organized at the district level, after that from 2nd quarter onwards quarterly meetings at district level will be organized to review MDR reports, audits and analysis of findings under the chairmanship of District Magistrate. Rs. 5000.00 has been proposed for these meetings.
- Incentives for ASHA/ANMs and family members for CBMDA: 3 persons are allowed for Rs. 100.00 remuneration each from Health Sub-Centre untied fund for each CBMDR activity. This activity will also be monitored during district level monthly review meetings. Rs. 200 are provisioned for 2 family members to attend district level review meeting under chairmanship of District magistrate to be paid from District Hospital RKS funds. The funds accordingly have been mentioned in the relevant chapters.

Details of support for Community based MDR

Activity	Time Line	Incentive/ transaction Cost payment suggested	Source of Funding
Reporting death of women (15-49 years) by ASHA/ other person to the Block PHC MO	Within 24 hours of occurrence of death by phone	Rs. 50/- per report	Under Incentive for ASHA
Reporting death of women by Block MO to the DNO	Within 24 hours of occurrence of death by phone	No incentive	----
Community based investigation	Within 3 weeks of occurrence of death	Rs. 100/- per person to the maximum of 3 persons	Health Sub-Centre untied fund

Submission of report by block PHC MO/ facility MDR Nodal MO to DNO in the prescribed format	Within 4 weeks of occurrence of death by phone	No incentive	----
Reporting deaths of women by Block MO/Nodal Officer of facility to the DNO	Within 24 hours of occurrence of death by phone	No incentive	----
Conduct of facility based review meetings and preparation of district MDR report for all deaths in district (chaired by the CMO)	Every month for the deaths reported in the previous month	No incentive	---
Conduct of MDR meeting chaired by District Magistrate /District Collector	Once in a month	Incentive of Rs. 200/- each for two persons of the deceased women's family	District Hospital RKS fund

Budget proposed for promoting MDR in the year 2012-13 is given below:

Sl.	Activities	Old/new	No. of Units	Unit cost (in Rs.)	Frequency	Total (in Lakhs)
1	Quarterly Review Meetings at State	New	1	50000	4	2.00
2	Divisional level review workshops	New	18	25000	4	18.00
	2 days Orientation/Review Meetings at district level in 1 st Qtr	Old	75	10000	1	7.50
3	Quarterly Review/dissemination of MDR findings at district level	New	75	5000	3	11.25
4	Monthly review meetings at districts by CMO	New	75	No Budget	12	-
5	Printing of forms, booklets & annual report	Old	75	5000	1	3.75
Sub Total						42.50

To promoting MDR, a total budget of Rs. 42.50 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.1.5) under RCH Flexipool.

Incentives to ASHA for Maternal Death reporting

- To accelerate the number of reporting of maternal deaths in the districts, it is proposed that incentives for ASHAs should be increased from Rs 50 per death to Rs 100 per death. It is estimated that 17550 deaths will occur in the state in one year, and if incentive is increased then at least 10000 deaths will be reported by ASHAs. This would require a budget of Rs 10.00 Lakhs. However, Under FMR Code no. B.1.3.3. a budget of Rs 61.28 Lakhs has already been approved under ASHA incentives, out of which only **Rs 10.00 Lakhs** will be required. ***GOI approved this activity along with the proposed amount of Rs. 10.00 Lakhs under Mission Flexipool. (ROP-FMR Code-B.1.1.3). (Proposed in Supplementary PIP)***
- A budget of Rs 300.00 is proposed for each community based death audit team who will go to the community to review the maternal death. ASHA, ANM, MO I/C can be a part of this team. Earlier the fund was proposed to be utilized from the SC untied funds but now it is proposed that due to overburdening of the SC untied fund, this amount may kindly be approved from the program budget. Roughly 8000 maternal deaths are likely to be reviewed at the community level. ***Hence a budget of Rs. 8000*300= 24.00 Lakhs***

was proposed under this head, which is approved by GOI. (ROP-FMR Code- A.1.5). (Proposed in Supplementary PIP)

- **Proposal for independent evaluation** of maternal deaths in 5 divisions with highest MMR: faizabad, Allahabad, Bareilly, Gonda and Basti having a total of 20 districts. Expected deliveries in these districts will be 1442823 in the whole year and expected maternal deaths will be 6318. We expect at least 50% of these to be reported by ASHAs and 50% of these be evaluated by independent evaluators. 2 persons will be identified in each district and oriented on CBMDR. The team is expected to spent 2 days in the field and do complete analysis of the findings. An Rs. 10,000.00 is proposed for each review to be given to the team after receipt of the report for honorarium, travel, stay, review and documentation. It is expected that 2000 deaths will be evaluated this year by these teams in these 20 districts and an additional budget of Rs. 40,000.00 will be required for orientation of these 20 evaluators. ***Therefore, a budget of Rs 20.40 Lakhs was proposed for this activity, which is approved by GOI. (ROP-FMR Code- A.1.5). (Proposed in Supplementary PIP)***

11. INTERVENTIONS FOR IMPROVEMENT OF QUALITY OF SERVICES

Activity proposed 1: Establishment of QAC at all levels

- Development and dissemination of SOPs & Monitoring guidelines will be taken up on priority this year for all maternal health services as well. Detailed QAC guidelines are attached as Annexure 8.
- Standard Operations procedures for L1, L2 & L3 MCH centres - Standard registers, formats and case sheets will be prepared by State Quality assurance working group and will be disseminated with the government approval. This will ensure quality of services at all levels.
- Standard monitoring checklists will be adopted for all levels and M&E activities will be linked with QACs.

Quality assurance plan for the state is being detailed under M&E Chapter.

Activity proposed 2: Interventions planned to improve quality of delivery services at all levels

- Comprehensive RCH services at all L3 and L2 delivery points: L3 level MCH centers have become hub of comprehensive RCH services where Essential/emergency obstetric care services, safe abortion care services, Maternal death review, JSY, JSSK, all family planning services, referral analysis and counseling services are being provided. At L2 level centers barring C-Section all the above services are being provided.
- Availability of Essential drugs at all levels- Essential drug list has been prepared and shared with the CMSD, DGH for inclusion under rate contract, so that districts can procure at their level. The present RC will continue till June 2012 and by that time RC will be issues again to maintain continuity of services. Budget has been proposed under all programmes for the districts.

- SBA & BEMOC training for service providers- to improve quality of services all service providers will be trained in SBA (ANMs/LHVs/SNs) and BEOMC is planned for doctors at 24x7 centers. Contractual staff will also receive training. This will be monitored that they start regular use of partograph and adopt infection prevention practices after training.
- JSSK programme- is covering all institutional deliveries for free drugs and consumables. While free Investigations, free blood transfusion, food and transportation is being provided at selected centers.
- To ensure availability of Iron sucrose for severe anaemic mothers, procurement of 400000 Ampules of Inj. Iron Sucrose 100 mg was proposed, for which Rs. 160.00 Lakhs have been budgeted under procurement budget head in Mission Flexipool. **GOI approved the same amount for this purpose (ROP-FMR Code- B.16.2.1).**
- To ensure availability of Anti D to all L3 MCH centers for Rh–ve mothers, procurement of 13500 injections of Rh Anti-D-300 is being proposed under procurement budget head, to be supplied to all FRUs, assuming that all Rh negative referred from lower facilities to FRUs. **For this purpose, Rs. 283.50 Lakhs was budgeted under procurement plan in Mission Flexipool, which is approved by GOI(ROP- FMR Code- B.16.2.1).**
- Safe motherhood booklets to all ANCs and display of SBA/EMOC protocols at all functional delivery points are being budgeted under IEC/BCC chapter in Mission Flexipool.

12. INCENTIVES FOR GOOD PERFORMANCE PROPOSED FOR MATERNAL HEALTH

Incentives linked to Performance of MH Activities are being proposed to motivate good workers and also to set examples for other workers. This year incentives are proposed for selected workers based on performance in the year 2012-13. The performance till 31st march will be evaluated based on the guidelines sent to the districts and incentives will be distributed before the month of August 2012 so that they work harder with renewed vigour and will during the season ahead.

1. Incentives for LSAS /EMOC trained doctors - To promote performance by these trained doctors at FRUs, the incentive of Rs. 500 per case is proposed on the performance in the year 2011-12 for LSAS/EMOC trained doctors performing at FRUs. No incentive will be given for first 50 cases, but from 51st case, the incentive of Rs. 500 per case is proposed. It is expected that 500 C-Sections performed by EMOC trained doctors and 1000 spinal anaesthesia given by LSAS trained doctors will be incentivized assessing performance in the year 2011-12. This incentive will promote performance by LSAS /EMOC trained doctors.
2. Incentives for good performers: ANMs will be selected through MCTS who have achieved complete ANC coverage (meaning early registration, 3 checkups, HB/WT/BP measurement and abdominal exam/100IFA/2TT) of more than 75% in their areas in the year 2011-12. ASHAs will also be identified from their areas and ANM and each ASHA (with similar coverage) will be given an incentive of Rs. 5000.00 for ANM & Rs. 1000.00 for each ASHA this year. It is expected that at least 250 ANMs and 1000 ASHAs will be able to cross this benchmark. The funds are included under incentives plan.

Sl.	Name Of The Scheme/ Activity	Type Of Worker	Type Of Work Being Incentivized	Level Of Facility (CHCs/ PHCs/ Sub-Centers)	Amount Of Incentive	Performance Expected	No Of Workers Given Incentive	Quantifiable Output
1	Operationalize CHC FRU	EMOC trained doctor	doing LSCS	CHC FRU	500 per LSCS	500 cases expected		2.50
2	Operationalize CHC FRU	LSAS trained doctor	giving spinal	CHC FRU	500 per LSCS	1000 cases expected		5.00
3	Increasing complete ANC	ANMs and ASHAs	complete ANC in her area with all components	Subcenters	5,000- ANM 1,000- ASHA	with 75% (confirmed by MCTS)	250 ANMs 1000 ASHAs	22.50
Total								30.00

For this purpose, a total budget of Rs. 30.00 Lakhs was proposed but GOI approved Rs. 37.50 Lakhs against the proposed budget (ROP-FMR Code- A.1.1.5 & A.8.1.8).

13. PROGRAMME MANAGEMENT SUPPORT FOR MATERNAL HEALTH

Proposed Staffing for programme management support under maternal Health at SPMU

Rationale- The MH cell at NRHM SPMU, U.P. is currently very weak and needs strengthening. At present Maternal Health and family planning divisions are functioning together under one General Manager (GM) at the state level with no DGMs. Both the divisions are supported by 1 Programme Assistant, 1 Data Analyst is supported by SIFPSA. These 2 workers are extremely overburdened and the situation becomes all the more critical if any of these two go on leave. It becomes very difficult for single GM to move to the field leaving state office to nobody. JSY in itself is a heavy programme and required regular guidelines to be sent to the districts with documentation work. There is need to strengthen the MH cell at state level in terms of hiring of consultants.

Uttar Pradesh has 75 districts and 18 divisions and 2610 functional delivery points at present. It is very important to monitor quality of services and conduct regular monitoring visits to the districts for maintenance of functional status, analyze gaps, identify potential delivery points at all levels and plan for support. Uttar Pradesh has dearth of donors and partners in Maternal Health and directorate is also short of supervisors. The state is operationalizing Quality assurance guidelines and standard monitoring checklists therefore it becomes all the more important to hand hold district level functionaries in supervision, monitoring and quality assurance.

Sl.	Post	No.	Qualification
1	Consultant – for monitoring of delivery points for programme implementation	6	MBBS, Degree/Diploma in hospital administration/public health with relevant experience of min. 5 yrs.
2	Programme Assistant (bilingual typist)	1	Masters degree in social sciences/MSW with relevant experience of min. 5 yrs. along with Hindi and English typing skills with MS office knowledge

It is proposed that additional 6 technical consultants (1 for 3 divisions) and 1 Programme assistant with bilingual typing skills be hired and attached to MH cell at SPMU. Programme assistant will be supporting office and these technical consultants will be given responsibility of 15 districts each and travel for at least 15 days in a month. They will visit sample facilities-L1, L2 and L3 in those districts, support quality assurance issues at the labour rooms. They will share the gaps with CMOs and facility in charges and submit regular monitoring reports to the GM MH at the state level, who will supervise them, plan Corrective actions for the districts and share reports with the directorates. They will supervise placement of EMOC/LSAS trained doctors, contractual specialists, doctors and staff nurses and collect their performance reports. They will monitor all days/fixed day service Family planning centers and hand hold Family welfare counselors. MTP CAC services are being started in 66 district level facilities and PPIUCD at 30 service centers in 23 districts, MDR has to be institutionalized, all these interventions be monitored regularly by them. They will also apprise about local problems faced by the districts in proper implementation of the programme.

An approximated budget of Rs. 12.00 Lakhs for Establishment, Travel and Office contingency support was proposed under programme management chapter under other operational expenses budget head, which is approved by GOI (ROP-FMR Code-A.10.1) and the salaries of these human resources, are proposed under programme cells.

14. IEC/BCC ACTIVITIES

To carry out IEC/BCC activities under Maternal Health, a budget of Rs. 844.81 Lakhs was proposed for the year 2012-13. The details of activities are under IEC/BCC Chapter in Mission Flexipool.

15. HUMAN RESOURCES

Requirement of Human Resources under maternal health (L1, L2 & L3 delivery points) - Rationale and Facility Wise Distribution

1. Contractual ANMs on vacant posts for outreach services:

Justification Note

The state has total 20521 subcenters, 23580 posts of ANMs sanctioned and 4197 posts are lying vacant clearly reflecting on poor ANC coverage and delivery care. The situation is:

- a. In 45 HFDs- The state has 45 HFDs having 11707 sub centres. Out of 13458 posts sanctioned, 2432 are lying vacant.
- b. In 5 divisions (20 districts): Basti, Faizabad, Devipatan, Barielly & Allahabad have MMR more than 400/lakh live births. Out of 20 districts in these 5 divisions, 14 are HFDs and remaining 6 districts also require 360 ANM posts to fill vacancies.
- c. Remaining 26 districts have 1405 vacancies.

As no regular batch of ANMs is getting trained in government ANMTCs, the state has crunch of ANMs. Lately 87 private ANMTCs have been approved by the state government and Indian Nursing Council in the state, which have annual capacity of 3940 ANMs. The state ANMs service rules do not allow absorption of these ANMs (coming out from private sector) on regular posts therefore these ANMs are available for contractual appointment only till amendment in ANM service rules takes place.

The state is evaluating the policy change that might take some time, till that time the state proposes contractual ANMs on all 4197 vacant posts of ANMs to address poor ANC coverage and outreach services.

- #### 2. Contractual additional ANMs on delivery points
- Extra support of contractual ANMs for sub centers having monthly deliveries>5- 1370 sub centers are having delivery load of more than 5 per month. At these sub centers availability of ANM is necessary all 24 hrs to look after women in labour and outreach or delivery care services don't get neglected.

Justification Note

Bases on the delivery load, slabs have been created to support these sub centers-

- a. Category 1-Subcenters having 5-20 del/month- are proposed to have 1 additional ANM on contract
- b. Category 2-Subcenters having 21-50 del/month- are proposed to have 2additional ANM on contract
- c. Category 3-Subcenters having >50 del/month- are proposed to have 3additional ANM on contract

Therefore, 841 sub centers in category 1 are proposed one 2nd contractual ANMs, 421 sub centers in category 2 are proposed two 2nd contractual ANMs and 108 sub centers in category 3 are proposed three 2nd contractual ANMs. Thus a total of 2007 contractual ANMs are proposed for these active L1 delivery points on contract from NRHM to facilitate outreach as well as delivery and sub center clinic services. The funds have been reflected under HR plan.

The details of gap analysis are given at: ***L1 centre KPI is given on Annexure - KPI format 2 for L1. A total of 6204 contractual ANMs are proposed to be hired on contract in year 2012-13 @ Rs 10,000.00 per month.***

3. Proposal for HR at L2 (24x7) Delivery points

Justification note

- **Staff Nurses** - The IPHS norms state that at least 3 Staff nurses are required to operationalize a 24x7 delivery point and at least 9 Staff nurses required at Functional FRUs. We have 1002 staff nurses posted at 841 functional 24x7 therefore at least 1436 staff nurses are required at these rural L2 centers to make available at least 3 staff nurses to maintain round the clock LR services. A total of 1436 staff nurses are proposed to be hired on contract to maintain quality of services at functional delivery points in year 2012-13 @Rs. 16500/- per month.
- **MBBS lady Doctors** - 24x7 gets referrals from Subcenters and now catering to max load of normal deliveries under JSY. It is proposed to have at least 1 MBBS lady doctor to supervise OPD, IPD and LR services. Out of 841 functional 24x7 centres only 107 have MBBS LMOs, but as MBBS LMOs are difficult to get, only 401 identified centres having monthly delivery load of >100 are proposed for MBBS LMOs on contract @ Rs 36000 per month. The state will continue to make efforts towards regular deployment of MBBS LMOs through commission.

4. Proposal for HR at L3 (FRU) Delivery points

Justification Note

- 51 DWH are functional as FRUs, 28 are performing 2-3 C-Section daily, running PPCs, Daily FP camps, and normal deliveries more than 200 per month. These hospitals are proposed at least 4 Gynaecologists, 2 MBBS LMOs and 6 staff nurses. Contractual posts have been proposed to fill the gap accordingly.
- Remaining 23 DWH which are having less than 50 C-sections per month, are having very high normal delivery load and low c-section rate because of poor HR availability (eg. District combined Hospitals Kaushambi & Maharajganj and DWH Mainpuri), therefore MBBS LMOs are proposed to share LR load but specialists' posts are proposed based on need.
- Contractual Paediatricians are proposed only 15 in number and only at women hospitals to provide newborn care, where there is none available and delivery load is high.
- Anesthetists are proposed to make available at least 1 at each center. As such Anesthetists are scarce in the state cadre.

- 60 CHCs are functioning as FRUs in the state. Contractual specialists (Anesthetists /Pediatricians /Gynecologists) have been proposed to make available at least 1 at each CHC FRUs. Most of the CHCs are having high normal delivery load and very low C-Section rate, therefore at least 5 SNs have been proposed and presence of 2 LMOs has been ensured to look after LRs.
- Utilize General surgeons for EMOC services in rural areas- It is seen that gynaecologists are not available for rural areas, in that case General surgeons will be encouraged to be hired on monthly contract basis. These general surgeons will be given BEMOC training on CMOs recommendations.
- Staff Nurses - At least 6 staff nurses are being proposed for 28 DWH having high load of C-Sections, 5 are proposed for FRUs having less load. Only newly established DCH have been proposed staff nurses. Therefore it is proposed that 153 staff nurses will be hired on contract at designated L3 centers this year.
- MBBS LMOs- At CHCs only one post of gynaecologist is sanctioned by the state whereas they have to cater to heavy load of OPD, LR and OTs. In such case usually LR or OPD gets neglected. It is proposed to hire 140 MBBS doctors to support quality of services at 132 functional FRUs.
- A total requirement has been summarized below:

Sl.	Type of facility	Gynae.	Anaesth.	Paed.	LMOs	SNs
1	DWH (>50 LSCS/mth)	21	12	5	37	7
2	DWH (<50 LSCS/mth)	10	5	3	28	17
3	DCH	9	2	0	17	3
4	CHCs & PPC	20	22	7	57	126
	TOTAL	60	41	15	140	153

The details of gap analysis is available at **Annexure-**

- **Gap analysis L2**
- **Gap Analysis L3**
- **KPI Format 2 for L1,L2,L3**

5. **Specialists on Call – Calls are proposed only for gynae/paed/anasth/general surgeons which will be monitored** against LSCS performed/complications managed/lives saved at the rural facilities (CHCs only). CMOs will be asked to submit utilization with justification note and status of regular or contractual specialists available at that facility for EMOC. On-call Gynaecologists will be allowed this year at those for CHC FRUs to maintain continuity of services if gynaecologists posted there are on leave. The calls will be monitored against No. of LSCS and availability of back up support for post operative care. It is proposed to allow 300 per district for the year 2012-13 for the rural areas.

The details of gap analysis is available at **Annexure- Gap Analysis L3 & KPI Format 2 for L3**

The budgetary proposal for human resources under Maternal Health is as below:

SI	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
1	ANMs	-	-	-	-
	L-1 Centres	6,204	10,000.00	12	7,444.80
2	Staff Nurses	-	-	-	-
	L-2 Centres	1,436	16,500.00	12	2,843.28
	L-3 Centres	153	16,500.00	12	302.94
3	Specialists	-	-	-	-
	Gynaecologists - L-3 Centres	60	48,000.00	12	345.60
	Paediatrician - L-3 Centres	15	48,000.00	12	86.40
	Anaesthetist - L-3 Centres	41	48,000.00	12	236.16
4	MBBS LMO (Rural)	-	-	-	-
	L-2 Centres	401	36,000.00	12	1,732.32
	L-3 Centres	140	36,000.00	12	604.80
5	Specialists - On call basis	22,500	2,000.00	1	450.00
Sub-total					14046.30

A total of Rs 14046.30 Lakhs was proposed for this activity, which is approved by GOI under HR chapter (ROP-FMR Code- A.8.1.1 & A.8.1.3).

16. PROCUREMENT PLAN

For the year 2012-13, under procurement, following activities are proposed in Maternal Health.

Drugs and Consumables

- Tablet Iron and folic Acid adult – it is estimated that 56 lakh ANCs will be distributed Iron and folic acid tabs under anaemia control. Out of these 50% will require 100 tabs as prophylaxis and rest 50% will require 200 tabs as therapy. A total number of 8400 lakh tabs will be required to be procured by the districts under RC. Rs 1260.00 lakhs are budgeted for this essential activity so that focus on essential ANC is not lost.
- Albendazole- 1 tab of Albendazole in 2nd trimester is part of the essential ANC for anemia prevention. A budget of Rs. 56.00 Lakhs is proposed to procure 56 Lakhs tabs to be distributed along with iron tabs.
- Rh-Anti D Sera - At least 1% of all JSY beneficiaries will require full dose of Anti D sera. Last year it could not be procured but this year 13500 injections will be procured and distributed at level 3 delivery points presuming that at least 50% RH–ve mothers will be referred to these centres from level 1 centres. Provisions of 13500 injections @Rs. 2100/- per injection and a total amount of Rs. 283.50 Lakhs have been budgeted this year.
- Early detection of pregnancy using pregnancy test kit - Early registration and complete ANC care may be increased significantly by early detection of pregnancy. Under the 'MCTS, early diagnosis of pregnancy by user's friendly pregnancy testing kit by ASHA & ANM will be highly beneficial for the scheme. Reorientation to ANMs and ASHAs for use of these kits will be given by the MO I/Cs of all CHC/Block level MOI/Cs during monthly meetings. Procurement for early detection of pregnancies will be done by GOI @ 150 tests per subcenter. Distribution to ASHAs will be ensured by the districts.

- Management of severe Anaemia in PW by IV iron sucrose - Anaemia is prevalent in about 51.6 % pregnant women UP. (NFHS III). IV Iron Sucrose therapy is proposed for pregnant women with severe anaemia (4% of the JSY targeted pregnant women/ deliveries) i.e. out of 27 Lakhs deliveries conducted in the institutions, around 5% (1.35 Lakhs) will be with Hb < 7 gm%. Severely anaemic cases detected and referred to Active FRUs and 24x7, will require 4.00 Lakhs ampules of 100 mg IV Iron Sucrose injections. A total amount of Rs 1000.00 Lakhs @ Rs 40.00 is being budgeted in the year 2012-13 to be made available at Functional L2 & L3 level MCH centres FRUs and 24x7 facilities.
- Drugs for safe Abortion care services - It is expected that 20,000 1st trimester MTPs will be done by MMA for which Rs 60.00 lakhs is budgeted @ Rs 300.00 per case. Similarly 5000 2nd trimester MTPs are expected to be done at FRUs by MMA, therefore Rs 25.00 lakh is budgeted @ Rs 500.00 per case. It is expected that this year including MTPs by traditional methods, at least 80,000 MTPs will be requiring post MTP medicines. Therefore a budget of Rs.160.00 Lakhs is being proposed @ 200.00 per case for 80,000 MTPs at district and sub-district level. The drugs required for safe abortion services have been included in essential drug list and need based procurement will be done at the district level. This year 660 MVAs syringes (10 per site to 66 sites) are being proposed and budgeted Rs 13.20 Lakhs @ Rs 2000/- per kit is being proposed.
- Procurement of drugs and diagnostic kits for RTI/STI cases- The colour coded drug kits (Kit 1 to Kit 7) for Syndromic case management were distributed to districts (CMOs) directly from Central level in year 2011-12. For year 2012-13 these drugs have been included in essential drug list to be procured by the districts. Budget has been calculated based on the NACO rates last approved for year 2011-12. 14827 RPR kits for syphilis test will also be provided at sub district level through NRHM budget. Estimated 101205 cases of RTI/STI are expected to attend OPDs and get treatment in these 16 districts. A budget of Rs 889648.20 is proposed for procurement of RPR kits and Rs 6892000.00 is budgeted for medicines. The drugs from 7 colour coded drug kits have been included in essential drug list and will be procured by the districts as per need. This budget has been included in procurement plan. For rest of the 59 districts procurement of drugs will be done based on needs as drugs are part of essential drug list.

Activities	Physical Targets	Unit Cost (Rs.)	Frequency	Amount proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
CAC drugs					
First trimester - Mifepristone & Misoprostol	20,000	300.00	1	60.00	60.00
Second trimester MTP- Mesoprostol, Inj. Oxytocin,	5,000	500.00	1	25.00	25.00
Post MTP- drugs for all MTPs including traditional MTPs	80,000	200.00	1	160.00	110.00
MVA/ EVA equipments	660	2,000.00	1	13.20	13.20
MVA/ EVA consumables	66	5,000.00	1	3.30	3.30
Sub total				261.50	211.50
Other drugs procurement for MH					
Tablet Iron and Folic Acid adult	840,000,000	0.15	1	1,260.00	697.50

100 mg					
Tab Albendazole 400mg	5,600,000	1.00	1	56.00	56.00
Rh-Anti D Sera	13,500	2,100.00	1	283.50	283.50
Management of severe Anaemia in Pw by IV iron sucrose	400000	40.00	1	160.00	160.00
Sub total				1,759.50	1,197.00
Total				2,021.00	1,408.50

A total budget proposed for procurement of medicines and equipments was Rs. 2021.00 Lakhs, out of which GOI approved Rs. 1408.50 Lakhs(ROP-FMR Code-B16.1.1 & B.16.2.1) for the year 2012-13

17. MATERNAL HEALTH TRAININGS

SKILLED BIRTH ATTENDANTS' (SBA) TRAINING PROGRAMMES

a) Strengthening of Training Sites - It is proposed to strengthen 25 SBA training sites during 2012-13. The estimated cost is Rs 15,000/- per site. **Hence, a budgetary provision of Rs. 3.75 Lakhs has been made, which is approved by GOI(ROP-FMR Code-A.9.3.1).**

b) Training of Trainers (TOT)- Two day SBA TOT has been held for 60 trainers at SIHFW, U.P., but due to the transfer/ retirement of trainers or some other causes, this number has come down. Hence, there is a need to train new trainers. In the year 2012-12, SBA TOTs will be conducted for 60 trainers in 2 batches @Rs.1.50 Lakhs per batch, for which **Rs. 3.00 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.9.3.1.1).**

c) Training of Staff Nurse/ANM/LHVs - It is proposed to trained 1,600 health workers of this category in 400 batches for which **Rs. 441.60 Lakhs was budgeted and approved by GOI (ROP-FMR Code-A.9.3.1.3).**

EMERGENCY OBSTETRICS CARE (EMOC) TRAINING

This training is been done in the department of Obstetrics & Gynaecology of two Medical Colleges of Uttar Pradesh- The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), Jawahar Lal Nehru Medical College, Aligarh Muslim University (Aligarh). Each Medical College provides 16 weeks Emergency Obstetrics Care (EmOC) Training - 6 weeks Training at Medical College + 9 weeks' Field Attachment Training at DWH + 1(last) week's Training at Medical College to 8 MBBS Medical Officers of the Provincial Medical Services.

- **Training of MOs** – The number of trainees for the year 2012-13 is 16 in 2 batches. One each at CSSMU and AMU. **For this purpose, an amount of Rs. 24.88 Lakhs for training and Rs. 12.00 Lakhs for EmOC centers towards running cost, certification, monitoring – FOGSI was proposed, which is approved by GOI(ROP-FMR Code-A.9.3.2).**

BASIC EMERGENCY OBSTETRICS CARE (BEMOC) TRAINING

- **Training of MOs** – A 10 days training for 216 participants in 36 batches was proposed for the year 2012-13 for MOs from delivery points. An amount of Rs.51.12 Lakhs was

proposed for this purpose. **GOI approved Rs. 39.60 Lakhs for this activity (ROP-FMR Code- A.9.3.6)**

LIFE SAVING ANAESTHESIA SKILL TRAINING (LSAS)

Under the National Rural Health Mission (NRHM), a basic objective is to provide safe and qualitative delivery services at First Referral Units (FRUs) to minimize the MMR. For this, LSAS training is being provided in five Medical Colleges of Uttar Pradesh, viz: The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), S.N. Medical College (Agra), LLRM Medical College (Meerut), GSV Medical College (Kanpur) and Maharani Laxmi Bai Medical College (Jhansi). **It is planned to train 40 Medical Officers in the year 2012- 13, for which an amount of Rs. 72.00 Lakhs was proposed (Rs.7.20 Lakhs each for 10 batches). GOI approved Rs. 72.00 Lakhs for this activity (ROP-FMR Code- A.9.3.3)**

MTP /MVA METHOD

In the year 2012-13, a target of 90 doctors in 30 batches is proposed in 10 sites to be trained. 1 batch of TOT will be required at State level. For this purpose, a total amount of Rs. 16.60 Lakhs was proposed. **GOI approved Rs.10.00 Lakhs for this activity. (ROP-FMR Code- A.9.3.4 & A.9.3.4.1)**

RTI/STI TRAINING OF MEDICAL OFFICERS AND LAB TECHNICIANS

In the year 2012-13, 420 Medical Officers will be trained in 2 days in an orientation training in 14 batches and 2 days orientation training for 183 lab technicians (in 6 batches) from CHCs/PHCs will be organized on RTI/STI in collaboration with CSMMU. **For this purpose, an amount of Rs. 27.38 Lakhs was budgeted and GOI approved the same amount. (ROP-FMR Code- A.9.3.5.2 & A.9.3.5.3)**

TRAINING FOR THE STAFF OF GRIEVANCE RE-DRESSAL CELLS UNDER JSSK

In the year 2012-13, 150 computer operators (2 from each district) will be recruited under Grievance Re-dressal cell of JSSK. These operators will be required skills and training to addressing grievances. **Therefore, 5 batches (30 participants in each batch) of training were proposed for which Rs. 2.25 Lakhs was budgeted. GOI approved the same amount for this purpose (ROP-FMR Code- A.9.3.7)**

Budget Summary of Maternal Health Training

Sl	Training/ Description	Unit cost in Lakhs /batch	Physical target (no. of trainees)	Frequency	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
Maternal Health Training						
1	Skilled Birth Attendance / SBA					
	Strengthening of SBA sites	0.15	25 units	1 time	3.75	3.75
	Training of trainers (TOT)	1.50	60	2 batches	3.00	3.00
	Training of SN/ANM/LHV in SBA	1.10	1600	400 batches	441.60	441.60
2	EmOC Training					
	Medical College level Trg (MBBS)	12.44	16	2 batches	24.88	24.88
	EmOC centers running cost, certification, monitoring - FOGSI				12.00	12.00
3	BmOC Training					
	Basic EmOC (MOs) 10 days	1.42	216	36 batches	51.12	39.60
4	Lifesaving Anesthesia skills training					
	Medical College level Trg (MBBS) (TOT and Field Level Trg.)	7.20	40	10 batches	72.00	72.00
5	MTP training					
	Training of trainers (TOT)	1.00	15	1 batches	1.00	1.00
	Field training (Refresher Trg in MVA for 5 days)	0.52	90	30 batches	15.60	9.00
6	RTI/ STI Training					
	2 Days Orientation of MOs	1.54	420	14 batches	21.56	21.56
	Lab technicians	0.97	183	6 batches	5.82	5.82
7	Training for addressing grievances- JSSK/JSY					
	2 Days Orientation Data Operators	0.45	150	5 batches	2.25	2.25
	Sub total				654.58	636.46

A.2. CHILD HEALTH

1. Estimated Child Population (of the State/UT)

Estimated live births per year (As per AHS 2010 Birth rate 25.5 x 19.96 crore/1000)	5,100,000
Estimated number of children under 5 years (14.5 % of 19.96 crore)	2,89,00,000

2. Situation Analysis (State)

Child Mortality	Survey Reference				Trend Analysis
Neo Natal Mortality Rate	59.9/1000 LB NFHS-I	54.9/ 1000 LB NFHS-II	54.8/1000 LB NFHS-III	45/1000LB (AHS 2010-11)	Decreasing
Infant Mortality Rate	69 SRS 2007	67 SRS 2008	63 SRS 2009	61 SRS 2010	Decreasing
Under Five Mortality		125.6/1000 LB NFHS-II	112.3/1000 LB NFHS-III	94/1000 LB AHS 2010-11	Decreasing

Nutrition	NFHS 3	HUNGaMA Report 2011	
% of children (under 5 years) of age with anaemia	85.1	NA	
% of children (under 5 years) who are underweight (< -3SD)	47.3	Lowest Highest	8.49 – Gautam Budh Nagar 25.89 – Lakhimpur Khiri
% of children (under 5 years) who are severely wasted /SAM (< -3SD)	13.5	Lowest Highest	1.49 – Mainpuri 5.24 – Banda

Infant & Young Child Feeding	DLHS-3	NFHS 3	CES 2009
Children age <6 months and above exclusively breastfed	19.4	51.3	58.9
Children under 3 yrs. breastfed (within 1 hr after birth)	15.4	7.2	15.6
Children (6-9 months) Complementray feeding	54.5	45.5	45.9

Diarrhoea & ARI	NFHS 3	DLHS 3	CES 2009
Children with Diarrhoea in the last 2 weeks who received ORS	12.0	17.3	29.2
Children with ARI or fever in the last 2 weeks who were given treatment at facilities.	63.6	72.2	72.3

Vitamin A Supplementation	NFHS 3	DLHS 3	CES 2009
Percentage of children (age 9 months and above) received at least one dose of Vitamin A supplement	7.3	32.2	48.2

Newborn Care	Source :	
Percentage of institutional deliveries	CES	62.1
Percentage of newborns with low birth weight	HMIS	32.0
Percentage of mothers staying for 48 hours at the facility	CES	30.8

Goal: Overall NRHM, 2012	< 36
Goal: Annual 2011 – 12	55
Achievement - IMR (SRS 2010)	61

Infant mortality rate has been declining by 2 points every year since the inception of NRHM in the State. The fall was by 4 points between the year 2008 and 2009. But in the year 2010 it has again declined by 2 points which is a major setback for the State. It was expected that this year, the fall will be at least 4-5 points but on analysing the facts, it has been realized that the pace of training of ASHAs under comprehensive child survival programme has slowed down during this period and the child survival kits could not been made available during the years 2010-11 & 2011-12. Though trained ASHAs are making home visits to the newborn, they are not able to provide any medicine at the spot and not all the families are eager to take the sick baby to the facility. Moreover, the supervision and monitoring of these ASHAs has not remained optimum, thus leading to comparatively less decline in neo-natal deaths than expected. Interventions in several districts of UP and in other states have revealed that empowered² ASHAs/ community-based workers can significantly reduce infant mortality rates through effective home visits and identification and treatment of common childhood illnesses.

1. Essential Newborn Care

Establishment of newborn care corners in labour room of all the CHCs/PHCs has been made mandatory in the State. A GO to this effect has been issued with detailed guidelines. The activity is being monitored closely, so as to comply it completely.

Sl.	No. of the district	No. of existing delivery points (identified delivery units)	No. of NBCCs operational	No. of NBCCs proposed (2012-13)
High Focus Districts				
1	45	485	448	37
Non-High Focus Districts				
2	27	365	315	50
Total 72		850	763	87

Name of the district	No. of NBCCs proposed (2012-13)	2012-13			
		Q1	Q2	Q3	Q4
High Focus Districts					
	37	-	10	15	12
Non-High Focus Districts					
	50	-	15	25	10
Total	87	-	25	40	22

All the staff posted at these units is proposed to be trained under Navjat Shishu Suraksha Karyakram (NSSK) (2 days incentive training programme) and on newborn care equipment training (1 day training programme).

Essential Newborn Care Equipment Training

All the CMOs, CMSs and MO I/Cs have been provided a check-list for Newborn Care (NBC) Corners in the labor rooms and Neo-natal stabilization units in FRUs. The staff posted in these units will be given one day training to use the equipments provided.

² Through training, supplies and supportive supervision

3-4 batches of training (about 30 participants in each batch) will be conducted in each district, which will include medical officers, staff nurses and ANMs from each unit. The state and district level TOTs will be conducted with the support of UNICEF. For district level trainings, budget is being proposed @0.25 Lakhs per batch for 72 districts. The expected total participants will be 7092 and the training will be done in 237 batches. **Thus total amount proposed for this activity was Rs. 59.25 Lakhs, which is approved by GOI(ROP-FMR Code-A.9.5.5.2).**

2. Care of Sick Newborn

To provide specialized and comprehensive management to the sick newborn, the efforts are being made to establish newborn Stabilization Units (NBSUs) in all FRUs and Sick Newborn Care Units (SNCUs) in district women hospitals in a phased manner.

A. Newborn Stabilization Unit (NBSU)

There are 165 identified FRUs in the State which were planned to be operationalized fully in the year 2011-12, but due to human resource constraints and other unavoidable circumstances only about 111 units are fully functional as of today. Out of these, 111 NBSUs have been established in these FRUs. Further it is being planned to establish one NBSU in each of 165 identified FRUs in the year 2012-13.

SI	Name of the district	No. of existing NBSUs	No. of NBSUs proposed for 2012-13	Timeline			
				Q1	Q2	Q3	Q4
1	High Focus Districts						
	45	61	32	-	18	14	-
2	Non- High focus Districts						
	27	50	22	-	12	10	-
	Total	111	54	-	30	24	-

B. Sick Newborn Care Units (SNCUs)

SI	Name of the district	Existing SNCU (Yes/No)	If yes, date of operationalization	SNCU Proposed for 2012-13 (Yes/No)	Timeline			
					Q1	Q2	Q3	Q4
	High Focus Districts	Yes-3 UO-4 No-6		6	1	2	0	3
1.	Agra	No	NA	Yes	Y	-	-	-
2.	MC Agra	No	NA	Yes		Y	-	-
3.	Aligarh	Yes	Jan 2010	NA	-	-	-	-
4.	MC aligarh	No	NA	Yes	-	Y	-	-
5.	Bahraich	No	NA	Yes	-	-	-	Y
6.	Banda	UO*	By April 12	NA	-	-	-	-
7.	Basti	UO*	By April 12	NA	-	-	-	-
8.	Etawah	No	NA	Yes	-	-	-	Y
9.	Lakhimpur Khiri	No	NA	Yes	-	-	-	Y
10.	Lalitpur	Yes	Sep 2008	NA	-	-	-	-
11.	Mirzapur	UO*	By April 12	NA	-	-	-	-
12.	Moradabad	UO*	By April 12	NA	-	-	-	-

13.	Shahjahanpur	Yes	Feb 2010	NA	-	-	-	-
Non-focus districts		Yes-4		11	3	7	0	1
		UO-1						
		No-11						
1.	MC Allahabad	No	NA	Yes	-	Y	-	-
2.	Azamgarh	Yes	Feb 2010	NA	-	-	-	-
3.	Buland Shahar	No	NA	Yes	-	-	-	Y
4.	Faizabad	UO*	By April 12	NA	-	-	-	-
5.	MC Gorakhpur	No	NA	Yes	-	Y	-	-
6.	MC Jhansi	No	NA	Yes	-	Y	-	-
7.	MC Kanpur	No	NA	Yes	-	Y	-	-
8.	Lucknow-I	Yes	Apr 2010	NA	-	-	-	-
9.	Lucknow-II	No	NA	Yes	Y	-	-	-
10.	MU Lucknow	No	NA	Yes	-	Y	-	-
11.	Meerut	No	NA	Yes	Y	-	-	-
12.	MC Meerut	No	NA	Yes	-	Y	-	-
13.	Pratapgarh	Yes	Jun 2010	NA	-	-	-	-
14.	Saharanpur	Yes	Nov 2009	NA	-	-	-	-
15.	Varanasi	No	NA	Yes	Y	-	-	-
16.	MC Varanasi	No	NA	Yes	-	Y	-	-
Total		Yes-7		17	4	9	0	4
		UO-5						
		No-17						

Note: In each of the 18 divisions, there will be at least one SNCU either operational or proposed to make operational by March 2013.

***UO- Under operationalization; Civil work completed; Equipment installed and HR recruitment pending due to forthcoming Assembly Elections, will be completed by April 2012.**

At present, 7 SNCUs in women hospitals (Lalitpur, Shahjahanpur, Aligarh, Pratapgarh, Saharanpur, Azamgarh and Avantibai Woman Hospital, Lucknow) are fully functional in the state. As per reports received from these units, total no. of newborns admitted till December 2011 are 16403, out of which 12473 have been cured completely, 1468 were referred to higher facilities and 1765 newborns have been reported dead.

In addition, SNCU in 5 district women hospitals (Banda, Faizabad, Basti, Moradabad and Mirzapur) are being established, where installation of equipments will be completed by March 2012. It is expected that these 5 SNCUs will complete recruitment and training very soon.

Details of Operational Expenses for one SNCU

Sl	Discriptions	Units	Total Fund for 12 months	
1	Doctors (Paediatrician/MBBS Doctors trained in child health) @Rs.40000/35000/30000/- p.m.** (Av. Rs. 35,000/- p.m.)	3	1260000.00	A lumpsum amount of Rs. 21.00 Lakhs for the salaries of doctors, staff nurses, Ward Aaya and Sweeper (parttime) has been budgeted for the year 2012-13
2	Staff nurse (@ Rs. 15000/- PM)	6	1080000.00	
3	Ward Aaya (@Rs. 4000/- PM)	2	96000.00	
4	Sweeper Part-time (@Rs. 2000/-PM)	1	48000.00	
Subtotal (1 to 4)			2484000.00	2100000.00
5	Medicines for SNCU	1	200000.00	200000.00
6	AMC and other minor repairs	1	200000.00	200000.00
Total				2500000.00

Equipments, which can be procured at District Level from NRHM

Sl.	Item	Quantity	Amount (Rs)
1	1.5 Ton split AC	2	A lump sum of Rs. 5,00,000.00 has been budgeted for all the 18 listed items.
2	1.0 Ton Split AC	2	
3	Voltage Stabilizer 4 KVA	2	
4	Voltage Stabilizer 3 KVA	2	
5	Revolving chairs	4	
6	Revolving stool	6	
7	Single beds	2	
8	Bed mattresses	2	
9	Pillow	4	
10	Almirah	3	
11	Heat radiator – ISI Mark	4	
12	Refrigerator 180 ltr – ISI Mark	1	
13	Washing machine – ISI Mark	1	
14	Vacume cleaner – ISI Mark	1	
15	15 KVA Diesel generator	1	
16	Desktop – ISI Mark	1	
17	Printer - ISI Mark	1	
18	UPS - ISI Mark	1	

Therefore, Rs. 325.00 Lakhs is proposed towards operational expenses for 12 existing units @ Rs. 25.00 Lakhs and Rs. 5.00 Lakhs per unit for the above mentioned items of 5 New SNCUs established in year 2011-12.

Under up-gradation of district hospitals, as per IPHS, there are 4 identified districts (Varanasi, Meerut, Agra and Jhalkari Bai Woman Hospital, Lucknow), where SNCU wing is ready and equipments are being installed. The proposal had been approved in PIP 2011-12, but due to unavoidable circumstances these units could not be operationalized till December 2011. Now, the units are ready and districts have requested for human resource, but it couldnot be done due to essembly elections. The same will be done by April 2012. Hence, an amount of Rs. 100.00 Lakhs (@Rs. 25.00 Lakhs per unit) is being proposed for 2012-13 as operational cost for these units.

In the project implementation plan for year 2011-12, there was a proposal for establishing 6 additional SNCUs which could not be taken up due to various unavoidable circumstances. Now, it is being proposed to establish only 4 SNCUs in selected districts. These districts are Bahraich, Lakhimpur Kheri, Bulandshahar and Etawah. Since, all these women hospitals are being upgraded as per IPHS, no budget is being proposed for civil works. The support regarding equipment, if required will be taken from UNICEF as before. For operationalization of these 4 SNCUs an amount of Rs.50.00 Lakhs (@ Rs. 12.50 Lakhs per unit) is being proposed for 6 months.

To made 20 SNCUs functional in the state in district women hospitals by the end of 2013, a total budget of Rs. 475.00 (Rs. 325.00 Lakhs for 12 existing SNCUs + Rs. 100.00 Lakhs for 4 ready SNCUs+ Rs. 50.00 Lakhs for 4 SNCUs proposed for 2012-13) Lakhs was proposed for the year 2012-13, out of which GOI approved Rs. 160.00 Lakhs only (ROP-FMR Code-A.2.2.1)

C. Development of SNCUs in Medical Colleges

All the 7 State medical colleges and 2 centrally aided medical colleges in the state are providing support to various newborn care trainings, newborn care schemes and care to very sick children in the community. It was proposed in the PIP 2011-12 to strengthen sick newborn units functional in these medical colleges to provide specialized newborn care to the children referred and admitted to these units. In supplementary PIP Government of India has approved, an amount of Rs.287.38 Lakhs towards one time establishment cost (27.50Lakhs) and for equipments (Rs.259.88 Lakhs), but the same could not be implemented due to unavailability of funds at the State. Hence, the amount of Rs.537.38 Lakhs proposed in 2011-12 is again being proposed for 2012-13. In addition, Rs. 84.46 Lakhs for SNCU in MLB Medical College Jhansi 'that was not included in the supplementary PIP due to unavailability of proposal, now it has been received' has been included and the total proposed budget for the SNCUs in Medical Colleges is Rs. 586.55 Lakhs for the year 2012-13.

All medical colleges have given detailed proposals to develop SNCU, which will function optimally with the help of additional paramedical staff and other support as per norms. The proposals received from various medical colleges are as below:

Sl.	Name of Medical College	Beds	One time Establishment (in Lakhs)	Honorarium to Paramedical Staff(in Lakhs)	Equipments (in Lakhs)	Other (AMC/ Consumables & Medicines @ Rs. 50000 per month (in Lakhs)	Total
1	S.N.Medical College, Agra	16	2.50	17.28	34.42	11.00	65.20
2	G.S.V.M.Medical College, Kanpur	20	10.00	18.72	45.07	11.00	84.79
3	B.R.D.Medical College, Gorkhapur	43	-	26.64	27.51	11.00	65.15
4	CSSMU, Lucknow	40	-	24.48	25.00	11.00	60.48
5	IMS-BHU, Varanasi	10	-	20.16	35.60	11.00	66.76
6	LLRM Medical College, Meerut	15	-	18.72	39.60	11.00	69.32
7	MLN Medical College, Allahabad	10	5.00	17.28	11.19	11.00	44.47
8	AMU Medical College, Aligarh	20	10.00	18.72	41.49	11.00	81.21
9	MLB Medical College, Jhansi	12	5.00	18.18	50.28	11.00	84.46
Total			32.50	169.38	285.67	99.00	586.55

Thus, a total budget of Rs. 586.55 Lakhs was proposed under Mission Flexipool. GOI approved Rs.310.16 Lakhs for this purpose. (ROP-FMR Code- B.4.1.5)

These units will serve as centres of excellence/ resource centres on newborn care and also as potential training sites for all advanced trainings related to newborn care.

D. NSSK Training Programme

Details of NSSK Training in all 72 Districts

Cadre	Cumulative Target (from 2010-11 March 2012)	Cumulative Achievement (Since 2010-11 -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of batches to be trained in each quarter)				Remarks
				Q1	Q2	Q3	Q4	
MO	2976	667	1674					
SN	2210	631	1674					
ANM	2254	787	1674	141	138			
Total	7440	2085	5022 (279 batches)					
Total cost for 279 batches @Rs. 0.40 Lakh per batch will be 0.40 x 227= 111.60 Lakhs								

The training was started in year 2010-11 in 35 selected districts. About 80 % was completed in the same year and it was expected that 100 % will be completed in these 35 districts in year 2011-12. Further, it was also planned that the training will be started in remaining 36 districts (Now 37 districts) and at least 50 % will be completed in 2011-12. Due to various unavoidable circumstances during the year 2011-12, very few batches could be conducted in few districts. As of today, 25 districts of the 1st phase have completed 100 % training under NSSK. A total of 52 batches have to be organized in 10 remaining districts of first lot, which is proposed to be completed in the year 2012-13. *For this purpose, an amount of Rs. 20.80 Lakhs (@Rs. 40,000 per batch for 52 batches in 10 districts) will be required.*

It is proposed to initiate NSSK training in remaining 37 districts from next financial year. The Training of Trainers (ToT) is being conducted at Department of Pediatrics Jawahar Lal Medical College, Aligarh Muslim University, Aligarh & Institute of Medical Sciences, Banaras Hindu University, Varanasi and is expected to be completed by 1st quarter of 2012-13. District level training will also be conducted during 2012-13 as per planned schedule as above. A total number of 227 batches in new 37 districts are being proposed with an average of 3 batches per district which will be organized during the year 2012-13. ***Thus, for the year 2012-13, an amount of Rs. 111.60 Lakhs (@Rs. 40,000 per batch for 279 batches in 47 districts) was proposed out of which GOI approved Rs.105.00 Lakhs for this purpose.(ROP-FMR Code- A.9.5.5.1.2)***

E. F-IMNCI & Physicians Training Programme

F-IMNCI training is being organized with the view to build capacity of Medical Officers and Staff Nurses posted at facilities to treat and manage a sick newborn. Currently 7 Medical Colleges have been involved in various types of child health trainings. These medical colleges are MLN Medical College, Allahabad; MLB Medical College, Jhansi; GSVM Medical College, Kanpur, SN Medical College, Agra, JN Medical Colleges AMU, Aligarh, IMS, BHU, Varanasi and CSMMU, Lucknow.

Uptil now BHU, Varanasi and AMU, Aligarh were conducting state TOTs under CCSP for district level master trainers. From this year onwards, these two Medical Colleges will also supporting in F-IMNCI, NSSK and Newborn Care Equipment trainings. ***Operational cost for these Medical Colleges will be Rs. 42.00 Lakhs @ of Rs. 6.00 Lakhs per medical college per year.***

The details of operational costs is: Rs. 35,000/- per month for Course Coordinator who is MBBS doctor, Rs. 10,000/- per month for Data Entry Operator and Rs. 5,000/- per month for various miscellaneous expenditure.

Status of F- IMNCI Training

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of providers to be trained in each quarter)			
				Q1	Q2	Q3	Q4
MOs	742	295	512	64	128	192	128
SNs	1000	0	480	0	80	200	200
Total	1742	295	992 (62 batches of 16 participants each)	64	208	392	328
Total cost for 62 batches @Rs. 1.56 Lakhs per batch will be 1.56 x 62= 96.72 Lakhs							

Note: Staff Nurses training will be organized at two sites

Status of Physicians Training

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of providers to be trained in each quarter)			
				Q1	Q2	Q3	Q4
MO	2083	484	576	96	144	192	144
Total	2083	484	576 (24 batches of 24 participants each)	96	144	192	144
Total cost for 24 batches @Rs. 4.24 Lakhs per batch will be 4.24 x 24= 101.76 Lakhs							

Thus, total budget for F-IMNCI, Physicians and Operational cost for Medical Colleges proposed for the year 2012-13 will be 240.48 (96.72+101.76+42.00) Lakhs. GOI approved the same amount for this purpose. (ROP-FMR Code- A.9.5.2.2 & A.9.5.5.2)

3. Treatment of Sick Newborn Under JSSK Scheme

Under JSSK guidelines, there is a list of free entitlements for sick newborn, till 30 days after birth which provides for free diagnostics, drugs, treatment and management of the sick baby. The sick baby identified by health functionaries in the field will be transported through emergency medical transport services (ambulance), if available in the area free of cost. Otherwise, ASHA will be given an incentive of Rs. 250/- for ensuring referral. The availability of all essential medicines will be ensured at facilities where a paediatrician or MBBS doctor trained in F-IMNCI, NSSK & CCSP is available.

4. Home Based Newborn Care

It is being ensured that all newborn are provided home based care through a series of home visits by ASHAs. 10 days CCSP trained ASHA will be paid incentive for home based newborn care as per Govt of India guide line. Further CCSP trained ASHA will be trained in 6th and 7th module as refresher training to strengthen their capacity for better Home based newborn care. The training plan for 6th & 7th module is planned and budgeted in ASHA scheme.

A. Payment to ASHAs for Programme Implementation

After completion of 10 days training ASHAs are visiting the families according to birth weight of the baby. If the newborn weighs < 2.5 kgs, they visit on 1st, 3rd, 7th, 14th, 21st and 28th day and fill up the format provided for the purpose. If the baby weighs \geq 2.5 kgs, the visit is proposed on 1st, 3rd and 7th day of the child birth. During the visit they have to counsel the mother and the family regarding exclusive breastfeeding, keeping the baby warm and infection free. Each ASHA is paid Rs. 100/- for conducting 6 visits to each Low Birth Weight (LBW) newborn and Rs. 50/- for 3 visits to each normal weight newborns. It is estimated that on an average each ASHA would be required to visit 9 LBWs and about 21 normal infants in a year.

From the year 2012-13, the ASHAs trained in CCSP for 10 days will be assigned the responsibility for conducting home visits to provide home based care to the newborn and mother. As per the guidelines and discussion with Government of India from April 2012 onwards, all trained ASHAs will be paid Rs. 250/- after 45th day of delivery for conducting home visits for care of newborn and mother. The schedule for visits by ASHA will be as under

** Six visits (days 3, 7, 14, 21, 28 and 42) in case of institutional delivery.

** Seven visits (days 1, 3, 7, 14, 21, 28 and 42) in case of home delivery.

As per GOI guidelines, the training of ASHAs on 6th Module is proposed to be started from the year 2012-13. But since it is a time taking training, therefore it is being proposed to train CCSP trained ASHAs on priority basis on this module to further strengthen their knowledge, skill and confidence level. In the mean time remaining ASHAs will be trained first in CCSP and in due course, they will be put up to 6th module training.

- Conditions applied for making payment to ASHA will be as under, that :-
 - a) She is trained in 10 days Comprehensive Child Survival Programme (CCSP).
 - b) Home visits must be completed as prescribed with first examination of the newborn and recorded in the form.
 - c) Birth weight is recorded in the Maternal and Child Protection (MCP) Card.
 - d) Newborn is immunized with; BCG and 1st dose of OPV/ DPT and entered in the MCP Card.
 - e) Birth registration done.
 - f) Both mother and newborn are safe until the 42nd day of delivery.

All the information will be recorded in the Village Health Index Register (VHIR) provided to each ASHA.

Accordingly, ASHA would be able to get an amount of Rs. 7,500/- (Rs. 250 x 30 births per year) in a year. The total trained ASHAs in CSSP are 39721 and about 80 % will be able to provide the proposed services. It is expected that about 15000 additional ASHAs will be trained in the year 2012-13. Hence an amount of Rs. 2833.35 Lakhs is being proposed for home visits by ASHAs {31,778 ASHAs (80% of 39721) @ Rs. 7,500/- per ASHA for whole one year and for 12000 ASHAs (80% of 15000) for 6 months (15 deliveries) @Rs. 3,750/- } for the year 2012-13. **An amount of Rs. 2833.35 Lakhs (31778x7500=2383.35 Lakhs + 1200x3750=450.00 Lakhs) was proposed for Home Visits by ASHAs under Child Health Programme, out of which GOI approved Rs. 2038.90 Lakhs (31778x5000=1588.90 Lakhs + 1200x3750=450.00 Lakhs) ROP-FMR Code-B.1.1.3. (Proposed in Supplementary PIP)**

B. Reporting Formats

Detailed reporting formats as per GOI guidelines are being developed to be filled during home visits. These reports are countersigned by the beneficiary (mother) and verified by ANM for release of incentive money. These reports are compiled at the Block PHCs on monthly basis and payment is made accordingly to the ASHAs. Printing of formats for reporting (Assessment and Reporting Formats 1,2,3 & 4) and referral cards will be required. An amount of Rs.50/- per trained ASHA is being proposed for about 43778 ASHAs (for 12 months of 31778 ASHAs trained upto March 2012 and for 6 months of 12000 ASHAs expected to be trained in 2012-13). **Thus the total budget proposed for the formats was Rs. 21.89 Lakhs, which is budgeted under Mission Flexipool, is not approved by GOI.(ROP-FMR Code-B.15.3.3).**

Procurement of Child Survival Kits for ASHAs

As per Gol norms, every trained ASHA is to be provided with drug kit under ASHA scheme. In the kit following items are provided to ASHA:

1. DDK	-	10
2. IFA Tablets (large)	-	1000
3. ORS packet (WHO)	-	100 packets
4. Tab. Paracetamol	-	200 tabs
5. Tab. Dicyclomine	-	50 tabs
6. Povidine Ointment	-	2 tubes
7. Cotton Absorbent Roll (500gm)	-	1
8. Bandage (4 cm x 4 mt.)	-	10
9. Tab. Chloroquine*	-	50 tabs
10. Condoms*	-	500
11. Oral Pills (in cycles)*	-	300

* From existing stock of Sub Center/PHC under Malaria and FW Programme

A child survival kit was provided to the ASHAs who completed CCSP training which costed around Rs. 1000/-. The contents of the kits are being revised as per GOI guidelines and are detailed below, this is in addition to the kit mentioned above which is provided to all trained ASHAs under ASHA scheme:

Sl.	Item	Rate (In Rs.)
1	Tab Zinc sulphate - 10 Strips of 14 tablets each	80.00
2	Medicine kit *	170.00
3	Digital thermometer (sensitive for low temp.)	50.00
4	Baby weighing scale with sling (color coded, to weigh up to 5 Kgs.)	300.00
Total		600.00

*Cost of Medicine Kit

1	Syrup Cotrimoxazole (5)	:	Rs.	60/-
2	Syrup Paracetamol (5)	:	Rs.	60/-
3	Gentian violet paint (0.5% and 0.25 IP) 2 vials	:	Rs.	20/-
6	Chlorehexidine /Medicated soap – 2 nos.	:	Rs.	30/-
Total		:	Rs.	170/-

By the year 2011-12, 39721 ASHAs have undergone CCSP training and in the year 2012-13, 15000 more ASHAs are proposed for the training. During the year 2012-13, a total of 54,721 new child survival kits will be required. CCSP drug kits could not be provided to the

trained ASHAs for the last 3 years. **The total budget proposed for the year was Rs.328.33 Lakhs (@Rs.600/- per kit for 54721 trained ASHA) out of which GOI approved Rs.219.96 Lakhs for 36660 ASHAs (ROP-FMR Code-B.1.1.2).**

In addition to this there are essential medicines, which will be required for sub centers. These medicines will be utilized by the ANMs for her sub centre clinics. The requirement of these drugs is as below:

Essential Drugs for Sub Centers under Child Health				
Drugs/Medicines	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1. Cotrimoxazole (Paediatrics)	20,521,000	1.53	313.97	313.97
2. Zinc Tablets (14 tabs per episode)	21,547,050	0.13	28.01	Not Approved – included in BSPM
3. Oral Re-hydration Solution (ORS) - Low Osmolar	6,156,300	3.50	215.47	Not Approved – included in BSPM
4. Syrup - Iron Folic Acid (100 ML)	8,208,400	15.00	1,231.26	1,231.26
5. Vitamin A for sub centres	246,252	44.32	109.14	Not Approved – included in BSPM
Drugs for BSPM				
6. Vitamin A for BSPM round	628,986	44.32	278.77	262.02
7. Deworming Syrup - 10 ml (pilot in 4 districts)	582,304	5.30	30.86	30.86

Thus, for this purpose, budgetary provision has been made in Mission Flexipool under Procurement Head.

5. Promoting IYCF Practices

A- Breastfeeding Week and Newborn Care Week Celebration - Total amount Rs. 20.00 Lakhs (Rs. 5.00 Lakhs for state, Rs. 10000 each for breastfeeding and newborn care week for 75 districts) was proposed to celebrate breastfeeding and newborn care week at state and districts levels under IEC/BCC chapter under Mission Flexipool, **which is approved by GOI (ROP-FMR Code-B.10.2.2).** During these weeks a mass IEC will be done through Newspaper at State level. For this purpose separate is proposed in the IEC head.

B- Development of communication strategy for IYCF - The strategy will be developed in consultation with ICDS department (with support from UNICEF) for promoting, protecting and supporting optimal infant and young child feeding practices in the state. This will focus on:

- To promote early initiation and exclusive breastfeeding, special focus will be given on ASHA newsletter published in the quarter July-Sept 2012 (coinciding with World Breastfeeding Week).
- Regular meeting of ASHAs at block level is being organised. In the meeting, emphasis will be given to promote nutrition among children under 2 years to prevent under nutrition among them.
- Wall painting in all villages through the untied fund of VHSNC. The messages will be focusing on appropriate breastfeeding and prevention of under nutrition.

- Regular meeting will be organised at sector, block and district level with ICDS to promote breastfeeding and care of undernourished children.
- To promote newborn care, promotion of home based newborn care through ASHA will be emphasised. Care after birth like prevention of newborn of hypothermia, practicing of keeping baby clean, exclusive breastfeeding at least up to 6 months, prevention of infections etc.

6. Managing Children With Malnutrition

Status of Malnutrition in Uttar Pradesh - Like in other parts of India, malnutrition is an important public health problem in Uttar Pradesh. According to NFHS-3 (2005-06), 42% of children under three years are underweight (thin for their age), 52% of them are stunted (short for their age) and 19% are wasted (thin for their height). With specific reference to severe acute malnutrition (SAM), 5% of children below five years are severely malnourished. This means that there are over 13 Lakhs children below 5 years who suffer from severe acute malnutrition in the State.

Nutrition Rehabilitation Centres (NRCs) for facility based Management of children with Severe Acute Malnutrition (SAM) - Status of NRCs in Uttar Pradesh

Sl.	District	Name of the unit	Total No of beds	Functional	Supprt From	Proposed to be taken in 2012-13
1	Lalitpur	Talbehat, CHC	6	Yes	NRHM	
2		Bar, CHC	6	Yes	UNICEF	Taken up by NRHM from Oct. 2012
3		Birdha, PHC	6	Yes	UNICEF	Taken up by NRHM from Oct. 2012
4		Madawara, PHC	6	Yes	NRHM	NRHM
5		Mehrauni, CHC	6	Yes	NRHM	NRHM
6		Jakhora , CHC	6	Yes	UNICEF	Taken up by NRHM from Oct. 2012
7	Jhansi	District Hospital	10	Yes	NRHM	NRHM
8		MLB Medical College, Jhansi	10	Yes	UNICEF	Taken up by NRHM from Oct. 2012
9	Gorakhpur	BRD Medical College	10	Yes	UNICEF	Taken up by NRHM from Oct. 2012
10	Allahabad	MLN Medical College, Allahabad	10	Yes	UNICEF	Taken up by NRHM from Oct. 2012
11	Kanpur	GSVM Medical College, Kanpur	10	Yes	UNICEF	Taken up by NRHM from Oct. 2012
12	Aligarh	J.N.Medical College, AMU, Aligarh.	10	Yes	UNICEF	Taken up by NRHM from Oct. 2012
13	Farrukhabad	District Hospital	10	Yes		NRHM
14	Pratap garh	District Hospital	4	Yes		
15		Kunda, CHC	2	Yes		
16	Gonda	District Hospital	4	Yes		
17		Karnail Ganj, CHC	2	Yes		
18	Banda	District Hospital	4	Yes		
19		Baberu,CHC	2	Yes		
20-29	In the Yr. 2012-13, ten new NRCs in 10 districts (1. Pilibhit, 2. Lakhimpur Kheri, 3. Shahjahanpur, 4. Unnao, 5. Maharajganj, 6. Chitrakoot, 7.Sonbhadra, 8. Hardoi, 9. Rae Bareilly, 10. Kannouj) are proposed to be made functional.					

A. Performance of existing NRCs

So far, about 1972 children have been admitted and provided treatment from these NRCs. Furthermore, 6 NRCs have been established in the year 2010-2011 under NRHM in CCSP districts -Banda, Pratapgarh, and Gonda. In the year 2012-13, State is proposing to establish additional NRCs in 10 high focus districts based upon the incidence of with high under-five mortality and districts with high under nutrition rates published in HUNGaMA report.

An overview of the data analysis done of 1401 children with SAM admitted in NRCs is given in the table below:

Compiled Data of NRCs (up to Dec 2011)*		
1	Total no. of children admitted	1401
a)	No. of child cured	793
b)	No. of Defaulter cases	195
c)	No. of Medical Transfer (refer)	62
d)	No. of relapse cases	12
e)	No. of Death cases	21
f)	No. of Non-Responder cases	13
g)	Follow-up not done	315
2	General information of the children	
2.1	Age	
a)	0-2 years	1128
b)	2-5 years	273
2.2	Sex	
a)	Male	797
b)	Female	604
2.3	Caste	
a)	SC	466
b)	ST	156
c)	Others	744
d)	Data not given	35
3	Referral by:	
a)	AWW	234
b)	ASHA/ANM*	184
c)	OPD/Ward	983

* NRC in Aligarh JN Medical College started in January 2012

NRCs functional at District Hospital with 4 bedded are now proposed to upgrade to 10 bedded in 2012-13 and budget is being proposed accordingly. These districts are Pratapgarh, Gonda and Banda. Block level NRCs will remain 2 bedded.

Hence, by the end of the year 2012-13, there will be a total of 29 functional NRCs in the State. Out of which 15 will be at District level, 9 will be at CHC level and 5 will be at Medical college level. In this way a total of 20 NRCs – 5 NRCs in district hospitals, 5 NRCs in Medical Colleges and 10 NRCs proposed in 2012-13 in district hospitals, will of 10 bedded. However, 6 NRCs of 6 bedded are functional at PHCs/CHCs, whereas the remaining 3 NRCs will functional as 2 bedded as before.

B. Identification and referral of children with SAM

The Department of ICDS will be responsible for active case finding. Children identified to be severely underweight malnourished (weight for age below -3SD) by the AWW will be further screened by the ANM utilizing the mid-upper arm circumference (MUAC) during the Village Health and Nutrition Days (VHNDs). Children between 6 -59 months with MUAC less than

115 mms will be referred to the NRCs. In addition, special efforts will be made during the BSPM months. Furthermore, the ASHA and ANM will identify and refer children with severe acute malnutrition using the CCSP protocols.

Children discharged from NRC will be followed up at the community level to ensure appropriate feeding, follow up at the NRC for scheduled visits and to identify children who are not responding to treatment for referral to the facility level. These children will be enrolled in the AWC and given supplementary food as per the guidelines. The AWWs will prioritize these children for home visits, every week in the first 4 weeks and then once in 2 weeks till the child is discharged from the program. During the home visits, AWW will also weigh the children every week at AWC observe feeding and provide appropriate counselling and support to the mothers. However, ANM and ASHA would also be responsible for follow-up of SAM children with close co-ordination with AWWs.

C. Operational and Establishment Cost

1) Cost of Setting up new NRCs in 10 New districts proposed for the Year - 2012-13

Sl.	Name of the Districts	Establishment Cost* (in Rs.)	Operational Cost @ Rs. 1,98,600/- p.m. for 6 months	Total establishment & operational Cost (in Rs.)
1	Pilibhit	1,77,500.00	11,91,600.00	13,69,100.00
2	Lakhimpur Keri	1,77,500.00	11,91,600.00	13,69,100.00
3	Shahjahnpur	1,77,500.00	11,91,600.00	13,69,100.00
4	Unnao	1,77,500.00	11,91,600.00	13,69,100.00
5	Maharajganj	1,77,500.00	11,91,600.00	13,69,100.00
6	Chitrakoot	1,77,500.00	11,91,600.00	13,69,100.00
7	Sonbhadra	1,77,500.00	11,91,600.00	13,69,100.00
8	Hardoi	1,77,500.00	11,91,600.00	13,69,100.00
9	Rae Bareilly	1,77,500.00	11,91,600.00	13,69,100.00
10	Kannauj	1,77,500.00	11,91,600.00	13,69,100.00
Total		17,75,000.00	1,19,16,000.00	1,36,91,000.00
*Budget estimate for establishment of new NRCs at district level (10 bedded NRC)				
Items	Unit Cost (in Rs.)	Total Cost (in Rs.) for 10 districts		
Civil Work (Renovation)				
1.1 Ward	25,000		250,000	
1.2 Kitchen	20,000		200,000	
1.3 Bathroom and Toilets	15,000		150,000	
Cots and Mattresses	2,500		25,000	
Essential Ward Equipments	50,000		500,000	
Other Ward Equipments	35,000		350,000	
Kitchen Equipments	30,000		300,000	
Total	1,77,500		17,75,000	

2) Operational Cost for the Year 2012-13 of 10 bedded NRCs established at District Male Hospitals.

Sl.	Name of the Districts	Operational cost @ Rs. 1,98,600/- p.m. for 12 months	Total operational cost (in Rs.)
1	Distt. Hospital, Lalitpur	23,83,200.00	23,83,200.00
2	Distt. Hospital, Farrukhabad	23,83,200.00	23,83,200.00
3	Distt. Hospital, Pratapgarh	23,83,200.00	23,83,200.00
4	Distt. Hospital, Gonda	23,83,200.00	23,83,200.00
5	Distt. Hospital, Banda	23,83,200.00	23,83,200.00
Total		1,19,16,000.00	1,19,16,000.00

3) Operational Cost for the Year 2012-13 of 10 bedded NRCs established at Medical Colleges.

Sl.	Name of the Districts	Operational cost @ Rs. 1,98,600/- p.m. for 6 months (Oct 2012 to March 2013)	Total operational cost (in Rs.)
1	MLB Medical college, Jhansi	11,91,600.00	11,91,600.00
2	BRD Medical college , Gorakhpur	11,91,600.00	11,91,600.00
3	MLN Medical college, Allahabd	11,91,600.00	11,91,600.00
4	GSVM Medical college, Kanpur	11,91,600.00	11,91,600.00
5	J.N.Medical college, Aligarh	11,91,600.00	11,91,600.00
Total		59,58,000.00	59,58,000.00

4) Operational Cost for the Year 2012-13 of 6 bedded NRCs established at CHCs/PHCs.

Sl.	Name of the Districts	Operational cost @ Rs.1,51,760/- p.m. for 12 months	Operational cost @ Rs.1,51,760/- p.m. for 6 months (Oct 2012 to March 2013)	Total operational cost (in Rs.)
1	CHC Talbehath , Lalitpur	18,21,120.00	NA	18,21,120.00
2	CHC Bar, Lalitpur	NA	9,10,560.00	9,10,560.00
3	PHC Birdha, Lalitpur	NA	9,10,560.00	9,10,560.00
4	PHC Madawara, Lalitpur,	18,21,120.00	NA	18,21,120.00
5	CHC Mehrauni, Lalitpur,	18,21,120.00	NA	18,21,120.00
6	CHC Jakhora, Lalitpur	NA	9,10,560.00	9,10,560.00
Total		54,63,360.00	27,31,680.00	81,95,040.00

5) Operational Cost for 2 bedded NRCs established at CHCs for the Yr.2012-13

Sl.	Name of the Districts	Operational cost @ Rs. 77,920/- p.m. for 12 months	Total operational cost (in Rs.)
1	CHC, Kunda, Pratapgarh	9,35,040.00	9,35,040.00
2	CHC, Karnail Ganj, Gonda	9,35,040.00	9,35,040.00
3	CHC, Baberu, Banda	9,35,040.00	9,35,040.00
Total		28,05,120.00	28,05,120.00

RUNNING COST OF NRCs										
Sl.	Unit description	District Hospital (10 bedded)			Block NRC (6 bedded)			Block NRC (2 bedded)		
		Unit Cost (Rs.)	Number of Units	Total Cost /Month (Rs.)	Unit Cost (Rs.)	Number of Units	Total Cost /Month (Rs.)	Unit Cost (Rs.)	Number of Units	Total Cost/ Month (Rs.)
a. Staff cost										
1	Doctor	30,000	1	30,000	30,000	1	30,000	3,000	1	3,000
2	Nurses	15,000	4	60,000	15,000	3	45,000	15,000	2	30,000
3	Care taker	4,000	1	4,000	4,000	1	4,000	4,000	1	4,000
4	Nutritionist/feeding demonstrator	15,000	1	15,000	15,000	1	15,000	15,000	1	15,000
5	Cook	5,000	1	5,000	5,000	1	5,000	5,000	1	5,000
6	Sweeper/cleaner	3,000	1	3,000	3,000	1	3,000	3,000	1	3,000
Sub-total a.				117,000			102,000			60,000
b. Cost for treating children		b. Cost for treating children 20 Children/month at DH			b. Cost for treating children 12 Children/month			b. Cost for treating children 4 Children/month		
1	Medicines	500	20	10,000	500	12	6,000	500	4	2000
2	Food for children	30	20	8,400	30	12	5,040	30	4	1680
3	Food for mothers	100	20	28,000	100	12	16,800	100	4	5600
4	Transportation cost to bring children	200	20	4,000	200	12	2,400	200	4	800
5	Incentive to ASHA/ AWW/ ANM to bring mother & child including transportation	100	20	2,000	100	12	1,200	100	4	400
7	Contingency – phenyl, soap, mosquito repellent, washing powder, etc	1,000	1	1,000	1,000	1	1,000	1,000	1	1000
6	Transportation cost after 7-14 days	100	20	2,000	100	12	1,200	100	4	400
Sub-total b.				55,400			33,640			11,880
c. Cost for follow up visits (For 3 Follow-ups)										
1	Transportation cost to bring children	200	20	12,000	200	12	7,200	200	4	2400
2	Incentive to ASHA/ AWW/ANM to bring mother & child including transportation	100	20	6,000	100	12	3600	100	4	1200
3	Food for children	20	20	1200	20	12	720	20	4	240
4	Food for mothers	100	20	6,000	100	12	3,600	100	4	1200
5	Contingency(2 camps/month)	1,000	1	1,000	1,000	1	1,000	1000	1	1000
Sub-total c				26,200			16,120			6,040
	Total (a+b+c)			198,600			151,760			77,920

Summary of Budget (Establishment & Operational Cost of 29 NRCs)

Sl.	Description	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
1	Cost of Setting up new NRCs in 10 New districts proposed for the Yr.2012-13	136.91	66.71
2	Operational Cost for 10 beded NRC established at District Head Quarter for the Yr.2012-13 for 6 months	119.16	34.27
3	Operational Cost for 10 beded NRC established at Medical College for the Yr.2012-13 for 6 months	59.58	45.14
4	Operational Cost for 6 beded NRCs established at District Hospital & CHCs/PHCs for the Yr.2012-13	81.95	35.83
5	Operational Cost for 2 beded NRCs established at CHCs for the Yr.2012-13	28.05	Not approved
Total		425.65	181.95

For the above purpose, GOI approved Rs. 181.95 Lakhs (ROP-FMR Code-A.2.5.3)

- **Training on Management of Severe Acute Malnutrition** - Training on SAM management of 3 days duration for Medical Officers, Staff Nurses and Nutritionists will be done with support of UNICEF. For this two medical colleges will be selected as a training site which are already having function NRCs.
- **Orientation of District Officials regarding SAM management at State Level** - Meeting of CMOs and ACMOs of NRC districts will be organized quarterly to review and effective implementation. No budget is proposed in this head.
- **Orientation of District Officials regarding SAM management at District Level** - Meeting of CDPOs, MOI/Cs in coordination with DHNSTC of UNICEF of NRC districts will be organized at district level on every month to know the status of implementation and for taking corrective measures. No budget is proposed for this head.
- **Orientation of District Officials regarding SAM management at Block Level** - In a regular monthly meeting of the block AWWs, ANMs, ASHAs, LHV, Mukhya Sewika of in NRC districts with the support of Health Education Officer (HEO) will be called to discuss about the status of malnourished children in the area and steps to be taken to identify the SAM children and referral to NRC unit. No budget is proposed for this head.

Status of NRC in the UP

Sl.	Name of the district	No. of existing NRCs	No. of NRCs (10 beded) proposed for 2012-2013	Timeline				Remarks
				Q1	Q2	Q3	Q4	
	High Focus Districts	13	10	0	0	10	0	
1.	Kannouj	0	1	-	-	Y	-	
2.	Banda	2	-	-	-	-	-	
3.	Chitrakoot	0	1	-	-	Y	-	
4.	Farrukhabad	1	-	-	-	-	-	
5.	Gonda	2	-	-	-	-	-	
6.	Hardoi	0	1	-	-	Y	-	

7.	Lakhimpur Khiri	0	1	-	-	Y	-
8.	Lalitpur	7	-	-	-	-	-
9.	Maharajganj	0	1	-	-	Y	-
10.	Pilibhit	0	1	-	-	Y	-
11.	Rae Bareilly	0	1	-	-	Y	-
12.	Shahjahanpur	0	1	-	-	Y	-
13.	Sonbhadra	0	1	-	-	Y	-
14.	Unnao	0	1	-	-	Y	-
15.	Aligarh- J.N. Medical College	1					
Non-focus districts		6	0	0	0	0	0
1.	Pratapgarh	2	0	-	-	-	-
2.	Jhansi-MLB Medical Col.	1	0	-	-	-	-
3.	Gorakhpur-BRD Medical College	1	0	-	-	-	-
4.	Allahabad-MLN Medical College	1	0	-	-	-	-
5.	Kanpur –GSVM Medical College						
Total		19	10	0	0	10	0

7. Management of Diarrhoea, ARI and Micronutrient Malnutrition

A. Management of Diarrhoea in Childhood

Situation Analysis of Diarrhoea Management - The recent published annual health survey reveals that the under 5 mortality is 94 which is unacceptably high. Diarrhoea is one of the major causes of child death in the state. India has a national policy for management of diarrhoea among children less than 5 years which recommends the use of Zinc tablets along with ORS in the treatment of diarrhoea as per the MOHFW, GOI directive dated 2nd Nov. 2006.

The revised diarrhoea management policy (RDMP) recommends for every case of diarrhoea, a dose of 20 mg/day for 14 days (even if diarrhoea has stopped) for children above age 6 months to 5 years and 10 mg/day for 2-6 months. However the ORS use rate is only 17.3 as compared to the national average of 34.2 as per DLHS-3. The Zinc use rate is very minimal.

Diarrhoea	NFHS-3	DLHS-3	CES-2009
Children with Diarrhoea in the last two weeks who received ORS	12%	17.3%	14.4%

Progress update during year 2011-12

Release of State Guidelines on Childhood Diarrhoea Management - In confirmation to the recommended national policy, GOUP issued a detailed guideline of treatment protocol and implementation strategy of childhood diarrhoea on 2nd Aug, 2011 and circulated with all CMOs, ICDS and other partners. In this guideline, the component of capacity building of all functionaries (MO/ICs, ANM, Supervisors, ASHA, AWWs) of both departments, usage of supply, treatment of Diarrhoea by promoting the usage of Zinc and ORS and three level monitoring system (from ANM to CMO level) has been included. The monitoring format has been developed with technical support of Micronutrient Initiative.

Orientation and Capacity building on Diarrhoea Management - Since Diarrhoea Management came in to the action in this year; MI provided qualitative technical support to build up capacity of different level functionaries of health and ICDS departments i.e. MOs, CDPOs, HEOs, LHVs, Staff Nurses, Pharmacists, ANMs, ASHAs, ICDS Supervisors and Anganwadi Workers in 8 districts. To execute the trainings, Cascade model has adopted and effectively implemented through a concurrently supervised partner's team led by MI.

Training on Diarrhoea Management (Achievements)

Masters Trainers (Medical Officers)	TOT professional trainers from NGOs
32 MOs trained as master trainers in 8 districts.	120 NGO trainers trained as professional trainers.
1226 MOs, HEOs, CDPOs trained by master trainers	4810 supervisors, ANMs, Staff nurse and pharmacists trained by professional trainers.
	18535 AWWs and ASHAs trained at PHCs

Supply & IEC Support

As per diarrhoea management guidelines, MI supplied 8.6 Lakhs combo kits (each kit consists of two packets of ORS and 14 tablets of Zinc) recording and reporting formats, compliance cards, IPC tool for counselling.

Planning for year 2012-13

The state plans to increase the use of ORS and Zinc in the treatment of childhood diarrhoea to at least 50% in 2012-13. For the year 2012-13, state will be implementing the following activities:

- Orientation of MOs, CDPOs, HEOs, Supervisors during BSPM and other ongoing meetings at different level
- Monthly reporting on prescribed formats
- Monthly Monitoring and supervision by govt. officials and partners
- Refresher training of all ANMs, AWWs, ASHAs on childhood Diarrhoea management and recording and reporting through various existing platforms (ANM weekly meeting, ASHA Days and Anganwadi Monthly Meeting)
- Create awareness in the community about the importance of Zinc & ORS through various BCC & Social Mobilization activities.
- Integrate the existing reporting into HMIS.
- Observe ORS –Zinc day at the district and block levels

Support by other Development Partners- Micronutrient Initiative (2012-13)

Micronutrient initiative will provide the following support:

- Continue to provide techno-managerial support through field team in 12 selected districts.
- Support in organizing district and block level review meetings.
- Supply of printed recording and reporting formats and supportive supervision checklists.
- Continue to provide mobility support to the HEOs for the supportive supervision visits.

Budget

0-5 years Children (Census 2011)= 29728235.

Expected yearly Childhood diarrheal cases (@1.71 per child/annual as per NCMH, 2005, Gol) = 50835282

It is estimated that 25% Childhood diarrhoea cases are attending 25% at Govt. Health Facility.

Requirement of ZINC & ORS for Diarrheal Cases					
SI	Name of Districts	0-5 years Children (Census 2011)	Expected yearly Childhood diarrheal cases (@1.71 per child/annual as per NCMH, 2005, Gol)	For 25% Cases	
				No. of tablets of Zinc to be procured for 12-13 (14 tabs per episode)	No. of ORS packets to be procured for 12-13 (@ 2 packets per episode)
	Uttar Pradesh	29,728,235	50835282	177923486	25417641
1	Saharanpur	505,263	864,000	3,023,999	432,000
2	Muzaffarnagar	630,329	1,077,863	3,772,519	538,931
3	Bijnor	549,305	939,312	3,287,590	469,656
4	Moradabad	763,000	1,304,730	4,566,555	652,365
5	Rampur	370,259	633,143	2,216,000	316,571
6	Jyotiba Phule Nagar	291,230	498,003	1,743,012	249,002
7	Meerut	488,271	834,943	2,922,302	417,472
8	Baghpat	189,088	323,340	1,131,692	161,670
9	Ghaziabad	663,367	1,134,358	3,970,251	567,179
10	Gautam Buddha Nagar	245,232	419,347	1,467,714	209,673
11	Bulandsahar	537,624	919,337	3,217,680	459,669
12	Aligarh	555,429	949,784	3,324,243	474,892
13	Mahamayanagar	240,376	411,043	1,438,650	205,521
14	Mathura	396,853	678,619	2,375,165	339,309
15	Agra	638,983	1,092,661	3,824,313	546,330
16	Firozabad	369,940	632,597	2,214,091	316,299
17	Mainpuri	275,616	471,303	1,649,562	235,652
18	Badaun	647,664	1,107,505	3,876,269	553,753
19	Barielly	669,681	1,145,155	4,008,041	572,577
20	Pilibhit	297,116	508,068	1,778,239	254,034
21	Shajahanpur	488,615	835,532	2,924,361	417,766
22	Kheri	644,410	1,101,941	3,856,794	550,971
23	Sitapur	732,695	1,252,908	4,385,180	626,454
24	Hardoi	662,807	1,133,400	3,966,900	566,700
25	Unnao	417,145	713,318	2,496,613	356,659
26	Lucknow	521,815	892,304	3,123,063	446,152
27	Rae Bareli	460,898	788,136	2,758,475	394,068
28	Farukhabad	292,791	500,673	1,752,354	250,336
29	Kannauj	251,533	430,121	1,505,425	215,061
30	Etawah	220,220	376,576	1,318,017	188,288
31	Auraiya	193,969	331,687	1,160,904	165,843
32	Kanpur Dehat	243,919	417,101	1,459,855	208,551
33	Kanpur Nagar	484,529	828,545	2,899,906	414,272
34	Jalaun	219,378	375,136	1,312,977	187,568
35	Jhansi	249,154	426,053	1,491,187	213,027
36	Lalitpur	206,018	352,291	1,233,018	176,145
37	Hamirpur	148,557	254,032	889,114	127,016
38	Mahoba	124,719	213,269	746,443	106,635
39	Banda	289,764	495,496	1,734,238	247,748
40	Chitrakoot	171,468	293,210	1,026,236	146,605
41	Fatehpur	377,020	644,704	2,256,465	322,352

42	Pratapgarh	427,623	731,235	2,559,324	365,618
43	Kaushambi	263,467	450,529	1,576,850	225,264
44	Allahabad	832,870	1,424,208	4,984,727	712,104
45	Barabanki	504,272	862,305	3,018,068	431,153
46	Faizabad	347,080	593,507	2,077,274	296,753
47	Ambedkarnagar	324,550	554,981	1,942,432	277,490
48	Sultanpur	539,347	922,283	3,227,992	461,142
49	Bahraich	635,383	1,086,505	3,802,767	543,252
50	Shrawasti	202,667	346,561	1,212,962	173,280
51	Balrampur	385,308	658,877	2,306,068	329,438
52	Gonda	545,944	933,564	3,267,475	466,782
53	Siddharthnagar	465,777	796,479	2,787,675	398,239
54	Basti	372,315	636,659	2,228,305	318,329
55	Sant Kabir Nagar	272,117	465,320	1,628,620	232,660
56	Mahrajganj	402,081	687,559	2,406,455	343,779
57	Gorakhpur	595,495	1,018,296	3,564,038	509,148
58	Kushinagar	551,467	943,009	3,300,530	471,504
59	Deoria	445,259	761,393	2,664,875	380,696
60	Azamgarh	680,792	1,164,154	4,074,540	582,077
61	Mau	327,500	560,025	1,960,088	280,013
62	Ballia	448,844	767,523	2,686,331	383,762
63	Jaunpur	643,020	1,099,564	3,848,475	549,782
64	Ghazipur	538,527	920,881	3,223,084	460,441
65	Chandauli	304,229	520,232	1,820,811	260,116
66	Varanasi	478,474	818,191	2,863,667	409,095
67	Sant Ravidas Nagar	244,012	417,261	1,460,412	208,630
68	Mirzapur	392,230	670,713	2,347,497	335,357
69	Sonbhadra	308,921	528,255	1,848,892	264,127
70	Etah	277,672	474,819	1,661,867	237,410
71	Kashiramnagar	244,852	418,697	1,465,439	209,348

Zinc Tablet 20 mg :

- No. of tablets of Zinc to be procured for the year 2012-13 (14 tabs per episode) = 177923486 (20 mg of dispersible tab)
- Total budget required to procure 20 mg Zinc dispersible tab @ Rs 0.13 per tab for 177923486 tab is Rs. 231.30Lakhs

(Inference to State Health Society Bihar has procured @Rs 0.13 per tablet)

ORS Packets (20.5 gram packet):

- No. of ORS packets to be procured for 12-13 (@ 2 packets per episode) = 25417641
- Specification of 1 Packet of ORS:
 - Dextrose (anhydrous) - 13.5 gm
 - Sodium Chloride-2.6 gm
 - Potassium Chloride-1.5 gm
 - Sodium Citrate- 2.9 gm

Total budget to procure 25417641= 25417641*2.29= Rs. 582.06 Lakhs

(Inference to State Health Society Bihar has procured @Rs 2.29 per packet)

Estimated budget under NRHM budget for 2012-13:

Sl.	Name of Activity	Unit Cost (Rs.)	Unit No.	Total Cost (In Lakhs)
1	Procurement			
1.1	Zinc Dispersible Tablet(20 mg)	0.13	177923486	231.30
1.2	ORS Packet (20.5 gms)	2.29	25417641	582.06
	Sub Total			
2	Refresher Training	Will be oriented in each monthly meeting		
	ANM, AWW and ASHA			
3	BCC and Social Mobilization activities	Will be proposed with the support of development partners.		
	Wall Hanging Calendar on zinc-ors (Foam) for Districts Hospital, PHC, APHC, AWCs, HSCs			
	Display of Hording at Sadar hospital and PHCs			
	Zinc/ORS Rath (This Includes PA System, Painting card board, Flex banner, Fuel, Vehicle hiring, printing pamphlets etc.)			

Thus to conduct above activities, a total budget of Rs. 813.36 Lakhs was proposed and budgeted under procurement head under Mission Flexi pool, out of which GOI approved Rs. 1201.68 Lakhs.(ROP-FMR Code-B.16.2.2)

B. Micronutrient Supplementation (Bal Swasthya Poshan Mah)

Context- Vitamin A supplementation is an integral part of routine immunization programme for prevention and control of micronutrient malnutrition, which is one of the vital components of NRHM. Vitamin A deficiency is one of the leading causes of blindness, morbidity, and mortality amongst preschool children in developing countries. Vitamin A is essential for normal growth, maintenance of mucosal surfaces, reproduction, immunity, and vision. In preschool children, lack of vitamin A can lead to xerophthalmia and keratomalacia and increased morbidity and mortality from diarrheal disease and measles.

Vitamin A supplementation programme in UP is in line with Gol's policy of ensuring 9 doses course of Vitamin-A supplementation for children between 9 months to 59 months age group. The strategy for administering Vitamin A is to provide very first dose alongwith the measles dose or within initial 9 months age of the child. The second dose onwards Vitamin A supplementation has to be done through a biannual exercise at a six month's interval.

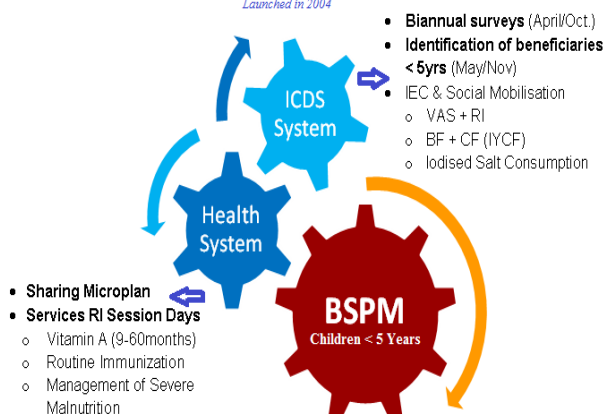
Biannual Bal Swasthya Poshan Mah Strategy - In order to execute the Gol's policy, a biannual strategy known as Bal Swasthya Poshan Mah was developed and launched initially in 18 districts of UP, jointly by Health and ICDS with UNICEF's support. The program has been scaled up since December 2006 across all the state and is implemented jointly by Directorate of Family Welfare and ICDS with support of development partners mainly UNICEF and Micronutrient Initiative.

As part of the biannual strategy, every year six months apart in June and December, vitamin A is administered along with other high impact interventions, which are crucial for child survival and development. This package of services includes immunization catch up; advice on breastfeeding and complementary feeding; screening and referral for severely malnourished children and education and demand generation for iodized salt.

Under the BSPM strategy, two months viz., June and December, six months apart, have been identified as health and nutrition months. During these months, health sector is assigned with the task of providing immunization and other services to the beneficiaries while ICDS sectors responsible for mobilization of beneficiaries by organizing intensive social mobilization and IEC activities. These biannual months have been linked to village-wise routine immunization sessions organized as per the immunization/ outreach session's micro plan of ANMs.

Bal Swasthya Poshan Mah (Biannual Child Health & Nutrition Month)

Launched in 2004

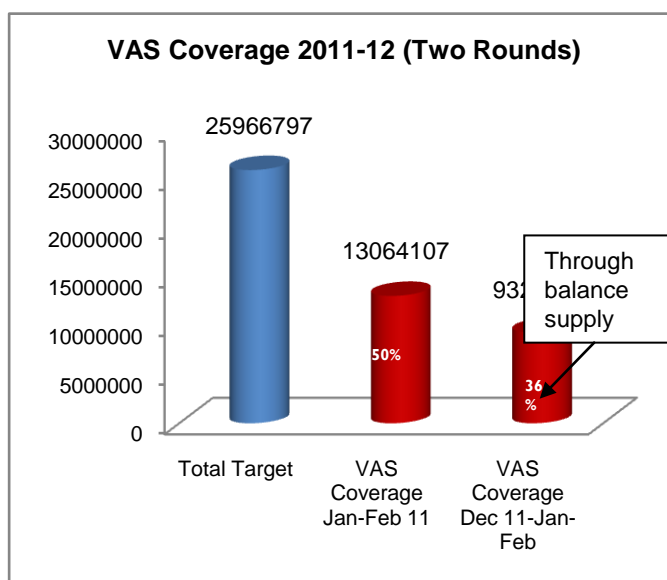


Adherence to 2011 PIP

Supply being the major issue of concern for the year 2011, only one round of BSPM was done in the month of Jan-Feb and the second round of BSPM spilled over to the year 2012. Despite having the limited resources non supply following has been achieved in the year 2011. Detailed guidelines for implementation have been developed, clearly specifying the role of Health and ICDS.

VAS Coverage

The supply for the Jan-Feb 2011 round was provided by Gol through MI's support.



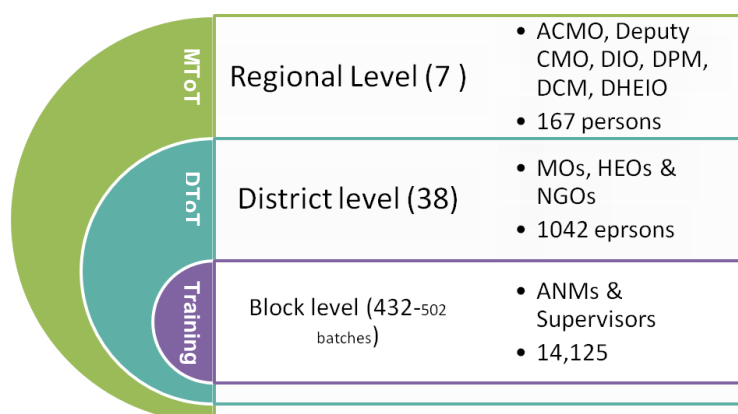
With regard to the state VAS target of 25966797 (9 months to 5 years) children, total 13064107 were administered Vitamin A dose in first round held on Jan-Feb 2011 and 9326196 in second round (Dec 11-Jan 12). Therefore 50% and 36% (Based on balance supply) coverage was reported respectively from across the state corresponding to the targets.

Planning

- State level planning meetings of CMOs and DIOs were organized prior to the commencement of BSPM round. This platform was used to share BSPM guidelines and findings of last round's coverage status. The purpose of sharing these findings was to address duly identified gaps.
- Future planning for next BSPM round
- District level planning meeting were organized with support from partners UNICEF and MI
- Prior to the commencement of each of the BSPM rounds, with support of partners MI & UNICEF carries out stock assessment regarding available Vitamin A at various levels i.e district, block and sub centre and then accordingly the pre planning cum review meetings are organized in the entire state.

Orientation and Capacity building on BSPM in 2011-12

To ensure Block level joint orientation of Health & ICDS frontline supervisory staff (ANM and Supervisor) MI introduced a qualitative technical support in terms of cascade model. Three level orientation sessions were organized for Capacity Building of regional level trainers, who in turn provided training to district level trainers and then these trainers oriented block level ANMs and ICDS supervisors. This model was effectively implemented through a concurrently supervised partner's team led by UNICEF and MI.



Level	Pre test %	Post test %
Regional MToT	59	83
District ToT	51	81
District Trainings	52	80
Block Trainings	70	88

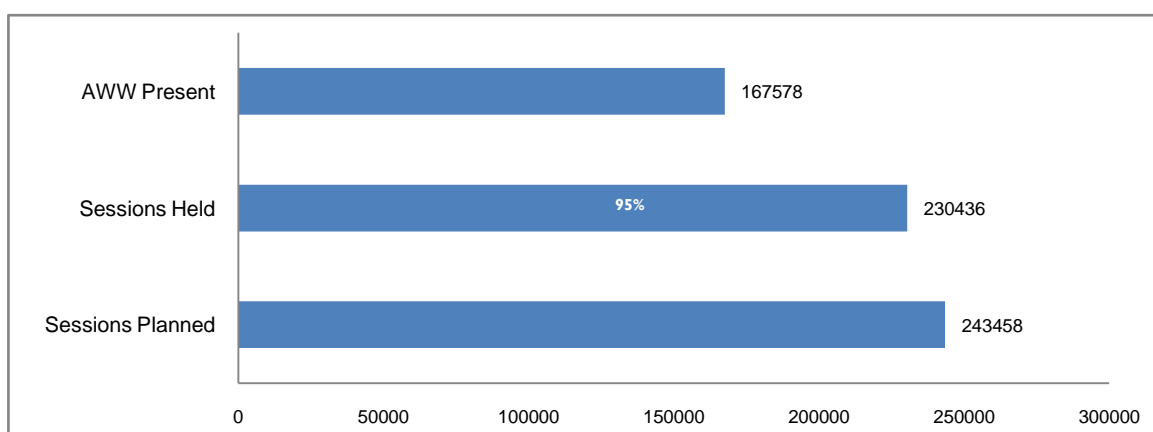
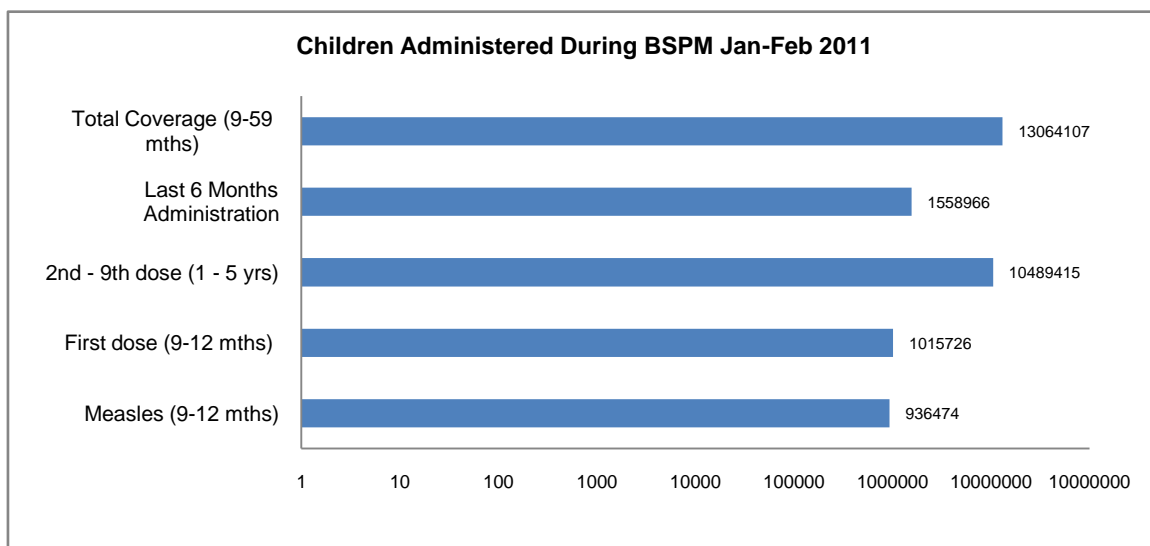
These trainings were monitored by MI and NGO personals in 38 district of UP, apart from monitoring; these trainings were also evaluated for assessing the increase of knowledge level of respective participants.

As per results of these pre and post training assessments, knowledge of government officials on BSPM programme has been enhanced from 59% to 83 % at the regional level through Master Training of Trainers (MToT), 51% to 81% through District Training of Trainers (DTOT), 52% to 80% through district level trainings and 70% to 80% through Block level trainings.

Coverage evaluation - As per the reports received from 72 districts and also collected on the prescribed BSPM format by partners i.e. UNICEF and MI, the data was analyzed at the

state level, which exhibited 51% (Jan-Feb 2011) coverage of vitamin A at the state level, as shown below in the figures.

Result of VAS Coverage Reports



IEC/BCC Activities under BSPM

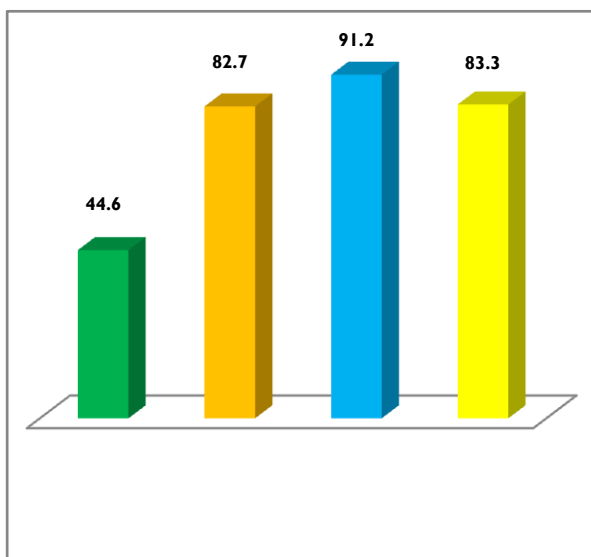
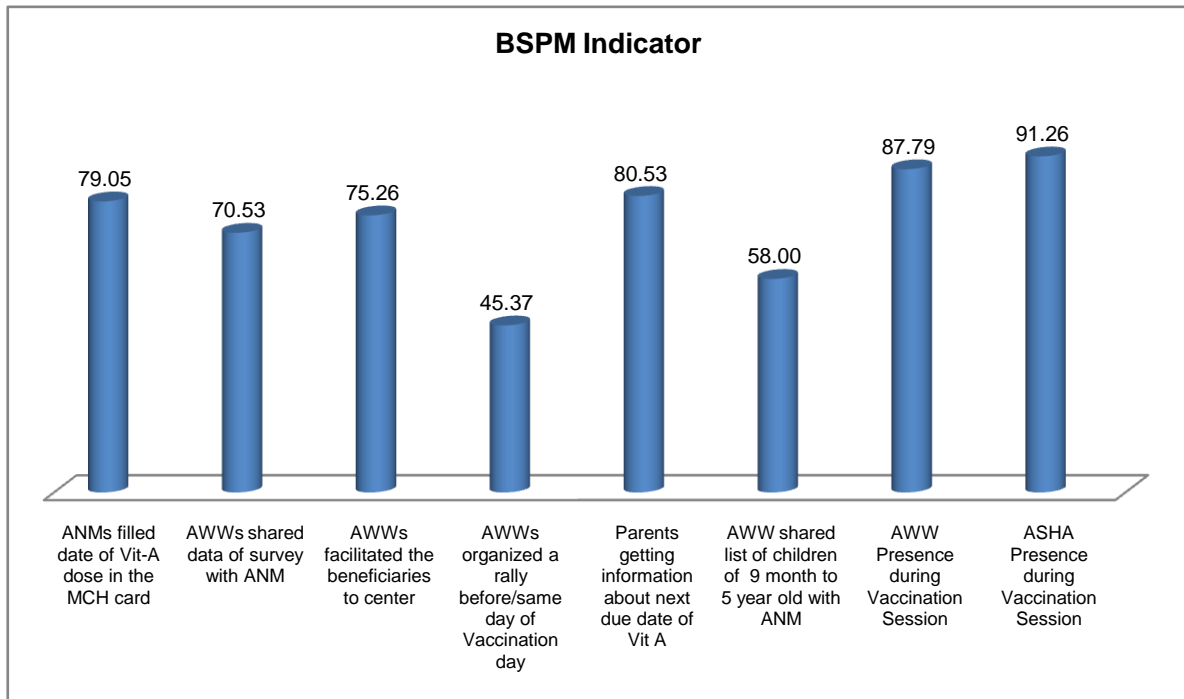
- 25000 banners on BSPM were printed and distributed up to sub centre level for enhancing the site visibility.
- 20000 information booklets for ANMs and Supervisors and 3000 Doctors manual and facilitators' guidebook for master and district trainers were printed and provided during trainings with support of MI.
- 1500 Flip charts on BSPM program has been developed as training tool and distributed to trainers by MI.
- 4500 reference booklets and 2100 folders were printed by UNICEF for 15 focus districts

Supportive supervision & Monitoring

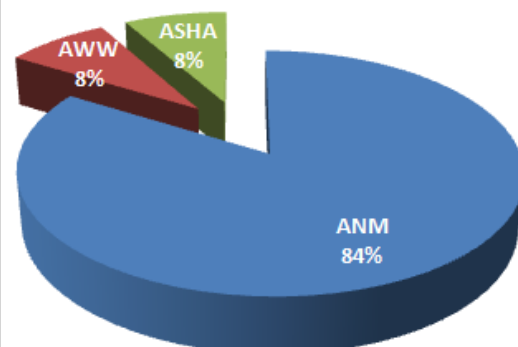
During the last BSPM round Health, ICDS and Partner's monitored several sessions. In total 3231 monitoring session formats were received from partners and 1731 formats were analyzed on a representative sample basis for all the geographical regions of U.P. Findings of which were shared with the district officials for corrective actions.

Formats collected by	No. of sessions					Total
	MI	Intra/ Vistaar	Health Department	UNICEF	ICDS	
Total collected from 38 MI districts	438	415	1289	400	589	3131

Following are some of the findings from that study.



Vitamin A dose Administered by



Supply -

The state has not received vitamin A supply as part of Kit A from Government of India since September 2009. In 2010, state government procured 10,450,000 appli-caps through UNOPS which met only 20% of the requirement. Hence, UNICEF and MI support was sought in 2009 (for June 2009 BSPM round) and 2010 (for December 2010 round) respectively for holding the rounds. Since the supply from MI was received in January 2011 hence the second bi-annual round of 2010 was spilled over to 2011, resulting in the supplies being used for the 1st round of 2011 in January – February 2011. District level coverage data of 1st round held in Jan – Feb 2011 shows coverage levels of 50%. Waiting for Kit A supplies, the round that had to be conducted with a six month interval was then announced in December 2011 after a gap of 10 months after receiving a confirmation from GoI that the Kit A would be reaching the districts in December 2011. Hence GoI had also not approved supplies of vitamin A from MI or UNICEF to GoUP to tide off the supply crisis. After receiving assurance from GOI that kit A supply will arrive in December 2011 and in the interest of children's health, IInd round of BSPM was announced and conducted in from 15th December 2011 to 15th January 2012 using the balance supply which could suffice only for 36% of the children. However the supplies reached in March 2012 from GOI after the BSPM round. The compiled data from the districts last three years

Vitamin A bottle(100 ml) requirement for one round	2009		2010		2011	
	Jun	Dec	June	Dec	Jan	Dec
	542647	542647	542647	542647	440556	4400556
Supply available with State for the rounds	295800 bottles provided by UNICEF	22466 kit A i.e 269592 bottles received from Centre	No fresh supply (managed through left over supplies)	10450000 applicaps of 1 ml each received by State from UNOPS +419208 bottles supplied by MI	Managed from MI supply	No supply
Children administered vitamin A	13334040	13885215	10492449	No round as MI supply reached in January 2011	13110201	9326196
Total targeted Children	25418066	25418066	25744940		25966797	25966797
%Coverage	53%	55%	41%		50 %	36%

Pilot intervention in city of Kanpur for increasing the convergence

- As evident from the available data sets of last several rounds, despite being one of the largest populated city and also with the highest urban population in the state of Uttar Pradesh Kanpur city's VAS coverage has been dismal at only 37%. With a total

population of 45, 72, 951³ for the district and 30,15,129 total urban, only Kanpur city has the current population of 25,51 Lakhs⁴.

- So as to increase the VAS coverage and reach out to left out 63% of child population MI piloted a novel initiative and commissioned a study through one of the distinguished expert agency Social Consultancy Services (SCS) to map out the 110 municipal wards of Kanpur city with an objective of locating left out areas, left out population, reasons for being left out and also to highlight the possible solution to the identified key areas of concern for maximizing VAS coverage.
- It was during this ongoing study that BSPM was announced; though it was envisaged by the MI at the initial stage that Capacity Building support to all the hired 33 vaccinators and mobilizers (499 AWWs of Kanpur city area, 152 peer groups of UHI and 37 locally identified mobilizers) would be provided and it was done accordingly during the month of December.
- Traditionally 4 days a week immunization schedule is prepared but with an active support of local level health officials two to three additional days of RI have been added in micro plan. The revised micro plan with duly added additional days is in practice in Kanpur city and sessions are also being held with the support of vaccinators.
- As kit A does not cater to urban areas hence Vitamin A supplies from MI were used in Kanpur city.
- It's not just enough to ensure supply of Vitamin A, it also important that community or the project participants (beneficiary) also are aware of these supplies and available services. Therefore regular audio announcements were made regarding ongoing BSPM and Leaflets on RI schedule for vitamin A supplementation been distributed for mobilizing the community.
- Total 165 additional RI sessions are organized for improving coverage of VAS programme.
- The success of this pilot has paved the way replicating it another urban areas too.

C. Lessons Learnt

- Pre round planning and logistics management to ensure timely vitamin A supply is essential for sustaining rounds and reaching children with atleast two doses of vitamin A
- Biannual fixed months strategy, six months apart, is effective not only for reaching children 9-59 months for administration of vitamin A supplements (VAS) but also for intensive promotion of community practices pertaining to appropriate infant and young child feeding practices as well as for conducting special drives for identification and management of severely undernourished and consumption of iodized salt. It also acts as a catch up round for Routine immunization especially measles as focus during BSPM is to reach out to children upto 5 years of age

³ Census 2011

⁴ As per Kanpur Nagar Nigam records

- Defining roles and responsibilities of health and ICDS sectors facilitates effective teamwork and convergence of actions on immunization days (as per the Routine immunization –RI micro plans). It also facilitates improved management and delivery of quality health and nutrition services.

Planning for the Year 2012-13 - The BSPM round is planned in June and December with pilot for introduction of deworming and IFA supplementation in four districts.

- Convergence meeting of Health and ICDS with state officials and partners
- State level joint planning meeting of CMOs and DIOs
- District level joint planning meeting of MOI/C, CDPO, Medical officers of additional PHCs prior to the BSPM rounds
- District level joint dissemination / review meetings post BSPM rounds
- Block level orientation cum planning meeting of ANMs and Health/ ICDS supervisors
- Inauguration of BSPM rounds from senior govt. officials and renowned persons
- Intensive monitoring of sessions by Health and ICDS district and block officials

With the Support of developmental partners, UNICEF and MI will jointly undertake a survey for strengthening the Health and ICDS, Microplan sharing, trainings, convergence meeting, coverage reporting and supportive supervision and monitoring in the districts. MI will support display materials at AWCs and Sub centres/PHCs/CHCs in increasing the visibility and awareness.

Budgetary allocation for BSPM: 2 rounds of Biannual Bal Swasthya Poshan Mah will be organized in Year 2012-13. Budgetary allocation for the activities of each BSPM round and detail of funds proposed are as follows:

- **State level Planning meeting of CMOs and DIOs:** State level Planning meeting of CMOs and DIOs will be organized prior to each BSPM rounds. Rs 200/- participant has been proposed

Sl.	Head	No.	Unit Cost	Amount (in Rs)
1.	Refreshment	150	150.00	22,500.00
2.	Stationary	150	50.00	7,500.00
	Total			30,000.00

- **District level joint planning meeting at District level:** District level joint planning meeting of MOI/C, CDPO, Medical officers of additional PHCs prior to the BSPM rounds. Approximate 40/- participants will participate. Budget has been proposed Rs 5000/- per meeting/ District. Details of the same :

Sl.	Head	No.	Unit Cost	Amount (in Rs)
1.	Meeting hall including Audio/ visual	40	1000.00	1000.00
2.	Refreshment	40	50.00	2000.00
3.	Stationary	40	25.00	1000.00
4.	Contingency	40	25.00	1000.00
	Total			5000.00

- **Joint planning meeting of Health and ICDS at block level:** Block level joint planning meeting of MOI/C, CDPO, Medical officers of additional PHCs, Health and ICDS supervisor,

ANM prior to the BSPM rounds. 40/- participants will participate. Budget has been proposed Rs 3000/- per meeting/ Block. Details of the same:

Sl.	Head	Rate	Amount (in Rs)
1.	Refreshment	50.00	2000.00
2.	Stationary	25.00	1000.00
	Total		3000.0

- **Printing:** Printing of BSPM guideline, monitoring and reporting formats Rs 1000/- per round per block has been proposed.

Budget Allocation (for 2 rounds of BSPM) for the year 2012-13

Sl.	Activity	Rate	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
1	State Planning meeting	Rs 200/-per Participant X 2 participants/district x2 meetings/year X 75 districts	0.60	To be mobilized from programme management cost
2	Joint planning meeting of Health and ICDS at District level	Rs 5000/-per meeting X 2 meetings/District/year X 75 districts	7.50	
3	Joint planning meeting of Health and ICDS at block level	Rs 75/-participant X 40 participant/block(health and ICDS)X 820 blocks X 2 meetings /yr	49.20	49.20
4	Printing of BSPM guideline, monitoring and reporting formats	Rs 1000/block/round X 2 rounds/Block/year x 820 blocks	16.40	To be included in consolidated IEC/BCC
5	Joint sensitization of ASHA and AWW at block level	Meetings will be tied up with RI meeting	0	-
6	Media Plan	Media plan is important for increasing visibility .Media plan would be a part of larger Child health BCC strategy and will be included in IEC/BCC head	0	-
Total			73.70	49.20

Thus, Rs 73.70 Lakhs has been budgeted under RCH Flexipool under Management of Diarrhoea, ARI and Micronutrient Malnutrition head, out of which GOI approved Rs. 49.20 Lakhs only.(ROP-FMR Code- A.2.6)

Budget for Procurement of drugs for BSPM for the Year 2012-13

- Vitamin - A supply
- No kit A have been received from GOI in the financial year 2010-11 leading to supply deficit of vitamin A for biannual rounds. As the continuity of rounds is dependent on Vitamin A supply, regular supply of vitamin A is a must for sustaining the rounds.
- UP is in the process of receiving 17,966 kits from GOI in first half of 2012. Each kit contains 12 bottles of Vitamin A, thus making a total of 2,15,592 bottles for the state. This meets 46 % of the total requirement for one round.

Requirement for Vita- A has been projected according to Target 2012-13 for which Total Rs 278.77 Lakhs was budgeted under Procurement head in Mission Flexi pool. For this purpose, GOI approved Rs.262.02 Lakhs.(ROP-FMR Code-B.16.2.2)

Target	In No.
Target (0- 1 year) infants	54,51,701
Target 9 months -12 months for BSPM	13,62,925
Target 1-5 Year	2,04,32,975
1st dose of Vita A (9-12 months) 1362925X 1 ml	13,62,925 ml
2nd -9th dose of Vita A (1-5 yr) 20432975 X 2 ml	4,08,65,950 ml
Total in ml	4,22,28,875 ml
Total quantity of bottles for first round	4,22,289 bottles
Total quantity of bottles for second round	4,22,289 bottles
Bottles being supplied as part of Kit A(by GOI)	2,15,592 bottles
Balance supply required for first round	2,06,697
Total requirement for both rounds	6,28,986
For procurement of Vit A bottles @ Rs 44.32*/- per bottle	278. 77

**Rate of Rs 44.32/- bottle of 100ml has been taken in reference to that State Health Society Bihar has done rate contract for the supply of Vita A solution (as Palmitate)- 100ml amber coloured bottle*

Pilot Administration of De-worming and IFA Supplementation with Vitamin A

GOI guidelines recommend de-worming to be an important intervention for reducing prevalence of anemia and malnutrition in children. GOI guidelines also mention that mega doses of vitamin A offer a good opportunity for administration of de-worming. This is also an opportunity for administration of IFA to children 6 months to 5 years as they are the target group for BSPM. In non – BSPM months the focus is usually on children under 1 year of age for primary immunization, Hence, as both malnutrition and anemia prevalence is high in UP, it is proposed that de-worming and IFA supplementation be linked with biannual BSPM rounds where vitamin A is administered along with a complement of other health and nutrition interventions. It is proposed that the intervention be piloted in selected districts and feasibility of scale up explored.

As the western UP and north eastern UP districts have high focus for polio eradication and Japanese encephalitis vaccination respectively, it is suggested that districts from Central and Bundelkhand regions with **reported high vitamin A coverage** be selected for piloting. In the first phase, therefore, it is planned to pilot de-worming and IFA supplementation linked to biannual vitamin A supplementation in children 1yr- 5 yrs in 4 districts of the state– namely Lalitpur, Kaushambi, Auriya and Bhadohi. It is proposed to purchase 50 ml IFA syrup and impart trainings to the front line workers. The budget of this intervention would be as follows-

District	Total population	Children 1-2 years	Total quantity needed for 1-2 years = 5 ml per child	Children 2-5 yrs @ 9% of the total population	Total quantity needed = 10 ml per child	Total quantity required	Total bottles require (each bottle of 10ml)	total budget (total quantity X Rs 5.30/- bottle)
Bhadohi	15.88	40417	202085	142920	1429200	1631285	163129	8.65
Lalitpur	11.47	34123	170615	103230	1032300	1202915	120292	6.38
Kaushambi	15.16	43639	218195	136440	1364400	1582595	158260	8.39
Auriya	13.84	32128	160640	124560	1245600	1406240	140624	7.45
Total		150307	751535	507150	5071500	5823035	582304	30.86

**Rs 5.30 /-per 10 ml bottle have been proposed on the basis of procurement done by Mission Directorate Orissa in 2010- 11 .*

For this purpose, a budget of Rs 30.86 Lakhs was proposed under procurement head in Mission Flexipool, which is approved by GOI. (ROP-FMR Code-B.16.2.2).

Calculation of IFA syrup for children (6 months to 5 years)

District	Children 6 months to 5 years-old	No of 50 ml IFA bottles required	Addition of wastage of 5 percent	Remark
Bhadohi	200625	401250	421312	Demand for Iron and folic acid under procurement under Mission flexipool.
Lalitpur	151184	302368	317486	
kaushambi	120545	241090	253144	
Auriya	168192	336384	353203	

8. TRAININGS

Achievement in Child Health Training 2011-2012	IMNCI		F-IMNCI		NSSK		Total Number of ASHAs in the State	ASHA-Module 6 & 7 Round One	ASHA-Module 6 & 7 Round Two	ASHA-Module 6 & 7 Round Three	ASHA-Module 6 & 7 Round four	
	Proposed	Achieved	Proposed	Achieved	Proposed	Achieved						
							136094	Achieved				
Number of districts covered	72	72	72	72	72	35	72	17 planned for 2012-13				
AWW												
ASHA								Nil	NA	NA	NA	

IMNCI

Status of CCSP (IMNCI+) trainings

Cadre	Cumulative Target (from inception to March 2012)	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2012-13	Timeline 2012-2013 (specify the number of batches to be trained in each quarter)			
				Q1	Q2	Q3	Q4
MO	896	373	328	50	150	128	0
SN							
ANM	8586	5586	2000	300	500	800	400
LHV	1471	721	712	100	200	300	112
ASHA	54921	39721	15000	2000	3000	6000	4000
AWW							
Others	1792	747	656	100	300	256	0
Total	67666	47148	18696	2550	4150	7484	4512

Under CCSP programme, 10 days training of ASHA, ANM and LHV is underway. The same is proposed in the year 2012-13 also in which 17,712 functionaries in 738 batches (batch size of 24) are expected to be trained. **The total proposed training cost for the year 2012-**

13 of ASHA, ANM & LHV is Rs. 1571.94 (Rs. 2.13 Lakhs per batch x 738 batches) Lakhs, which is approved by GOI(ROP-FMR Code- A.9.5.5.2).

In addition to this, 41 batches (24 participants per batch) of district level TOT is proposed in which about 984 participants are expected to be trained. **The total proposed cost for the year 2012-13 of TOT is Rs. 127.92 (Rs. 3.12 Lakhs per batch x 41 batches) Lakhs, which is approved by GOI(ROP-FMR Code- A.9.5.5.2).**

In the year 2011-12, approval for strengthening of 23 training sites was given by Gol, but this activity couldn't be taken up due to various reasons. The same is being proposed for the year 2012-13. **The total proposed cost for the year 2012-13 for site strengthening is Rs. 50.945 (Rs. 2.215 Lakhs per site x 23 sites) Lakhs, which is approved by GOI(ROP-FMR Code- A.9.5.5.2).**

Budget Summary of Training under Child Health Programme

Sl.	Details of Training	Physical target	Unit cost (Rs.)	Freq- uency	Proposed Amount in Lakhs (Rs.)	Approved Amount in Lakhs(Rs.)
A	Essential Newborn Care Corners					
1	District level training of MOs- 2593/SNs-2143/ ANMs-2356 (Total 7092 participants in 237 batches of 30 participants per batch) @ Rs.25,000/- per batch	237	25000	1	59.25	59.25
B	Comprehensive Child Survival Programme - UP (CCSP - UP)					
1	Site strengthening at districts @ Rs. 2,21,500/- per site	23	221500	1	50.95	50.95
2	District TOT of 24 participants per batch - 41*24= 984 @Rs. 3,12, 000/- per batch	41	312000	1	127.92	127.92
3	Training of ANMs/LHVs/ASHA of 24 participants per batch - 738*24=17712 @ Rs. 2,13,000/- per batch	738	213000	1	1571.94	1571.94
C	NSSK Training of MOs/SNs/ANMs					
1	District level training of MOs/SNs/ANMs of NSSK for 2 days of 18 participants (227+52=279 batches) @ Rs.40,000/- per batch	279	40000	1	111.60	105.00
D	Physicians & F- IMNCI Training at Medical Colleges					
1	Recurring costs - Support to 7 Medical Colleges (Rs. 6,00,000/- per Med. College)	7	600000	1	42.00	42.00
2	Physicians Training at 5 Medical Colleges (24 batches of 24 participants in a year, 24x24=576) @ Rs. 4,24,000/- per batch.	24	424000	1	101.76	101.76
3	F- IMNCI Training for MOs & Staff Nurses of 16 participants (MOs- 512 in 32 batches & 480 SNs in 30 batches; Total 992 participants in 62 batches, @ Rs. 1,56,000/- per batch)	62	156000	1	96.72	96.72
Total					2162.14	2155.54

9. PROGRAMME MANAGEMENT SUPPORT FOR CHILD HEALTH

Quality Maintenance under CCSP - Since SPMU has a major role in planning, monitoring and supervision of the programme, it is proposed to have 2 consultant-cum-Managers (preferably Master in Science/Social Sciences with field experience of minimum 5-10 years in health sector). These 2 consultants will be responsible for ensuring quality of training at districts and Medical Colleges and implementation of various child health activities in the State.

Sl	Name of Post	Qualification	Experience	Salary (P.M in Rs.)
1.	Sr. Consultant	Master degree in Science /Social Science	10-15 years or more in health sector	75000/-
2.	Consultant	Master degree in Science/ Social Science	5 years or more in health sector	45000/-

The salaries of these human resources are being proposed under programme management chapter.

10. IEC/BCC ACTIVITIES

The areas for communication interventions that have been identified under child health are new born care and routine immunization. As mass media and IPC activities are already covered under maternal health section in this section only advocacy activities are being planned on occasions of Breastfeeding and New born care week.

Under Child Health, to carry out activities a budget of Rs. 20.00 Lakhs was proposed for the year 2012-13, which is budgeted and detailed in IEC/BCC Chapter in Mission Flexipool.

11. HUMAN RESOURCES

To support child health programme in the state, some important activities like establishment and operationalization of SNCUs and Nutrition Rehabilitation Centers are being extended. To provide these services more effectively, following human resources are being proposed.

a. Establishment and operationalization of Sick Newborn Care Units (SNCUs) in the State - At present, 7 SNCUs in women hospitals are fully functional in the state. In addition, SNCU in 5 district women hospitals are being established, where installation of equipments will be completed by March 2012. It is expected that these 5 SNCUs will complete recruitment and training very soon.

Under up-gradation of district hospitals, as per IPHS, 4 identified districts where SNCU wing is ready and equipments have been installed. Now, these units are ready and districts have requested for human resource. These units may also start functioning very soon.

In the project implementation plan for year 2011-12, there was a proposal for establishing 4 additional SNCUs which could not be taken up due to various unavoidable circumstances. Now, it is being proposed to establish one SNCU in 4 selected districts where there is no Medical College or functional SNCU in the vicinity. These districts are

Bahraich, Lakhimpur Kheri, Bulandshahar and Etawah. For operationalization of these 4 SNCUs the HR is being proposed for 6 months.

All the 7 State medical colleges and 2 centrally aided medical colleges in the state are providing support to various newborn care trainings, newborn care schemes and care to very sick children in the community. It was proposed in the PIP 2011-12 to strengthen sick newborn units functional in these medical colleges to provide specialized newborn care to the children referred and admitted to these units. As per the demand of the 9 Medical Colleges, human resource requirement is being proposed for the year 2012-13.

The details of Human Resource for SNCUs at Districts and Medical Colleges (29 units) is as under

Sl.	Name of Post	Total No.	For 12 months	For 6 months	Salary (P.M in Rs.)
1.	Doctors (Paediatrician)	60	48	12	48000/-
2.	Staff Nurses	194	170	24	16500/-
3	Ward Ayah	75	67	8	4000/-
4	Sweeper (full time)	32	32	0	4000/-
5	Sweeper (part time)	20	16	4	2000/-
Total		381	333	48	

b. Establishment and operationalization of Nutrition Rehabilitation Centers (NRCs) -

To manage underweight and severely malnutrition children, establishing and making operational of NRCs have been envisaged and accordingly these units are being established and making operational in phased manner. Till now 19 NRC units (14 at District Hospital & 5 at Medical Colleges) are functional. In addition to this as per HUNGAMA report 10 more NRC units in 10 different districts are being proposed for establishing in 2012-13. In total for 29 NRC units the human resource of different category has been proposed as under: ***The details of Human Resource for NRCs at Districts and Medical Colleges (29 units) is as under:***

Sl.	Name of Post	Total No.	For 12 months	For 6 months	Salary (P.M in Rs.)
1.	Doctors (MBBS)	26	18	8	36000/-
2.	Staff Nurses	104	75	29	16500/-
3	Care Taker	29	21	8	4000/-
4	Nutritionist	29	21	8	15000/-
5	Cook	29	21	8	5000/-
	Sweeper (full time)	29	21	8	3000/-
Total		246	177	69	

The budgetary details of these human resources are being budgeted under HR chapter.

A.3. FAMILY PLANNING

1. BACKGROUND

To improve the quality of life in Uttar Pradesh, with unequivocal and explicit emphasis on sustainable development measures and actions, the Population Policy of U.P. was launched on 11 July 2000. The Population Policy looks at the issues related to population stabilization and improvement of the health status of people, particularly women and children in a holistic, open and transparent manner.

The Total Fertility Rate (TFR) of Uttar Pradesh has declined from 4.1 to 3.8 (NFHS 2 and NFHS 3). However, compared to the national average of 2.7 the rates are still very high. To enhance the performance of Family Planning it is important to meet the desired unmet needs. The unmet need for spacing methods has increased from 9% in 1998-99 to 12 percent in 2005-06. The unmet need for limiting methods has marginally declined from 13% in 1998-99 to 12% in 2005-06 (NFHS-3).

As per the projections in the Population Policy of UP (2000), to reach the policy objectives of a replacement level of TFR of 2.1 by 2016, 12.1 Lakhs couples should be provided limiting methods of family planning and 48.4 Lakh couples should be provided spacing methods in the year 2011-12. The Contraceptive Prevalence Rate for limiting and spacing should be 31 percent and 13.1 percent respectively. Against these objectives state family planning performance is as follows:

State Family Planning performance

Methods	2008 -09	2009 -10	2010-2011	2011-2012 (Up to Dec.)	Expected by March' 2012
Vasectomy	11,132	10,276	8,199	6254	11111
Tubectomy	4,68,381	4,10,121	371237	155823	359912
Total Limiting	4,79,513	4,20,397	379436	162077	371946
IUCD	21,05,501	15,22,226	1543354	1018027	1730246
MTP	81,644	78,588	77602	50395	72576
C C users	15,25,458	9,74,716	812348	732555	833731
OP users	8,58,137	6,92,972	343058	273998	299920
Total Spacing	45,70,740	32,68,502	2776362	2074975	2936473

A Brief on Goals & Objectives of NRHM Phase-I (2007-2012)

Goals for Population Stabilization			
Target Area	Baseline	Goals by 2012	Current status
• TFR	3.99%	2.8%	3.8 % (SRS 2009)
• CPR	29.3% (NFHS 3)	44%	31.6 % (RHIS UP 2010)
Objectives to achieve goal			
• CPR	25%	44%	43.6% (NFHS-3)
• Sterilization	16.8%	31%	17.9%
• Spacing	7.8%	13.2%	11.8%
• Reduction of women reporting RTI/STI	34%	15%	20.5 (DLHS 3)

NRHM Phase – 2 (2012-2017)

C. Outcome Indicators							
Indicator	Current Status (as per available data)	Cumulative target for next five years	2012-13	2013-14	2014-15	2015-16	2016-17
TFR	3.8 (SRS) 2007-09	2.8	3.75	3.6	3.4	3.1	2.8

D. Output Indicators for Population stabilization							
Activity/ Monitorable Indicators		Current status (March 2011)	Cumulative Targets for 2 nd phase of NRHM 2				
			2012-13	2013-14	2014-15	2015-16	2016-17
1	Male sterilization	8,199	15000	20000	25000	30000	40000
2	Female sterilization	371237	450,000	450,000	450,000	450,000	450,000
3	IUDs	1543354	20 Lakhs	21 Lakhs	22 Lakhs	23 Lakhs	24 Lakhs

ISSUES AND CONCERNS

The following Constraints were noticed-

- Non availability of skilled service providers especially for NSV.
- Limited no. of facilities providing daily family planning services.
- Inadequate counseling of post partum and post abortion family planning services.
- Comprehensive spacing choices not reaching consistently to rural clients.
- Preference for male child has been a consistent barrier for TFR.

All these issues have been addressed by increasing easy accessibility to RCH and family planning services and strengthening health delivery system. Further, to address the huge demand of family planning service in the state and to improve access and quality of RCH Services, following strategies have been planned:

- Deployment of family planning counselors to counsel women and address their concerns for small family norms along with counseling for adaptation of Post Partum family planning methods.
- Training of doctors and paramedical to provide special thrust on IUCD 380 A & post partum sterilization.
- Scaling up post partum IUCD 380-A programme to 30 centres covering 23 districts services.
- Scaling up No Scalpel Vasectomy. Strengthening of 3 Satellite Centres and one Centre of Excellence for Male Contraception (NSV) in the Medical Colleges of Lucknow, Meerut, Allahabad and Kanpur. Additional 2 centres are being proposed in District hospitals.
- Repositioning SIFPSA as an experienced partner for supporting the state in FP trainings and post training follow ups.

- Partnership development for advocacy, leadership support with Population Foundation of India (PFI) and Scaling up partnership with RESPOND (engender health) from 9 to 15 districts, districts to promote NSV.
- UHI (Urban Health Initiative) is partnering for IEC/BCC activities by sharing 300 copies of films produced by JHU-CCP for promotion of Family planning methods, limiting and spacing both, to be used by FWCs in ANC Clinics and post partum wards.
- Implementation of BCC strategy for promotion and creating awareness related to family planning services including interpersonal communication, community engagement and mass media under NRHM.
- Involvement of private sector providers, accreditation of private facilities and service providers for family planning services.

For Family Planning methods within the target audiences in the financial year 2012-13, following strategies are proposed.

2. TERMINAL/LIMITING METHODS (PROVIDING STERILIZATION SERVICES IN DISTRICTS)

Plan for facilities providing female sterilization services on fixed days at health facilities in districts

All 51 District women hospitals, 15 DCHs and 66 FRUs (132) are providing female sterilization services on daily basis. In addition, 150 CHCs are providing fixed day services under “fixed day sterilization services” (ligation/abdominal tubectomy) are having a trained Gyn/ LMO preferably on Tuesdays and Fridays, but flexibility has been given to the districts to fix any other day according to their suitability. Wide publicity of the fixed days is being ensured through wall writings on facilities and at CMO office etc. Detailed instructions are issued from the directorate of Family Welfare for maintaining a separate register to record number of sterilizations conducted on fixed days, including the details of clients and the surgeon conducting the sterilization. The reports will be ensured this year on the prescribed format. By the end of year in 2012-13 a total 165 facilities are planned to provide daily services and 250 facilities to provide fixed day services. **No extra budget is needed for this activity.**

Plan for facilities providing NSV services on fixed days at health facilities in districts

Provision of “Daily NSV services” could be started at 45 District Male Hospital/ Combined Hospitals has been planned. It is planned that 60 hospitals will be providing daily NSV services and 50 additional centers will start providing fixed day services by the end of year 2012-13. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. Efforts are being made to train new service providers to address non availability of the service providers; them for NSV at the earliest. Presence of trained NSV provider will be ensured at every district male hospital for daily services. **No budget is proposed for this activity.**

Female sterilization camps in districts

In order to achieve the target of sterilization, each district organizes sterilization camps at block or Tehsil on regular basis. Expenditure on these camps relating to compensation money to clients and medicines etc. is borne by the compensation head for female sterilization. In view of low performance (still shortage of service providers, so the fixed day/daily services are not available at every facility) of Sterilization, it is now proposed to provide additional funds for Female sterilization camps. In these camps there will be transportation facility for surgical team and operated client apart from physical arrangements at camps. Family planning programme has strong seasonal variation and most of the cases of sterilization happen in the latter half of the year. It is proposed to organize 17 camps per block starting September till March 2012-2013 (2 camps per month from September to December and 3 camps per month from January to March). The district level FRUs providing daily services, will be catering to client load during non-season month from April to August. **The expenses are budgeted per block /year under the head are as follows:**

Expenditure Description	No. of Camps /year	Amount (Rs.)/camp	Total Amount(Rs.)/Block
Transportation of surgical team	17	800.00	13600.00
Transportation of operated clients	17	800.00	13600.00
Physical Arrangements and IEC for Camps	17	400.00	6800.00
Total		2000.00	34200.00
Total No. of Camps in a year @17 Camps per block (From Sep to March)		820 X 17 =13940	
Total Budget required for 820 Blocks		13940 X 2000 =278.80 Lakhs	

Accordingly, for organizaing these camps during the year 2012-13, total amount of Rs. 278.80 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.3.1.2).

NSV camps in districts

Besides providing NSV services on regular basis, it is proposed that each district hospital will organize NSV camps. In the year 2011-12 NSV camps could not be conducted because of rider of minimum 50 cases. Because of low acceptance of NSV in the state and shortage of trained surgeons, 50 NSV cases at a time are very difficult to collect. If cases are less than 50, then districts don't get IEC budget and male participation requires lots of IEC.

This year, to increase the NSV acceptance, the state proposes a change in funding structure. Funds will be admissible for NSV camps if at least 10 NSVs are conducted per camp. The rate of expenditure per client will remain same at Rs 700.00 per client (Rs 100.00 for transportation of clients, 600.00 for IEC, contingency, mobility of surgeon, physical arrangements and logistic). Each camp will be for a minimum of 2 days. In each camp, at least 2 NSV providers should be available. Mobility to surgeon as per actual and as per entitlement under GUOP rules will be permissible. It is expected that at least 50% of the NSV cases will be performed through camps organized in rural areas and rest of the cases will be conducted on COEs/District hospitals. 1500 camps are proposed @ 5 cases per camp and a budget of Rs 3500.00 per camp is proposed per camp. **Therefore a budget of Rs 52.50 Lakhs is proposed (Rs 700x7500) for this activity for year 2012-13, which is approved by GOI(ROP-FMR Code-A.3.1.3).**

Compensation for Sterilization NSV (Male)

Up to December 2011, a total of 4615 male sterilizations have been performed. However, considering that all the 3 Satellite Centres for NSV are established and have started working, and work load is generated through them, therefore it is now estimated that in the year 2012 -13 with more number of NGOs and developmental partners working for NSV promotion around 15000 sterilizations would be performed.

For infection prevention materials, gloves, suture & other consumables; Rs. 50.00 per sterilization case is included in the compensation package.

An amount of Rs. 225.00 Lakhs @ Rs.1500/- per sterilization for 15000 sterilization cases would be required for the year 2012 -13, which is approved by GOI(ROP-FMR Code-A.3.1.5).

Compensation for Sterilization (Female)

Female sterilization has declined this year. One of the reasons has been non-availability of funds this year. Till December 2011, around 155823 sterilizations have been performed. It is expected that there will be around 3 Lakhs sterilizations by March 2011 (Since maximum number of female sterilizations is done in the last quarter). Now with the availability of regular funds and private sector partnership and further training of providers, it is expected that in the year 2011 -12 around 4.50 Lakhs sterilizations would be performed.

Infection prevention material, gloves, suture & other consumables are provided within Rs. 50 per case for drug & medicine head under the compensation package. Additional drugs and consumables required can be procured from medicine funds being made available to the FRUs. ***An amount of Rs. 4500.00 Lakhs @ Rs.1000/- per sterilization would be required for the year 2012-13, which is approved by GOI(ROP-FMR Code-A.3.1.4).***

3. ACCREDITATION OF PRIVATE CENTRES/ NGOS FOR STERILIZATION SERVICES

It is proposed to continue accreditation of private centres/nursing homes to increase the Sterilization Services in the State. The purpose of this proposed activity is to evolve partnership with private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. In the year 2011-12, as accreditation was taken up by DHS very late in the year, only 38 private facilities were accredited for sterilization services in the state and around 4450 Sterilizations were compensated through them. It is proposed that 25000 Sterilizations will be conducted through private sector partnership. Each Private health facility will receive appropriate advance money by DHS, they will be compensated @ Rs.1500/- per case, which will be reimbursed again after adjusting the advance received. ***For this purpose, an amount of Rs. 375.00 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.3.1.6).***

4. POST PARTUM FAMILY PLANNING SERVICES AT HOSPITALS

Deployment of Family Planning Counselors

In view of large number of institutional deliveries under JSY scheme the Family Planning counselors were deployed, one per FRU to promote post partum family planning acceptance. Last year 200 FWCs were approved by GOI but new appointments were not done and 180 FWCs appointed in the last week of March 2011 were continued as such. At present 109 are working at identified FRUs in the state. From this year focus has changed from identified centres to active delivery points; therefore the plan has been revisited. The number has gone up from 180 to 290 but working stations are proposed to be 86 FRUs(L3) and 204 24x7(L2) delivery points having high load of deliveries so that they can effectively contribute on counseling of ANC/PNC women for PPIUCD/PPS and other FP methods.

These counselors will be trained to counsel all the pregnant women, coming to health facilities for ante-natal checkups/deliveries and mothers admitted in post-partum wards to address their concerns for small family norms. They will also be trained to counsel for adaptation of any one of the post partum family planning methods including PPIUCD & PPS. A total of 9 days training/orientation in 2 phases will be given to these workers to make them skilled in counselling for small family norm.

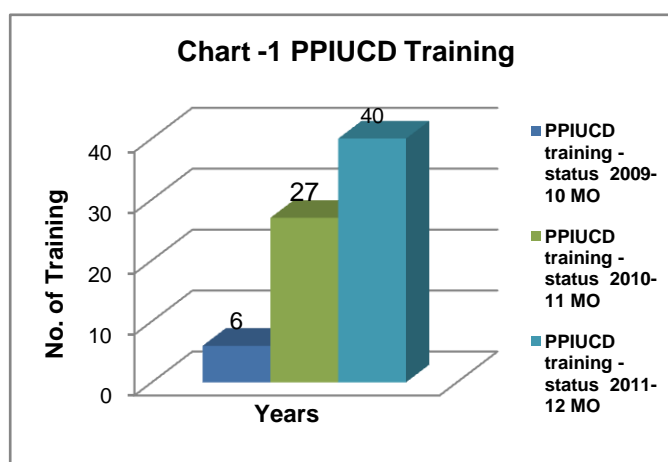
The performance of these Family Planning Counselors will be assessed on the basis of increase in the number of beneficiaries adopting post partum family planning methods at the facilities and increase in the total family planning achievement of the facility. The honoraria of Family Planning Counselor would be Rs. 9000/- per month and additional support for communication @Rs.300/- per month is also proposed.

Accordingly, Rs. 323.64 Lakhs (290@Rs.9300/month for 12 months) for this purpose was budgeted, which is approved by GOI in HR Chapter (ROP-FMR Code-A.8.1.7). Further the budgetary details for skill development trainings of these counselors are given in Training Chapter.

Promotion of Post Partum IUCD

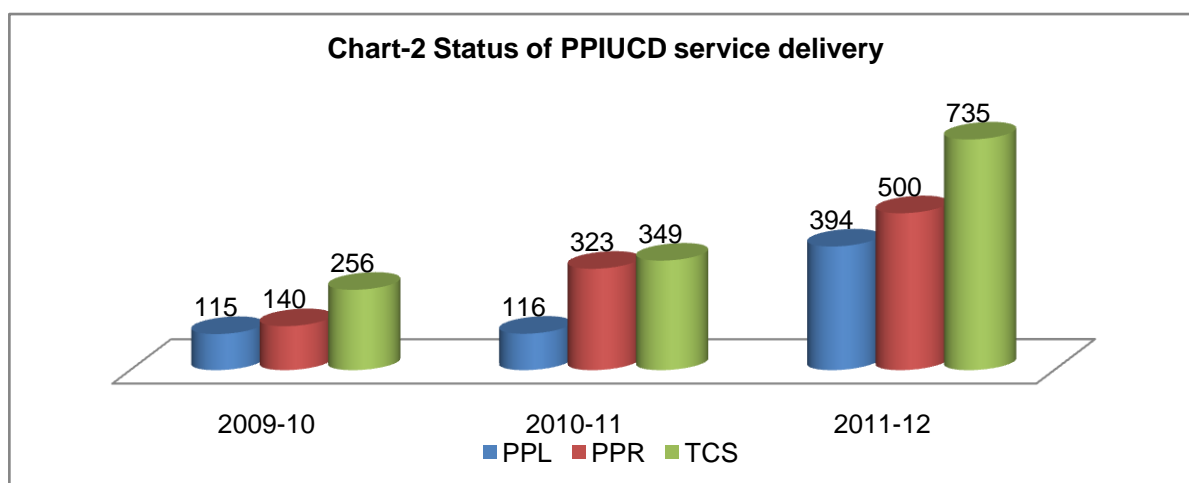
Postpartum IUCD technique was piloted in the state at CSMMU, Lucknow in the year 2008-09 and doctors of District Women Hospital, Jhansi and Allahabad were trained in PPIUCD insertion technique through SIFPSA funds under technical supervision of JHIPIEGO, although Service delivery could not be started in that year. In the year 2010-11 standardization of the IEC material, follow up mechanism and reporting systems were developed and the

programme implementation was expanded to Veerangana Avanti bai Mahila Chikitsalya, Lucknow as 4th center. In 2010-11 service delivery started in 4 centers after follow up



support provided by trainers from CSMMU, Lucknow. In the year 2011-12, the programme was further expanded to 8 district women hospitals and 5 medical colleges (total 17 sites) and service providers could be trained from 11 sites (4 medical colleges and 7 DWH) (Table 1) and reporting on services delivery started from total 9 sites (Table 2).

Status of service delivery: Our 9 sites have started services (Table 2).



Support provided by CSMMU trainers and SIFPSA to Service delivery sites-

- **Supply of Long placental forceps (Kelly's)**- 5 forceps are provided to each center to start PPIUCD insertion.
- **IEC materials** consist of 2 types of posters; follow up cards, leaflets and films for awareness creation.
- **Standardized reporting formats** have also been developed and provided to all the service delivery sites.
- **Hand holding and training follow up** visits by trainers had been planned and found to be very useful.

Scaling up plan

Since, PPIUCD service delivery is linked with delivery load at the service sites, focusing on active L3 delivery points, state has selected 14 additional District women hospitals besides 5 medical colleges and 11 DWHs where training was started last year. Thus a total of 25 DWH and 5 medical colleges have been identified for service delivery for this year. Out of these CSMMU Lucknow and Allahabad DWH will also function as Training sites this year. New DWH have been selected which have monthly delivery load of more than 150. Further, state is also proposing one Family Planning Counsellor at each of these sites to promote postpartum family planning counselling. A total of 85 doctors/ faculty in 17 batches are expected to be trained in year 2012-13 to facilitate the service delivery. Thus by the end of year 2012-13, a total of 30 PPIUCD service delivery sites are expected to perform PPIUCD. The list is given below:

TABLE 3 - Summary of PPIUCD programme						
Sl.	Districts	Category of service site	selection of site	No. of providers trained	Remarks	services
1	Agra	MC	old	3	Trained	

2	Lucknow	MC	old	7	Trained	445
3	Meerut	MC	old	7	Trained	92
4	Kanpur	MC	old	10	Trained	43
5	Gorakhpur	MC	old	3	partially trained	
6	Agra	DWH	old	1	partially trained	
7	Lucknow	VAB DWH	old	14(VAB)	Trained	267
8	Lucknow	JKB DWH	new			
9	Lucknow	RML DCH	new			
10	Meerut	DWH	old	2	partially trained	
11	Kanpur	DWH	old	3	partially trained	8
12	Gorakhpur	DWH	new	0		
13	Jhansi	DWH	old	3	Trained	66
14	Allahabad	DWH	old	13	Trained	710
15	Saharanpur	DWH	old	0		
16	Moradabad	DWH	old	1	partially trained	
17	Varanasi	DWH (DCTC)	old	5	partially trained	
18	Azamgarh	DWH (DCTC)	old	4	Trained	6
19	Mirzapur	DWH (DCTC)	old	1	partially trained	
20	Hardoi	DWH	New			
21	Barabanki	DWH	New			
22	Jaunpur	DWH	New			
23	Lalitpur	DWH	New			
24	Gazipur	DWH	New			
25	Pratapgarh	DWH	New			
26	Faizabad	DWH	New			
27	Bulandshahr	DWH	New			
28	Unnao	DWH	New			
29	Raibareilly	DWH	New			
30	Mathura	DWH	New			

Development of Additional Training sites

So far, Obstetrics & Gynaecology department of CSMMU, Lucknow is state level PPIUCD training site. District Women Hospital, Allahabad will also be developed as PPIUCD training site before March, 2012. Considering the potential training load, additional two training sites are planned to be developed in the year 2012-13. Site selection will be made according to the service delivery and availability of suitable trainers. Faculty of CSMMU, Lucknow will develop trainers in two identified potential training sites. Thus by the end of year 2012-13, four PPIUCD training sites will be available in the state. **The GOI is being requested to provide suitable ZOE models at 2 proposed training sites in the year 2012-13.**

Support for Service delivery sites

After training of doctors, IEC material, Kelly's forceps and Job Aids will be supplied to the service delivery sites to facilitate start of service.

- **Supply of Long placental forceps (Kelly's)**- 5 forceps each to 14 new centers, thus a total of 70 (Kelly's) forceps are proposed to be provided to start PPIUCD insertion.
- **IEC materials** consist of 2 types of posters; follow up cards, leaflets and films for awareness creation. Old sites will be provided 2 sets and new sites will be provided 5 sets of posters.
- **Standardized reporting formats** have also been developed which will be provided to all the service delivery sites.

- **Hand holding and training follow up** visits by trainers conducted in the past have been found to be very useful and are proposed to be continued. A total of 21 visits this year are proposed this year by trainers from the 2 training sites.

Budget for service delivery site support:

- **Procurement of Instrument and printing of IEC material**

Sl.	Head	Units	Estimated Cost	Remarks
1	IEC Material	Poster (2 sets of 2 type of poster to 16 sites and 5 sets to 14 new, FU cards- 100x8 months x14 new sites, 100x12 months x16 old sites, Leaflets- 2400x14 sites, 3600 x16 old sites)	3.00 Lakhs	Booked under IEC
2	Reporting/ Communication	Communication and reporting support @ Rs.500/- per site for 12 months to old 16 sites and for 8 months to new 14 sites	1.80 Lakhs	Under programme budget
Subtotal			4.80 Lakhs	

- **Handholding and follow up of PPIUCD service sites- booked under training head**

Sl.	Budget Head	Rate	Particular	Estimated Cost
1	TA per day for 1 PPIUCD trainer as per actual and entitlement	Rs.6000 per visit(visit for MC and DWH will be clubbed	6000x 20(except CSMMU & DWH,All)	1.20 Lakhs
2	Fooding & Lodging	Rs.2500 per day for maximum 1 day	2500x1x20	0.50 Lakhs
3	Honorarium for trainer	Rs.2500 per day for 1 day	2500x20+1(including Lucknow WHs)	0.525 Lakhs
Subtotal				2.225 Lakhs

This programme was supported by SIFPSA till year 2011-12. From now this activity is proposed to be funded under NRHM and the team at SIFPSA will be supporting NRHM in terms of planning, Implementation, hand-holding and monitoring of the programme. **A budget of Rs 7.025 Lakhs is proposed for PPIUCD programme out of which Rs 1.80 Lakhs is budgeted under programme, Rs 3.00 Lakhs under IEC and Rs 2.225 Lakhs under training plan. GOI Approved Rs. 3.00 Lakhs for IEC activities (ROP-FMR Code- B.10.2.3) in Mission Flexipool and Rs. 2.225 Lakhs under training head (ROP-FMR Code- A.9.6.6) in RCH Flexipool. Further, as per comments/remarks by GOI, Rs.1.80 Lakhs for reporting & communication not reflected in ROP.**

Training plan

Details of PPIUCD trainings are given under training chapter.

5. SPACING METHOD (PROVIDING OF IUD SERVICES BY DISTRICTS)

Plan for providing IUD services at health facilities in districts

After sterilization, the newly introduced CuT 380-A is the most effective and reliable contraceptive. It is the temporary method providing a long term safety. At present 992 facilities are providing daily services and the state plans for daily IUCD services at 1050

facilities. The state will make efforts to start fixed day (twice a week) IUCD services at 500 NPHCs and once a week services at 1500 SHCs. Though IUD services are available up to sub centers but there is no fixed day when clients can be sure of the availability of ANMs for IUD services. Instructions will be issued from the directorate to revive conduction of Sub-centre clinics on every Thursdays to promote IUD services. The accredited sub-centers which have proper space and facilities will be monitored for this activity.

This year CuT 375 has been introduced. The state proposes to supply 10% CuT 375 and 90% CuT 380-A of their requirement to the districts.

Compensation for IUD

With focus on post partum IUD insertions and involvement of private sector for the provision of Family Planning services, it is expected that around 20 Lakhs clients will have IUD inserted in the year 2012-13. Accordingly, as per GoI norms, the package of Rs. 20/- per client as compensation package is proposed. ***Thus, total budget required for this activity is Rs 400.00 Lakhs out of which GOI approved Rs. 300.00 Lakhs (ROP-FMR Code- A.3.2.2) for 15 Lakhs insertions.***

6. FAMILY PLANNING MANAGEMENT

‘CTU’ Workshops on technical manuals of Family Planning viz. Standards, Updates, QA, FDS approach, SOP for camps, Insurance, etc.

It is important to conduct dissemination workshop and contraceptive update at state and district level as well. It is proposed to conduct 1 state level workshop in 4 batches and 1 workshop per district. Accordingly, Rs. 20.75 Lakhs are proposed for this activity for the year 2012-13 (Rs.18.75 Lakhs for district workshops @ Rs. 25,000/- per workshop per district for 75 districts; 2.00 Lakhs for state workshops @ Rs. 50000/- for 4 batches).

Accordingly, the amount of Rs. 20.75 Lakhs was proposed for this activity for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.3.2.5).

Review meetings on family planning performance and initiatives at the state and district levels (periodic)

Regular review of Family Planning performance is being done at state/ divisional/ district level review meetings on monthly basis. District performance reports are reviewed in details. Special attention is given to discuss the problems and issues leading to low/poor performance in the Districts. Accordingly, measures are taken to resolve the issues of poor performing districts. ***No extra budget is needed for this activity.***

Monitoring and supervisory visits to districts/facilities

To ensure provision of quality sterilization services, it is proposed to adopt a provider-wise monitoring of sterilization case through state officers/monitors/state trainers/District QAC members. Regular review of performance is being done and a reporting mechanism is established. It is also proposed to involve District/ Divisional and State trainers (of NSV,

Laparoscopic & mini-lap tubectomy) and technical support agencies (development partners) in providing supportive supervision and follow up of newly trained service providers. They will also give immediate feedback so that the corrective measures can be adopted for the service provision as well as facility readiness for the sterilization services. State & district trainers will be paid TA/DA and Honoraria according to norms approved in integrated supervision and monitoring plan, which will be met from that head. **Therefore, no budgetary requirement is being proposed in programme.**

Programme management support at SPMU/DGFW

Rationale - The FP cell at NRHM SPMU, U.P. is currently very weak as Maternal Health and family planning divisions function together under one General Manager (GM) at the state level with no DGMs. There is no additional staff to look after FP programme managerial work. 1 Programme Assistant, looking after MH work is already extremely overburdened and the situation becomes worse in case of leaves/illness. Programme monitoring is minimal as it becomes very difficult for single GM to move to the field leaving state office to nobody. FP programme in itself is a very important and large programme and requires regular guidelines to be sent to the districts with documentation work. There is need to strengthen the FP division at state level in terms of hiring of consultants. 5 Consultants proposed under MH programme are proposed to be utilized to monitor FP services and trainings at delivery points, therefore 2 programme assistants are proposed to be hires on contract, one for SPMU and one for DGFW.

Sl.	Post	No.	Qualification
1	Programme assistant (bilingual typist)	2	Masters Degree in related subject with relevant experience of min. 5 yrs. along with Hindi and English typing skills with MS Office knowledge

The salaries of these human resources are being proposed under programme cells in programme management chapter.

7. PERFORMANCE BASED REWARDS

Performance Based Rewards to Institutions and Providers for Family Planning Performance at District and State Level

Appreciating good performers is an important strategy to motivate staffs. To improve the quality of sterilization services and to increase demand for them it is proposed to provide cash incentives plus a certificate to high performing CMOs, medical officers, ASHAs, ANMs and other facility staffs like staff nurses who make extra efforts to provide quality services. The rewards will be given separately for NSVs and Tubectomies to give emphasis to NSV and they will be distributed during specific occasions/ public functions like ASHA Sammelan, district/ state level workshops etc.

- **Rewards for ASHAs, ANMs for promoting NSVs and Tubectomies** - The CMOs will identify one best performing ASHA and one best performing ANM from each block on the basis of maximum number of NSV or Tubectomy clients mobilized by them to avail sterilization services. The minimum bench mark for ASHA will be at least 5 cases of

tubectomy or NSV in a year, while for ANMs it will be 10 cases of tubectomy or NSV in a year. This will make 2 ASHAs and 2 ANMs (one for tubectomy and one for NSV) from each block. Each selected ASHA and ANM will be awarded cash incentive of Rs. 2000 each and a certificate during a public function during WPD. **For this purpose, Rs 65.60 Lakhs (4 persons x 820 blocks @ Rs.2000/each) was proposed for the year 2012-13, out of which GOI approved total Rs.24.60 Lakhs (ROP-FMR Code- A.3.5.2) i.e. Rs.8.20 Lakhs for rewards for ASHAs for promoting G96NSV/Tubectomy (@Rs. 500 per ASHA for 1640 ASHAs) and Rs. 16.40 Lakhs for rewards for ANMs for promoting NSV/ Tubectomy (@ Rs. 1000 per ANM for 1640 ANMs).**

- **Rewards for facility staffs** - Cash incentives of Rs 3000 plus certificate may also be awarded to staff nurses/OT assistant or any other facility staff who makes extra efforts in assuring quality of sterilization services or promoting these services. These staffs should be from the facilities that provide regular sterilization services. 1 staffs will be rewarded for NSV services and 1 staffs for Tubectomy services from each district, for which total budget of Rs. 4.50 Lakhs (75 districts x 2 x Rs.3000) was proposed. **GOI approved Rs. 2.25 Lakhs for this purpose (@ Rs. 1500 /staff for 150 staff members) (ROP-FMR Code-A.3.5.2).**
- **Rewards for NSV and Tubectomy surgeons** - Similarly, the CMOs will identify 3 best performing NSV surgeons and 3 best performing Tubectomy surgeons on the basis of number of sterilization cases performed by them during the last financial year as well as quality of their services. Quality will be determined on the basis of no report of complications and failure from the cases performed by them. The qualifying benchmark will be 50 for NSV and 500 for Tubectomy and top 3 performers will be selected for this award barring those with complications.

Reward	Incentive Amount in Rupees	Reward	Incentive amount (Rs)
1 st	25,000	1st	25,000.00
2 nd	20,000	2nd	20,000.00
3 rd	15,000	3rd	15,000.00
Total per district	60000		60000.00
Total Rs. 120000x 75 districts = Rs 90.00 Lakhs			

For this purpose, GOI approved Rs. 45.00 Lakhs (ROP-FMR Code-A.3.5.2)

- **Rewards for CMOs** - Based on the sterilization achievements of districts, CMOs of 3 best performing districts for NSV achievements and 3 for Tubectomy will be rewarded with money and a certificate in the state. The minimum benchmark for this award will be achievement > 50% of the state target for Tubectomy and more than 500 NSV cases in the year for male sterilizations. This year a separate award system has been proposed for male and female sterilizations to promote male participation in FP programmes. This reward will be given at the state level on "World Population Day":

For NSV achievements in the district		For Tubectomy achievements	
Reward	Incentive Amount (Rs)	Reward	Incentive amount (Rs)
1 st	50,000.00	1st	50,000.00
2 nd	30,000.00	2nd	30,000.00
3 rd	20,000.00	3rd	20,000.00
Total amount			2.00 Lakhs

The above proposed amount is approved by GOI (ROP-FMR Code-A.3.5.2)

Summary of performance incentives for NSV and Tubectomy

Sl.	Category of staff	Incentive amount/ staff (Rs)	No of staffs to be rewarded/ district	Proposed amount (Rs. in Lakhs)	Approved Amount (Rs. in Lakhs)
1	ASHAs- 2 per block	2000	820x2	32.80	8.20
2	ANMs- 2 per block	2000	820x2	32.80	16.40
3	SN/Sister/OT assistant/ any other support staff	3000	75x2	4.50	2.25
4	3 NSV & 3 Tubectomy surgeons per district	1 st - 25,000 2 nd - 20,000 3 rd - 15,000	6x75	90.00	45.00
5	CMOs 3 for NSV, 3 for Tubectomy	1 st - 50,000 2 nd - 30,000 3 rd - 20,000	6	2.00	2.00
Total amount of rewards for the state				162.10	73.85

An amount of Rs.162.10 Lakhs for 75 districts is proposed for the year 2012 -13 with condition that only performance above benchmarks is to be awarded. For this purpose, GOI approved Rs. 73.85 Lakhs under RCH Flexipool (ROP-FMR Code-A.3.5.2)

8. UTILIZATION OF ASHAS FOR FAMILY PLANNING SERVICES

A scheme has been launched by GOI on 16th May 2012 to incentivize ASHAs for promoting spacing between 2 children and adoption of permanent methods after 2 children in their areas. She will be given an incentive of

1. Rs 500 for ensuring spacing of 2 years after marriage,
2. Rs 500 for ensuring spacing of 3 years after birth of 1st child and
3. Rs 1000 if a couple adopts permanent method after 2 children.

This year no funds are required in this scheme on 1st and 2nd points but only required for adoption of permanent method after 2 children. This year approx 50,000 couples are expected to adopt the permanent limiting method after 2 children. A budget of Rs. 500.00 Lakhs will be required @Rs 1000.00 for 50,000 couples for the year 2012-13.

- **Orientation Meeting of ASHAs** - A one day orientation meeting is planned for ASHAs at the block level for 2 schemes promoted by ASHAs: social marketing of FP methods and incentive for adoption of FP methods. They need hands on training on collection of data and record keeping and also FAQs for implementation of the above 2 schemes. A budget of Rs. 300.00 Lakhs is beginning proposed for this to cover 136094 ASHAs presently working in the state. IEC activities (handbill, an appeal to Pradhans and community etc) for mobilizing community to utilize services of ASHA are also proposed to be from this budget.

For the above purpose, total budget of Rs. 800.00 Lakhs was proposed for year 2012-13, which is approved by GOI. (ROP-FMR Code-A.3.5.1). ((Proposed in Supplementary PIP).

9. SOCIAL MARKETING OF CONTRACEPTIVES BY ASHA

The contraceptives are supplied to the state by GOI and distributed to the districts as per their projected requirements. In spite of trying various methodologies for distribution and usage of spacing methods, unmet need remains very high. The reasons identified are many from timely availability of choice method to lack of privacy in distribution system. To overcome these constraints and promote usage of spacing methods in rural areas, a new scheme has been launched in 45 High Focus Districts (HFD) of Uttar Pradesh. Under this scheme: packs of Oral contraceptives pills, Emergency contraceptive pills and pack of 3 condoms have been supplied directly to the 45 districts. These supplies are distributed to ASHAs in amount based on the eligible couple register data of ANM to be distributed to the rural population on nominal prizes. The supplies to SCs and PHCs have been replaced by this scheme. The advantage being:

- Eligible couples would be able to access these contraceptives in the privacy of their homes.
- Travelling cost to PHC/CHC is saved as prices are so nominal.
- ASHA is involved as motivator and monitoring of usage is easy.

For delivering contraceptive of choice at the doorstep of the beneficiary, ASHA will be charging an amount of

- Rs 1.00 for a pack of 3 condoms
- Rs 1.00 for a cycle of Oral contraceptives and
- Rs 2.00 for an ECP from the beneficiary.

Proposed for increasing accessibility and availability of spacing methods, the scheme will be monitored closely for increasing acceptability of spacing methods among the rural clients in 2012-13. The orientation of ASHAs will be done by MOICs in the regular monthly meetings.

No extra budget is required in this activity.

10. IEC/BCC ACTIVITIES

To carry out IEC/BCC activities under Family Planning, a budget of Rs. 305.85 Lakhs was proposed for the year 2012-13. The details of activities are under IEC/BCC Chapter in Mission Flexipool.

11. PROCUREMENT OF DRUGS/MATERIALS

There is a need for these equipment and kits, which is being budgeted as under:

- **NSV Kits** – NSV Kits for newly trained doctors has been budget under training contingency budget. Therefore, no budget is being proposed in this chapter.
- **IUD Insertion Kits** – IUD Insertion Kits for newly trained service providers (ANM/LHVs) has also been budget under training contingency budget. Therefore, no budget is being proposed in this chapter.
- **AMC of Laparoscopes** – Approximately 1000 Laparoscopes will need AMC in this year, for which Rs. 5000/- is being budget for each laproscope is being proposed, thus the

total budgetary provision for 1000 Laproscopes is Rs. 50.00 Lakhs, **which is approved by GOI (ROP-FMR Code-B.16.1.3).**

12. FAMILY PLANNING TRAINING

Laparoscopic Sterilization

In the year 2012-13, induction training at 10 DCTCs for 63 Medical Officers and 21 staff nurses is required and being proposed. The training follow-up is also proposed **and a total amount of Rs. 25.77 Lakhs was proposed, out of which GOI approved Rs. 16.23 Lakhs. (ROP-FMR Code-A.9.6.1)**

Minilap (Abdominal Tubectomy) training

In the year 2012-13, induction training for 39 MOs and 26 SN is being proposed. Further, follow-up of these trainings is also being proposed. **A total amount of Rs. 16.95 Lakhs was budgeted, out of which GOI approved Rs.9.91 Lakhs. (ROP-FMR Code-A.9.6.2)**

NSV Trainings

NSV Satellite Centres (Medical College Meerut, Allahabad & Kanpur) & Centre of Excellence (COE CSMMU, Lucknow)

The training of doctors depends upon client load; the demand generation activities are proposed to be continued in the year 2012-13. A total of 96 doctors have been proposed to be trained in these three medical colleges and COE at CSMMU, Lucknow. The staff and maintenance cost for COE and setelite centres, which was earlier being supported by SIFPSA is proposed under NRHM from this year. A total Amount of 15.64 Lakhs is being proposed for this activities along with Rs. 1.44 Lakhs for IEC during training in these centres. **Thus, a total amount of Rs. 24.76 Lakhs was proposed, out of which GOI approved Rs. 23.32 Lakhs.(ROP-FMR Code-A.9.6.3)**

IUCD Insertion Training

The training is being proposed to be initiated in remaining 29 districts in the state. This year, 58 trainers will be trained from 29 districts, who will train 360 doctors in 72 batches and 60 AMN/LHVs/PHNs/Staff Nurses will be trained in 750 batches at the district level. **The total budgetary provision for conducting these training programmes is Rs. 278.14 Lakhs, which is approved by GOI.(ROP-FMR Code-A.9.6.4 and its subheads)**

Post Partum IUCD Training

This year, PPIUCD programme has been up-scaled to include 14 new sites. Therefore, a total of 85 service providers are proposed to be trained in 17 batches. An additional, training site at DWH, Allahabad is being prepared and additional 2 training sites are proposed to be strengthened in year 2012-13. Thus, an amount of Rs. 7.14 Lakhs for conducting TOTs (2 batches) and field training of 17 batches which includes training material and instruments required for the training and service delivery and an amount of Rs. 2.225 Lakhs for follow up at service delivery sites, was budgeted. **GOI approved Rs. 9.37 Lakhs for this purpose (ROP-FMR Code-A.9.6.6)**

Other Family Planning Trainings

Training for Family Welfare Counsellors (FWCs)

This year, 290 family welfare counsellors are being appointed at L-2 and L-3 delivery points having delivery load of more than 200 deliveries per month. These FWCs will be trained on all family planning methods, post partum IUCD & sterilizations and also on IPC skills.

For this, their training has been planned in 2 phases, each phase will having 10 batches of approx. 30 participants each. First phase will be of 6 days and second phase will be of 3 days. **For this activity, a total amount of Rs. 24.60 Lakhs was proposed, which is approved by GOI.(ROP-FMR Code-A.9.6.6) .**

The budgetary details of trainings are as below:

Sl	Training Activities	Unit Cost in Lakhs/ batch	Physical target (no. Of trainees)	Frequency	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in Lakhs)
	Family Planning Training					
1	Laparoscopic Sterilisation Training				25.77	16.23
	Induction	1.19	63 (MOs); 21(SN)	21 batches	23.80	14.26
	Follow up of Training	0.09		21 batches	1.97	1.97
2	Minilap Training (Abdominal Tubectomy)				16.95	9.91
	Induction	1.21	39(MO); 26 (SN)	13batches	15.73	8.69
	Follow up of Training	0.09		13batches	1.22	1.22
3	NSV Training				24.76	23.32
	Induction and refresher	0.24	96 (MO)	32 batches	7.68	7.68
	IEC during Training			32 batches	1.44	-
	Running Cost of Settlite and COE centre			3 Settlite and 1 COE	15.64	15.64
4	IUD Insertion Training				278.14	278.14
	ToT for Dist trainers	0.49	58 Doctors for 29 Districts	6 batches	2.94	2.94
	Medical Officer	0.42	360 Doctors	72 batches	29.95	29.95
	ANMs/LHV & S.N	0.33	4500	750 batches	245.25	245.25
	PPIUD Insertion Training				9.37	9.37
	TOT	0.25	10	2 batches	0.51	0.51
	Induction and refresher	0.39	85	17 batches	6.63	6.63
	Follow up activities				2.23	2.23
5	Contraceptive Update/ISD Training					
6	Other FP Training –					
	a- (Family Welfare Counsellor Training) 6 days + 3 days (9 days)	2.46	300	10 batches	24.60	24.60
	b- IUCD training facilitated by HLPPT	-	-	-	-	459.43
	Sub Total				379.59	821.00

A.4. ADOLESCENT REPRODUCTIVE & SEXUAL HEALTH

Nearly 25 percent of the population of Uttar Pradesh are adolescents (415 Lakhs). Of these approximately 200 Lakhs are adolescent girls. As per NFHS -3 adolescent girls getting married below 18 years of age are 59% and out of these 38% begin child bearing when less than 19 years of age. As per NFHS-3, teenage pregnancy is 14.3% and unmet need for contraception is 21%. Prevalence of Anaemia in this age group is about 49% and adolescents seeking treatment at health facilities is only 31%. There is poor awareness in this age group regarding different problems occurring such as RTI/STIs and way to address them. NFHS-3 data also indicates that there is poor knowledge regarding problems of unsafe sex, personal hygiene and nutrition. Only 33% of girls in age group of 15-19 years knew that condom can prevent HIV transmission and 36% males had heard of STDs.

Given the above scenario, there is an urgent need for influencing the health seeking behaviour of adolescents which will determine mortality, morbidity, population growth and health in the community. This will also influence adolescents for delaying the age at marriage, reducing teenage pregnancy, meeting unmet need of contraceptives, reducing incidents of RTI/STIs and reducing maternal deaths in this age group.

Taking above mentioned situation into consideration, the state has decided to implement following schemes for adolescents in the State.

Programmes	No. of districts covered	Age Group	Target beneficiaries	IFA Distribution	De-worming distribution
Saloni scheme	72	10-19	Girls	Yes(school going girls)	Yes
Menstrual hygiene scheme	13	10-19	Girls	Yes	Yes
SABLA scheme	22	10-19	Girls	Yes (non-school going girls)	Yes
AFHS clinics	18 (2 in each district)	10-19	Girls / Boys	Yes	Yes

1. ADOLESCENT FRIENDLY HEALTH SERVICES

The State had planned to set up AFHS clinics in each of the 18 Divisional Head Quarter Districts separately for boys and girls in 2011-2012 thus aiming to establish total 36 such clinics in the state. Due to unavoidable reasons and problems in the state, the same could not be implemented in the year 2011-12 and is being proposed again for the year 2012-13.

These clinics are to be established in premises of District Male and Female Hospitals and provide services during Hospital working hours. These clinics are proposed to work in convergence with already existing ICTC and PPTCT centres of UPSACS which are functional in these hospitals. There is one full time counsellor at these centres who will be trained to provide counselling to adolescent beneficiaries. Strengthening of these ICTCs/PPTCTs is proposed to be done in regards to adolescent friendly health services. An additional amount of Rs. 2000 per month as honoraria is proposed for these counsellors for conducting adolescent counselling sessions.

Clinics are to be given additional support to make them functional as adolescent friendly and maintain privacy. In the clinics good IEC/BCC messages are proposed to be displayed on the walls and enough reading material will be provided so as to clarify physical and psychological changes in this age group and to answer the queries of beneficiaries. It is proposed that some reading material will also be made available as take away for any future references. Existing ICTC/PPTCT clinics have a computer system on which data is to be maintained by the counsellors for services delivered to adolescents also. These clinics are proposed to be given an amount of Rs. 25,000.00 for strengthening and running of clinics (Rs.13000.00 for additional furnishing/renovation and Rs.1000.00 per month as contingency). It is proposed that ICTC/PPTCT counsellors will be provided with three days training on technical and counselling issues through State Institute of Health and Family Welfare (SIHFW). For the training, ANM/LHV modules developed by GOI will be utilized.

Designing and development of the counsellors support materials like flip-book will be done at SPMU with the help of Technical support unit of SIFPSA/ Johns Hopkins Bloomberg School of Public Health/Centre for communications programs (JHU/CCP) under ITAP project.

Sl	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
AFHS Clinics						
1	Support to AFHS Clinics (lumpsum for Clinic strengthening and equipment like weighing Machine/height measuring stand etc.)	36	25,000.00	1	9.00	4.50
2	Reading material Supply	36	1,000.00	12	4.32	2.16
3	Other Supplies to AFHS clinics at DWH(IFA, Calcium, deworming etc)	36	10,000.00	1	3.60	1.80
4	Incentive to the counsellors	36	2,000.00	12	8.64	4.32
5	Training of AFHS Counsellors	36	4194.44	1	1.51	1.51
Sub Total					27.07	14.29

Thus, for this purpose an amount of Rs. 27.07 Lakhs was proposed for 2012-13, out of which GOI approved a budget of Rs. 12.78 Lakhs for 18 units (ROP-FMR Code- A.4.1) under programme budget head and Rs. 1.51 Lakhs under Training Chapter (ROP-FMR Code- A.9.11). After discussions with GOI team during their state visit, a revised proposal is being submitted to GOI in supplementary PIP-2 for an amount of Rs. 69.84 Lakhs.

2. PROMOTION OF MENSTRUAL HYGIENE

State recognizes that problems during menstrual period and lack of knowledge in school going adolescent girls, constraints school attendance and possibly contributes to infections related to issues of personal hygiene. Hence, the State is willing to take up the scheme of Menstrual Hygiene in a phased manner. The same was proposed in the year 2011-12 but could not be implemented due to various reasons and is being proposed again.

State has identified 13 priority districts for implementation of menstrual hygiene scheme amongst school going adolescent girls along with existing Saloni Swasth Kishori Yojana and to non school going girls through ASHAs in the rural areas. As informed by GOI, Sanitary napkins will be provided at the Block level for 13 selected Districts by GOI. Additional 3 new districts i.e. Amethi, Sambhal & Shamli are being taken up this year.

State and District Level Committees for Promotion of Menstrual Hygiene

Nodal officers at State and District level have been nominated for implementation of the scheme. A State level committee has been constituted under chairmanship of DG- Family Welfare comprising of Joint Director level nodal officer, other concerned officials from FW Directorate, SPMU, ICDS and Development Partners. On the same pattern District committees have also been formed under chairmanship of CMO, comprising of ACO as Nodal Officer, District Community Mobilizers, District Program Managers, ICDS officials and local partners from NGOs and other inline departments as members.

3. SALONI SWASTH KISHORI YOJANA

The young girls between the ages of 10 to 19 years constitute a vital segment of our population. The future of our next generation is going to largely depend on the investment we make today in improving the quality of lives of these girls. Vulnerability to anaemia increases significantly among adolescent girls, because of increased requirements as a result of rapid growth during this age and loss of blood during menstruation. When combined with low dietary intake, poor absorption and recurrent infections like malaria and hookworm infestations, the problem gets further compounded.

Anaemia in adolescent girls has far reaching implications. These include compromised physical growth, learning capacity, school performance, physical work capacity and ability to resist infections. Thus, these adolescents grow into anaemic adult women with inadequate iron stores and low pre-pregnancy weight. Moreover, these girls have missed an opportunity to attain their full developmental potential - both physical and cognitive. As a result, there is more morbidity and more risk of mortality in these women during childbirth and they may deliver low birth weight babies.

As per NFHS-III data the prevalence of anaemia (Hemoglobin < 12 g/dl) among adolescent girls in U. P is alarmingly high which indicates that nearly 49 % of adolescent girls in the age group of 15-19 years are anaemic and prevalence of anaemia continues to remain at 52 % during pregnancy.

Recognizing the need of addressing nutritional anaemia in adolescent girls, the department of Family Welfare, Uttar Pradesh launched adolescent anaemia scheme for school going adolescent girls in December 2008. The adolescent anaemia control programme provides girls with Iron Folic Acid for the prevention of anaemia and de-worming tablets for the control of intestinal worm infestation, essential counselling for proper nutrition, personal hygiene and family life education.

Based on program achievements in 2008-2009 and 2009-2010 this has been extended to 10 schools per block in 2010-2011, thus reaching to 8200 schools. In the year 2012-13, it is being merged in Bal Swasthya Guarantee Yojna, where all the school going children (from class-1st to 10th) of rural areas will be covered.

Initially, following budget was proposed under the scheme, which has been merged with Bal Swasthya Guarantee Yojna.

Budget Summary for Teacher's Training and Printing of training Material

SI	Activity	Physical Targets (Batches)	Unit Cost (Rs.)	Frequency	Proposed Amount (Rs. in Lakhs)	Approved Amount (Rs. in Lakhs)
Saloni Swasth Kishori Yojana - Training						
1	State Level - (Trainees Distt Nodal Officer-72, Div PM18, DPMs-72, DCMs-72)	6	6,200.00	1	0.37	0.37
2	District Level - (Trainees Block Medical Officers, Block Managers, Block Education Officers)- 2640Participants	62	14,200.00	1	8.80	8.80
3	Block Level (Trainees - Saloni School Teachers, 2 Teachers / 10000 schools)	500	11,200.00	1	56.00	56.00
Sub Total					65.17	65.17
4	a- Printing of Saloni Diaries (60 New Girls per 10000 Saloni Schools, where teacher training planned)	600000	50.00	1	300.00	Not approved
	b-Printing of Teachers Manuals (2 manuals per schools)	20000	60.00	1	12.00	Not approved
Sub Total					312.00	-
Total					377.17	65.17

For the above purpose, Rs. 377.17 Lakhs was proposed out of which GOI approved Rs. 65.17 Lakhs for conducting training activities in RCH Flexipool.(ROP-FMR Code- A.9.7.6). Due to merger in BSGY and fresh approvals from GOI under the scheme, this budget will remain unutilized. GOI is being informed about the same.

In addition, an amount of Rs. 36.00 Lakhs was approved for wall paintings at 10000 Saloni schools, which will be covered under BSGY. This amount will remain unutilized and GOI will be informed accordingly.

As per CAG reports the budget for Saloni Sabhas was not utilized as per norms and it seems that it is not feasible to plan this activity without training the teachers first. Hence, the budget for Saloni Sabhas is not being proposed for year 2012-13 though Sabhas will be organized once the teachers are trained under the scheme.

SI	Activity	Physical Targets (schools)	Unit Cost (Rs.)	Frequency	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
1	Budget for printing of Register, referral slips (1800 new schools)	1800	100	1	1.80	Not Approved
2	Procurement – deworming tablet for school going girls	1120056	1.00	2	22.40	22.40
3	Procurement – IFA tablet large for school going girls	1120056	0.15	52	87.36	87.36
Sub Total					111.56	109.76

For this purpose, GOI approved Rs. 109.76 Lakhs in Mission Flexipool. (ROP-FMR Code- B.16.2.5). Due to merger in BSGY and fresh approvals from GOI under the scheme, this budget will remain unutilized. GOI is being informed about the same.

4. INTERVENTION FOR NON-SCHOOL GOING ADOLESCENT GIRLS ADDRESSING ANAEMIA

A large percentage of adolescents in our states do not go to the schools and are often in a more disadvantageous situation than those, who attend school. Hence, it is important that weekly Iron Folic Acid supplementation, Bi-annual de-worming and Family Life Education-with counselling on nutrition & personal hygiene should be incorporated for non-school going adolescent girls in the community under the adolescent health programme.

It is proposed that non school going girls be reached through two pronged strategy in year 2012-13.

- **Menstrual Hygiene Scheme-** Although ASHAs are conducting monthly meetings of adolescent girls (10-19 years of age) but in view of promotion of menstrual hygiene it is proposed that special emphasis is to be given to 13 priority districts where have been trained under menstrual hygiene promotion scheme and provided with Menstrual Hygiene flip books to address adolescent girls. These ASHAs will be provided with supportive supervision and handholding through development partners and local NGOs to conduct adolescent health meeting. In the year 2012-13 it is proposed to implement the scheme in already selected 13 districts of menstrual hygiene scheme which cover 4 districts of the scheme SABLA. The remaining 18 SABLA districts will be covered under the scheme from year 2013-14 onwards.

There is a Provision of Rs. 100 for ASHAs under ASHA scheme for organizing meetings of adolescent girls at village level which will be utilized to promote menstrual hygiene scheme amongst the rural girls.

In these meetings, ASHA will distribute IFA tablets to adolescent girls of her area. It is estimated that she will be reaching out to 50% of the target girls of her area, who are expected to attend the meeting organized by ASHA for the adolescent girls. A proposal is being incorporated for provision of IFA and De-worming tablets for these girls, as follows:

Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
Non-School Going Adolescent Girls Addressing Anaemia (16 menstrual hygiene Districts)					
Monthly meetings of Non School going adolescents by ASHA	30506	-	-	-	-
Procurement of IFA Tabs (estimate of 15,25,300 girls @50 girls in area of each ASHA)	1525300	0.15	52	118.97	118.97
Procurement of De-worming Tabs (estimate of 15,25,300 girls @50 girls in area of each ASHA)	1525300	1.00	2	30.51	30.51
Sub Total				149.48	149.48

For this purpose, GOI approved Rs. 149.48 Lakhs in Mission Flexipool. (ROP-FMR Code-B.16.2.5)

- **Reach to non-school going girls through Convergence with SABLA-** In 2010 November, GoUP rolled out Sabla scheme on a pilot basis in 22 districts. The DWCD Sabla Scheme covers a total of 3204746 adolescent girls out of which 1017693 are non school going adolescent girls and 2203053 are school going adolescent girls. The details of Sabla implementation in the State is as follows

No. of Districts	22
Name of districts	Shrawasti, Bahraich, Maharajganj, Lalitpur, Agra, Sonbhadra, Sitapur, Mirzapur, Chandauli, Deoria, Chattrapati Shahuji Majaraj Nagar, Mahoba, Pilibhit, Rae Bareli, Banda, Farrukhabad, Bulandshahar, Saharanpur, Jalaun, Bijnor, Lucknow, Chirakoot.
No. of Projects	256
No. of AWCs	41790

As proposed under Sabla, both school and non school going girls have to be reached with IFA in convergence with NRHM. However as NRHM is already reaching out to school going adolescent girls through Saloni scheme and there are possibilities of overlap, IFA procurement through NRHM is budgeted only for non school going adolescent girls for Sabla districts.

For non school going adolescent girls under Sabla scheme, IFA tablet large (100 mg elemental iron and 5 mg folic acid) will be procured at approx. Rs 14 per 100 tablets (rate contract). The funds will be transferred to District Health Society who in turn will procure at RC and make the supplies available to concerned District Project Officer of ICDS of the districts. It is proposed that ICDS will be responsible for distribution and administration of IFA tablets to non school going adolescent girls in all the 22 districts. AWW will be responsible for maintaining the records and monthly reporting to CDPO/DPO. The adolescent nutrition Health education sessions will be taken up by ANM & HV/ AYUSH lady doctor every quarterly on Kishori Diwas with support of AWW. These Kishori Diwas will be held on the scheduled VHND days. In the four Sabla districts where menstrual hygiene scheme is also being rolled out, ASHAs will also be roped in to actively mobilize and facilitate Kishori Diwas. Budget for support to Sabla scheme in 2012 -13 will be as follows:

Intervention	Sabla Beneficiaries*	No of beneficiaries	Total number of School going and non school going girls	Unit cost for a year	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
Iron Folic Acid Tablets	Non school going					
	11-14 yrs	423667	1001693	52 tab. @ Rs. 0.15	78.13	78.13
	14-18yrs	578026				
	In-school					
	11-14 yrs	1222314	To be reached as part of Saloni in 2012-13			
14-18yrs	980739					
De-worming Tablets (out of school)	11-18 yrs		1001693 (non school going)	2	20.03	20.03
Sub Total					98.16	98.16

For this purpose, GOI approved Rs. 98.16 Lakhs in Mission Flexipool. (ROP-FMR Code-B.16.2.5)

Linkage of Saloni with WIFS- Weekly Iron Folic Acid Supplementation (WIFS) draft framework documentation recommends IFA supplementation for both school going girls and boys in addition to out of school adolescent girls. The State of U.P is already implementing Saloni Swasthya Kishori Yojana which covers school going adolescent girls in selected Girls Junior/High schools. Plan has also been made for reaching to non school going girls in 22 pilot Sabla districts. From the Year 2013-14 onwards co-education schools will also be taken up under Adolscnt Health Scheme in a phased manner to address issue of anaemia in boys also and accordingly the scheme will be renamed.

5. CONVERGENCE

As adolescents are in arena of various schemes of inline department there is enough scope of working in convergence to maximize outcome of the schemes being undertaken under Adolescent Reproductive and Sexual Health. State has already been working with few of them.

- **Convergence with ICDS** - To address the issue of anaemia in adolescent age group it is being planned to provide IFA and De-worming tablets for non school going girls covered in districts under SABLA scheme. ANM & HV/ AYUSH lady will address issues of health, personal hygiene and nutrition arising in adolescent age group during quarterly Kishori Diwas with support of AWW. It will also be ensured to provide IFA and De-worming tablets to the beneficiaries.
- **Convergence with Uttar Pradesh State AIDS Control Society** - State will be working in convergence with UPSACS for establishment of AFHS clinics at ICTC and PPTCT in identified facilities so as to provide counselling to adolescents on specific issues pertaining to this age group and appropriate referral.
- **Convergence with the Department of Education** – *Saloni Swasth Kishori Yojna* is currently being implemented in 8200 schools and covering approximately 12.00 Lakhs girls in age group 10- 19 years across the state. In addition to the biannual medical examination, weekly IFA and biannual de-worming and monthly *Saloni Sabhas* are planned in schools for empowering the girls and making them aware about personal hygiene, FLE and importance of nutrition in conjunction with the Department of Middle and Higher Education.

6. SCHOOL HEALTH PROGRAMME

With a view to provide regular health checkups to school going children in the rural areas School Health program was initiated in the State in the year 2008-09 and was actually implemented from the month of Oct. 2008. As per the available estimates, there are a total of 1.03 Lakhs Government Primary Schools and 43478 upper primary schools in the State which need to be brought under the ambit of School Health Programme in a phased manner. In the first phase, initially 32800 schools were targeted so as to cover approximately 30% of the total schools of the State. The numbers of schools were gradually increased so that at least 50% of the total schools are covered by the end of first phase of NRHM (2011-12). Due to unavoidable circumstances in the state, the scheme has been implemented minimally in the year 2011-12. However, it is being planned to cover all primary and upper primary schools of Government sector in a phased manner during the second phase of NRHM (2013–2017) with an aim for strengthening supervision and monitoring of the scheme through block level team

Progress of School Health Program during First Phase of NRHM

Year	Target of schools	Achievement	Target of students	Achievement
2008-09	32800	28868	50 Lakhs	30.44 Lakhs
2009-10	48000 (added 15200 new)	28392(20292 old+ 8100 new)	72 Lakhs	35.41 Lakhs
2010-11	49200 (added 1200 new)	39019	73.80 Lakhs	43.93 Lakhs

2011-12*	57400	4383	86.10 Lakhs	4.06	Lakhs
----------	-------	------	-------------	------	-------

*Budget for IFA and De-worming tablets could be released only in the month of December 2011; hence this component of scheme was delayed. It is being ensured to make at least one visit to each school by end of March 2012. Physical and Financial progress is awaited from districts.

Components of the Program

Health services:

- **Screening, health care and referral:**
 - Screening of general health, assessment of anaemia/nutritional status, visual acuity & colour vision, hearing problems, dental check up, common skin problems, physical disabilities, learning disorders, behaviour problems.
 - Referral Cards for priority services at CHCs/District hospitals.
 - First Aid Kit at the school
- **Micronutrient (Iron & Folic Acid) management:**
 - Weekly supervised distribution of Iron- Folic tablets coupled with education about the issues of anaemia.
- **De-worming**
 - As per national guidelines
 - Biannually supervised schedule
 - Cooks of Mid- day meal to be also covered.
- **Health Promotion at Schools**
 - Counselling for nutrition, personal hygiene and attitude on gender and equity
 - Emphasis on physical training (P.T.), exercises and yoga etc.
 - Regular practice of personal hygiene& health education and consequences of suppressing/ ignoring existing health problems
 - Dialogue with parents and in family/ community on general and specific needs and community education through children
 - Capacity building of teachers and involved health personnel
 - IEC posters at Schools

Implementation Strategy for Second Phase of NRHM

A detailed proposal for School Health Programme was submitted to GOI to cover 70 schools /block in the year 2012-13, thus to cover 57400 primary schools. Approvals were received in main ROP, as shown in table below:

FMR Code	Activities	Amount Approved (Rs. in Lakhs)
RCH Flexipool		
A.4.2	Combined Sensitization workshops for School Health and Adolescent programmes	20.00
A.4.2.1	Printing of 4000 training module for trainers (including doctors) and 6000 training modules for trainees [for district officials, Block, APHC MOs/ block	6.00
A.9.7.5	Training of School teachers - SHP	-
	Honorarium to Block Trainers	14.76
	Training of Teachers Trainers Honoraria @ Rs. 250 x 2 persons x24600 schools x 2 days	246.00
	Honorarium to District Trainers	1.24
	Training of 4 Medical Officers @ Rs. 550x 4persons x 820 blocks	18.04
Sub Total		306.04

Mission Flexipool		
B.10.2.4	BCC/IEC activities for School Health	
	2 Behavioural Wall Paintings each at 57400 covered Schools of 3*5 ft	137.76
B.16.2.5	Drugs & supplies for School Health	
	First aid box for all 70 schools per block [70*820]	114.80
	Procurement of IFA Tabs. (30 mg elemental iron and 250mcg Folic Acid) @ Rs.15.00 for 100 tabs/child	647.19
	Procurement of De-worming Tabs- 400mg. (1 tab. six monthly) @ Rs. 1.00 per tab for 2 tab. Per child	165.95
Sub Total		1,065.70
Total		1,371.73

Later after detailed discussions with GOI and state levels government officers, a revised strategy to cover all the children in rural areas between the ages of 2 to 18 years has been chalked out under the Bal Swasthya Guarantee Yojna. Hence, the amount of Rs. 1371.73 Lakhs will remain unutilized and GOI is being informed accordingly.

The revised proposal as under was submitted in supplementary PIP and has been approved by GOI accordingly.

7. CHILD HEALTH GUARANTEE SCHEME/BAL SWASTHYA GUARANTEE YOJNA

The State has decided to expand existing School Health Programme, so that all the children between ages 2-18 are covered under the scheme in rural areas. As per census 2011, the total population of the State is about 20 crores (19.96 to be precise). The children below 2 years are being covered by ASHAs and ANMs under ongoing CCSP programme and by AWWs under ICDS scheme. AWWs are also observing the growth of children between 2-5 years including counseling of mothers for correct type of nutrition. As per IMNCI guidelines, ANMs and ASHAs trained under CCSP programme are visiting all the children ranging from birth to 5 years of age, counseling mothers for exclusive breast feeding up to 6 months of age, good rearing practices, identifying high risk children, providing basic treatment like-cotrimoxazole and ORS with Zinc in cases of pneumonia and diarrhea and ensuring treatment to very sick children by referring them to the nearest suitable facility.

Under existing School Health Programme, school going children of identified Govt. primary schools were being covered with various provisions under the scheme. As per Gol suggestions during NPCC meeting and detailed discussions and deliberations at State level thereafter, it has been decided to cover all the school children of Govt. and Govt. aided primary, Junior and High Schools of every block and non school going children of 2-18 years of age in the same area. The children studying in child labour schools, schools of social welfare department, informal schools, Madarsas, orphanage, juvenile delinquent homes and children of families residing in brick kilns, construction sites and settlements of nomadic tribes etc. will also be covered under the programme.

Area of scope

As per an estimate received from primary education department and middle education department, there are on an average 150 such schools in each block. Thus, the total no. of schools comes to about 1,47,895 and with an average of 200-250 children in each school, the estimated number of children to be covered under the scheme is about 4 crores.

As per census report 2011, there are about 8.2 crore children of age group 2-18 years in the State. Out of these about 2.58 crore are in the urban area and 5.62 crore in rural areas. These 5.62 crore children are proposed to be covered under the scheme in a phased manner. In the first year it is proposed to cover about 1 Lakh schools and reaching out to about 2 crore children.

Strategy

It is being proposed to carry out the programme in 3 steps:-

Step. No.	Proposed activity	Provider	Support activities	Timeline
1 a.	Screening of School going children and preparing health card for each child	Identified teachers in the School (programme co-coordinator)	<ul style="list-style-type: none"> Development and printing of training module Training of teachers 	By end Sept, 2012 October 12 onwards
1 b.	Screening of non School going children and preparing health cards for each child	ASHA/AWW/ANM	<ul style="list-style-type: none"> Development and printing of flip books Training of ASHA/AWW/ ANM 	December, 12 Jan-March, 13
2.	Health check up by dedicated medical team in schools on pre-fixed days and at VHNDs/SCs/ AWCs for non school going children as per micro plans	Doctor (MBBS/ Dentist/ AYUSH), Nursing Staff (GNM/ ANM) and para medical (dental hygienist/ refractionist/ ophthalmic assistant/ physiotherapist etc.) on contract	<ul style="list-style-type: none"> Development and printing of health cards Development and printing of referral slips Procurement of essential equipments like- weight machine, height meter, Snellan's chart, torch etc. Procurement of IFA and de-worming tablets. Training of dedicated team members 	By October, 2012 By October, 2012 By October, 2012 By end October, 2012 October-Nov,12
3.	Referral of sick children and ensuring their treatment	<ul style="list-style-type: none"> Doctors at CHCs/ District Hospitals Every month one camp of specialists will be organized at each CHC to manage the referred children as per fixed dates. 	<ul style="list-style-type: none"> Nomination of one doctor responsible for treatment of referred children. Display of name of the nominated doctor, mobile number, fixed day and time of availability at various prominent places in the facility. Availability of medicines at facility. Provision of free spectacles through blindness control programme to the needy children. 	Nov 2012 onwards Nov,2012 Nov,2012 Regular activity

It is being proposed that two teams of dedicated members consisting of one doctor (MBBS/BDS/AYUSH), one nursing staff (GNM/ANM) and one paramedical (Optometrist/Dental Hygienist/Physiotherapist) in each team will be hired on contractual basis for each block of the State. These teams will be visiting the Schools and outreach areas for about 25 days per month for the purpose of health check up of children to be covered under the scheme. The MBBS Doctors will be hired on contract @ Rs. 36,000/month, BDS @ Rs. 35,000/month, while the AYUSH doctors @ Rs. 24000/month. The nursing staff will be hired on contract, for GNMs @ Rs. 15,000/month & ANMs @ Rs. 10,000/month. The paramedics will be taken on contract @ Rs. 11,880/month. One vehicle approximately @ Rs. 1,000/day (rent and mileage based) will be hired as per detailed guidelines issued by the State.

The detailed micro plans will be prepared by the MOIC-PHC in close coordination with Education, Labour, and Social Welfare and ICDS department. These teams will reach the pre-identified school/outreach area as per micro plan and will be conducting health check up of all the children already enlisted by the school programme co-coordinator (one teacher per school) or ASHA/AWW/ANM during home visits/VHND/clinics at Sub Center or at AWCs during MCH sessions for which they will be trained separately. The screening teams will identify and enlist the children for 3 Ds (Disease, Deficiency and Disability) to be shown to the dedicated medical teams. They will also take weight, height, do vision examination and general body check up for screening point of view and identify malnourished or sick children.

The medical teams will conduct the health check up of enlisted children and basic treatment will be provided to the children wherever possible along with distribution of de-worming and IFA tablets. The children requiring specific treatment or hospitalization will be referred to the nearby suitable health facility with referral slip.

The children requiring emergency treatment will be advised to reach the District Hospital/CHC with the referral slip where they will be given due importance, priority and care. The doctor providing treatment to these children will have to prepare month wise report for various ailments treated during the month and will report to the district and State level officers. A separate register will be maintained for the referred children of the scheme in OPDs, which will be cross checked by Medical Officer In-charge or Superintendent of the facility and the compiled report will be submitted to the CMO.

At each CHC on a fixed day, one specialist camp will be organized every month where physician, surgeon, paediatrician and ophthalmologist will be available to examine and advise the referred children.

Provision of Rs. 200.00 is being proposed for 1% referred children requiring treatment at district hospitals, so that the parents can take them for specific treatment. Some very sick children with congenital heart disease, mitral valve disease, kidney complications etc. may need referral to the nearby medical college. For this purpose an amount of Rs. 25,000/block is being proposed which will be kept at DHS level and will be utilized as per detailed guidelines.

Budget details

Sl.	Proposed activity	Rate/unit	Frequency	Total amount (in Lakhs)	FMR Code
1.	• Development and printing of training module	Rs. 50.00	*1,00,000	50.00	A.4.2
	• Training of teachers (Honoraria, refreshments, material & travel etc.)	Rs. 600.00	*1,00,000	600.00	A.9.7.6
2	• Development and printing of flip books for ASHA/ AWW/ ANM	Rs. 50.00	2,50,000	125.00	A.4.2
	• One day training of ASHA/ AWW/ ANM (Honoraria, refreshments, material and travel etc.)	Rs. 200.00	2,50,000	500.00	A.9.7.6
3	• Development and printing of health cards (including photograph of each child to be pasted on health card)	Rs.4.00 (colour full with 4 sides)	2,00,00,000	800.00	A.4.2
	• Development and printing of referral slips	Rs. 1.00	4,00,000 (2%)	4.00	A.4.2
	• Procurement of essential equipments like-weight machine, height meter, Snellan's chart, torch etc.	Rs. 1,000.00	1640(one set for each team)	16.40	B.16.2.5
	• Procurement of IFA and de-worming tablets.	Rs. 17/child for 100 tabs of IFA and 2 tabs of de-worming	2,00,00,000	3400.00	B.16.2.5
	• Training of dedicated team members	Rs.2000 /team (3 members/team)	1640 teams (2 teams/ block)	32.80	A.9.7.6
4	• First aid box in all the schools	Rs. 200/school	1,00,000	200.00	B.16.2.5
5	• MBBS Doctors	1/block @ Rs. 36,000 /month	820 doctors for 6 months	1771.20	A.8.1.9.1
	• BDS Doctors	@ Rs. 35,000/ month			
6	• Ayush Doctors	1/block @ Rs. 24,000 /month	820 doctors for 6 months	1180.80	A.8.1.9.1
7	• GNMs	1/block @ Rs. 15,000 / month	820 GNMs for 6 months	738.00	A.8.1.9.1
8	• ANMs	1/block @ Rs. 10,000 / month	820 ANMs for 6 months	492.00	A.8.1.9.1
9	• Paramedics	2/block @ Rs. 11,880	1640 paramedics for 6 months	1168.99	A.8.1.9.1
10	• Hiring of vehicle	Rs. 25,000/month or Rs. 1.50 Lakhs for 6 months	820 (1 vehicle /block)	1230.00	A.4.2
11	• Incidental charges for documentation/ reporting/ photographs etc.	Rs. 7,000/team (1 time)	1640 (2 teams/ block)	114.80	A.4.2

	• Referral of 2% sick children to district hospitals	Rs. 200/child	4,00,000.00	800.00	A.4.2
	• Referral of very sick children to medical college/tertiary care center	Rs. 25,000/block	820 blocks	205.00	A.4.2
	Sub Total			13428.99	
12	• Administrative work, IEC/BCC activities, reporting, monitoring and supervision (2% of the proposed budget)			268.58	A.4.2
	Total			13697.57	

*Considering 66% schools coverage under the scheme in the first year.

For the above purpose, Rs. 13697.57 Lakhs was proposed, which is approved by GOI accordingly as per FMR Codes mentioned above in table (Proposed in Supplementary PIP)

Reporting, Supervision & Monitoring

Reporting formats for screening by school health coordinator and ANM will be developed and provided through MOIC Block PHC. The visiting teams will prepare their reports as per health examination of screened children as above and report to MOIC Block PHC, who in turn will compile the report and send to district nodal officer. The details of referred children reaching facility for treatment of specific ailment will be reported in specific formats to the district nodal officer. The district nodal officer, who has already been nominated under the ongoing programme shall prepare the report and share to the CMO, DM, AD & State level nodal officers at DG-FW and SPMU.

Supervision and monitoring in the district will be done through MOIC Block PHC, DPMU team and representative of CMO/DM. The divisional and State level officers will also monitor the progress on a monthly basis. This programme will also be reviewed regularly by Chief Secretary at State level.

Convergence with other departments

For better implementation of the scheme, convergence will be done with departments of Basic Education, Middle Education, Sarva Shiksha Abhiyan and Mid Day Meal to cover school going children of the area. Teachers training will be done through Basic Education department as block level trainers are already available in each district. Convergence with WCD & ICDS department will be ensured for health check-up of non school going children and youngsters attending Anganwadi centres. Partnership will be done with IAP and UNICEF for training and quality assurance purposes.

Expected outcome

Regular health check up of all the children ranging in the age group of 2-14 years will lead to better nutritional status, identification of basic ailments during the primary stage, their treatment and better physical and mental health of the future youth group.

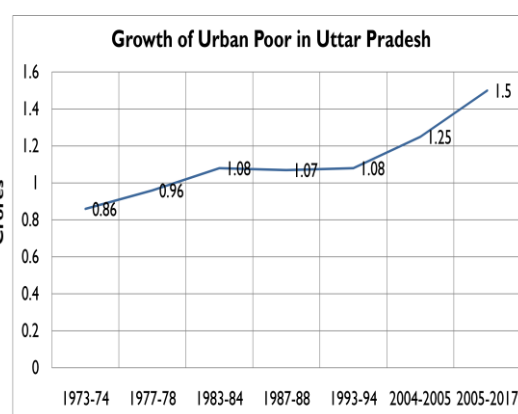
A.5. URBAN RCH

The current PIP has taken into account the guidelines as per the RCH II norms. If National Urban Health Mission is launched by Government of India, the planning and budget will be modified accordingly.

Background - As per the 2011 Census of India, it is estimated that 121 crore person are living in India out of which 37.71 crores people live in urban areas. According to the Census, this urban population is estimated to increase to 43.2 crores in 2021. As per projections by the United Nations, if urbanization continues at the present rate, then 46% of the total population will reside in urban regions by 2030.

1. URBAN HEALTH SCENARIO IN UTTAR PRADESH

The Urban Population in Uttar Pradesh has been Increasing rapidly in recent decades along with rapid urbanization .As per 2011 census 4.44 crores persons are residing in towns and cities of Uttar Pradesh. Unlike rural poverty which has been showing declining trends in recent decades, the number of urban poor persons living below the poverty line is increasing in Uttar Pradesh.

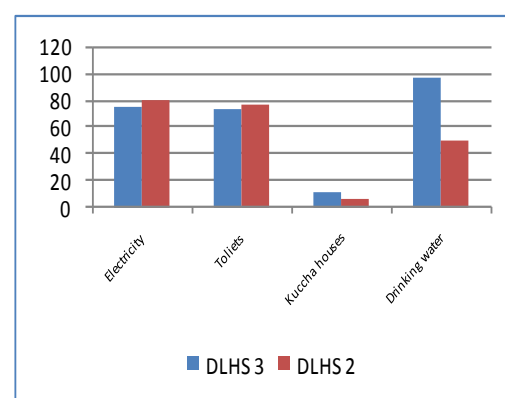


Situational Analysis

State Details	2011
Population of State ⁵	199581477
Urban Population	44470455
Urban Slum population ** Percentage Poor is taken as the percentage of population in the lowest two wealth quintiles from DLHS 3	6448719
Total no of Cities / urban Areas with population between 1- 10 Lakhs (2011)	57*
Number of cities with population more than 10 Lakhs (2011)	7*

Social Determinants of Health

The health status of people in Uttar Pradesh is amongst the lowest in the country, especially for the urban poor. The health indicators among urban poor are significantly lower than in rural areas of the state. A comparison of the District Household Survey (DLHS) 2 and 3 shows that with the exception of drinking water availability, the living conditions of the urban population have

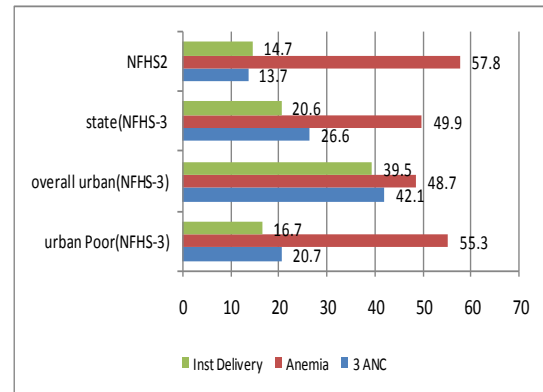


deteriorated. This is primarily due to the increasing proportion of urban poor.

Maternal Health:

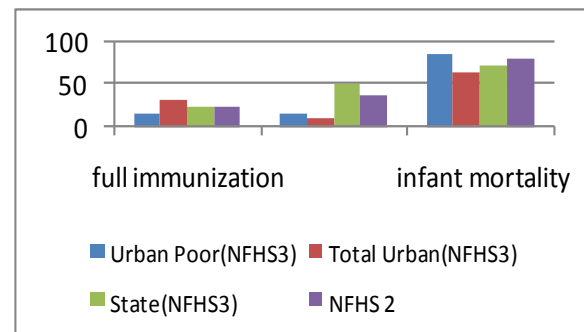
More than half of the urban poor women in UP are anaemic. High prevalence of anaemia contributes to high infant and maternal mortality, premature births and low birth weight babies. Only one in five urban poor women receives the recommended three antenatal checkups

Mere 24.4% of urban poor couples in UP use modern methods of contraception. This results in a large number of unwanted pregnancies and child births and deprives women to control their fertility and childbearing. High population growth in cities is not only because of rapid in-migration but also because of high fertility among the urban poor. An urban poor woman gives birth to an average of 4.25 children during her reproductive span which is higher than the figure in rural areas.



Child Health:

The following figure depicts the deterioration in critical child health indicators among the urban poor between the NFHS surveys and their comparison to the urban population and state average.



Communicable Diseases:

Infectious diseases are more prevalent among the urban poor in Uttar Pradesh. The prevalence of medically treated TB (per 100,000 populations) is 532 as compared to 321 among average urban population and 425 in the state (NFHS 3). Percentage of urban poor women who have heard about AIDS has significantly increased from 16.6% (NFHS2) to 41.9% (NFHS 3); however this is low compared to the 72.2% of all urban women who have the knowledge.

Such poor health indicators among the urban poor suggest the need for urgent action to improve the urban health care system and access to health care, particularly primary health care, for the urban poor.

Challenges

Lack of primary health care in urban areas, on one hand leads to crowding of the secondary and tertiary facilities leading to suboptimal utilization of resources meant for referral cases and poor quality care due to stretching of already constrained resources. On the other hand it also leads to increasing out of pocket expenditure for the urban poor for even basic health care. Ineffective Referral System from the community level to the second tier results in loss of trust in the public health care system making them turn to irrational treatments from

unqualified providers, which might be cheap and on credit to begin with but very often leads to deterioration of common ailments to life threatening conditions.

Goals and Objectives

To improve the health status of the urban poor by provision of quality Primary Health Care services and decentralized health facilities by ensuring atleast one urban health post (UHP) per 50,000 populations having urban slum of 20000-30000 population in the city.

Target Population

- Poor & Under Served Population
- Inaccessible and Migrant Populations
- People live in temporary shelters
- People working in construction sites
- BPL people

Type of Services

- Outpatient services, MCH services and referral service

2. PRIMARY URBAN HEALTH FACILITIES IN THE STATE

Facilities Funded by State Budget -134 Urban Health Post (UHP) established in different cities are providing primary health services to the urban poor. Though, initially planned for a population of 50,000, due to migration there has been a substantial increase in slum and poor population in the catchment area of these health posts. Increasing population pressure along with shortage of staff has rendered large areas of the city either underserved or un-served.

Information in respect of special schemes

Govt. Health Facilities -under Grant-in aid from GOI	No .	Controlling agency(SG/LB /VO/Ors)	Status (Functional /closed)	Brief summary of activities being carried out
No. of Health Posts			-	-
Type A	0	-	-	-
Type B	0	-	-	-
Type C	10	DG (FW) U.P.	Functional	-
Type D	124	DG (FW) U.P.	Functional	MCH, Immunization, FP & referral services
No. of Urban Family Welfare Centres				-
Type I		-	-	-
Type II	17	DG (FW) U.P.	Functional	-
Type III	28	DG (FW) U.P.	Functional	-

3. SOLUTIONS AND PRIORITIZED STRATEGIES

Increasing urbanization tends to put pressure on health services delivered in catchment areas resulting a gap in delivering of RCH Services. To address these challenges, New Urban Health Posts established under SIP (European Commission) in slum areas, in year 2007-08 these Urban Health Posts are included under Urban RCH component of NRHM. In year 11-12, 128 Urban Health Posts were approved in PIP but 125 Urban Health Posts are functional.

Some of the key strategies prioritized to increase access of quality health services and address challenges faced by urban population groups:

- Sustaining the State Urban Cell established in Directorate of Family Welfare, UP.
- Sustaining Lucknow Urban RCH Project
- Sustaining existing 126 Urban Health Posts in 67 Districts and establishing one new UHP in District CSM Nagar
- Capacity Building of the existing urban health human resource to deliver quality services.
- Awareness campaign and programs to sensitize people living in slums and generate need to utilize health care services.
- Maximum utilisation of facilities by strengthening, reorganizing and redeployment.
- Organize monthly health and family planning outreach camps to strengthen forums of convergence in each city.
- Close coordination with partner organizations such as Urban Health Initiative working on community mobilization in urban areas.
- Involving independent Technical Agency as Partner like HUP (Health for Urban Poor) in the field of health and health determinants with focus on vulnerable urban poor population.

4. NEW URBAN HEALTH POSTS - FUNDED BY NRHM

In year 12-13 total 127 Urban Health Posts are being proposed. District wise details as follows:

Sl.	Name of cities identified for implementation UHPs in the State PIP under Urban RCH, so far	Major Urban health strategies/activities carried out under Urban RCH so far,city wise in 11-12	Urban Health Strategies/activities as proposed now in the State PIP under Urban RCH for 12-13
1	Lucknow	14 UHPs+ additional support to 8 BMCs	14 UHPs + additional support to 8 BMCs
2	Kanpur	5 UHPs	5 UHPs
3	Agra	3 UHPs	1 UHPs
4	Aligarh	5 UHPs	5 UHPs
5	Allahabad	2 UHPs	2 UHPs
6	Bareilly	3 UHPs	3 UHPs
7	Ghaziabad	5 UHP	5 UHPs
8	Jhansi	3 UHPs	3 UHPs
9	Meerut	6 UHPs	6 UHPs
10	Saharanpur	5 UHPs	5 UHPs
11	Varanasi	6 UHPs	6 UHPs
12	Moradabad	5 UHPs	5 UHPs
13	Fiazabad	5 UHPs	5 UHPs
14	Gorakhpur	6 UHPs	6 UHPs
15	Unnao (incl.shuklaganj)	3 UHPs	3 UHPs

16	Auraiya	1UHP	1UHP
17	Ambedkarnagar	1UHP	1UHP
18	Azamgarh	1UHP	1UHP
19	Badaun	1UHP	1UHP
20	Bagpat	1UHP	1UHP
21	Bahraich	1UHP	1UHP
22	Balia	1UHP	1UHP
23	Balrampur	1UHP	1UHP
24	Banda	1UHP	1UHP
25	Barabanki	1UHP	1UHP
26	Basti	1UHP	1UHP
27	Bhadohi (Sant ravidas Nagar)	1UHP	1UHP
28	Bijnor	1UHP	1UHP
29	Bulandshahar	1UHP	2UHPs
30	Chitrakoot	1UHP	1UHP
31	Deoria	1UHP	1UHP
32	Etah	1UHP	1 UHP
33	Etawah	1UHP	1UHP
34	Fatehpur	1UHP	1UHP
35	Firozabad	1UHP	1UHP
36	G.B.Nagar	1UHP	1UHP
37	Ghazipur	1UHP	1UHP
38	Gonda	1UHP	1UHP
39	Hamirpur	1UHP	1UHP
40	Hardoi	1UHP	1UHP
41	Hathras(Mahmayamnagar)	1UHP	1UHP
42	J.p.nagar	1UHP	2UHPs
43	Jalaun	1UHP	1UHP
44	Jaunpur	1UHP	1UHP
45	Kannoj	1UHP	1UHP
46	Kaushambhi	1UHP	1UHP
47	Kheri	1UHP	1UHP
48	Kushinagar	1UHP	1UHP
49	Lalitpur	1UHP	1UHP
50	Maharajganj	1UHP	1UHP
51	Mahoba	1UHP	1UHP
52	Mainpuri	1UHP	1UHP
53	Mau	1UHP	1UHP
54	Mirzapur	1UHP	1UHP
55	Muzaffarnagar	1UHP	2UHPs
56	Pilibhit	1UHP	1UHP
57	Pratap garh	1UHP	1UHP
58	Raibareilly	1UHP	1UHP
59	Rampur	1UHP	1 UHP
60	S.Kabir Nagar	1UHP	1UHP
61	Sidharthnagar	1UHP	1UHP
62	Sitapur	1UHP	1UHP
63	Sonbhadra	1UHP	1UHP
64	Sultanpur	1UHP	1UHP
65	Kashiramnagar	1UHP	2UHPs
66	Shahjahanpur	1UHP	1UHP
67	Farrukhabad	1UHP	1UHP
68	Prabudhnagar	0UHP	1 UHP
68 Districts		128 UHPs	131 UHPs

- Note: As per CMOs demand and DG FW recommendation 1 New UHP has been proposed in District Prabudhnagar and 1 Extra Urban Health has been proposed in District J.P.Nagar, Kanshiramnagar, Bulandshahar, and Muzaffarnagar for 2012-13. In districts Chandauli, Mathura, Ramabai Nagar (Kanpur

Dehat), Shrawasti, Panchsheelnagar, CSM Nagar and Bhimnagar UHPs have not been proposed because of no proposals received from these Districts.

5. KEY ACTIVITIES PROPOSED TO STRENGTHEN THE URBAN RCH PROGRAM IN 2012-13

- **Strengthening of the State Urban Cell under Directorate of Family Welfare** - During the course of implementation of the Urban RCH components it has been observed that there is a need to build a MIS system so as to properly monitor the urban health activities at the directorate level. This enhanced capacity will help in smooth implementation of urban health activities in the state. Assistance will be taken from Urban Health Initiative for development, finalization and implementation of the MIS.

HUP would provide technical assistance and coordinate between the State Urban Cell and Urban RCH division of SPMU, in MIS, monitoring and evaluation. Health status of a population (particularly of urban slums and vulnerable poor) cannot be planned independently of hygiene, waste management, supply of drinking water and nutrition. HUP would facilitate assistance amongst the linked departments by adopting the principle of convergence.

Budget for Strengthening of Urban Cell at Directorate of Family Welfare, Lucknow				
a) Hiring of Contractual Staff				
Particular	No.	Honorarium	No. of Month	Amount (in Lakhs)
1 Data Assistant	1	Rs. 18700	12	2.24
2 Program Assistant	1	Rs. 18700	12	2.24
3 Office Attendant (4 th Class)	1	Rs. 4500	12	0.54
Subtotal Total				5.02
b) Operational expenses				
Particulars	Amount (in Lakhs)			
1 Telephone & Internet Bill @ Rs. 1000/- pm	0.12			
2 Computer Peripherals (Cartridge etc.) @Rs. 3000/- pm	0.36			
3 Contingency Miscellaneous @Rs. 1000/- pm	0.12			
Subtotal				0.60
Total Annual Requirement (a+b)				5.62

The proposed budget has been approved under Programme Management head (Table-Staff Working at Directorate of Family Welfare)

Lucknow Urban RCH Programme

Some of the specific strategies suggested in the Lucknow Urban project are:

- A. Sustaining support to Urban RCH Office and meeting hall
- B. Support to 8 Bal Mahila Chikitsalaya and Prasuti Garh(BMC) : BMC perform as FRU for Urban Health Posts . Support in the form of Human resource as Gynaecologist, Paediatrician, and Anaesthetist on call basis, Data Assistant, Staff nurses, ANMs, 4th class (ward ayah and sweepers) and Ambulances support on monthly hire basis

C. Sustaining support to UHPs (14 Urban Health Posts) - 8 Urban Health posts are in rented building and 6 UHPs are in DUDA buildings. Human Resource- 1 Lady Medical Officer, 1 Staff Nurse, 1 ANM and 1 Sweeper cum Chowkidar on each Urban Health Post.

D. Provision of @ Rs 23000/-Per BMC per month for drugs and consumables for Caesarean sections at BMCs and @ Rs 13,000/- per UHP for drugs and consumables for UHPs is being budgeted under Mission Flexipool under Procurement.

Involving HUP to initiate platform of inter-sectoral departments of health determinants or any appropriate mechanism to empower communitisation of urban slums

PROPOSE BUDGET FOR URBAN RCH, LUCKNOW

Sl.	Name of Unit	Head Sl. No.	Head	Sub-Head/ Description	Hono. @ per month	No. of Months	Unit	Total
A..	Urban RCH Head Quarter	A.1	Human Resource	Sr. Computer Operator	14850.00	12	1	178200.00
				Office Assistant	7150.00	12	1	85800.00
				Store Keeper (NRHM+Urban RCH)	9900.00	12	1	118800.00
				Sweeper	4950.00	12	1	59400.00
				Office Peon	4950.00	12	1	59400.00
				Dak Runner	4950.00	12	2	118800.00
				Choukidar	4950.00	12	1	59400.00
		A.2	Misc. Head	Telephone with Internet Connections	3000.00	12	1	36000.00
				Contingency for OPD Slips, Referral Cards etc.	5000.00	12	1	60000.00
				Supervision-Monitoring-Evaluation	5000.00	12	1	60000.00
Total-A								835800.00
B.	Urban Health Posts	B.1	Human Resource	Medical Officer	33000.00	12	14	5544000.00
				Staff Nurse	16500.00	12	14	2772000.00
				ANM	9900.00	12	14	1663200.00
				Sweeper-cum-Choukidar	4950.00	12	14	831600.00
		B.2	Operational Expenses	Rent	7000.00	12	8	672000.00
				Electricity Bill	1000.00	12	14	168000.00
				Telephone Bills	1000.00	12	14	168000.00
				Contingency	1000.00	12	14	168000.00
				Strengthening of UHPs (DUDA Bldgs.)	120000.00	1	6	720000.00
Total-B								12706800.00
C.	Bal Mahila Chikitsalaya Evam Prasuti Griha	C.1	Human Resource	Gynecologist	38500.00	12	8	3696000.00
				Anesthetist (Required on Call basis)	1650.00	12	100	1980000.00

(BMC & PGs)								
			Paediatrician	38500.00	12	4	1848000.00	
			Staff Nurse	16500.00	12	8	1584000.00	
			Data Assistant	11000.00	12	8	1056000.00	
			Ward Ayah	4950.00	12	16	950400.00	
			Sweeper/ Sweepers	4950.00	12	16	950400.00	
	C.2	Referral Transport	Ambulances Support	25000.00	12	8	2400000.00	
	C.3	Misc.	Contingency & Stationary for Computer etc.	1000.00	12	8	96000.00	
							Total-C	14560800.00
							Grand Total (A+B+C)	28103400.00
1	Urban Health Posts	a.	Drugs	For OPD Care	10000.00	12	14	1680000.00
		b.	Consumables	For OPD Care	3000.00	12	14	504000.00
2	Bal Mahila Chikitsalaya	a	Drugs	For Indoor & Caesarean Section	20000.00	12	8	1920000.00
	a Evam Prasuti Griha (BMC & PGs)	b.	Consumables	For Indoor & Caesarean Section	3000.00	12	8	288000.00
Total for Drugs & Consumables								4392000.00

For the above purpose, GOI approved Rs. 281.03 Lakhs under RCH Flexipool (ROP-FMR Code-A.5.1.3).

6. URBAN RCH SERVICES IN 13 BIG CITIES

13 big cities (Agra, Aligarh, Allahabad, Bareilly, Ghaziabad, Jhansi, Kanpur Nagar, Meerut, Saharanpur, Varanasi, Moradabad, Fiazabad and Gorakhpur) are covered with independent Urban Local Bodies (ULBs) known as municipal corporations. ULBs are being mandated to take care of hygiene, waste management and supply of drinking water. Such issues relate to comprehensive health planning in dealing with identified vulnerable sections and problem areas. HUP would facilitate assistance in health planning to strengthen the principle of convergence.

It is proposed to sustain 57 Urban Health Posts in 13 big cities for providing following package of services at the facility.

1. Maternal Child Health services
2. Family Planning services
3. Immunization and Vitamin A supplement
4. Preliminary Medical care in OPD
5. Management of RTIs and STIs
6. Counselling on institutional delivery, home based essential newborn care and postpartum family planning.
7. Outreach services (ANC and Immunization services)

8. Urban Health Posts are in rented building. Human Resource- 1 Lady Medical Officer, 1 Staff Nurse, 1 ANM and 1 Sweeper cum Chowkidar on each Urban Health has been proposed.
9. Provision of @ Rs 13,000/- per UHP for drugs and consumables for UHPs is being budgeted under Mission Flexipool under Procurement.

7. URBAN RCH SERVICES IN 54 DISTRICTS

Total 56 Urban Health Posts have been proposed in 54 cities (excluding Kanpur Dehat, Shravasti, Chandauli and Mathura, Sitapur, Rampur and Etah) that will be providing following package of services at the facility. These include:

1. Maternal Child Health services
2. Family Planning services
3. Immunization and Vitamin A supplement
4. Preliminary Medical care in OPD
5. Management of RTIs and STIs
6. Counselling on institutional delivery, home based essential newborn care and postpartum family planning
7. Outreach services (ANC and Immunization services)
8. Urban Health Posts are in rented building and Human Resource- 1 Lady Medical Officer, 1 Staff Nurse, 1 ANM and 1 Sweeper cum Chowkidar on each Urban Health has been proposed.
9. Provision of @ Rs 13,000/- per UHP for drugs and consumables for UHPs is being budgeted under Mission Flexipool under Procurement.

Implementation Of Urban RCH Plan/Activities in Urban Health Posts of 13 Big Cities/ Districts funded by NRHM

(Amount In Lakh)

SI	Name of District	Total No.of NUHP	Building Rent @Rs 7000/month /center)		Manpower								Other Expenses)			Total/ month
					Medical Officer @ Rs 33000/pm /centre		Staff Nurse @ Rs 16500 /pm/ center		ANM @ Rs 9900/pm/center		Sweeper/ Chowkidar Rs 4950/pm /center		Tel bill 1000/ month/center	Electricity(Rs 1000/month/center)	Contingency Rs. 500/month /Center	
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt				
1	Agra	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
2	Aligarh	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
3	Allahabad	2	2	1.68	2	7.92	2	3.96	2	2.38	2	1.19	0.24	0.24	0.12	17.73
4	Bareilly	3	3	2.52	3	11.88	3	5.94	3	3.56	3	1.78	0.36	0.36	0.18	26.58
5	Ghaziabad	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
6	Jhansi	3	3	2.52	3	11.88	3	5.94	3	3.56	3	1.78	0.36	0.36	0.18	26.58
7	Kanpur Nagar	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
8	Meerut	6	6	5.04	6	23.76	6	11.88	6	7.13	6	3.56	0.72	0.72	0.36	53.17
9	Saharanpur	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
10	Varanasi	6	6	5.04	6	23.76	6	11.88	6	7.13	6	3.56	0.72	0.72	0.36	53.17
11	Moradabad	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
12	Fiazabad	5	5	4.20	5	19.80	5	9.90	5	5.94	5	2.97	0.60	0.60	0.30	44.31
13	Gorakhpur	6	6	5.04	6	23.76	6	11.88	6	7.13	6	3.56	0.72	0.72	0.36	53.17
Total		57	57	47.88	57	225.72	57	112.86	57	67.72	57	33.84	6.84	6.84	3.42	505.12

To implement activities in 13 big cities/districts, an amount of Rs. 505.12 Lakhs is approved by GOI in RCH Flexipool (ROP-FMR Code-A.5.1.3).

Implementation of urban RCH plan/activities in UHPs OF 54 Districts/Cities funded BY NRHM

(Amount In Lakh)

Sl.	Name of District	Total No. of NUHP	Building		Manpower								Other Expenses)			Total/ month
			Rent @Rs 7000/month/center)		Medical Officer @33000/-pm/center		Staff Nurse @ Rs16500/-pm/center		ANM @Rs 9900/-per ANM/pm/center		Sweeper/Chowkidar (Rs4950/-pm)/center		Tel bill (1000/month/center)	Electricity(Rs 1000/month/center)	Contingency Rs. 500/month /Center	
			No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.				
1	Auraiya	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
2	Ambedkarnagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
3	Azamgarh	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
4	Badaun	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
5	Bagpat	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
6	Bahraich	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
7	Balia	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
8	Balrampur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
9	Banda	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
10	Barabanki	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
11	Basti	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
12	Bhadohi	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
13	Bijnor	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
14	Bulandshahar	2	2	1.68	2	7.92	2	3.96	2	2.38	2	1.19	0.24	0.24	0.12	17.73
15	Chitrakoot	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
16	Deoria	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
17	Etah	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
18	Etawah	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
19	Fatehpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
20	Firozabad	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
21	G.B.Nagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
22	Ghazipur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
23	Gonda	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
24	Hamirpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
25	Hardoi	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
26	Hathras	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
27	J.P.Nagar	2	2	1.68	2	7.92	2	3.96	2	2.38	2	1.19	0.24	0.24	0.12	17.73
28	Jalaun	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
29	Jaunpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
30	Kannoj	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86

31	Kaushambhi	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
32	Kheri	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
33	Kushinagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
34	Lalitpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
35	Maharajganj	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
36	Mahoba	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
37	Mainpuri	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
38	Mau	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
39	Mirzapur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
40	Muzaffarnagar	2	2	1.68	2	7.92	2	3.96	2	2.38	2	1.19	0.24	0.24	0.12	17.73
41	Pilibhit	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
42	Pratap Garh	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
43	Rampur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
44	Raibareilly	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
45	S.Kabir Nagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
46	Sidharthnagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
47	Sitapur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
48	Sonbhadra	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
49	Sultanpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
50	Kashiramnagar	2	2	1.68	2	7.92	2	3.96	2	2.38	2	1.19	0.24	0.24	0.12	17.73
51	Shahjahanpur	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
52	Farrukhabad	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
53	Unnao (incl.ShuklaGanj)	3	3	2.52	3	11.88	3	5.94	3	3.56	3	1.78	0.36	0.36	0.18	26.58
54	Prabudhnagar	1	1	0.84	1	3.96	1	1.98	1	1.19	1	0.59	0.12	0.12	0.06	8.86
one time strengthening of 6 new Urban Health Posts				-		-		-		-		-	-	-	-	6.00
		60	60	49.56	60	237.6	60	118.8	60	71.39	60	35.45	7.2	7.2	3.6	537.64

For the above purpose, an amount of Rs. 537.64 Lakhs is approved by GOI in RCH Flexipool (ROP-FMR Code-A.5.1.3).

**Budget for Drugs and Consumable for Urban Health Posts and BMCs - (Lucknow Urban RCH,
13 Big Cities and 54 Cities)**

Sl.	Name of District	Target(no. Of UHPs)	Drugs Unit Cost (in Rs)	Consumables Unit Cost (in Rs)	Frequency	Total Amount proposed (in Lakhs)
1	Lucknow	8 BMC	20000	3000	12	22.08
		14	10000	3000	12	21.84
2	Agra	1	10000	3000	12	1.56
3	Aligarh	5	10000	3000	12	7.80
4	Allahabad	2	10000	3000	12	3.12
5	Bareilly	3	10000	3000	12	4.68
6	Ghaziabad	5	10000	3000	12	7.80
7	Jhansi	3	10000	3000	12	4.68
8	Kanpur Nagar	5	10000	3000	12	7.80
9	Meerut	6	10000	3000	12	9.36
10	Saharanpur	5	10000	3000	12	7.80
11	Varanasi	6	10000	3000	12	9.36
12	Moradabad	5	10000	3000	12	7.80
13	Fiazabad	5	10000	3000	12	7.80
14	Gorakhpur	6	10000	3000	12	9.36
15	Auraiya	1	10000	3000	12	1.56
16	Ambedkarnagar	1	10000	3000	12	1.56
17	Azamgarh	1	10000	3000	12	1.56
18	Badaun	1	10000	3000	12	1.56
19	Bagpat	1	10000	3000	12	1.56
20	Bahraich	1	10000	3000	12	1.56
21	Balia	1	10000	3000	12	1.56
22	Balrampur	1	10000	3000	12	1.56
23	Banda	1	10000	3000	12	1.56
24	Barabanki	1	10000	3000	12	1.56
25	Basti	1	10000	3000	12	1.56
26	Bhadohi	1	10000	3000	12	1.56
27	Bijnor	1	10000	3000	12	1.56
28	Bulandshahar	2	10000	3000	12	3.12
29	Chitrakoot	1	10000	3000	12	1.56
30	Deoria	1	10000	3000	12	1.56
31	Etah	1	10000	3000	12	1.56
32	Etawah	1	10000	3000	12	1.56
33	Fatehpur	1	10000	3000	12	1.56
34	Firozabad	1	10000	3000	12	1.56
35	G.B.Nagar	1	10000	3000	12	1.56
36	Ghazipur	1	10000	3000	12	1.56
37	Gonda	1	10000	3000	12	1.56
38	Hamirpur	1	10000	3000	12	1.56
39	Hardoi	1	10000	3000	12	1.56
40	Hathras	1	10000	3000	12	1.56
41	J.P.Nagar	2	10000	3000	12	3.12
42	Jalaun	1	10000	3000	12	1.56
43	Jaunpur	1	10000	3000	12	1.56
44	Kannoj	1	10000	3000	12	1.56

45	Kaushambhi	1	10000	3000	12	1.56
46	Kheri	1	10000	3000	12	1.56
47	Kushinagar	1	10000	3000	12	1.56
48	Lalitpur	1	10000	3000	12	1.56
49	Maharajganj	1	10000	3000	12	1.56
50	Mahoba	1	10000	3000	12	1.56
51	Mainpuri	1	10000	3000	12	1.56
52	Mau	1	10000	3000	12	1.56
53	Mirzapur	1	10000	3000	12	1.56
54	Muzaffarnagar	2	10000	3000	12	3.12
55	Pilibhit	1	10000	3000	12	1.56
56	Pratap Garh	1	10000	3000	12	1.56
57	Rampur	1	10000	3000	12	1.56
58	Raibareilly	1	10000	3000	12	1.56
59	S.Kabir Nagar	1	10000	3000	12	1.56
60	Sidharthnagar	1	10000	3000	12	1.56
61	Sitapur	1	10000	3000	12	1.56
62	Sonbhadra	1	10000	3000	12	1.56
63	Sultanpur	1	10000	3000	12	1.56
64	Kashiramnagar	2	10000	3000	12	3.12
65	Shahjahanpur	1	10000	3000	12	1.56
66	Farrukhabad	1	10000	3000	12	1.56
67	Unnao(incl.ShuklaGanj)	3	10000	3000	12	4.68
68	Prabudh nagar	1	10000	3000	12	1.56
		131				226.44

For the above purpose, GOI approved Rs.200.00 Lakhs as consolidated amount (ROP-FMR Code-B.16.2.5) against the entire proposed budget for drugs and consumables in Mission Flexipool.

8. ESTABLISHMENT OF ADDITIONAL URBAN HEALTH POSTS

Establishment of Additional Urban Health Posts in Identified Urban Slums and Peri-Urban Areas -

Uttar Pradesh is a densely populated state and the population growth is very rapid in urban areas. The total urban population is 44,470,455. The health indicators are very poor in urban slums. All the districts have several establishments of BPLs/Minority community with very poor socio-economic status/vulnerable groups/nomadic population etc. in urban slums, who do not have easy access to health services. 131 existing urban health posts under NRHM are not sufficient to provide services to all slum dwellers and peri-urban population. Earning members of the family are working on daily wages in different parts of the city and outside the city. Due to poverty and lack of awareness the female members and children cannot access the existing health facilities. Hence, it is proposed to establish a new urban health post in such areas to provide preventive and curative health care services within their reach.

For successful implementation of this project active participation of SUDA and ICDS workers will be ensured by State and District level convergence. Health card will be prepared to every member of the family. Extensive IEC activities will be under taken for community

awareness and demand generation. Details of District wise additional Urban Health Posts are as follows:-

SI	District	Total Pop.	Urban Pop.	Total required UHPs	Existing UHP under NRHM	Existing UHP under State Budget	Total UHPs	Newly Proposed UHP
1	Saharanpur	3,464,228	1,063,808	21	5	9	14	3
2	Muzaffarnagar	4,138,605	1,190,076	24	2		2	5
3	Bijnor	3,683,896	925,634	19	1		1	2
4	Moradabad	4,773,138	1,575,663	32	5	13	18	5
5	Rampur	2,335,398	588,761	12	1	3	4	1
6	Jyotiba Phule Nagar	1,838,771	456,656	9	2		2	1
7	Meerut	3,447,405	1,762,573	35	6	8	14	5
8	Baghpat	1,302,156	274,135	5	1		1	
9	Ghaziabad	4,661,452	3,144,574	63	5	9	14	8
10	Gautam Buddha Nagar	1,674,714	997,410	20	1		1	2
11	Bulandshahar	3,498,507	867,791	17	2		2	1
12	Aligarh	3,673,849	1,216,581	24	5	7	12	2
13	Mahamaya Nagar	1,565,678	333,597	7	1		1	
14	Mathura	2,541,894	753,893	15	0		0	2
15	Agra	4,380,793	2,009,497	40	1	15	16	8
16	Firozabad	2,496,761	832,270	17	1	2	3	3
17	Mainpuri	1,847,194	284,333	6	1		1	1
18	Budaun	3,712,738	644,935	13	1		1	2
19	Bareilly	4,465,344	1,562,495	31	3	2	5	2
20	Pilibhit	2,037,225	355,156	7	1		1	
21	Shahjahanpur	3,002,376	591,408	12	1	7	8	
22	Kheri	4,013,634	461,345	9	1		1	1
23	Sitapur	4,474,446	529,992	11	1		1	3
24	Hardoi	4,091,380	540,991	11	1		1	2
25	Unnao	3,110,595	533,263	11	3		3	1
26	Lucknow	4,588,455	3,037,718	61	14	3	17	10
27	Rae Bareli	3,404,004	307,907	6	1		1	1
28	Farrukhabad	1,887,577	415,294	8	1		1	1
29	Kannauj	1,658,005	280,586	6	1		1	1
30	Etawah	1,579,160	366,310	7	1		1	1
31	Auraiya	1,372,287	234,205	5	1		1	
32	Kanpur Dehat	1,795,092	173,438	3	0		0	
33	Kanpur Nagar	4,572,951	3,015,129	60	5	6	11	8
34	Jalaun	1,670,718	418,754	8	1		1	1
35	Jhansi	2,000,755	836,006	17	3	9	12	
36	Lalitpur	1,218,002	175,095	4	1		1	
37	Hamirpur	1,104,021	209,314	4	1		1	
38	Mahoba	876,055	185,678	4	1		1	
39	Banda	1,799,541	276,163	6	1		1	
40	Chitrakoot	990,626	96,352	2	1		1	
41	Fatehpur	2,632,684	322,598	6	1		1	
42	Pratapgarh	3,173,752	175,861	4	1		1	
43	Kaushambi	1,596,909	124,371	2	1		1	
44	Allahabad	5,959,798	1,476,610	30	3	11	14	5
45	Barabanki	3,257,983	330,247	7	1		1	1
46	Faizabad	2,468,371	342,783	7	5		5	
47	Ambedkar Nagar	2,398,709	281,571	6	1		1	1
48	Sultanpur	3,790,922	200,175	4	1		1	

49	Bahraich	3,478,257	287,218	6	1	1	1
50	Shrawasti	1,114,615	38,449	1	0	0	
51	Balrampur	2,149,066	166,282	3	1	1	
52	Gonda	3,431,386	225,146	5	1	1	
53	Siddharthnagar	2,553,526	160,237	3	1	1	
54	Basti	2,461,056	138,117	3	1	1	
55	Sant Kabir Nagar	1,714,300	128,140	3	1	1	
56	Mahrajanj	2,665,292	134,790	3	1	1	
57	Gorakhpur	4,436,275	832,981	17	6	15	21
58	Kushinagar	3,560,830	168,062	3	1	1	
59	Deoria	3,098,637	316,898	6	1	1	1
60	Azamgarh	4,616,509	393,384	8	1	1	1
61	Mau	2,205,170	499,784	10	1	1	1
62	Ballia	3,223,642	303,843	6	1	1	1
63	Jaunpur	4,476,072	333,649	7	1	1	1
64	Ghazipur	3,622,727	273,872	5	1	1	1
65	Chandauli	1,952,713	245,103	5	0	0	
66	Varanasi	3,682,194	1,599,260	32	6	15	21
67	Sant Ravidas Nagar	1,554,203	228,891	5	1	1	
68	Mirzapur	2,494,533	346,475	7	1	1	
69	Sonbhadra	1,862,612	314,063	6	1	1	
70	Etah	1,761,152	268,448	5	1	1	
71	Kanshiram Nagar	1,438,156	288,361	6	2	2	
		199,581,477	44,470,455		131	134	265
							100

The Budgetary details for establishing 100 Urban Health Posts are being given below:-

Head	Target	Unit Cost	Frequency	Total Amount Proposed (Rs.in Lakhs)
Building Rent	100	7000.00	12	84.00
Manpower				
Medical Officer	100	30000.00	12	360.00
Staff Nurse	100	15000.00	12	180.00
ANM	100	9000.00	12	108.00
Sweeper cum Class IV	100	4500.00	8	36.00
One time establishment	100	100000.00	1	100.00
Contingency	100	3000.00	12	36.00
IEC Activities	100	15000.00	1	15.00
Health Card	100	5.00	30000	150.00
Drugs and consumables	100	10000.00	12	120.00
Grand Total				1189.00

Thus, an amount of Rs. 1189.00 Lakhs was proposed for the scheme under RCH Flexipool, which is approved by GOI (ROP-FMR Code- A.5.1.3). (Proposed in Supplementary PIP)

Districts will be allocated budget for new urban posts as per minority population, SC population in slum areas and peri urban areas. Detailed plans will be prepared after coordination meeting with SUDA and district officers, as per discussion with GOI officers on 10 and 11 July, 2012 all the suggestions will be incorporated in the implementation plan.

Supporting Organizations: Urban Health Initiative (UHI)

UHI supports Government of Uttar Pradesh in eleven cities (Agra, Aligarh, Allahabad, Gorakhpur, Bareilly, Kanpur, Varanasi, Moradabad, Mathura, Farrukhabad and Lucknow) through 21 local NGOs, with a network of 1,665 trained peer educators (on the USHA model), together working to serve poor communities in 1,705 urban slums. UHI aims to increase contraceptive use as a key intervention to reduce maternal and infant mortality. It attempts to implement evidence-based strategies aligned with Government schemes and programs. UHI works with five objectives i) to integrate family planning counselling and services with maternal, newborn, post partum, and post abortion services; ii) to expand access to quality family planning services in health facilities; iii) to test innovative private sector approaches to increase access to family planning; iv) to create demand for sustained use of contraceptives and; v) to increase funding, financial mechanisms, and a supportive policy environment to ensure continuity of family planning supplies and services for the urban poor.

UHI works in partnership with 122 facilities (public and private) to implement fixed day approach and strengthens counselling and interpersonal communication, at clinics and in communities through counsellors and community based workers. It supports social marketing of condoms and pills, in non traditional as well as traditional outlets. It uses mid-media and mass-media to market supplies and services and shape demand and practice for targeted groups.

BUDGET SUMMARY FOR URBAN RCH

Activity	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
RCH FLEXIPOOL		
Strengthening of Urban Cell at Directorate*	5.62	5.62
URBAN RCH		
Urban RCH Project- Lucknow (14 UHPs)	281.03	281.03
Activities in 13 Areas of Big Cities (57 UHPs)	505.12	505.12
Activities in other 54 Cities (60 UHPs)	537.64	537.64
Establishing 100 Urban Health Posts in identified Urban Slums and Peri-urban Areas	1189.00	1189.00
TOTAL - RCH FLEXIPOOL	2518.41	2518.41
NRHM FLEXIPOOL		
Procurement of Drugs and supplies		
Lucknow Urban RCH(14 UHPs)	43.92	
Activities in 13 Areas of Big Cities(57 UHPs)	88.92	200.00
Activities in other 54 Cities(60 UHPs)	93.60	
TOTAL - NRHM FLEXIPOOL	226.44	200.00
GRAND TOTAL - URBAN RCH	2744.85	2718.41

**Strengthening of Urban Cell at Directorate budget of Rs. 5.62 Lakh has been proposed under Programme Management Head under RCH Flexipool*

A.6. PC & PNDT AND GENDER MAINSTREAMING

Sex ratio is an important indicator to measure gender equity. The rapidly decreasing sex ratio in the state is likely to create severe gender imbalance that can destroy the social fabric. It should also be viewed both as a child right issue (girls are killed either through sex selective abortions or die prematurely due to violence and neglect). Figures below indicate the trend in sex ratio over the years of India and Uttar Pradesh.

Yrs	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001	2011 (Provisional)
India	972	964	955	950	945	946	941	930	934	927	933	940
UP	942	916	908	903	907	908	907	876	882	876	898	908

But the results about the sex ratio among the children between age 0 to 6 years has decreased remarkably at national as well as state level.

Year	India	UP
1991	945	927
2001	927	916
2011	916	899

The 'Civil Registration Data' clearly shows that the sex ratio is declining in most of the commercially viable districts where ultra-sonography centres are in abundance indicating a direct correlation. Consequently, strategies will focus on these districts. Near about 4430 centres have been registered under the PCPNDT Act in the state. It is well known that it is difficult to regulate the private sector and therefore initiatives to monitor the implementation of the PC PNDT Act become even more essential.

Given the above scenario, effective implementation of the PCPNDT Act together with social reform efforts including enhancing the value of a daughter is a significant step towards the prevention of female feticide.

1. Establishment of PCPNDT Cells at Every Level

- a. **State PCPNDT Cell** - A PCPNDT cell has been established at the FW Directorate. To operationalize this cell full- flagged, following staffs are proposed.
 - Consultant – Legal (1)
 - Data Assistant (1)
 - Programme Assistant (1)
- b. **Divisional Level PCPNDT Cell** - A separate divisional level PCPNDT cell will be established at Divisional Additional Director's office. To support this cell, it is proposed that one computer operator is proposed. This cell will coordinate with the districts and monitor for quality assurance and regular reporting,
Rationale - Additional Directors at Divisional level are focal point in supervising programme activities and require support for documentation and compilation of data. This level needs strengthening as QAC activities are also being activated at the division level, one computer operator will be very useful for them.

- c. **District Level PCPNDT Cell** - A separate district level PCPNDT cell will be established at CMO office in 13 high focus districts with lowest sex ratio as per AHS-2010. To support this cell one DEO at all 13 districts (Agra, Baghpat, Bulandshaher, G.B.Nagar, Ghaziabad, Meerut, Muzaffar Nagar, Jhansi, Hathras, Hardoi, Bijnor, Etawah and Kanpur Nagar) and one legal expert to handle legal proceedings is proposed. The legal expert will be hired from the open market and budget support will be provided from District PCPNDT fund, generated from registration and renewal of USG machines.

Rationale - The PCPNDT activities are mainly focused around inspection visits to USG centers, documentation, filing cases and perusal in the court. All this increases tremendous load on the district level workers and sometimes this leads to less no. of inspections and actions against defaulters. This level needs strengthening with a data assistant. Cost of Legal assistance can be borne from the district funds generated from registrations and renewals.

The budgetary requirement for human resources for State Level, Divisional Level and District Level PCPNDT Cells is provisioned under Programme Management Chapter.

In addition to this, to support PCPNDT Cell, following additional activities is also proposed, for which Rs. 6.70 Lakhs are required.

Activities	Unit	Unit Cost	Amount Proposed (Rs.)
State Level - Contingency for Operationalizing Cell	1	50000.00	50000.00
Divisional Level - Yearly travel & Contingency for the operation of each cell	18	20000.00	360000.00
District Level - Yearly Contingency for the operation of cells in 13 high focused districts	13	20000.00	260000.00
Total			670000.00

For this propose, GOI approved Rs. 670000.00 under RCH Flexipool.(ROP-FMR Code-A.7.1.(a))

2. Inspection and Monitoring

Inspection of USG centres and monitoring on action points are important issues under the Act. These responsibilities are to be shouldered at every level.

- a. **State Inspection and Monitoring Committee** - A State level Inspection & Monitoring Committee has been established, which will undertake inspection of ultrasound centers in 10 worst districts. It is estimated that for each inspection visit around Rs.10,000/- would be incurred for 1 visit per district. Accordingly, for visits to 13 districts, an amount of Rs.1.30 Lakhs was budgeted for the year 2012 -2013. **For the above purpose, GOI approved Rs.3.10 Lakhs as consolidated amount (ROP-FMR Code- A.7.1.(c)) against the total proposed budget of Rs. 5.80 Lakhs under Inspection and monitoring budget head.**
- b. **Divisional level Inspection and Monitoring Committees** - In addition to state inspection and monitoring committee, a separate divisional level inspection & monitoring committee will be constituted, which will undertake inspection & monitoring of centers in the districts of that division. This committee consist of :-

- Divisional Additional Director, Medical, Health & Family Welfare Chairman
- Authorized officer by District Appropriate Authority/DM Member
- District Nodal officer PNDDT Member
- Judicial member of District Advisory Committee Member

It is estimated that for each division around Rs. 25,000/- would be incurred for 1 visit every quarter to each district of the division. TA/DA of Additional Director will be incurred from this amount and TA/DA of district level members will be incurred from the district level PNDDT allocation. Accordingly, for 18 divisions, an amount of Rs. 4.50 Lakhs was budgeted for the year 2012 -2013. ***For the above purpose, GOI approved Rs.3.10 Lakhs as consolidated amount (ROP-FMR Code- A.7.1.(c)) against the total proposed budget of Rs. 5.80 Lakhs under Inspection and monitoring budget head.***

- **District Level Inspection & Monitoring** - Inspection of centers will be done at district level on regular basis. In this activity Registration/Renewal fees will be utilized. ***No Extra Budget is required for this activity.***

3. Review Meetings

- **Review Meetings at State level** - It is proposed to review the activities conducted by districts for implementation of the PCPNDT Act. Nodal Officers from the district would participate in these meetings. A one-day meeting would be conducted every six month at the State headquarter for the purpose. Two batches of meetings would be required to be conducted to cover all the districts. **The expenses will be met from state budget for this activity.**
- **State Level Meeting of Boards/Committees** - Three Committees/Boards have been constituted at the State level under the PCPNDT Act. These committees would meet at regular intervals to review the activities under PCPNDT and suggest necessary actions to be taken, if required. **The expenses will be met from state budget for this activity.**

4. Orientation Workshops of District Advisory Committees and Inspection Committee Members

- **Identification of Expert group of volunteers at the state level** - To make all the orientation workshops meaningful and more effective, few active subject expert NGO volunteers will be identified who can volunteers to cover 3 divisions each to address the Members of the District Advisory Committee. ADs and these 6 volunteers will be briefed at the state level for 1 day on implementation of the Act effectively in the district and all the action points. ***State level meeting will cost Rs 60000.00 as honoraria for these volunteers, which is approved by GOI (ROP-FMR Code-A.7.1.(c)).***
- **Orientation of Members of the District Advisory Committee and inspection committees at division level** - District level Advisory Committees have been constituted. The members of the Committees are required to be oriented regarding their role and responsibilities. Accordingly, it is proposed to conduct one day orientation of these functionaries. Divisional Additional directors and District nodal officers will also take part. The orientation workshops will be organized at the division level. It is estimated

that the average cost of each workshop would be around Rs.50,000/-. ***Thus, the budgetary requirement for conducting one workshop in each of the 18 divisions works out to Rs. 9.00 Lakhs, which is approved by GOI (ROP-FMR Code-A.7.1.(c)).***

5. District Level Activities

1. **District Level Sensitization Workshops** - After the State-level sensitization workshop has been conducted, one-day district level workshops would be organized for creating publicity regarding the need to address discrimination against girl child and creating awareness regarding the provisions of PCPNDT Act and its enforcement. Necessary guidelines and literature on the subject would also be provided to the participants. Accordingly, various stakeholders in the districts would be sensitized. Two sessions would be organized as follows:
 - ❖ First session - for Medical Officers, NGOs, Officials from the Department of Women & Child Development, Social Welfare, Panchayati Raj, Human Rights Commission, etc.
 - ❖ Second session - for Representatives of IMA, Nursing Home Associations, FOGSI, Gynaecologists, Radiologists, Ultrasonologists, etc.

An amount of Rs. 25,000/- would be allocated to each district for the same. ***Accordingly, an amount of Rs.18.75 Lakhs is being budgeted for 75 districts, which is not approved by GOI(ROP-FMR Code-A.7.1.(c)).***

2. **TA/DA to District Level Staff for Attending Meetings, Workshops, trainings, etc. outside District HQ** - Regular review meetings and refresher trainings, etc. have been planned for district nodal officers, dealing clerks and members of advisory committee. A lumpsum provision of Rs. 20,000/- per district is being made towards reimbursement of travel and DA to the district staff for attending meetings, trainings, etc. outside the district HQ. ***Thus, a total budgetary provision of Rs.15.00 Lakhs is being made, which is approved by GOI (ROP-FMR Code-A.7.1.(a)).***

6. IEC/BCC Activities

To carry out IEC/BCC activities under PCPNDT and Child Sex Ratio, a budget of Rs. 188.25 Lakhs was proposed for the year 2012-13. The details of activities are under IEC/BCC Chapter in Mission Flexipool.

BUDGET SUMMARY OF PC- PNDT & SEX RATIO

SI	Activities	Physical Targets	Unit cost (Rs.)	Fre-quency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
1.	Establishment of PCPNDT cells at every level					
a	Contingency for the operation State PCPNDT Cell	1	50000	1	0.50	0.50
b	Yearly Travel and Contingency for the operation Divisional Level PCPNDT Cells	18	20000	1	3.60	3.60
c	Yearly Contingency for the operation of District Level PCPNDT Cell	13	20000	1	2.60	2.60
	Sub Total				6.70	6.70
2.	Inspection and monitoring					
a	State Inspection and Monitoring Committee	13	10000	1	1.30	3.10
b	Divisional level Inspection and Monitoring Committees	18	25000	1	4.50	
	Sub Total				5.80	3.10
3.	orientation workshops and meetings				-	
a	Orientation of Expert group of volunteers at the state level	6	10000	1	0.60	0.60
b	Orientation of Members of the District Advisory Committee At division level	18	50000	1	9.00	9.00
	Sub Total				9.60	9.60
4.	District Level Activities					
a	District Level Sensitization Workshops	75	25000	1	18.75	Not approved
b	TA/DA to District Level Staff for Attending Meetings, Workshops, trainings, etc. outside District HQ	75	20000	1	15.00	15.00
	Sub Total				33.75	15.00
5	IEC/BCC Activities (Girl Child Day)					
a	State level IEC Activities	1	500000	1	5.00	5.00
b	District level					
	Organizing Competitions at Inter/Degree Colleges	75	15,000	1	11.25	11.25
	Theatre Workshops with Intermediate Girls Colleges and Degree Colleges	75	50,000	1	37.50	37.50
	Organizing Workshops with USG Centre In-charges & NGOs	75	10,000	2	15.00	15.00
	Organizing rallies of school children at each block	820	10,000	1	82.00	82.00
	Spreading messages in local media, cable TV, etc.	75	50,000	1	37.50	37.50
	Sub Total				188.25	188.25
	Grand Total				244.10	222.65

The Budget amounting Rs. 244.10 Lakhs is proposed for PCPNDT & Sex Ratio, out of which Rs. 188.25 Lakhs, which are mainly for creating awareness and IEC was budgeted under IEC/BCC head in Mission Flexipool. Rest of Rs. 55.85 Lakhs was proposed under PNDT Activities in RCH Flexipool.

GOI approved total amount of Rs. 222.65 Lakhs, out of which Rs. 188.25 Lakhs is approved in IEC/BCC chapter in Mission Flexipool (ROP- FMR Code-B.10.4) and Rest of Rs. 34.40 Lakhs under RCH Flexipool (ROP-FMR Code-A.7 and its sub-heads)

A.7. INFRASTRUCTURE AND HUMAN RESOURCES

1. HUMAN RESOURCE - MATERNAL HEALTH

Under Maternal Health, there is requirement of human resources at (L1, L2 & L3 delivery points) with following details.

1. Contractual ANMs on vacant posts for outreach services:

Justification - The state has total 20521 sub centers, 23580 posts of ANMs sanctioned and 4197 posts are lying vacant clearly reflecting on poor ANC coverage and delivery care. The situation is:

- a. In 45 HFDs- The state has 45 HFDs having 11707 sub centers. Out of 13458 posts sanctioned, 2432 are lying vacant.
- b. In 5 divisions (20 districts): Basti, Faizabad, Devipatan, Barielly & Allahabad have MMR more than 400/lakh live births. Out of 20 districts in these 5 divisions, 14 are HFDs and remaining 6 districts also require 360 ANM posts to fill vacancies.
- c. Remaining 26 districts have 1405 vacancies.

As no regular batch of ANMs is getting trained in government ANMTCs, the state has crunch of ANMs. Lately 87 private ANMTCs have been approved by the state government and Indian Nursing Council in the state, which have annual capacity of 3940 ANMs. The state ANMs service rules do not allow absorption of these ANMs (coming out from private sector) on regular posts therefore these ANMs are available for contractual appointment only till amendment in ANM service rules takes place.

The state is evaluating the policy change that might take some time, till that time the state proposes contractual ANMs on all 4197 vacant posts of ANMs to address poor ANC coverage and outreach services.

2. Contractual additional ANMs on delivery points

Extra support of contractual ANMs for sub centers having monthly deliveries>5- 1370 sub centers are having delivery load of more than 5 per month. At these sub centers availability of ANM is necessary all 24 hrs to look after women in labour and outreach or delivery care services don't get neglected.

Justification - Bases on the delivery load, slabs have been created to support these sub centers-

- a. Category 1- Sub centers having 5-20 del/month- are proposed to have 1 additional ANM on contract
- b. Category 2- Sub centers having 21-50 del/month- are proposed to have additional ANM on contract
- c. Category 3-Sub centers having >50 del/month- are proposed to have additional ANM on contract

Therefore, 841 sub centers in category 1 are proposed one 2nd contractual ANMs, 421 sub centers in category 2 are proposed two 2nd contractual ANMs and 108 sub centers in category 3 are proposed three 2nd contractual ANMs. Thus a total of 2007 contractual ANMs proposed for these active L1 delivery points on contract from NRHM to facilitate outreach as well as delivery and sub center clinic services. The funds have been reflected under HR plan.

The details of gap analysis are given at: ***L1 centre KPI is given on Annexure - KPI format 2 for L1. A total of 6204 contractual ANMs are proposed to be hired on contract in year 2012-13 @ Rs 10,000.00 per month.***

3. Proposal for HR at L2 (24x7) Delivery points

Justification

- **Staff Nurses** - The IPHS norms state that at least 3 Staff nurses are required to operationalize a 24x7 delivery point and at least 9 Staff nurses required at Functional FRUs. We have 1002 staff nurses posted at 841 functional 24x7 therefore at least 1436 staff nurses are required at these rural L2 centers to make available at least 3 staff nurses to maintain round the clock LR services. A total of 1436 staff nurses are proposed to be hired on contract to maintain quality of services at functional delivery points in year 2012-13 @Rs. 16500/- per month.
- **MBBS lady Doctors** - 24x7 gets referrals from Subcenters and now catering to max load of normal deliveries under JSY. It is proposed to have at least 1 MBBS lady doctor to supervise OPD, IPD and LR services. Out of 841 functional 24x7 centres only 107 have MBBS LMOs, but as MBBS LMOs are difficult to get, only 401 identified centres having monthly delivery load of >100 are proposed for MBBS LMOs on contract @ Rs 36000 per month. The state will continue to make efforts towards regular deployment of MBBS LMOs through commission.

4. Proposal for HR at L3 (FRU) Delivery points

Justification

- 51 DWH are functional as FRUs, 28 are performing 2-3 C-Section daily, running PPCs, Daily FP camps, and normal deliveries more than 200 per month. These hospitals are proposed at least 4 Gynaecologists, 2 MBBS LMOs and 6 staff nurses. Contractual posts have been proposed to fill the gap accordingly.
- Remaining 23 DWH which are having less than 50 C-sections per month, are having very high normal delivery load and low c-section rate because of poor HR availability (eg. District combined Hospitals Kaushambi & Maharajganj and DWH Mainpuri), therefore MBBS LMOs are proposed to share LR load but specialists' posts are proposed based on need.
- Contractual Paediatricians are proposed only 15 in number and only at women hospitals to provide newborn care, where there is none available and delivery load is high.
- Anesthetists are proposed to make available at least 1 at each center. As such Anesthetists are scarce in the state cadre.

- 60 CHCs are functioning as FRUs in the state. Contractual specialists (Anesthetists /Pediatricians /Gynecologists) have been proposed to make available at least 1 at each CHC FRUs. Most of the CHCs are having high normal delivery load and very low C-Section rate, therefore at least 5 SNs have been proposed and presence of 2 LMOs has been ensured to look after LRs.
- Utilize General surgeons for EMOC services in rural areas.- It is seen that gynaecologists are not available for rural areas, in that case General surgeons will be encouraged to be hired on monthly contract basis. These general surgeons will be given BEMOC training on CMOs recommendations.
- Staff Nurses - At least 6 staff nurses are being proposed for 28 DWH having high load of C-Sections, 5 are proposed for FRUs having less load. Only newly established DCH have been proposed staff nurses. Therefore it is proposed that 153 staff nurses will be hired on contract at designated L3 centers this year.
- MBBS LMOs- At CHCs only one post of gynecologist is sanctioned by the state whereas they have to cater to heavy load of OPD, LR and OTs. In such case usually LR or OPD gets neglected. It is proposed to hire 140 MBBS doctors to support quality of services at 132 functional FRUs.
- A total requirement has been summarized below:

Sl.	Type of facility	Gynae.	Anaesth.	Paed.	LMOs	SNs
1	DWH (>50 LSCS/mth)	21	12	5	37	7
2	DWH (<50 LSCS/mth)	10	5	3	28	17
3	DCH	9	2	0	17	3
4	CHCs & PPC	20	22	7	57	126
	TOTAL	60	41	15	140	153

The details of gap analysis is available at **Annexure-**

- **Gap analysis L2**
- **Gap Analysis L3**
- **KPI Format 2 for L1,L2,L3**

- Specialists on Call – Calls are proposed only for gynae/paed/anasth/general surgeons which will be monitored** against LSCS performed/complications managed/lives saved at the rural facilities (CHCs only). CMOs will be asked to submit utilization with justification note and status of regular or contractual specialists available at that facility for EMOC. On-call Gynecologists will be allowed this year at those for CHC FRUs to maintain continuity of services if gynecologists posted there are on leave. The calls will be monitored against No. of LSCS and availability of back up support for post operative care. It is proposed to allow 300 per district for the year 2012-13 for the rural areas.

The details of gap analysis are available at **Annexure- Gap Analysis L3 & KPI Format 2 for L3**. The budgetary proposal for human resources under Maternal Health is as below:

SI	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
1	ANMs	-	-	-	-
	L-1 Centres	6,204	10,000.00	12	7,444.80
2	Staff Nurses	-	-	-	-
	L-2 Centres	1,436	16,500.00	12	2,843.28
	L-3 Centres	153	16,500.00	12	302.94
3	Specialists	-	-	-	-
	Gynaecologists - L-3 Centres	60	48,000.00	12	345.60
	Paediatrician - L-3 Centres	15	48,000.00	12	86.40
	Anaesthetist - L-3 Centres	41	48,000.00	12	236.16
4	MBBS LMO (Rural)	-	-	-	-
	L-2 Centres	401	36,000.00	12	1,732.32
	L-3 Centres	140	36,000.00	12	604.80
5	Specialists - On call basis	22,500	2,000.00	1	450.00
Sub-total					14046.30

To deploy human resources under Maternal Health, a total budgetary provision of Rs. 14046.30 Lakhs was proposed for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.8.1.1 & A.8.1.3).

2. HUMAN RESOURCE – ROUTINE IMMUNIZATION

To support routine immunization programme in the state, there was a position of regular State cold chain Officer but CCO has been retired in 2011-12. UP is a large state and there is an urgent need of Assistant Cold Chain Officer for proper maintenance of cold chain.

- There is need of semiskilled person (cold chain handlers) to be available for 24 hours for electricity backup, contingency plan and loading & unloading of vaccine and logistic. These Cold chain handlers have been hired on contractual basis at State, Division and District level.
- Apart from Govt. persons additional Technicians (Refrigerator Mechanics) have been hired on contractual basis in vacant positions to repair cold chain equipments to reduce sickness rate.
- Apart from Govt Vaccine store keepers, 9 additional Vaccine Store keepers have been hired at Division level in vacant position for proper maintenance of cold chain, emergency plan and smooth flow of vaccine and logistic.
- Driver for Vaccine Van have been hired

Detailed of Human Resource is given below in table

Human resource	Approved in PIP	In position	Proposed 2012-13
State level			
Computer assistant at state level	1	1	1
Assistant Cold Chain Officer	1	0	1
Cold Chain Handlers	5	5	5
Regional/ Divisional			
Cold-chain handlers	18	18	18
Technician	9	9	9
Vaccine Store Keeper	9	9	9
Drivers for van	5	3	5

District level			
Computer operator	71	69	75
Cold Chain Handlers	71	71	75
Technician	12	12	12

The Budgetary details for this purpose are being below:

SI	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
1	State level (Cold Chain Storage point)				
	Assistant Cold Chain Officer	1	36,300.00	12	4.36
	Cold Chain Handlers	5	9,900.00	12	5.94
2	Regional/ Divisional (Cold Chain Storage point)				
	Cold chain handlers	18	9,900.00	12	21.38
	Technician	9	16,500.00	12	17.82
	Vaccine Store Keeper	9	22,000.00	12	23.76
	Drivers for van	5	16,500.00	12	9.90
3	District level (Cold Chain Storage point)				
	Cold Chain Handlers	75	9,900.00	12	89.10
	Technicians	12	16,500.00	12	23.76
	Sub Total				196.02

To deploy human resources under Routine Immunization, a total budgetary provision of Rs. 196.02 Lakhs was proposed for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.8.1.7).

3. HUMAN RESOURCE – CHILD HEALTH

To support child health programme in the state, some important activities like establishment and operationalization of SNCUs and Nutrition Rehabilitation Centers are being extended. To provide these services more effectively, following human resources are being proposed.

a). Establishment and operationalization of Sick Newborn Care Units (SNCUs) in the State - At present, 7 SNCUs in women hospitals are fully functional in the state. In addition, SNCU in 5 district women hospitals are being established, where installation of equipments will be completed by March 2012. It is expected that these 5 SNCUs will complete recruitment and training very soon.

Under up-gradation of district hospitals, as per IPHS, 4 identified districts where SNCU wing is ready and equipments have been installed. Now, these units are ready and districts have requested for human resource. These units may also start functioning very soon.

In the project implementation plan for year 2011-12, there was a proposal for establishing 4 additional SNCUs which could not be taken up due to various unavoidable circumstances. Now, it is being proposed to establish one SNCU in 4 selected districts where there is no Medical College or functional SNCU in the vicinity. These districts are Bahraich, Lakhimpur Kheri, Bulandshahar and Etawah. For operationalization of these 4 SNCUs the HR is being proposed for 6 months.

All the 7 State medical colleges and 2 centrally aided medical colleges in the state are providing support to various newborn care trainings, newborn care schemes and care to very sick children in the community. It was proposed in the PIP 2011-12 to strengthen sick

newborn units functional in these medical colleges to provide specialized newborn care to the children referred and admitted to these units. As per the demand of the 9 Medical Colleges, human resource requirement is being proposed for the year 2012-13. ***The details of Human Resource for SNCUs at Districts and Medical Colleges (29 units) is as under***

Sl.	Name of Post	Total No.	For 12 months	For 6 months	Salary (P.M in Rs.)
1.	Doctors (Paediatrician)	60	48	12	48000/-
2.	Staff Nurses	194	170	24	16500/-
3	Ward Ayah	75	67	8	4000/-
4	Sweeper (full time)	32	32	0	4000/-
5	Sweeper (part time)	20	16	4	2000/-
Total		381	333	48	

b). Establishment and operationalization of Nutrition Rehabilitation Centers (NRCs) -
To manage underweight and severely malnutrition children, establishing and making operational of NRCs have been envisaged and accordingly these units are being established and making operationalise in phased manner. Till now 19 NRC units (14 at District Hospital & 5 at Medical Colleges) are functional. In addition to this as per HUNGAMA report 10 more NRC units in 10 different districts are being proposed for establishing in 2012-13. In total for 29 NRC units the human resource of different category has been proposed as under: ***The details of Human Resource for NRCs at Districts and Medical Colleges (29 units) is as under:***

Sl.	Name of Post	Total No.	For 12 months	For 6 months	Salary (P.M in Rs.)
1.	Doctors (MBBS)	26	18	8	36000/-
2.	Staff Nurses	104	75	29	16500/-
3	Care Taker	29	21	8	4000/-
4	Nutritionist	29	21	8	15000/-
5	Cook	29	21	8	5000/-
	Sweeper (full time)	29	21	8	3000/-
Total		246	177	69	

The budgetary proposal for human resources under Child Health is as below:

Sl	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	For Sick New Born Care Units (SNCUs)					
	Paediatricians – 12 Months*	48	48,000.00	12	276.48	120.96
	Paediatricians - 6 Months*	12	48,000.00	6	34.56	120.96
	Staff Nurses - 12 Months	170	16,500.00	12	336.6	75.60
	Staff Nurses - 6 Months	24	16,500.00	6	23.76	48.60
	Ward Ayaa -12 Months	67	4,000.00	12	32.16	-
	Ward Ayaa- 6 Months	8	4,000.00	6	1.92	-
	Sweepers - Full time - 12 Months	32	4,000.00	12	15.36	-
	Sweepers - Part time - 12 Months	16	2,000.00	12	3.84	-
	Sweepers - Part time - 6 Months	4	2,000.00	6	0.48	-
2	For Nutrition Rehabilitation Centres (NRCs)					
	Doctors (MBBS) - 12 Months	18	36,000.00	12	77.76	25.20
	Doctors (MBBS) - 6 Months	8	36,000.00	6	17.28	27.30
	Staff Nurses - 12 Months	75	16,500.00	12	148.5	81.00
	Staff Nurses - 6 Months	29	16,500.00	6	28.71	46.80
	Care takers - 12 Months	21	4,000.00	12	10.08	6.24
	Care takers - 6 Months	8	4,000.00	6	1.92	3.12
	Nutritionist - 12 Months \$	21	15,000.00	12	37.8	10.80
	Nutritionist - 6 Months \$	8	15,000.00	6	7.2	11.70

Cook - 12 Months	21	5,000.00	12	12.6	7.80
Cook - 6 Months	8	5,000.00	6	2.4	3.90
Sweepers - Full time - 12 Months	21	3,000.00	12	7.56	-
Sweepers - Full time - 6 Months	8	3,000.00	6	1.44	-
Sub Total				1,078.41	589.98

**- In first ROP, GOI approved remuneration of Pediatrician @35000/month but in supplementary ROP, GOI approved the remuneration of Pediatrician @48000/month (ROP-FMR Code-A.8.1.3 (1st ROP) & A.8.1.7(2nd ROP)*

\$-In 1st PIP of 2012-13, total posts of 29 nutrinitists for NRCs were proposed but GOI approved 19 posts of nutrinitists in first ROP. In supplementary PIP, GOI is requested to approve 7 more posts of nutrinitists for Lalitpur, Farrukhabad and 5 medical colleges, which is approved by GOI. (ROP-FMR Code-A.8.1.7). GOI not approved 3 NRCs, which are proposed to be establish in CHCs (2 bedded)-(ROP-FMR Code- A.2.5.3).

To deploy human resources in SNCUs and NRCs, a total budgetary provision of Rs. 1,078.41Lakhs was proposed for the year 2012-13, out of which GOI approved Rs. 589.98 Lakhs only (ROP-FMR Code- A.8.1.1, A.8.1.3, A.8.1.5 & A.8.1.7).

4. HUMAN RESOURCE – PARA MEDICALS

In the state, there are vacancies against sanctioned posts of Lab. Technicians, Pharmacists, X-ray technicians, etc. Regarding their regular appointments, efforts are being made but there are certain legal issues, which are under the jurisdiction of the court and the decisions are still pending. Hence, for the year 2012-13 there is a requirement of following para-medicals staffs to be hired on contractual basis. These staff will be appointed on regular basis against the sanctioned posts in the year 2013-14.

Para medicals	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
Lab Technicians	358	11,880.00	12	510.36	510.36
X-ray Technicians	185	11,880.00	12	263.74	263.74
Pharmacists	710	11,880.00	12	1,012.18	Not Approved
Sub Total				1,786.28	774.10

To deploy human resources-paramedicals, a total budgetary provision of Rs. 1786.28 Lakhs was proposed for the year 2012-13, out of which GOI approved Rs. 774.10 Lakhs only (ROP-FMR Code- A.8.1.2 & A.8.1.7).

5. HUMAN RESOURCE – DENTAL DOCTORS

The state has 312 Sanctioned posts of dental doctors, against which 225 doctors are working. Thus 87 posts of dental doctors are vacant. The state is planning to recruit regular doctors in these posts in the year 2013-14. It is proposed to provide approval of 87 doctors on contractual basis for the 2012-13.

In the year 2011-12, approval was given for placement of dental doctors in rural areas @ Rs. 35000/- per doctor per month. The same remuneration is being proposed for these doctors. The contractual dental doctors will be placed at rural health facilities, where dental chairs are available and the regular posts of dental doctors are vacant.

Doctors	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
Dental Doctors (BDS)	87	35,000.00	12	365.40	365.40
Sub Total				365.40	365.40

To deploy Dental Doctors, a total budgetary provision of Rs.365.40 Lakhs was proposed for the year 2012-13, which is approved by GOI(ROP-FMR Code- A.8.1.7).

6. HUMAN RESOURCE – OTHERS

There is provision of large amount of budget under NRHM for implementation of various schemes, for which records have to be maintained at various levels, which are to be maintained by finance and accounts staff. The state government has established posts for 72 regular accountants and 72 class-IV employees in the state, with the conditions that the salaries will be borne by NRHM as they will be involved in maintaining and accounting of NRHM funds.

HR - Others	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
District Accountants	72	18,000.00	12	155.52	155.52
Class-IV	72	8,000.00	12	69.12	Not Approved
Sub Total				224.64	155.52

To deploy District Accountants and Class-IV in the state, a total budgetary provision of Rs. 224.65 Lakhs was proposed for the year 2012-13, out of which GOI approved Rs. 155.52 Lakhs only (ROP-FMR Code-A.8.1.7).

7. HUMAN RESOURCE - SCHOOL HEALTH PROGRAMME

Under the programme, It is proposed that two teams of dedicated members consisting of one doctor (MBBS/BDS/AYUSH), one nursing staff (GNM/ANM) and one paramedical (Optometrist/ Dental Hygienist/Physiotherapist) in each team will be hired on contractual basis for each block of the State. These teams will be visiting the Schools and outreach areas for about 25 days per month for the purpose of health check up of children to be covered under the scheme. The MBBS Doctors will be hired on contract @ Rs. 36,000/month/BDS@ Rs. 35,000/month, while the AYUSH doctors @ Rs. 24000/month. The nursing staff will be hired on contract, for GNMs @ Rs.15,000/month & ANMs @ Rs. 10,000/month. The paramedics will be taken on contract @ Rs.11,880/month.

HR – SHP	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
MBBS/BDS Doctors	820	36,000.00	6	1,771.20	1,771.20
AYUSH Doctors	820	24,000.00	6	1,180.80	1,180.80
GNMs	820	15,000.00	6	738.00	738.00
ANMs	820	10,000.00	6	492.00	492.00
Paramedics	1,640	11,880.00	6	1,168.99	1,168.99
Sub Total				5,350.99	5,350.99

To deploy human resources under School Health Programme, a total budgetary provision of Rs. 5350.99 Lakhs was proposed for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.8.1.9.1).

8. HUMAN RESOURCE - SIHFW

The SIHFW is contributing a lot in state training activities under NRHM. Apart from state training activities, SIHFW is implementing various training projects in the field -

- Life saving anesthesia skill training
- Emergency obstetrics care training
- Skill birth attendant training

- RTI / STI training
- ARSH Training
- Hospital waste management training
- Skill up gradation (HMIS & Logistic management training)
- M.T.P. training
- ASHA training

To impart quality training & monitoring of field trainings directly, additional resources are needed. A provision to provide additional human resource to support planning, implementation and monitoring of training activities have been approved under NRHM PIP for year 2011-2012, in Training Management unit

As, it is evident from the present faculty structure of SIHFW, that there is no medical expert in the training faculty. Out of fifteen training positions presently, only seven officers are working, eight posts are lying vacant. With such short number of core training faculty monitoring is very difficult in such a vast state like U.P. To meet the very important task of quality monitoring of the training program consultants in various fields, and support staff is required. To keep up the pace of training activities the staff is to be continued this year also. So requirement of manpower in TMU for year 2012-13 is given below-

Sl.	Designation	No	Essential Qualifications	Monthly Honorarium (Rs.)	Total (in Rs. Lakhs)
1	Consultant-Clinical Training	2	MBBS, PG degree/PG Diploma preferably in Gynecology or pediatrics with preferably minimum 2 years of experience	Up to a Maximum of around Rs.45000.00	10.80
2	Consultant-Public Health	2	MBBS, with preferably minimum 2 years experience of Public Health	Up to a Maximum of around Rs.45000.00	10.80
3	Accountant	1	B.Com with Computer knowledge with Tally software. 2 years of experience in accounting	Up to Maximum of around Rs. 21000.00 as per approved NRHM Norms	2.52
4	Data Assistant	1	BCA/BSc with computer science form recognized institution with min. 2 years of experience	Up to Maximum of around Rs. 20000.00 as per approved NRHM Norms	2.40
Total					26.52

To deploy human resources in SIHFW, a total budgetary provision of Rs. 26.52 Lakhs was proposed for the year 2012-13, which is approved by GOI (ROP-FMR Code- A.8.1.9.2). (Proposed in Supplementary PIP)

9. HUMAN RESOURCE – B.R.D. MEDICAL COLLEGE, GORKHAPUR

In present, B.R.D.Medical College, gorkhapur is treating most of the JE/AES cases and facing problems to provide proper care to JE/AES patients, due to unavailability of staff nurses and support staffs.

In this context, a proposal of Rs. 31.08 Lakhs for contractual appointments of 20 staff nurses and 10 supporting staffs was submitted to GOI. (Ref.: letter no. Memo/BRG/MC-12/EC-1, dated 17th September 2012 & D.O. letter no. SPMU/NP/2012-13/1447 dated 19th September 2012)

For this purpose, GOI approved Rs. 21.35 Lakhs under RCH Flexipool (ROP-FMR Code- B.8.1.1).

A.8. TRAINING

Training is an important component of capacity building of the personnel in the State to provide quality services. Training of providers and community level volunteers also becomes essential to ensure that consistent messages reach communities and the community volunteers are available to follow up the health needs of the community. The Training Policy of the State is to enhance the knowledge and skills of each and every category of health personnel as per latest technology to enable them to provide quality and efficient health services as well manage health programmes.

The State Institute of Health and Family Welfare (SIHFW) is the Collaborating Training Institute for the State and conducts clinical as well as management related trainings. State Innovations in Family Planning Services Agency (SIFPSA) conducts family planning related trainings in the State. Both agencies and concerned departments also collaborate with National Institutions, Medical Universities and Medical Colleges as training sites for conducting clinical trainings.

There are 87 Government training facilities in the State, of which SIHFW is the apex institute at the State level, 11 are Regional Health and Family Welfare Training Centres (RHFUTCs), 40 are ANM Training Centres (ANMTCs), 30 are DPTT (Achal Prashikshan Kendra), four are LHV training centres (health schools) and one PHN training centre. Each of these facilities is located in State owned buildings. These include class rooms, hostels, furniture and audio visual equipment. In DPTT audio-visual equipments are not available.

Training Plan for 2012-13

Various kinds of trainings planned for the year 2012-13 are listed below. A comprehensive training plan has been developed by SIHFW and SIFPSA has been provided as the end of the Chapter.

1. MATERNAL HEALTH TRAININGS

Skilled Birth Attendants' (SBA) Training Programmes

a) Strengthening of Training Sites - It is proposed to strengthen 25 SBA training sites during 2012-13. The estimated cost is Rs 15,000/- per site **Hence, a budgetary provision of Rs. 3.75 Lakhs has been made, which is approved by GOI (ROP-FMR Code-A.9.3.1).**

b) Training of Trainers (TOT)- Two day SBA TOT has been held for 60 trainers at SIHFW, U.P., but due to the transfer/ retirement of trainers or some other causes, this number has come down. Hence, there is a need to train new trainers. In the year 2012-12, SBA TOTs will be conducted for 60 trainers in 2 batches @Rs.1.50 Lakhs per batch, for which **Rs. 3.00 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.9.3.1.1).**

c) Training of Staff Nurse/ANM/LHVs- It is proposed to trained 1,600 health workers of this category in 400 batches, for which **Rs. 441.60 Lakhs was budgeted and approved by GOI (ROP-FMR Code-A.9.3.1.3)..**

Emergency Obstetrics Care (EMOC) Training

This training is been done in the department of Obstetrics & Gynaecology of two Medical Colleges of Uttar Pradesh- The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), Jawahar Lal Nehru Medical College, Aligarh Muslim University (Aligarh). Each Medical College provides 16 weeks Emergency Obstetrics Care (EmOC) Training - 6 weeks Training at Medical College + 9 weeks' Field Attachment Training at DWH + 1(last) week's Training at Medical College to 8 MBBS Medical Officers of the Provincial Medical Services.

- **Training of MOs** – The number of trainees for the year 2012-13 is 16 in 2 batches. One each at CSSMU and AMU. ***For this purpose, an amount of Rs. 24.88 Lakhs for training and Rs. 12.00 Lakhs for EmOC centers towards running cost, certification, monitoring – FOGSI was proposed, which is approved by GOI (ROP-FMR Code- A.9.3.2).***

Basic Emergency Obstetrics Care (BEMOC) Training

- **Training of MOs** – A 10 days training for 216 participants in 36 batches was proposed for the year 2012-13 for MOs from delivery points. An amount of Rs.51.12 Lakhs was proposed for this purpose. ***GOI approved Rs. 39.60 Lakhs for this activity (ROP-FMR Code- A.9.3.6)***

Life Saving Anaesthesia Skill Training (LSAS)

Under the National Rural Health Mission (NRHM), a basic objective is to provide safe and qualitative delivery services at First Referral Units (FRUs) to minimize the MMR. For this, LSAS training is being provided in five Medical Colleges of Uttar Pradesh, viz: The Chatrapati Shahu Ji Maharaj Medical University (Lucknow), S.N. Medical College (Agra), LLRM Medical College (Meerut), GSV Medical College (Kanpur) and Maharani Laxmi Bai Medical College (Jhansi). ***It is planned to train 40 Medical Officers in the year 2012- 13, for which an amount of Rs. 72.00 Lakhs was proposed (Rs.7.20 Lakhs each for 10 batches). GOI approved Rs. 72.00 Lakhs for this activity (ROP-FMR Code- A.9.3.3)***

MTP /MVA Method

In the year 2012-13, a target of 90 doctors in 30 batches is proposed in 10 sites to be trained. 1 batch of TOT will be required at State level. For this purpose, a total amount of Rs. 16.60 Lakhs was proposed. ***GOI approved Rs.10.00 Lakhs for this activity. (ROP-FMR Code- A.9.3.4 & A.9.3.4.1)***

RTI/STI Training Of Medical Officers and Lab Technicians

In the year 2012-13, 420 Medical Officers will be trained in 2 days in an orientation training in 14 baches and 2 days orientation training for 183 lab technicians (in 6 batches) from CHCs/PHCs will be organized on RTI/STI in collaboration with CSMMU. ***For this purpose, an amount of Rs. 27.38 Lakhs was budgeted and GOI approved the same amount. (ROP-FMR Code- A.9.3.5.2 & A.9.3.5.3)***

Training For the Staff of Grievance Re-Dressal Cells under JSSK

In the year 2012-13, 150 computer operators (2 from each district) will be recruited under Grievance Re-dressal cell of JSSK. These operators will be required skills and training to addressing grievances. **Therefore, 5 batches (30 participants in each batch) of training were proposed for which Rs. 2.25 Lakhs was budgeted. GOI approved the same amount for this purpose (ROP-FMR Code- A.9.3.7)**

Summary Budget for Maternal Health Training

Sl	Training/ Description	Unit cost in Lakhs /batch	Physical target (no. of trainees)	Frequency	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
Maternal Health Training						
1	Skilled Birth Attendance / SBA					
	Strengthening of SBA sites	0.15	25 units	1 time	3.75	3.75
	Training of trainers (TOT)	1.50	60	2 batches	3.00	3.00
	Training of SN/ANM/LHV in SBA	1.10	1600	400 batches	441.60	441.60
2	EmOC Training					
	Medical College level Trg (MBBS)	12.44	16	2 batches	24.88	24.88
	EmOC centers running cost, certification, monitoring - FOGSI				12.00	12.00
3	BmOC Training					
	Basic EmOC (MOs) 10 days	1.42	216	36 batches	51.12	39.60
4	Lifesaving Anaesthesia skills training					
	Medical College level Trg (MBBS) (TOT and Field Level Trg.)	7.20	40	10 batches	72.00	72.00
5	MTP training					
	Training of trainers (TOT)	1.00	15	1 batches	1.00	1.00
	Field training (Refresher Trg in MVA for 5 days)	0.52	90	30 batches	15.60	9.00
6	RTI/ STI Training					
	2 Days Orientation of MOs	1.54	420	14 batches	21.56	21.56
	Lab technicians	0.97	183	6 batches	5.82	5.82
7	Training for addressing grievances- JSSK/JSY					
	2 Days Orientation Data Operators	0.45	150	5 batches	2.25	2.25
	Sub total				654.58	636.46

2. INTEGRATED MANAGEMENT AND ENVIRONMENT PROGRAMME (IMEP)

It is proposed to conduct trainings for Hospital Waste Management for Staff Nurses & support staff at the district level hospitals. For which training for ToT on Hospital Waste and training will be done at the state and district levels. The summary and budget is given as follows:

IMEP trainings	Amount (in Lakhs)
Training of trainers (district level)- 3 batches	3.15
Hospital Waste training for SN & support staff at district level – 25 batches	11.25
Total	14.40

For the above purpose, Rs. 14.40 Lakhs is approved by GOI (ROP-FMR Code-A.9.4)

3. CHILD HEALTH TRAININGS

The details of the child health training have been provided in the Child Health Chapter under training section. The Budget Summary of Training under Child Health Programme is below:

Sl.	Details of Training	Physical target	Unit cost (Rs.)	Freq- uency	Proposed Amount in Lakhs (Rs.)	Approved Amount in Lakhs(Rs.)
A	Essential Newborn Care Corners					
1	District level training of MOs-2593/ SNs-2143/ ANMs-2356 (Total 7092 participants in 237 batches of 30 participants per batch)	237	25000	1	59.25	59.25
B	Comprehensive Child Survival Programme - UP (CCSP - UP)					
1	Site strengthening at districts	23	221500	1	50.95	50.95
2	District TOT of 24 participants per batch - 41*24= 984	41	312000	1	127.92	127.92
3	Training of ANMs/LHVs/ASHA of 24 participants per batch - 738*24=17712 participants	738	213000	1	1571.94	1571.94
C	NSSK Training of MOs/SNs/ANMs					
1	District level training of MOs/SNs/ANMs of NSSK for 2 days of 18 participants (227+52=279 batches)	279	40000	1	111.60	105.00
D	Physicians & F- IMNCI Training at Medical Colleges					
1	Recurring costs - Support to 7 Medical Colleges	7	600000	1	42.00	42.00
2	Physicians Training at 5 Medical Colleges (24 batches of 24 participants in a year, 24x24=576)	24	424000	1	101.76	101.76
3	F- IMNCI Training for MOs & Staff Nurses of 16 participants (MOs-512 in 32 batches & 480 SNs in 30 batches; Total 992 participants in 62 batches	62	156000	1	96.72	96.72
Total					2162.14	2155.54

GOI approved the above mentioned trainings in ROP-FMR Code-A.9.5 and its subheads.

4. FAMILY PLANNING TRAININGS

Laparoscopic Sterilization

In the year 2012-13, induction training at 10 DCTCs for 63 Medical Officers and 21 staff nurses is required and being proposed. The training follow-up is also proposed **and a total amount of Rs. 25.77 Lakhs was proposed, out of which GOI approved Rs. 16.23 Lakhs. (ROP-FMR Code-A.9.6.1)**

Minilap (Abdominal Tubectomy) training

In the year 2012-13, induction training for 39 MOs and 26 SN is being proposed. Further, follow-up of these trainings is also being proposed. ***A total amount of Rs. 16.95 Lakhs was budgeted, out of which GOI approved Rs.9.91 Lakhs. (ROP-FMR Code-A.9.6.2)***

NSV Trainings

NSV Satellite Centres (Medical College Meerut, Allahabad & Kanpur) & Centre of Excellence (COE CSMMU, Lucknow)

The training of doctors depends upon client load; the demand generation activities are proposed to be continued in the year 2012-13. A total of 96 doctors have been proposed to be trained in these three medical colleges and COE at CSMMU, Lucknow. The staff and maintenance cost for COE and satellite centres, which was earlier being supported by SIFPSA is proposed under NRHM from this year. A total Amount of 15.64 Lakhs is being proposed for this activities along with Rs. 1.44 Lakhs for IEC during training in these centres. ***Thus, a total amount of Rs. 24.76 Lakhs was proposed, out of which GOI approved Rs. 23.32 Lakhs.(ROP-FMR Code-A.9.6.3)***

IUCD Insertion Training

The training is being proposed to be initiated in remaining 29 districts in the state. This year, 58 trainers will be trained from 29 districts, who will train 360 doctors in 72 batches and 60 AMN/LHVs/PHNs/Staff Nurses will be trained in 750 batches at the district level. ***The total budgetary provision for conducting these training programmes is Rs. 278.14 Lakhs, which is approved by GOI. (ROP-FMR Code-A.9.6.4 and its subheads)***

Post Partum IUCD Training

This year, PPIUCD programme has been up-scaled to include 14 new sites. Therefore, a total of 85 service providers are proposed to be trained in 17 batches. An additional, training site at DWH, Allahabad is being prepared and additional 2 training sites are proposed to be strengthened in year 2012-13. Thus, an amount of Rs. 7.14 Lakhs for conducting TOTs (2 batches) and field training of 17 batches which includes training material and instruments required for the training and service delivery and an amount of Rs. 2.225 Lakhs for follow up at service delivery sites was budgeted. ***GOI approved Rs. 9.37 Lakhs for this purpose (ROP-FMR Code-A.9.6.6).***

Other Family Planning Trainings

Training for Family Welfare Counsellors (FWCs)

This year, 290 family welfare counsellors are being appointed at L-2 and L-3 delivery points having delivery load of more than 200 deliveries/ month. These FWCs will be trained on all family planning methods, post partum IUCD & sterilizations and also on IPC skills.

For this, their training has been planned in 2 phases, each phase will having 10 batches of approx. 30 participants each. First phase will be of 6 days and second will be of 3 days. ***For this activity, a total amount of Rs. 24.60 Lakhs was proposed, which is approved by GOI.(ROP-FMR Code-A.9.6.6).***

Summary Budget for Family Planning Training

Sl	Training Activities	Unit Cost in Lakhs/ batch	Physical target (no. Of trainees)	Frequency	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs. in Lakhs)
Family Planning Training						
1	Laparoscopic Sterilisation Training					
	Induction	1.19	63(MOs); 21(SN)	21 batches	23.80	14.26
	Follow up of Training	0.09		21 batches	1.97	1.97
2	Minilap Training (Abdominal Tubectomy)					
	Induction	1.21	39(MO); 26 (SN)	13batches	15.73	8.69
	Follow up of Training	0.09		13batches	1.22	1.22
3	NSV Training					
	Induction and refresher	0.24	96 (MO)	32 batches	7.68	7.68
	IEC during Training			32 batches	1.44	Not Approved
	Running Cost of Settlite and COE centre			3 Settelite and 1 COE	15.64	15.64
4	IUD Insertion Training					
	ToT for Dist trainers	0.49	58Doctors for 29 Districts	6 batches	2.94	2.94
	Medical Officer	0.42	360 Doctors	72 batches	29.95	29.95
	ANMs/LHV & S.N	0.33	4500	750 batches	245.25	245.25
	PPIUD Insertion Training					
	TOT	0.25	10	2 batches	0.51	0.51
	Induction and refresher	0.39	85	17 batches	6.63	6.63
	Follow up activities				2.23	2.23
5	Contraceptive Update/ISD Training					
6	Other FP Training –					
	a- (Family Welfare Counsellor Training) 6 days + 3 days (9 days)	2.46	300	10 batches	24.60	24.60
	b- IUCD training facilitated by HLPPT	-	-	-	-	459.43
	Sub Total				379.59	821.00

GOI approved the above mentioned trainings in ROP-FMR Code-A.9.5 and its subheads.

5. ARSH TRAINING

ARSH training started in 2010 – 2011. State level trainers and monitors (25) and Regional level trainers (55) have been trained. In the year 2011 – 12, 357 ANM/LHVs have been trained and total 2068 ANMs and LHVs has been trained so far. In the Year 2011-12, 131 MOs and total 1619 MOs have trained so far.

Further, In the year 2012-13, one batch of TOT for 30 participants, 6390 ANMs/ LHVs and 800 MOs are proposed to be trained for which a budgetary provision of Rs. 180.03 Lakhs is being proposed. The details have been provided in the Adolescent Health Section.

Details of Training	Physical target	Unit cost (Rs. in Lakhs)	Frequency	Proposed Amount in Lakhs (Rs.)
TOT	30	1.51	1 batch	1.51
Adolescent Health Training (ARSH) ANM / LHV	6,390	0.71	213 batch	151.23
Adolescent Health Training (ARSH) Medical Officers	800	0.85	32 batch	27.20
Sub Total				179.94

For the above purpose, Rs. 179.94 Lakhs is approved by GOI (ROP-FMR Code-A.9.7 and its subheads)

6. TRAINING UNDER SALONI SWASTHYA KISHORI YOJNA

Under Saloni Swasthya Kishori Yojna, training for teachers is being proposed at state, district and block levels, for which Rs. 65.17 Lakhs is being proposed as per details given here under. The details have been provided in the **Adolescent Health Chapter**.

Saloni Swasth Kishori Yojana - Training	Batches
State Level TOT - (Distt Nodal Officer-75, Div. PM18, DPMs-75,DCMs-75)	6
District Level - (Trainees Block Medical Officers, Block Managers, Block Education Officers)-2640Participants	62
Block Level (Trainees - Saloni School Teachers, 2 Teachers / 10000 schools)	500

For the above mentioned activities, an amount of Rs. 65.17 Lakhs is approved by GOI (ROP-FMR Code- A.9.7.6)

7. PROGRAMME MANAGEMENT TRAININGS

DPMU Training

It is proposed to organize BCC training for officials concerned with the NRHM management at district level (DPMU). 4 batches of training are being proposed for the year 2012-13, ***for which Rs. 8.08 Lakhs was proposed, which is approved by GOI. (ROP-FMR Code-A.9.9)***

Administrative and Hospital Management Training

A 5 day training course for hospital managers has been developed at the State Institute of Health & Family Welfare (SIHFW) for CMS's of Male & Female District hospital and M.S. Male & Female of CHC of the district. 4 batches of 25 participants each has been planned for the year 2012-13, ***for which Rs. 8.08 Lakhs was proposed, out of which GOI approved Rs. 4.00 Lakhs. (ROP-FMR Code- A.9.9)***

Management of National Programmes Training

A 5 days training programme for various managers, who are engaged in planning, implementing and supervising the national programmes at district level is being proposed for 2012-13. ***Total 300 participants in 10 batches with estimated budgetary provision of Rs. 20.20 Lakhs was proposed, out of which GOI approved Rs.10.00 Lakhs (ROP-FMR Code- A.9.9)***

Disaster Management Training for Medical Officers

3 days trainings for the medical officers will be organized on disaster management. 100 participants in 4 batches will be trained during 2012-13, **for which Rs. 5.64 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.9.9).**

Foundation Course for Health Education Officers (HEOS)

The objective of the foundation course is to develop the HEOs as an efficient Government Officers and effective block level managers. The course curriculum will include roles and responsibility of HEOs, Government servant's conduct rules, structure of the department, demographic indicators and public health issues of India and Uttar Pradesh, orientation on NRHM and its components, Financial rules and procedures, HRD and Management, Supportive supervision, Community participation and mobilization. **100 HEOs are to be trained 2012-13 for which Rs. 13.80 Lakhs was proposed, which is approved by GOI.(ROP-FMR Code-A.9.9)**

Financial Management Training - TOT

It is proposed to organize Training of Trainers (TOT) on financial management for SPMU/ Directorate/ SIHFW/District Health Officials concerned with the NRHM management at various levels. The training will be conducted with the support of GOI and expert, who have been developed financial management manual for NRHM, **for which, 15 participants are proposed in one batch and this purpose Rs. 0.78 Lakhs was budgeted which is approved by GOI.(ROP-FMR Code-A.9.9).**

Financial Management Training - District Officials

Under NRHM, to built capacity and update of various district level officials(CMO/ ACO/ CMS-M/F/Dy. CMO and DAMs) on various financial management issues, accounting procedures, internal accounting controls, NRHM balance sheets, NRHM FMIS, compilation of FMIS, UCs under NRHM, practical sessions, NRHM audit and income tax, etc, 2 days training is being proposed.

For this purpose, training will be done in the State Institute of Health and Family Welfare, Uttar Pradesh in 15 batches, having 30 participants in each batch. These participants will be trained by master trainers, as proposed above. **For this purpose Rs. 15.90 Lakhs was proposed, which is approved by GOI. (ROP-FMR Code-A.9.9)**

Other Training and Capacity building programmes

a). Training for Logistic and HMIS Skill upgradation

- i. TOT for Logistic and HMIS Skill upgradation – A state level TOT (1 batch) is being proposed for logistic and H-MIS skill upgradation.
- ii. Logistic Skill Upgradation training – In 2011-12, 397 pharmacists/store keepers at RHFRTC have been trained in logistic skill upgradation and management. Till day, total of 989 participants have been trained. For the year 2012-13, 44 batches

consisting 660 participants are proposed to be trained for which Rs. 24.64 Lakhs was proposed.

- iii. HMIS skill up-gradation for MOs – In 2011-12, 221 MOs and Statistical Officers have been trained and till date 621 have been trained. For the year 2012-13, 22 batches are being proposed for which Rs. 30.14 Lakhs was proposed.
- iv. M & E training – Under this training, 153 persons are trained in 2011-12. For this year, 6 batches are also being proposed for which Rs. 9.54 Lakhs was proposed.

The budgetary details for the training of logistics and HMIS skills upgradation is as follow:

Details of Training	Physical target	Unit cost (Rs.)	Frequency	Proposed Amount (Rs. in Lakhs)	Approved Amount (Rs. in Lakhs)
TOT for Logistic and HIMS Skill upgradation	25	2.02	1 batch	2.02	2.02
Logestic Skill upgradation for store keepers and pharmacists at RHFUTC level	660	0.56	44 batches	24.64	24.64
HMIS Skill upgradation for Med. Off. (Ad. PHC) statistical officers (ARO) and computers at RHFUTC level	550	1.37	22 batches	30.14	30.14
M&E Trainings CMO, Dy. CMO, and DPM (NRHM) by SIHFW	180	1.59	6 batches	9.54	9.54

For the above purpose, GOI approved Rs.66.34 Lakhs. (ROP-FMR Code-A.9.11)

b). Training for AFHS Counsellors

Under NRHM, to train 36 AFHS counsellors in 2012-13, **a provision of Rs. 1.51 Lakhs was proposed, which is approved by GOI. (ROP-FMR Code-A.9.11)** This training will be done in the State Institute of Health and Family Welfare, Uttar Pradesh in 1 batch, having 36.

8. SIHFW STRENGTHENING

As a measure for strengthening of SIHFW, following activities have been planned-

- To ensure quality of training activities, monitoring is necessary from the State Institute of Health & Family Welfare (SIHFW), Directorate of Family Welfare and Health and State Programme Management Unit (SPMU) officers at the state level. A provision is being made in the PIP for organizing study tours, meetings and seminars and facilitates exposure visits for programme managers and planners. A provision for operational research on ongoing activities under NRHM & RCH-II interventions has also been included. The financial norms will be same as approved for both the Directorates and SPMU.
- Furnishing of new Class Rooms, Tea Lounge, Recreation Rooms, Reception Lounge, Furnitures, Mess Lenin and CTVs for hostels are required. For which a budgetary provision of Rs 50.00 Lakhs has been made.
- There is a need of contractual manpower for security, classrooms and hostel attendants, mess support staff, consultants and other support staff for the smooth conduction of training. For various field visits, transportation support in the form of fuels, POL and

maintenance of vehicle, communication is also required. There is a need of a bus on contract basis for field training of the Trainees. For which a budgetary provision of have been made.

- There is a need to strengthen the library and Computer lab so that trainees can get sufficient reading/ reference materials and also can get hands on training on HMIS, MCTS, ProMIS etc.
- The SIHFW building is very old which requires repair and maintenance of conference room and meeting hall etc. Also there is a need for repairing of road, water facility, fire extinguisher and rain water harvesting and drainage facility. To ensure regular supply of electricity a provision for purchase and installation of a generator set has also been made.

Summery Budget for Strengthening of SIHFW

Strengthening of Training Institutions	Proposed Amount (Rs. in Lakhs)	Approved Amount (Rs. in Lakhs)
Training related M & E activities, planning and review meetings, seminars, workshops and study tours and research etc. for quality improvement	50.00	Not approved
Strengthening of SIHFW (furnishing of new class rooms, tea lounge, recreation room, reception lounge, furniture, mess, linen and CTVs, for hostels)	50.00	Not approved
Contingency support to SIHFW (transportation, POL, maintenance of vehicles communication, library)	10.00	10.00
Hiring of security guards, class room and hostel attendants & Mess support staff	35.00	35.00
Generators (2)	30.00	30.00
Bus (40 seat AC) on contract @ Rs 10,000/ day for 50 days in a year	5.00	5.00
Renovation of main building, hostel building, repair roads, water facility, fire, harvesting, proper drainage, conference and meeting hall etc.	100.00	100.00
Computer Lab and Library	100.00	100.00
Total	380.00	280.00

For the above purpose, Rs. 380.00 Lakhs was proposed, out of which, GOI approved Rs. 280.00 Lakhs (ROP-FMR Code-A.9.4)

a). Furnishing of Class Rooms, Hostel, etc. of SIHFW

In addition to the above, a proposal for the strengthening of SIHFW was also submitted to GOI in supplementary PIP, in which furnishing of class rooms, tea lounge, recreation rooms, reception, furniture, mess, provision of TV & linen in hostel was included and for which an amount of Rs. 50.00 Lakhs was proposed against which no amount has been approved in the ROP of this year at FMR Code A.9.4. It was also mentioned in the proposal that construction work is going on at SIHFW at present in which the work of tea lounge, recreation rooms and reception has been completed, for which furniture and other equipments are to be arranged, besides this there is need of linen in the hostel rooms. The details of proposed activities are as under:-

Sl.	Items	Rate (In Rs.)	Proposed Amount (Rs. In Lakhs)	Approved Amount (Rs. in Lakhs)
1.	Furnishing of new class rooms	As per State Govt. Procurement Procedures	25.00	25.00
2.	Tea lounge & Recreation room	As per State Govt. Procurement Procedures	10.00	10.00

3.	Reception lounge	As per State Govt. Procurement Procedures	5.00	5.00
4.	Linen in hostel	As per State Govt. Procurement Procedures	5.00	5.00
5.	Mess equipments	As per State Govt. Procurement Procedures	5.00	5.00
Total			50.00	50.00

For the above purpose, Rs. 50.00 Lakhs is approved by GOI.(ROP-FMR Code-A.9.1). (Proposed in Supplementary PIP)

b). Plan for Training related M&E Activities, Research, Study Tours & Workshop, etc.

This year as per the suggestions from the experts of GOI, some of the trainings given in the original proposal have been clubbed together to form a new training. The duration of some of the training program has also been reduced. Due to this new content, course design and guidelines are required. To meet this, a training need assessment, content finalization, course design, workshops and meeting of district level training officers is required. It will also provide a chance to get the feedback of senior health functionaries like CMO, AD, Principals of RHFUTC and trainers & faculty from different medical colleges, which will help in designing of realistic and useful training programme. To ensure quality training, regular monitoring and evaluation visits are required. The consultants and core faculty of SIHFW will perform regular visits in the districts where the trainings are going on. It will be ensured that each of the consultants performs four monitoring and evacuation visits every month, for which budget is being proposed as follows:-

Sl.	Activities	Rate (In Rs.)	Proposed Amount (Rs. In Lakhs)	Approved Amount (Rs. in Lakhs)
1.	Monitoring & Evaluation Visits(4 Visits per monitor per month)	Actual TA & accommodation charges as per approved NRHM norms (Rs. 8000/- approx per monitor/ visit)	7.50	7.50
2.	Workshops, Meetings etc.		5.00	5.00
3.	Organizing Study Tours (reputed training institutions of different states)	Actual TA & accommodation charges and training cost as per approved NRHM norms	10.00	10.00
4.	Research Studies & Surveys related to NRHM activities	Actual TA & accommodation charges as per approved NRHM norms	7.50	7.50
Total			30.00	30.00

For the activities mentioned in the table the norms approved by NRHM and State Government have been followed. In the ROP of year 2012-13 at FMR Code A.9.4 no budget has been approved for monitoring and supervision against a proposed amount of Rs. 50.00 Lakhs.

In 2011-12 an amount of Rs. 50.00 Lakhs was approved. There is a comment mentioned in the ROP of Year 2012-13 that there is a need of revalidation of the remaining amount against the proposed amount of Rs. 50.00 Lakhs. The revalidation of used amount is under process. It is to bring to your notice that against sanctioned amount of Rs. 50.00 Lakhs for 2011-12, a total amount of Rs.2.83 Lakhs was utilized in the year mentioned due to some unavoidable conditions. For the current financial year of 2012-13 an amount of Rs. 30.00 Lakhs is required. ***GOI approved Rs. 30.00 Lakhs for this purpose (ROP-FMR Code-A.9.1). (Proposed in Supplementary PIP)***

9. DEVELOPMENT OF TRAINING MATERIALS/PACKAGES

A provision has been made for development & printing of various training materials and modules for ARSH training, menstrual hygiene and ASHA job aids and tools under (CCSP) child health programme. The details have been given in the relevant sections while summary of the budgetary proposal is given below.

Training Materials and Packages	Total (Rs. in Lakhs)
ARSH (SIHFW) – Printing of modules provided by GoI -25,000 modules	25.00

For the above purpose, GOI approved Rs.25.00 Lakhs (ROP-FMR Code-A.9.2.1)

A.9. PROGRAMME MANAGEMENT

For effective programme management, State PMU for NRHM has been established. Programme Managers, designated as General Manager have been deployed. Most of the staff has been hired on contract, some have been brought on deputation and some staff is on loan basis from SIFPSA. Programme management units have also been established at divisional HQs in close coordination with SIFPSA, District PMUs and Block PMUs. Apart different programme management units, SIHFW, Directorate of Family Welfare, Directorate of Medical Health and Regional Directors (MH and FW) are also involved in effective programme management. Hence, support has been extended to these units also for their smooth functioning. Hence, the structure of the State PMU is designed as shown in the following page.

1. Proposed Staffing of Various Cells at SPMU (Proposed in Supplementary PIP)

- Admin/HR/DAP & Legal Cell at SPMU**

The SPMU at present lacks a division which should cater the needs of Human Resource for the state. Also, to look after the 18 divisional PMUs and 75 district PMUs personnel are required to look into the day to day problems and recommend solutions. Personnel are also required to look into the legal aspects and to look into the court cases. Hence an Admin/HR/DAP & Legal cell is proposed at SPMU level.

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	Additional Mission Director	1	115000	6.90	Senior PCS officer on deputation
2	DGM (HR/DAP)	2	80000	9.60	On deputation
3	HR Specialists	1	40000	0	Already sanctioned for 2012-13 as per 2011-12
4	Legal Expert	1	40000	0	Already sanctioned for 2012-13 as per 2011-12
5	Programme Coordinators	2	30000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
6	Data Assistant	1	20600	1.24	Graduate with one year diploma or certificate in computer application with experience of min. 3 yrs.
7	Computer Operator	1	10000	0.60	
Sub Total				21.94	

- Construction cell Under Mission Director – Since lots of construction is ongoing and a huge amount is proposed this year.**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	Executive Engineer (Civil)	1	80000 (As per actuals)	4.80	On deputation with minimum experience of 15 yrs. in the field of construction

2	Architect	1	45000	2.70	With B.Arch., Minimum 5 yrs experience
3	Assistant Engineer (Civil)	2	60000	7.20	On deputation with minimum experience of 10 yrs. in the field of construction
4	Junior Engineer (Civil)	4	45000	10.80	On deputation with minimum experience of 5 yrs. in the field of construction, for regional supervision
5	Accountant	1	25500	1.53	B.Com/B.Com with computer knowledge of tally software and minimum 5 years experience in Government or Semi Government organizations
6	Data Assistant	1	20600	1.24	Graduate with one year diploma or certificate in computer application with experience of min. 3 yrs.
Sub Total				28.27	

• **Maternal Health cell under G.M-MH**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	Already approved	On deputation
3	Technical Consultant	6	50000	18.00	MBBS/MBA/MPH/Hospital Management with relevant experience of min. 5 yrs and knowledge of computers and report writing
4	Program Coordinator	1	30,000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing
Sub Total				20.40	

• **Child Health cell under G.M-Child Health**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Technical Consultant	2	50000	6.00	MD/ DCH/MBBS with relevant experience of min. 5 yrs and knowledge of computers and report writing
4	Program Coordinator	1	30,000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing
Sub Total				8.40	

- **School Health and Adolescent Health Cell Under GM-SHP/ARSH-**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Technical Consultant	2	50000	6.00	MBBS with relevant experience of min. 5 yrs and knowledge of Information Communication and Technology/On Deputation.
4	Program Coordinator	2	30,000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Data Assistant	1	20600	1.24	Graduate with one year diploma or certificate in computer application with experience of min. 3 yrs.
Sub Total				10.84	

- **Routine Immunization Cell Under GM-RI –**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	Already approved	On deputation
3	Consultant	2	50000	6.00	MBBS with relevant experience of min. 5 yrs and knowledge of Information Communication and Technology/On Deputation.
4	Program Co-ordinator	2	30000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing
Sub Total				10.20	

- **MMU and Urban Health Cell Under GM-Urban –**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	7.50	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant	1	50000	3.00	MBBS with relevant experience of min. 5 yrs and knowledge of Information Communication and Technology/ On Deputation.
4	Program Co-ordinator	2	30000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge

	of MS Office and Hindi/English typing
Sub Total	19.50

- MIS and MCTS Cell Under GM-MIS**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Programme Co-ordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
4	Data Assistant	1	20600	1.24	Graduate (Preferably science) with one year diploma in computer application with min. 3 years experience.
Sub Total				7.84	

- National Disease Control Programme Cell Under GM-NP-**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant 1 for RNTCP, 1 for NVBDCP, 1 for NBCP, and 1 for NLEP & others	4	50,000	12.00	MBBS/MPH/MBA/MSc (bio stats) with minimum 5 years of experience
4	Program Co-ordinator	2	30,000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
3	Statistical Assistant	1	20600	1.24	Graduate with Statistics, one year diploma in computer application desirable.
Sub Total				21.64	

- Monitoring and Evaluation cell for quality assurance Under MD, NRHM**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	DGM	1	80000	4.80	On deputation
2	Consultant - Sate Quality Assurance cell	1	50000	3.00	Masters Degree in Public health/MBBS with 5 years of experience in MCH
3	Consultant (Management)	1	40000	2.40	MBA with min. 8 yrs. experience in the field of health sector
4	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.

5	Computer Operator	1	10000	0.60	Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
Sub Total				12.60	

• **Planning Cell Under GM-Planning –**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant (PIP) Non Medical	1	40000	2.40	Masters in Management/Social Work/Social Sciences with relevant experience of min. 5 yrs and knowledge of Information Communication and Technology
4	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Data Assistant	1	20600	1.24	Graduate with one year diploma or certificate in computer application with experience of min. 3 yrs.
Sub Total				10.24	

• **Family Planning Cell under GM-Family Planning -**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	7.50	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant	1	50000	3.00	MBBS/MBA/MPH/Hospital Management with relevant experience of min. 5 yrs and knowledge of computers and report writing
4	Program Coordinator	2	30000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
6	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing.
Sub Total				19.50	

• **AYUSH Cell under GM-AYUSH**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	7.50	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant	1	40000	2.40	Post Graduate/Graduate of AYUSH with minimum 5 years of experience/On Deputation
4	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in

					computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing.
Sub Total				17.10	

• **EMTS (108)/Ambulance service (102) under AMD-**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	DGM	1	80000	4.80	On deputation
2	Consultant	1	40000	2.40	MBA/MPH/Post Graduate of Social Science with minimum 5 years of experience/On Deputation
3	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
4	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing.
Sub Total				9.60	

• **Procurement Cell (Logistics, Printing, Services) under AMD**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	DGM	1	80000	4.80	On deputation
2	Consultant	1	40000	2.40	MBA/MPH/Post Graduate of Social Science with minimum 5 years of experience/On Deputation
3	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
4	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing.
Sub Total				9.60	

• **IEC Cell under MD**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	DGM	1	80000	4.80	On deputation
2	Consultant	1	40000	2.40	MBA/MPH/Post Graduate of Social Science with minimum 5 years of experience/On Deputation
3	Program Coordinator	1	30000	1.80	MBA/MPH/Masters Degree in social science with one year diploma in computer

					application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
4	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi/English typing.
Sub Total				9.60	

• **Community Process Cell under GM-CP**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 6 months (Rs. in Lakhs)	Qualification/ Remarks
1	GM	1	125000	Already approved	On deputation
2	DGM	1	80000	4.80	On deputation
3	Consultant Non Medical	2	40000	4.80	Masters in Management/Social Work/Social Sciences with relevant experience of min. 5 yrs and knowledge of Information Communication and Technology
4	Program Coordinator	2	30000	3.60	MBA/MPH/Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
5	Computer Operator	1	10000	0.60	Graduate with one year diploma or certificate in computer application with experience of min. 3 yrs.
Sub Total				13.80	

• **Finance Cell at SPMU**

A Financial Management Group manned by professional staff is essential to do centralized processing of fund releases, accounting of expenditure reported by subordinate units and monitoring of utilization certificates and audit arrangements. The present level of staffing pattern as approved in the PIP of 2011-12 is not sufficient to handle the activities of a vast state like Uttar Pradesh which is presently having 75 districts. Secondly, the Govt has decided to implement an Operation Guidelines for Financial Management which can not be thoroughly implemented with the present staffing pattern. Experiences of previous years has made it imperative that there has to have sufficient staff in the financial cell to monitor all activities related to finance and account wing. In the present PIP special emphasis has been given to the creation of an Audit Cell to look after the arrangements of Concurrent & Statutory audit, get the audits conducted as per the guidelines and ensure follow up actions/compliances. Therefore with a view to strengthen the staffing pattern of finance cell an elaborate structure has been suggested keeping in mind number of qualified and experience officials which are well versed in the double entry accounting system and are also comfortable in tally accounting system.

Sl.	Post	No.	Qualification / Source of Appointment
1	Finance Controller	1	From UP Finance and Accounts Services
2	Sr. Manager Finance	2	Chartered Accountants having 10 years of experience preferably in a world bank project/ Centrally sponsored scheme (on contractual basis)

3	Manager Finance	5	On deputation from Govt/Semi Govt having minimum experience of 10 years as AO/AAO or CA with a min. 2 years experience (on contractual basis) or CA Inter/ICWA Inter with minimum 5 years experience (on contractual basis)
4	Accountant	6	On deputation from Govt/Semi Govt having minimum experience of 5 years as accountant with knowledge of Tally software & MS Office or B.Com having knowledge of Tally Software & MS Office with minimum experience of 5 years (on contractual basis)
5	Internal Auditor/Officer Audit	6	On deputation from Govt/Semi Govt having minimum experience of ten years as auditor or CA Inter/ICWA Inter with minimum 5 years experience of audit (on contractual basis)
6	Data Analyst	1	Masters Degree in Computer Science with relevant experience of min. 5 yrs.
7	Data Assistant	1	BCA/B.Sc. with computer science with minimum 5 years experience
8	Computer Operator cum Accounts Assistant	2	Graduate preferably commerce Graduate, Good speed in Hindi & English typing with shorthand, Must be proficient in Computers (MS Word, Excel, Power Point, Internet, etc.) with 5 years experience
9	Stenographer/ Secretary	1	Graduate, good speed in shorthand typing. Must be proficient in computers (MS Word, Excel, Power Point, Internet etc.) with min. 7 yrs experience from open market.
10	Programme Assistant	1	Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.

Finance Division Additional sanctions and Budget Required for of SPMU

Sl.	Description	Proposed Staff in Year 2012-13			Approved Staff in Year 2011-12			Additional Approvals for 2012-13 (Rs. in Lakhs)
		No.	Rate per Unit (in Rs.)*	Total (in Rs. Lakhs)	No.	Rate per Unit (in Rs.)*	Total (in Rs. Lakhs)	
1	Finance Controller (on deputation)	1	125,000.00	15.00	1	84,000.00	10.08	4.92
2	Sr. Manager Finance	2	80,000.00	19.20	1	56,000.00	6.72	12.48
3	Manager Finance	5	65,000.00	39.00	3	36,500.00	13.14	25.86
4	Accountants	6	25,500.00	18.36	3	21,000.00	7.56	10.80
5	Data Analyst	1	25,500.00	3.06	1	21,000.00	2.52	Not Approved
6	Secretary/Stenographers	1	9,000.00	1.08	0	21,000.00	-	
7	Data Assistants	1	20,600.00	2.47	0	17,000.00	-	
8	Program Assistants	1	21,500.00	2.58	0	17,000.00	-	
9	Internal Auditor/Officer Audit	6	25,500.00	18.36	0	14,000.00	-	18.36
10	Computer Operators cum account assistant	2	8,000.00	1.92	0		-	1.92
Total		26		121.03			40.02	74.34

2. Operational Expenses

a). Existing Staffs at SPMU and DFW- NRHM

Staff Working in SPMU, NRHM*			
Sl.	Designation	Honoraria/month as per year 2011- 12	Working
1	Manager (Finance)	36500	2
2	Consultant	33000	3
3	Accountant	23100	3
4	Data Analyst	23100	2
5	Data Assistant	18700	3
6	Program Assistant	18700	11
7	Office Assistants\$	4500	14
Total			24

\$ GOI approved Rs. 5500 for 14 office assistants.

Staff Working at Directorate of Family Welfare*			
Sl.	Designation	Honoraria/month as per year 2011- 12	Working
1	Accountant	23100	1
2	Data Analyst	23100	1
3	Data Assistant	18700	5
4	Program Assistant	18700	6
5	Data cum Account Assistant	18700	1
6	Computer Assistant	15000	1
Total			15

*approved with (6-10%) hike in salaries of 2011-12, based on the performance appraisal.

b). Operational Expenses for SPMU

Expenditure Heads	Amount (Rs. in Lakhs)
	State PMU
Rent for State PMU	24.00
Telephones/Fax/Mobile Phones/Other communication methods/ maintenance	20.00
Electricity Bills/Electrician on contract/AC maintenance/ gensets etc.	10.00
Stationary/Photo Copier Bills/AMC etc.	20.00
Computer/AMC/CDs/Floppies/Internet etc.	20.00
Vehicle Hire/POL etc.	50.00
Field visits/Meetings at Gol/for Officers as per norms (include CRM/JRM visit)	30.00
Office equipments/ furniture/ painting/ maintenance etc.	8.00
Library/research/surveys/study tours/seminars & workshops	10.00
Contingency/ Management support/imprest money/office daily expenditures etc.	12.00
Advertisement	20.00
Office maintenance - Housekeeping, Security & Gardening	10.00
Legal Expenses	10.00
Operating expenses for Urban RCH cell	-
Operating expenses for Routine Immunisation & Cold Chain	-
Establishment, Travel and other contingency for Maternal Health	10.00
Total	254.00

An amount of Rs. 254.00 Lakhs was proposed for various miscellaneous expenses (telephone, fax, stationery, consumables, program managers travel expense, housekeeping, etc.).

c). Operational Expenses for Mission Director Support

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lakhs)
1	Operating Expenses	1	15,000.00	12	1.80
Total					1.80

For salaries of human resource at SPMU and DG-FW (including all cells), operational cost of SPMU and operational expenses of MD office support, an amount of Rs. 1100.81 Lakhs is approved under programme management. (ROP-FMR Code-A.10.1 and its sub-heads).

3. Divisional PMUS

Divisional Programme Management Units of SIFPSA, established in 18 divisions are also working for programme implementation and monitoring of NRHM programmes. These units have been placed under the Additional Director of the Division and each unit has a Programme Manager who is assisted by an Officer responsible for accounting and MIS activities. The Divisional PMUs are mentoring the District PMUs as well.

Operational Expenses for Divisional PMUs

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lakhs)
1	Personnel Cost of Div.PMUs	18	1,72,986	12	373.65
2	Operating Expenses of Divisional PMUs	18	1,37,458	12	296.91
Sub Total					670.56

For this purpose, an amount of Rs. 670.56 Lakhs was proposed, out of which GOI approved Rs. 384.86 Lakhs. (ROP-FMR Code- A.10.4).

4. District PMUs

For management of the programme interventions at the district level, District PMUs have been established in 72 districts and 3 additional are to be established in newly carved districts (named Prabudh Nagar, Panchsheel Nagar & Bheem Nagar). Thus, total number of District PMUs will be 75. During last 2 years, many district level programme managers have left their job as they got better opportunity in different places. The recruitment was made in the year 2008-09, through NHSRC, New Delhi and as per experience till date the selection of candidates was quite satisfactory and the managers selected are functioning optimally. It is being proposed that in view of importance of these posts, the selection of candidates for vacant posts will be done by any agency like NHSRC.

Operational Expenses for District PMUs

Sl	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lakhs)
1	Honoraria to District PMU Staff				
	District Programme Manager	75	32,700	12	294.30
	District Community Mobilizer (thru ASHA Support System)	75	26,650	12	-
	District Accounts Manager	75	26,650	12	239.85
	District Data cum Accts. Assistant	75	18,150	12	163.35
	Class - IV	75	7,000	12	63.00

Sub Total					
2	Other Operating Expenses of District PMUs	75	75,000	12	675.00
3	One time set up of 3 DPMUs	3	7,00,000	-	21.00
Total					1,456.50

For this purpose, an amount of Rs. 1456.50 Lakhs was proposed, out of which Rs. GOI approved Rs.1680.70 Lakhs. (ROP-FMR Code – A.10.2)

Mobility Support for Monitoring & Supervision by DPMU

To monitor the various programs definite check lists for various levels of facilities and sessions have been developed for medical officers, supervisors and DPMUs.

In the approved PIP of year 2011-12, provision has been made for mobility support of District Programme Managers under operational expenses but no approval has been given for mobility support to District Community Mobilizer and District Accounts Managers. The major work of DCM is supervision in the field of various community processes and programs like School Health, adolescent Health, BSPM and hand holding of ASHAs.

District Account Managers are supposed to provide assistance for maintenance of various accounts at block level. Hence they are supposed to visit the blocks at regular intervals. Hence, a proposal for mobility support to DCMs and DAMs of existing 75 districts for 12 months and for 3 newly created districts for six months is being submitted as below-

Sl.	Description	Physical Targets	Unit Cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
Mobility Support for Existing Districts					
1	District Communication Manager (@Rs.1000/- per day x 8 days/month) for 72 districts for 12 months	72	8000	12	69.12
2	District Accounts Manager (@Rs.1000/- per day x 6 days/month) for 72 districts for 12 months	72	6000	12	51.84
Mobility Support for Newly Created Districts					
3	District Communication Manager (@Rs.1000/- per day x 8 days/month) for 3 districts for 6 months*	3	8000	6	1.44
4	District Accounts Manager (@Rs.1000/- per day x 6 days/month) for 3 districts for 6 months*	3	6000	6	1.08
Total					123.48

Rs. 123.48 Lakhs was proposed for mobility support for monitoring and supervision by DPMUs, which is not approved by GOI.(ROP-FMR Code-A.10.2)

5. Block PMUs

At the block level, the Block MOIC would be head of the Block PMU and would be supported in his function by the Block Programme Manager/Health Education Officers, appointed by the State government, and Data Assistants hired on contract under NRHM.

OPERATIONAL EXPENSES FOR BLOCK UNITS

Sl	Description	No. of Units	Rate per Unit (in Rs.)	Months / Frequency	Total (in Rs. Lakhs)
Honoraria to Block Unit Staff					
1.	Block Programme Manager*	820	20000	12	1968.00
2.	Block Data/Account Assistants *	820	10000	12	984.00
3.	Mobility support for block managers (hired vehicle @1000/- per day, twice in a week for 4 weeks in a month)	820	1000	96	787.20
4.	Communication Support to Block Prog. Manager	820	500	12	49.20
5.	Contingencies (Rs. 1,000 per month to be met from ASHA Support system)				
Sub Total					3788.40

For this purpose, an amount of Rs. 3788.40 Lakhs was proposed, out of which Rs.2804.40 Lakhs was approved by GOI.(ROP-FMR Code-A.10.3) (*Proposed in Supplementary PIP)

6. Human Resource Plan for SIHFW/CTI

A plan to provide additional human resource to support planning, implementation and monitoring of training activities was approved under NRHM PIP for year 2010-1011. A Training management unit will be placed this year as a part of human resource plan under NRHM, this unit will work under chart society established at SIHFW which is functioning as CTI (Collaborating Training Institute) for NRHM. It is difficult for SIHFW staff to monitor district level trainings directly due to their contribution in State level trainings. Support of technical consultants for monitoring strengthens the quality of training in totality.

Sl.	Designation	No	Essential Qualification	Monthly Honorarium (Rs.)	Total (Rs. in Lakhs)
1	Consultant- Clinical Training	2	MBBS, PG degree/PG Diploma preferably in Gynaecology or Paediatrics with preferably minimum 2 years of experience	45,000	10.80
2	Consultant- Public Health	2	MBBS, with preferably minimum 2 years experience	45,000	10.80
3	Consultant(Finance)	1	CA with 2 year experience	45,000	5.40
4	Accountant	1	B.Com with Computer knowledge with Tally software. 2 years of experience in accounting	21,000	2.52
5	Data Assistant	3	BCA/ BSc with computer science from open market with min. three years of experience	17,000	6.12
6	Training Assistant	3	Graduate with three years experience of handling teaching/ communication aids. Knowledge of computer typing (Hindi & English)	12,000	4.32
7	Assistant Staff	3	Intermediate. Knowledge of office work & photocopying	7,000	2.52
8	Expenses towards recruitment and institutional overheads and travel				5.00
Total					47.48

For this purpose, an amount of Rs. 47.48 Lakhs was proposed, which is not approved by GOI. (ROP-FMR Code- A.10.4). In supplementary PIP of 2012-13, again a proposal of Rs. 26.52 Lakhs

for human resources-SIHFV was submitted to GOI, which is approved in Human Resource Chapter. (ROP-FMR Code-A.8.1.9.2)

Other Operational Expenses-QA and PCPNDT

To support quality assurance and PCPNDT activities at district and divisional levels, following human resources are required and proposed for the year 2012-13.

Sl.	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (in Rs. Lakhs)
A	District level				
1	Programme assistants- QA	75	21500	12	193.50
2	Data assistants- PCPNDT	75	20600	12	185.40
B	Divisional level				
3	Computer operators	18	8000	12	17.28
Total					396.18

The above proposal is not approved by GOI with the comment that “state needs to rework on the proposal”. (ROP-FMR Code- A.10.4)

Operational Expenses for Divisional ADs

Sl	Description	No. of Units	Rate per Unit (in Rs.)	Months	Total (Rs. in Lakhs)
1	Mobility Support for monitoring & supervision	72	3,000	12	25.92
2	Mobility Support for monitoring & supervision- New Districts	3	3,000	6	0.54
3	Contingencies (Rs. 8,000 per month x 18 Divisions)	18	8,000	12	17.28
4	Strengthening of A.Ds offices (as per individual/actual requirement of offices)	18	150,000	1	27.00
Total					70.74

For this purpose, an amount of Rs. 70.74 Lakhs was proposed, which is not approved by GOI. (ROP-FMR Code- A.10.4)

Audit Fees

Sl.	Description	Total (Rs. in Lakhs)
1	Statutory and Concurrent Audit Fee – SPMU	80.00
2	Concurrent Audit for Districts	97.20
Total		177.20

For this purpose, an amount of Rs. 177.20 Lakhs was proposed, which is approved by GOI.(ROP-FMR Code- A.10.5 and A.10.6)

BUDGET SUMMARY FOR PROGRAMME MANAGEMENT

Sl.	Description	Approved Amount (Rs. in Lakhs)
1	Strengthening of SHS/SPMU/DFW	1,100.81
2	Strengthening of DHS/DPMU	1,680.70
3	Strengthening of Block PMU	2,804.40
4	Strengthening (Others)	-
	Strengthening of Divisional PMU	384.86
	Strengthening of SIHFW/CTI	-
	Strengthening of Divisional ADs Office	-
	Strengthening of QA & PCPNDT Cells at districts and divisions	-
	Sub total	5,970.77
5	Audit Fees	80.00
6	Concurrent Audit (75 districts)	97.20
	Sub total	177.20
	TOTAL	6,147.97

BUDGETARY DETAILS OF RCH FLEXI-POOL - 2012-13

FMR Code	Budget Head	Amount Approved (Rs. In Lakhs) - 1 st ROP	Amount Approved (Rs. In Lakhs)- SROP	Total Amount Approved (Rs. In Lakhs)
A.1	MATERNAL HEALTH			
A.1.1	Operationalise facilities			
A.1.1.3	Operationalise Safe abortion services	6.30	-	6.30
A.1.1.4	Reproductive Tract Infections/ Sexually Transmitted Infections (RTI/STI)	3.20	-	3.20
A.1.1.5	Incentives Proposed for Good Performance for Maternal Health	22.50	-	22.50
A.1.2	Referral Transport			
A.1.3	Integrated outreach RCH services			
A.1.4	Janani Suraksha Yojana / JSY	52,189.99	-	52,189.99
A.1.5	Maternal Death Review	42.50	44.40	86.90
A.1.6	Other strategies/activities			
A.1.6.1	JSSK- Janani Shishu Suraksha Karyakram	19,915.00	-	19,915.00
	Total Maternal Health	72,179.49	44.40	72,223.89
A.2	CHILD HEALTH			
A.2.1	IMNCI			
A.2.2	Facility Based Newborn Care (FBNC) - includes Sick New Born Care Units, New Born Stabilization Units, New Born Care Corners	160.00	-	160.00
A.2.3	Home Based Newborn care/HBNC - Incentive to ASHA under child health			-
A.2.4	Infant and Young Child Feeding/IYCF			-
A.2.5	Care of Sick Children and Severe Malnutrition at facilities (NRCs, etc.)	181.95	-	181.95
A.2.6	Management of Diarrhoea, ARI and Micronutrient malnutrition	49.20	-	49.20
A.2.7	Other strategies/activities	-	-	-
A.2.8	Infant Death Audit	-	-	-
A.2.9	Incentive to ASHA under child health	-	-	-
A.2.10	JSSK (for sick neonates upto 30 days)			
A.2.10.1	Drugs & consumables (other than reflected in procurement)	500.00	-	500.00
A.2.10.2	Diagnostics	625.00	-	625.00
	Sub Total - Child Health	1,516.15	-	1,516.15
A.3	FAMILY PLANNING			
A.3.1	Terminal/Limiting Methods	5,431.30	-	5,431.30
A.3.2	Spacing Methods	320.75		320.75
A.3.3	POL for Family Planning/ Others	-	-	-
A.3.4	Repairs of Laparoscopes	-	-	-
A.3.5	Other strategies/activities	116.35	800.00	916.35
	Sub Total - Family Planning	5,868.40	800.00	6,668.40
A.4	ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH			
A.4.1	Adolescent Friendly Health Services (AFHS Clinics)	12.78	-	12.78
A.4.2	School Health Programme			
	Sensitization workshops for School Health and Adolescent programmes	20.00		20.00
	Child Health Guarantee Scheme	6.00	3,597.38	3,603.38
A.4.3	Other strategies/activities			
A.4.3.1	Menstrual Hygiene	-	-	-
A.4.3.2	WIFS Scheme	-	-	-
	Sub-total - ARSH	38.78	3,597.38	3,636.16
A.5	URBAN RCH	1,323.79	1,189.00	2,512.79

A.6	TRIBAL RCH			
A.7	PC & PNDT Activities	34.40	-	34.40
A.8	HUMAN RESOURCES - Contractuals			
A.8.1.1	ANMs	7,444.80	-	7,444.80
	Staff Nurses	3,398.22	21.35	3,419.57
A.8.1.2	Lab Technicians	510.36	-	510.36
A.8.1.3	Specialists	1,294.56	65.52	1,360.08
A.8.1.4	PHNs at CHC/PHC level			
A.8.1.5	Medical officers at PHCs & CHCs	2,389.62	-	2,389.62
A.8.1.6	Additional Allowances/ Incentives to M.O.s of PHCs and CHCs	-	-	-
A.8.1.7	Others- Computer Assistants/BCC Co-ordinators, etc.	1,347.88	-	1,347.88
A.8.1.8	Incentives Proposed for Good Performance for Maternal Health	15.00		15.00
A.8.1.9	Human Resources Development (other than above)			
A.8.1.9.1	Human Resources - School Health Programme	-	5,350.99	5,350.99
A.8.1.9.2	Human Resources - SIHFW	-	26.52	26.52
	Sub-total - Human Resources	16,400.44	5,464.38	21,864.82
A.9	TRAINING			
A.9.1	Strengthening of Training Institutions (State Institute of Health & Family Welfare - SIHFW)	-	80.00	80.00
A.9.2	Development of training packages	25.00	-	25.00
A.9.3	Maternal Health Training	636.46	-	636.46
A.9.4	Integrated Management of Environment Protection Training	294.40	-	294.40
A.9.5	Child Health Training	2,155.54	-	2,155.54
A.9.6	Family Planning Training	821.00	-	821.00
A.9.7	Adolescent Reproductive and Sexual Health/ARSH Training	525.15	1,132.80	1,657.95
A.9.8	Programme Management Training	121.97	-	121.97
	Sub-total Training	4,579.52	1,212.80	5,792.32
A.10	PROGRAMME MANAGEMENT			
A.10.1	Strengthening of SHS/SPMU/DFW	670.42	430.39	1,100.81
A.10.2	Strengthening of DHS/DPMU	1,423.53	257.17	1,680.70
A.10.3	Strengthening of Block PMU	1,702.32	1,102.08	2,804.40
A.10.4	Strengthening (Others)		-	-
	Strengthening of Divisional PMU	384.86	-	384.86
A.10.5	Audit Fees	80.00	-	80.00
A.10.6	Concurrent Audit system	97.20	-	97.20
	Sub-total Programme Management	4,358.33	1,789.64	6,147.97
A.11	VULNERABLE GROUPS			
	GRAND TOTAL	1,06,299.30	14,097.60	1,20,396.90

B. MISSION FLEXI POOL

1. ASHA SCHEME

The State has currently selected 136,094 ASHAs against the proposed number of 136,174. Induction training of ASHAs up to Module 5 has almost been completed and a total of 121580 (89%) ASHAs have been trained. In the 5th Module training, the state used an innovative strategy of Audio-Visual aids in the training methodology in the form of 3 films, one each on Inter-Personal Communication, Group Communication and conduction of Village Health and Nutrition Day. An evaluation study to assess the impact of films on retention and internalization of training inputs was conducted by UNICEF on the request of NRHM-Uttar Pradesh and the main findings are that ASHAs have not only been able to retain and internalize the key messages and learning that were intended to be imparted through the films but were able to actually use them in practice during their day to day tasks. Other than Induction training, 10 days Comprehensive Child Survival Programme (CCSP) Training (IMNCI Plus) is also being imparted to ASHAs in phased manner. At present, all 72 districts are being covered under the CCSP.

The State has initiated the collection and compilation of detailed information for each ASHA. The information being collected are name of the ASHA, residential details, name and population of the working area, family detail, education, contact number, bank account and training attainments. The database has almost been completed.

Number of ASHA

Number of ASHA Required as per Rural population (as per census 2011)	Number of ASHA selected	Number of ASHA engaged	Shortfall	Target for 2012-13
155111	136094	122565	19017	19017

Training of ASHA

1- Training under Module 6th

As per GOI instructions, training has to be imparted on 6th, 7th and 8th modules. However, the State has conducted Training Need Assessment for ASHAs and based on the findings and recommendations of the assessment, priority areas have been identified and adaptation of Module-6 which is primarily based on Home Based New Born Care is being done as initially the state has decided to undertake the Module 6th training rather than initiating both Module 6th and 7th in one-go. The unanimous understanding among the stake holders in the state is that Module-6 will complement CCSP training and will be in the form of a refresher rather than completely new induction training. Also, it has been principally decided to initiate Module-6th training, in the first phase, in those 17 districts of the state where the 10 Day CCSP training of ASHAs, ANMs and LHVs has almost been completed. In 17 districts training will be imparted to 36600 ASHAs in 223 blocks.

2- Initial Training of Newly Recruited ASHAs

Nearly 4-5 % of the ASHAs have left their job and are no longer providing their services since they are now employed as AWWs, school teachers, etc. This phenomenon of attrition among ASHAs is an ongoing process in the state due to a number of factors like selection in some other jobs, death or resignation due to personal reasons. The process of selection for replacement of such ASHAs was initiated in 2010-11 and from 31st December 2011, 2806 ASHAs had been selected against 5898, who had voluntarily resigned. Apart from this, there will be the need of additional ASHAs in some areas due to increase in population as per census 2011. It is proposed to launch initial induction training for all the newly recruited ASHAs. The training expenses will be met with the funds available under training head. **The total cost for implementing the training in the entire state shall be approximately Rs. 2368.00 Lakhs, which is approved by GOI. (ROP-FMR Code-B.1.1.1)**

Current Status of ASHA Training

Sl.	Number of ASHA Trained	Target for 2012 - 13
Module 1	135102	Nil
Module 2	129150	Nil
Module 3	129150	Nil
Module 4	129150	Nil
Module 5	121580	-
Module 6 (Part-I)	Nil	36, 599 (1st Phase 17 CCSP Districts)

ASHA Drug Kits and Replenishment

As per GoI norms, every ASHA is to be provided with drug kit. However, the items are required to be replenished. The following items are provided to each ASHA:

1. DDK	-	10
2. IFA Tablets (large)	-	1000
3. ORS packet (WHO)	-	100 packets
4. Tab. Paracetamol	-	200 tabs
5. Tab. Dicyclomine	-	50 tabs
6. Povidine Ointment	-	2 tubes
7. Cotton Absorbent Roll (500gm)	-	1
8. Bandage (4 cm x 4 mt.)	-	10
9. Tab. Chloroquine*	-	50 tabs
10. Condoms*	-	500
11. Oral Pills (in cycles)*	-	300

* From existing stock at Sub Centre/PHC under Malaria and FW programmes.

The timely and sustainable availability of drug kits -	
Number of ASHA Engaged	122565
Number of ASHA having Drug Kits	Nil
Shortfall	NA
Target to achieve shortfall	NA
Status of Drug Replenishment in 2011-12	NA
% Utilization of Drug	NA

Estimated cost of one unit of Kit is Rs. 500/. This kit will be provided to estimated 90% of selected and trained ASHAs. Therefore, a total of 1,22,565 ASHA Kits are required, for which a total amount of Rs. 612.825 Lakhs is proposed for the year 2012-13. Further, the medicines available with the ANM may be provided to the ASHA as per her need and some medicines will be stocked with the ASHA as a depot holder. For home based new born care, provision of additional drugs has been made for those ASHAs who have been trained under CCSP. This has been mentioned in the write-up under Child Health Chapter. **Thus, an amount of Rs. 612.83 Lakhs was proposed for this year, out of which GOI approved Rs.428.97 Lakhs @ Rs.350/kit.**

Incentives to Asha

The sustenance of the ASHA, a voluntary worker, depends on incentives earned by her. ASHAs are getting payments in the programmes in which the incentives are in built as well as from Mission flexi-pool as planned by the state and the same is depicted in the following table:.

Proposed Performance Incentive with Rates

Sl	Incentive	Amount proposed per ASHA	Average Expected Performance on a monthly basis	Total Amount Proposed* for 2012-13(in Lakh)	Name of the Programme in which the incentive is built in
A Incentive under Maternal Health					
1	Incentive under JSY	600.00	3 /month	26474.04	JSY
2	Maternal Death Audit	50.00	1 / Yr.	61.28	Mission-ASHA
B Incentive under Child Health					
3	Incentive for social mobilisation under immunization	150.00	1 / month	2206.17	Immunization
4	Incentive for complete immunization for a child under 1 year	100.00	3/month	4412.34	Mission-ASHA
5	Incentive for 6/7 Home based new born care visits	250.00	3-4 / month average	2835.35	RCH-Child Health
6	Incentive for breastfeeding promotion per mother	50.00	3/ month	2206.17	Mission-ASHA
7	Incentive under Pulse Polio Campaigns	75.00	6 round / Yr.	2757.71	Immunization
C Incentives under National Programme					
8	Incentive under Family Planning (Tubectomy)	150.00	1 / month	2206.17	RCH-FW
9	NSV	200.00	3 / Yr.	735.39	RCH-FW
10	Incentive under DOTS Programme	250.00	1/ yr.	306.41	NP-RNTCP
11	Incentive under leprosy Programme (MB)	500.00	1/ Yr.	612.82	NP-NLCP
	Leprosy Programme (PB)	300	1 /Yr.	367.69	NP-NLCP
D Incentive under Disease control Programmes					
E Incentive under Other Heads					
12	Incentive for completing and updating VHIR once a year	500.00		612.82	Mission-ASHA
13	Incentive for accompanying	200.00	3 / Yr.	735.39	Mission-ASHA

	complicated women and child cases to FRUs				
14	Incentive for birth death registration	5.00	3 / month	2206.17	Mission-ASHA
15	Incentive for conducting community meetings per month in the village	100.00	1/ Month	1470.78	Mission-ASHA
	Incentive for conducting one community meetings per month in the village of adolescent Girls for Adolescent Reproductive and Sexual health	100.00	1/Month	1470.78	Mission-ASHA
16	Vision testing of children below 15 years	25.00	1	30.64	Mission-ASHA
17	Post-operation follow-up of cataract patients	50.00	1	61.28	Mission-ASHA
18	Conveyance for attending monthly meeting at the PHC/CHC	50.00	1 / month	735.39	Mission-ASHA

***Total no of ASHAs engaged in the state are-122565**

Below mentioned table shows the activities where ASHAs are getting payments from the mission Flexipool and which are outside the interventions where the incentive is built-in into the scheme. The details of the additional incentives that are not covered under other programmes are as under:

Sl.	Activities	Activities Expected During the Year	Rate	Approved Amount (Rs. in Lakhs)
1	PNC, care of the newborn & colostrum feeding	30 Delivery Per 1000	50/-	-
2	On taking Complicated Pregnancy Cases or New Born Cases to the Health Facility	3 Cases	200/-	735.39
3	Complete Immunization of children up to 1 year of age and Vitamin A Supplementation	30 Children	100/-	3,676.95
4	Completion of Village Health Register	Once a Year	500/-	-
5	Birth-Death Registration	30 Births & 9 Deaths	5/-	956.00
6	Incentive for conducting one community meeting for Pregnant and Lactating mothers and the other for adolescent girls for Adolescent Reproductive and Sexual health per month in the village	24 Meetings	100/-	-
7	Vision testing of non-school going children upto 15 years of age (40 per thousand)	Out Of 150 Children, 15 Children with weak eyesight	25 per child	-
8	Post-operative follow-up of Cataract Patients	Per case	50/-	
9	Conveyance for attending the monthly meeting at the PHC once a month.	12	50/-	735.39
10	Maternal Death Audit	Occasional 1 case in the area of ASHA	50/-	61.28

The activities mentioned at serial number 2 and serial number 6 in the above table were not approved by the GoI for the financial year 2011-12. However, in order to reduce IMR and MMR serious patients need to be transported to refer facilities. Though Ambulance Mobile Transportation System services shall be launched in the entire state from the next year, ASHAs shall be required to accompany the referred patients to the facility. Moreover, for promoting menstrual hygiene and adolescent reproductive and child health and Anemia control among the non-school going adolescent girls, a meeting with all such target groups shall be very much needed. ASHAs were getting incentives under both the activities from the beginning. Therefore, keeping in view the significance and need of these activities along with the others mentioned above, it is proposed to put all these activities for consideration and approval. It is expected that about 90 % of the ASHAs (approx. 122565 nos.) will be able to earn on an average Rs.550/- per month other than JSY and National Programmes, where incentives are already built-in with the scheme. ***Thus an amount of Rs. 8089.29 Lakhs was proposed for this year, out of which GOI approved Rs.6165.01 Lakhs for this purpose, as above.(ROP-FMR Code-B.1.1.3)***

The government of India has decided to implement Home Based New Born Care programme in the entire country as it is now clearly understood that a high proportion of infant deaths is related to new born and further reduction in IMR can only achieved by evidence based cost effective interventions that lead to neonatal health outcomes. The scheme is to be initiated with the completion of training of ASHAs in Module-6. During discussions with the Government of India, it was decided that an incentive of Rs. 250 shall be payable to ASHAs, after 45 days of delivery subject to the fulfilment of the following preconditions-

- Recording of weight of the new born in MCP card
- Ensuring BCG, 1st dose of OPV and DPT vaccination
- Both the mother and the new born are safe till 42 days of the delivery, and
- Registration of birth has been done

An ASHA would be able to earn Rs 7500 annually and therefore for 43778 ASHAs, ***an amount of Rs. 2833.35 Lakhs was being budgeted at an average rate of Rs. 7500/- per ASHA in the year 2012-13, out of which GOI approved Rs.2038.90 Lakhs (Rs.1588.90 Lakhs + Rs.450.00 Lakhs) (ROP-FMR Code- B.1.1.3).*** The detailed implementation plan and budgetary requirements are mentioned under Child Health Chapter in RCH Flexipool.

Action Taken to Streamline Payment of Performance Incentives to ASHAs and Reduce Delay

The system of electronic transfer of ASHA incentives has been introduced from the financial year 2010-11 through a single bank advisory. ASHAs submit the filled payment voucher for the preceding month duly signed by herself and verified by concerned ANM and Block Program Manager (HEO) on the occasion of the ASHA Monthly meeting held at the PHC/CHC. Based on the submitted vouchers, the due payments are electronically transferred through a single bank advisory to the accounts of the ASHAs opened in one of the nationalized banks in the concerned block. A copy of the same is to be pasted on the notice board of the block so that transparency can be maintained strictly on the tasks undertaken and performed.

Apart from this, every block is required to maintain and update on a monthly basis the ASHA Master Payment Register which incorporates ASHA wise, head wise payments accruing to all the ASHAs working in the particular block. This also ensures advance information on the part of the block authorities regarding requirement of additional funds. Any delay in the ASHA payment for more than 2 months consecutively mandates disciplinary action against the concerned Medical Officer In charge.

Annual ASHA Sammelan/ Diwas

The ASHA scheme was launched in the State on August 23, 2005. An annual programme for the ASHAs is organized in each district on the same date that is on 23 August. It is proposed to continue the activity this year. It's an infotainment programme where ASHAs from all over the district interact with each other, get an opportunity to learn from the experiences and best practices of each other, become motivated and encouraged to perform even more better, get benefitted from the speeches of the experienced and important officials of the district and feel a sense of unity and togetherness.

It is expected that around 60 % ASHAs would participate in these meetings. A budget of Rs. 250/- per ASHA is being budgeted. **Therefore, for around 81,710 ASHAs, an amount of Rs. 204.28 Lakhs was budgeted, which is approved by GOI.(ROP-FMR Code-B.1.1.4)**

ASHA Award Scheme

To motivate the ASHAs, a reward scheme for best performing ASHA in each block was proposed. The District Health Society would make the final selection of the best performer based on the evaluation of the activities conducted by them during the whole year. The winners would be felicitated publicly on the occasion of the ASHA SAMMELAN on 23rd August and would be given a certificate of appreciation and cash prize of Rs. 5,000. It is proposed to continue the scheme this year. **Accordingly, for 820 ASHAs an amount of Rs. 41.00 Lakhs was required, which is approved by GOI.(ROP-FMR Code-B.1.1.4)**

ASHA Payment Vouchers and Registers

ASHA payment vouchers have been introduced. The format for the voucher is enclosed as Annexure in the PIP. These vouchers are submitted in duplicate by the ASHAs and duly verified by the area ANM to be submitted to the Medical Officer in the monthly block level meeting. The cost of the booklet of vouchers is estimated @Rs. 25/- per booklet.

For better monitoring of the functioning of ASHAs and their payment, a master payment register at the block level has been introduced. The format is enclosed in the Annexure. In this register all types of monthly payments, made to ASHAs are recorded in detail. The cost of the master payment register is estimated @ Rs.150/- per register per block. **The total amount for ASHA vouchers and registers at 820 blocks is about (Rs. 30.64 Lakhs and Rs. 1.23 Lakhs)=Rs. 31.37 Lakhs, which is approved by GOI.(ROP-FMR Code-B.1.1.4)**

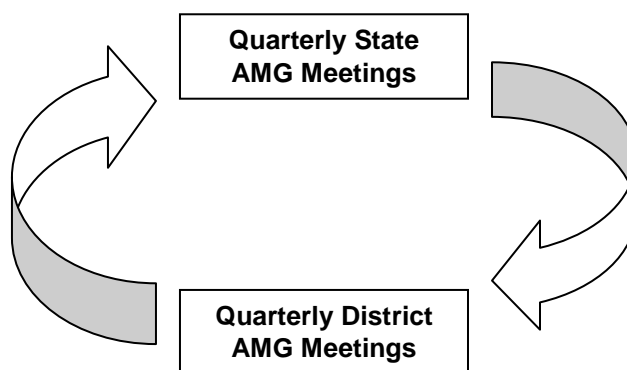
Newsletter for ASHAS

Newsletter for ASHAs is being published and distributed every quarter. The newsletter depicts their roles, success stories, government schemes, progress under various components of NRHM interventions, etc. It is proposed to continue publishing of around 1.50 Lakhs copies

each quarter. In order to have a wide dissemination of the magazine it has been decided to distribute copies among the Pradhans. For that the number of copies to be published per quarter has been increased to 2 lakhs. **Therefore, for printing of 8 Lakhs newsletters @ approx. Rs. 11/- per newsletter, an amount of about Rs.88.00 Lakhs will be required for the year 2012-13. GOI approved Rs.44.00 Lakhs for this purpose. (ROP-FMR Code-B.1.1.4)**

Asha Mentoring Group (AMG)

To support the ASHA scheme, an ASHA Mentoring Group has been constituted at the State and District levels. This Group at the State level meets quarterly to discuss feedback received from District AMG meetings. Major feedback and decisions are conveyed to the districts and this feedback forms the agenda for their next quarterly AMG meeting. The State level AMG finalizes a 15 day time frame within which all districts are required to conduct their AMG meetings. Minutes of the district meeting are compiled and sent to the state for analysis which, among others, forms the agenda for the next State level meeting. For the meeting of this group and field visit, a provision of Rs. 10,000 per district is being made for 75 districts. Further, an amount of Rs.2.50 Lakhs has been provisioned for the State level meetings. **Thus, a total amount of Rs. 10 Lakhs was budgeted, which is approved by GOI.(ROP-FMR Code-B.1.1.5)**



Asha Support System

GoI has recommended setting up of ASHA support system at State, District and Block levels for facilitating, streamlining and supporting the functioning of ASHA scheme.

At the State level, strong and appreciable support is being provided by NHSRC for better functioning of ASHA scheme in the state. At district level, District Nodal Officers and District Community Mobilizers have been positioned. At the block level, Block MOIC and the Block Health Education Officer under the State cadre, designated as Block Managers under NRHM, would act as the Nodal Officers. In absence of a Block Manager, an officer nominated by the Block Medical Officer will act as a Nodal Officer. A Data Assistant is being positioned at the block level to support the Nodal Officer under the Block Programme Management Unit.

To begin with, the state has decided to have one female block facilitator (ASHA Facilitator) for every twenty ASHAs. It was proposed to hire NGOs for facilitating this function but could not be taken up. It is now proposed to undertake the implementation of the ASHA facilitator intervention, initially, in about 17 districts, on the basis of experiences from Raipur (Chattisgarh state), where ASHA facilitator model has been quite successful. For launching the scheme in selected districts, approximately 2000 facilitators shall be required to be deployed. **Therefore, One ASHA Facilitator shall be able to earn Rs. 36000 in a year @ Rs. 3000/month; accordingly, for 2000 ASHA Facilitators, an amount of Rs. 720.00 Lakhs was budgeted (2000 x Rs. 150/ day x 20 days/month x 12 months) for the year 2012-13, which is approved by GOI.(ROP-FMR Code-B.1.1.6)**

Supervisory and Supportive Structure for ASHAs

- I. **State Level** - At the state level support is provided through the deployment of 3 professionals from the National Health System Resource Centre who routinely provide supportive supervision to the districts including through visiting the districts, blocks and villages meeting ASHAs during the course of the visits and overseeing the implementation of the ASHA Scheme as a whole detecting gaps, suggesting remedies and doing follow-up from the state office for compliance to the directives. Apart from this, State ASHA Mentoring Group is also a forum for providing programmatic feedback based on the members own personal encounters with the stake holders involved with the implementation of the ASHA Scheme.
- II. **District Level** - At the district level, District Community Mobilisers have been in place since October-2008 who are responsible for providing supportive supervision to the implementation of the ASHA Scheme on a routine basis. They routinely visit the blocks, attend the ASHA Monthly meetings and meet and interact with individual ASHAs also during their field visits. They assist the block as well as the district authorities in detecting the gaps, addressing the issues and ensuring follow-up with the directives issued from the state office from time to time. During their field visits, help the Village Health, Sanitation and Nutrition Committee in developing an implementable Village Health Action Plan.

Also, like the State ASHA Mentoring Group, District level ASHA Mentoring Group has been constituted in all the districts. The members of AMG, during their routine visit to the fields interact with the ASHAs and do their mentoring. During the quarterly ASHA Mentoring Group meetings, the field observations and feedback of members are shared at the forum and the district health leadership initiates appropriate action as per the feedback.

- III. **Block Level** - At the block level, Health Education Officer has been designated as Block Program Manager who supervises the implementation of the ASHA Scheme. He routinely conducts the ASHA Monthly meetings and does capacity building of the ASHAs on various subject matters in which ASHAs have previously been trained including filling the ASHA Payment Voucher, verifies the ASHA payment vouchers, ensures redressal of ASHA related grievances and other related tasks. He regularly attends the monthly RKS Executive Council meeting held at the block PHC/CHC and maintains the minutes of the meeting. Conducts routine field visits during which he interacts with the ASHAs and helps address their field related issues in accordance with the directives from the state office.
- IV. **Village Level** - At the village level, concerned ANM is the supervisor and direct mentor of ASHAs. She conducts periodical meetings with the ASHAs from her jurisdiction area and assists her in the day to day tasks. She routinely updates her knowledge and does on-field capacity building of ASHAs.
- V. **Status of monthly orientation/ meeting of ASHA (elaborate issues discussed during these meetings)** - Monthly meetings of ASHAs are routinely conducted at the concerned CHC/PHC which are addressed by, along with the Medical Officer In Charge,

Block Program Manager(HEO) as well as DCM if his visit happens to be at the time of meeting. In accordance with the guidelines and directives, it is ensured to conduct the meetings in 3 or 4 groups on 3 or 4 different days of the month so that individualized focus and case to case interaction with all the ASHAs could be made. There is certainly a need to strengthen the quality of these meetings in terms of focusing the agenda more on the capacity building and grievance redressal of ASHAs. Main issues that are taken up at these meetings are channelization of new information and communications to the ASHAs, informing them about new directives received from the state that are related with them, collection of ASHA Monthly Payment Vouchers, discussion over individual issues related with ASHAs and capacity building on issues relevant to them.

- VI. **Status of Capacity Building of ASHA Community Mobilizers (no. of training/workshops conducted in 2011-12)** - Two capacity building sessions were conducted for District Community Mobilisers during 2011-12. One was 4 day Management Development Programme and the other was 2 day Behaviour Change Communication Training Program.

Quarterly state level meeting / workshop will be organized to review the ASHA scheme and strengthen the capacity of District Community Mobilisers (DCMs) to implement the scheme.

Status of ASHA Facilitators

Keeping in view the significance and usefulness of the deployment of ASHA Facilitator in terms of routine supportive supervision and monitoring of the implementation of ASHA Scheme and the need for continuous and sustained capacity building of the ASHAs, their deployment is very much required. The deployment of ASHA Facilitators shall be in accordance with the norm of one Facilitator per 2-3 sub centres as a cluster encompassing, on an average, 20 ASHAs. The state now plans, in the light of the learning and experience from the Raipur-Chhattigarh visit, to deploy facilitators, initially, in 17 selected districts where the Home Based New Born Care programme shall be implemented and training of ASHAs in 6th module shall be provided. The selection of ASHA Facilitator shall be from among the currently working ASHAs. For launching the scheme in selected 17 districts, approximately 2000 facilitators shall be required to be deployed.

Training of ASHA Facilitators - It is proposed to conduct 6 day training at the district level on the concept and activities under NRHM, role & responsibilities of ASHA, role & responsibilities of the ASHA facilitator, supervision, verification of services, reporting, community mobilization, convergence with other departments, such as, ICDS, PRI, Education, etc. A training module will be developed for the same. Each batch of training would have 25-30 participants.

It is proposed to conduct these trainings through state level NGOs/ Medical Colleges/ professional training institutions. To undertake the implementation of the ASHA facilitator intervention/training, initially, in about 18 districts, for which, approximately 2000 facilitators shall be required to be deployed.

Accordingly, for training 2000 ASHA Facilitators around 67 batches of training will be required to be conducted. ***Thus, the total estimated budget towards trainings works out approximately Rs. 63.00 Lakhs as per following details:***

Sl.	Description	Amount (Rs.)
A. Development of Training Module		
1	Expenses towards development and of Printing of Training Module (2,500 copies @ Rs. 200/- per copy)	5,00,000.00
Sub Total (A)		5,00,000.00
B. Costing of Expenses towards Training		
1	Expenses incurring in 1 batch of training (Rs. 85900.00)	
2	Expenses incurring in 67 batches of training (67*85900.00)	57,55,300.00
Sub Total (B)		62,55,300.00 (approx. 63.00 Lakhs)

For the above purpose, Rs. 63.00 Lakhs is approved by GOI.(ROP-FMR Code-B.1.1.6)

Availability of Human Resources for ASHA

Human Resource	Sanctioned as per norms	In position	Shortfall	Target for 2012-13	Remark
ASHA Coordinator at State Level	NHSRC is providing support at the state level through the deployment of 3 professionals who routinely provide supportive supervision to the districts as mentioned above under the heading 'Supervisory and supportive structure for ASHAs at State level'. However, for establishment and operationalisation of a full-fledged ASHA Resource Centre, a Consultant or a program manager and support staff are planned to be recruited				
District Community Mobilizer at district level	75	58	17	17	
ASHA Coordinator at Block Level/ Block Community Mobilizer for ASHA	HEO has been designated as the Block Program Manager who primarily looks after the ASHA Scheme at the block level				
ASHA Facilitator	Deployment could not be undertaken in the previous year, though in 2012-13, about 2000 ASHA Facilitators are planned to be deployed in the selected 17 districts where ASHAs have already been trained under the Comprehensive Child Survival Programme and have started conducting home visits to new born as per the CCSP norms. Also, as per the HBNC Operational guidelines of the Government of India, the ASHAs from these 17 districts shall be trained in the 6 th Module also and in the proposed year they will get the incentive as per the new HBNC guidelines in place of previous CCSP norms which shall automatically cease to exist.				

State Level ASHA Resource Centre, Monitoring and Supervision

The state level ASHA Resource Centre shall be constituted which will be staffed by the personnel mentioned in the table below. The budgetary provision under the ASHA Resource Centre shall be for undertaking exposure visits, organization of workshops and seminars and subscription of ASHA related magazines and reading materials for the benefit of people engaged with implementation of ASHA programme. Monitoring and supervision of the implementation of the ASHA Scheme at the state level shall be done by the ASHA Regional Coordinators and the State Facilitator currently deployed at the SPMU-NRHM by the NHSRC, which will be continued in 2012-13. A monthly reporting format will be developed which would be submitted by the ASHA Facilitators to the block Nodal Officer with a copy to the District Nodal Officer. The vouchers and payment registers will be compiled at the block level, at the

district level and then at the state level. At State level, selection and training is being monitored at SPMU along with the payment to ASHA in various activities.

Summary of Budgetary Requirement for ASHA Support System

Sl.	Description	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
1	State level ASHA Resource Centre	2.00	2.00
2	Consultant - State level	6.00	6.00
3	Programme Assistant	2.58	1.50
4	District level support system for District Community Mobilizer	247.50	214.77
Total		258.08	224.27

For the above purpose, Rs. 258.08 Lakhs was proposed, out of which Govt approved Rs. 224.27 Lakhs. (ROP-FMR Code-B.1.1.5)

Attrition of ASHA

Nearly 4-5 % of the ASHAs have left their job and are no longer providing their services since they are now employed as AWWs, school teachers, etc. This phenomenon of attrition among ASHAs is an ongoing process in the state due to a number of factors like selection in some other jobs, death or resignation due to personal reasons. The process of selection for replacement of such ASHAs was initiated in 2010-11 financial year and as of 31st December 2011, 2806 ASHAs had been selected against 5898 who had voluntarily resigned. A quantitative description of the phenomenon of attrition is represented in a tabular form below-

Analysis of Drop Out of ASHA	
Difference from target to selection	80
Difference from Selection to 7 day Training	992
Difference from 7day Training to 12 day Training	5952
Difference from 12 day Training To 5th Module	7570
Difference from selection to 5 th Module Training	14514
Approximate number of ASHAs performing	121580

Specify Any Other Issues of ASHAs Including action taken by the State

A toll free number 1800-180-1900 has been provided to the public including other stakeholders like ASHAs to report any issue related with implementation of JSY, JSSK, New born care and immunization schemes. The Toll free number call centre is based at the State Project Management Unit of National Rural Health Mission in Lucknow. The help centre is managed by two counsellors from 09:00 hours to 18:00 hours daily except Saturday and Sunday. A majority of the complaints deal with incentive payment of ASHAs.

State Specific Innovation under ASHA Programme

The state of Uttar Pradesh has initiated two innovations-organisation of district level ASHA Sammelan every year on 23rd of August in commemoration of the launching of ASHA

Scheme in the state on 23rd of August-2005. Through the forum of the Sammelan, about 60% of the ASHAs of the district assemble at a common point at the district headquarter, interact with each other, learn from the experiences of each other and gets benefitted from the views of the chief guests. Through the Sammelan, best performing ASHA from each block of the district are rewarded with a cash prize of Rs. 5000 and certificate of appreciation. Apart from providing an opportunity to meet ASHAs from other blocks, the Sammelan serves as a refreshing break for the ASHAs from the routine tasks. Various cultural programs are also organized by the ASHAs themselves on the basis of which best performers are awarded with both cash and kind prizes.

The second innovation is the publication of “ASHAYEIN” newsmagazine for ASHAs on a quarterly basis which is distributed among all the stake holders of the NRHM including ASHAs. Detailed information regarding any new scheme or program are covered in the magazine apart from carrying informative article on subject matters related with the topics in which ASHAs have previously been trained. The newsletter depicts their roles, success stories, government schemes, progress under various components of NRHM interventions, etc. The magazine serves as an interactive medium through which ASHAs interact with the concerned authorities at the State Project Management Unit. Their queries are addressed as also refreshment of their learning is attempted through the medium of this magazine. As of December-2011, ten editions of the magazine has been published and distributed.

Village Health Index Register

A Village Health Index Register has been developed and provided to most of the ASHAs. Training on filling up and maintenance of records on the same has also been conducted. The register includes, apart from basic family details, utilization of RCH and other health services, status of nutrition, water supply & sanitation. It is continuously updated for vital events, disease status, services & other health related inputs & services utilization and can be used for annual planning. ***In the PIP for year 2012-13, 100,000 VHIRs will be printed, for which Rs. 132.00 Lakhs will be required, which is approved by GOI. (ROP-FMR Code-B.10.5)***

Village Health Sanitation and Nutrition Committees (VHSNCs)

- **Constitution of the Village Health Sanitation and Nutrition Committees** - Village Health Sanitation and Nutrition Committees has been constituted in all 51914 Gram Panchayats in the state.
- **Orientation for planning process and capacity building of community leaders/PRI in Village Level Planning** – Orientation of the community leaders and PRI members had been regularly done on an annual basis at the Sub-Divisional levels till 2010-11 to make them aware of the major NRHM programs being implemented in the state along with developing their skills in the preparation of a village health action plan. They are oriented with the formats used for developing a realistic and implementable action plan. In this process of development of village plans, they are helped by the ASHAs, ANM, as well as persons from the local health units. Apart from this, Block Development Committees meetings are also utilized to refresh their knowledge in the formation of village plans and proper utilization of the VHSNC funds. The updated current status of the achievements under various health indicators are also shared with the PRI members

at these forums for strengthening their capability so that they can logically channelize their resources for building a realistic and implementable village plan.

- **Role of NGO/SHG in VHSNC**– An INGO- PATH, under the Sure Start project supported this intervention with the objective of strengthening the capacities of the VHSNC members in preparing village level plans and also in execution of the activities planned and decided in the plan. Their representatives help in organising the periodical meetings of the VHSNCs, assessing and arriving at the health needs of the community, deciding actionable activities and the strategy to meet the health needs. Under this intervention, the focus was on the development of understanding among the community regarding emergency situations and arrangement of proper transportation in these situations of emergencies. The initiative helps in developing the capacities of the VHSNC members in realistic utilization of the untied funds provided to them through VHSNCs.

Activity	Cumulative Achievements so far
No. of Revenue Villages (Inhabited Villages)	97,942
Number of Village Health Sanitation & Nutrition committees constituted (specify if panchayat level)	51914 at the Gram Panchayat level
No. of Joint Account opened	51494
Total funds released to VHSCs (Rs in lakh)	In 2011-12 Released amount -Nil
Total amount spent by VHSCs so far	220.89 Lakhs in the year 2011-12 from balance of previous years.
Total unspent balance	NA
Number of VHSNC utilized less than 50% of fund (in 2010 -11)	NA
No of VHSCs members trained	NA
No. of Village Health Plan Prepared	NA

Specific Facility of Umbrella, Torch and ID Card to ASHAs

ASHAs are working in the fields during hot summer days, rainy season and during night time. They have to travel long distances to provide health services to the community. Few essential items are proposed to be provided to these ASHAs, which include umbrella, a torch & identity card. The market survey has been done for these items and an estimated amount of Rs. 150 for each umbrella with printed NRHM Logo and Some messages and Rs. 150.00 for 1 good torch is being proposed. Development of 1 Photo identity card (laminated) will cost about Rs. 10/piece. The procurement will be done according to the prescribed Procurement rules and each umbrella shall bear the emblem of NRHM and slogan carrying messages for masses.

Hence an amount of Rs. 380.00 Lakhs is being proposed for these 3 items @ Rs. 310.00 per ASHA for a total of 122565 ASHAs.

Thus, total amount of Rs. 379.95 Lakhs was proposed from the corpus fund available for ASHA @ Rs. 10,000 /ASHA/annum, which is approved by GOI. (ROP-FMR Code-B.1.1.4). (Proposed in Supplementary PIP).

Strengthening ASHA Skills and Support Mechanism for Improved Care of Mothers and Newborns under Comprehensive Child Survival Program

Background- This proposal is an amalgamation of experiences from two models implemented in UP across 10 districts to strengthen essential skills of ASHAs and strengthen mechanisms for providing continuing support to ASHAs. 1) The Aligarh Muslim University (AMU) model implemented initially in District Aligarh and subsequently in 4 other districts, by Catholic Health Association of India (CHAI) supported by Unicef with focused on strengthening and practicing essential skills of ASHAs under the Comprehensive Child Survival Program (CCSP) that is IMNCI Plus Programme. 2) The IntraHealth model implemented in 5 districts strengthened ASHA monthly meetings for continued capacity building through Block Facilitators (HEOs, LHVs and Male Supervisors) and strengthened supportive supervision of ASHAs through ANMs. Assessments and performance reviews have indicated the need to equip ASHAs with essential skills learnt during the CCSP training regarding newborn 0 to 2 months and 2 months to 5 years children and able to identify complications & refer sick children.

Objectives - To replicate Intra-Health, AMU & CHAI model for strengthening ASHA skills through practice under Comprehensive Child Survival Program (CCSP) that is IMNCI Plus Programme. The other objective is to provide continuing education through the mechanism of ASHA Monthly meeting at CHC/PHC being conducted by Block Facilitator in 36 districts of the State.

Implementation Strategy

A- Through the mechanism of ASHA monthly meeting

- (1) **Promoting ASHA monthly meetings as sustainable platform for continuing learning and problem-solving** - Guidelines for conducting ASHA monthly meeting have been issued by the Mission Director, NRHM mandating that all districts conduct ASHA monthly meetings as per the following:
 - Reduce group size to make ASHA meetings more interactive and productive
 - Follow fixed schedule and time for meetings
 - Assign time for structured learning and capacity building
 - Assign time for problem solving
 - Ensure participation of ANMs and LHVs in the meeting
 - Assign time to review ASHA performance
- (2) **Continued capacity building of ASHAs by Block Facilitators (B.Fs)** - It is proposed to build capacity of ASHAs on counseling and other operational skills required to improve postnatal home care to mothers and newborns including R.I. social mobilization and organizing VHND. In each ASHA monthly meeting, a 1-2 hour time slot will be dedicated to building capacity of ASHAs on topics that are practical and help them to organize their work better and improve performance.

In each block, block facilitators (BFs) will be identified for facilitating ASHA monthly meetings and building capacity of ASHAs. BF's will be selected and trained from the existing Government staff (Block HEOs, LHVs, Male Supervisors). Each block would

have a pool of 6 block facilitators. Capacity of identified facilitators will be built on facilitation skills in particular, participatory facilitation/training methodology.

- (3) **Build capacity of supervisors (ANMs) to support ASHAs** - Since ANM is basic supervisor of ASHAs, her capacity is to be built up for better supervision and monitoring. Supervisory skills of ANMs will be built to provide supportive supervision to ASHAs during monthly meetings and field-visits. The training will be capsular and short capsules of 2 hour each will be rolled out by the BFs at the ANM monthly meetings.
- (4) **Technical support and guidance** - The district nodal officer of CCSP/ ASHAs along with Technical Resource Group will provide technical guidance for effective implementation of the ASHA support mechanism at district level. TRG would also be oriented on data management skills so that data from ASHA home visit forms and CCSP reports is used for programmatic corrections.

B-Through the process of supportive supervision by Block Coordinators

(1) Promote supportive supervision by Block Coordinators - One Block Coordinator for every block will be hired on contractual basis. The Block Coordinator will report to the District Community Mobilizer (DCM) at the District Program Management Unit (DPMU) and work in close coordination with the Block Health Education Officer (HEO) or Block Medical Officer-In charge. The main role of the Block Coordinator will be to enhance the skills of ASHA and assist and supervise those ASHAs who have been trained under the Comprehensive Child Survival Programme (CCSP)/(IMNCI Plus) and also guide ANMs to support ASHAs. The Block Coordinator will ensure ASHAs have needed skills and ANMs are providing supportive supervision to ASHAs. A Block Coordinator's main duties will include:

- Visit ASHAs trained under CCSP to provide her with on-the-job coaching and assistance in problem solving
- Focus on building ASHA skills in key areas 0 to 2 months and 2 months to 5 years children under CCSP guidelines
- Participate in ASHA monthly meetings and review progress
- Assist in compilation of data on ASHA home visits; Use data for decision making to improve performance
- Coordinate with Block facilitators for rollout of capacity building sessions at monthly meetings

Intervention Districts for scale-up

The Programme will be implemented in 17 District of 1st phase of CCSP and 19 districts of 2nd phase thus total districts will be 36 in the state.

Monitoring mechanism

The program will be monitored at Block level, District level and State level. The detail plan has been prepared with the support of various Development Partners. Following key indicators at output and outcome level will be monitored routinely.

Process and Output level Indicators at the level of ASHA

- Percentage of newborns who were visited on the first day at home
- Percentage of newborns who received full schedule of home visits by ASHA
- ASHA and ANM attendance (%) at monthly meetings
- Percentage of ASHA meetings that organized capacity building sessions

Process and Output level Indicators of Block Coordinator

- Number of ASHAs visited by Block Coordinators for supportive supervision
- Monthly compilation of CCSP reports submitted by ASHA.
- Number of Capacity Building session conducted by Block Coordinator at the monthly ASHA meetings

Outcome level indicators

- Percentage of newborns who were weighed at birth.
- Percentage of newborns who were breast fed in the first hour.
- Percentage of LBW reported and referred.
- Percentage of 0 to 02 months infants and 02 months to 5 yrs children assessed and percentage referred for illness
- No. of newborn deaths

Budgetary Proposal

Details/Activities	Year-1	Year-2
Orientation of District Officials (ASHA Nodal Officer,DPM,DCM) at State level-Phase I	40600	40600
Orientation of District Officials (ASHA Nodal Officer,DPM,DCM) at State level -Phase II	44200	44200
Honorarium of Block Coordinator, 1/Block for 220 blocks of Phase I districts @ Rs. 18000/month (Rs. 14000+4000)	23868000	47736000
Honorarium of Block Coordinator 1/Block for 213 blocks of Phase II districts @ Rs. 18000/month (Rs. 14000+4000)	23004000	46008000
Orientation of Block Coordinators Phase I on CCSP	23797200	NA
Orientation of Block Coordinators Phase II on CCSP		NA
Quarterly Orientation of BFs (1 per qtr) @ Rs. 24,900/block, a total of 44 batches in Phase I districts	1100580	1100580
Quarterly Orientation of BFs (1 per qtr) @ Rs. 24,900/block, a total of 43 batches in Phase II districts	1060740	1060740
Continuing CB at ASHA monthly meetings Phase I @ Rs. 1000/month for 221 blocks	2652000	2652000
Continuing CB at ASHA monthly meetings Phase II @ Rs. 1000/month for 213 blocks	2556000	2556000
Continuing CB of ANMs at PHC monthly meetings on Supportive Supervision and PNC skills to support ASHAs Phase I	795600	795600
Continuing CB of ANMs at PHC monthly meetings on Supportive Supervision and PNC skills to support ASHAs Phase II	766800	766800
Training of BFs on facilitation & Supportive Supervision Skills Phase I	1339260	NA
Training of BFs on facilitation & Supportive Supervision Skills Phase II	1290780	NA
Total	82315760	102760520
Grand total (Year 1+2)	18,50,76,280.00	

For the above activities, an amount of Rs.1850.76 Lakhs was proposed for the purpose for a 2 year period, which is not approved by GOI.(ROP-FMR Code-B.1.1.5). (Proposed in Supplementary PIP).

SUMMARY OF APPROVED BUDGET UNDER ASHA SCHEME

FMR Code	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Approved (Rs. In Lakhs) – 1 st ROP	Amount Approved (Rs. In Lakhs) - SROP	Total Amount Approved (Rs. In Lakhs)
B1	Accredited Social Health Activist (ASHA)						
B.1.1. 1	ASHA Training	65,000	As per Trg. Norm		2,368.00	-	2,368.00
B.1.1. 2	Procurement of ASHA Drug Kits - For 90% ASHAs	1,22,565	500.00	1	428.98	-	428.98
	Child Survival Kit (New)	54,721	600.00	1	219.96		219.96
B.1.1. 3	Other Incentives to ASHAs (90 % ASHAs)	1,22,565	550.00	12		-	-
	On taking complicated pregnancy cases or new born cases to the health facility (3 cases per year)	1,22,565	200.00	-	735.39		735.39
	Complete Immunization of children upto 1 year of age and Vit. A Supplementation @ 100 for one case (30 children)	1,22,565	100.00	30	3,676.95		3,676.95
	Birth-Death Registration @ of Rs. 5 for each birth and death registration(30 births and 9 deaths)	1,22,565	5.00	-	956.00		956.00
	Conveyance for attending monthly meeting at the PHC once in a month	1,22,565	50.00	12	735.39		735.39
	Maternal Death Audit	1,22,565	50.00	1	61.28		61.28
	Home based newborn Care				-	-	-
	Trained upto March 2011 in Home based New Birth Care of 36 CCSP Districts of 1st & 2nd Phase	31,778	7,500.00	1	-	1,588.90	1,588.90
	Will be Trained in 2012-13 in Home based New Birth Care	12,000	3,750.00	1	-	450.00	450.00
B.1.1. 4	Awards to ASHA's	820	5,000.00	1	41.00	-	41.00
	Awards to ASHA's/Link Workers (Umbrella, Torch, ID Cards)	1,22,565	310.00	1		379.95	379.95
	Annual ASHA Sammelan/ Diwas (60 % ASHAs)	81,710	250.00	1	204.28	-	204.28
	ASHA payment vouchers	1,22,565	25.00	1	30.64	-	30.64
	Block Level ASHA Master Payment registers	820	150.00	1	1.23	-	1.23
	ASHA Newsletter - (2 Lakhs copies quarterly) for 8.00 Lakhs copies (Annually)	8,00,000	11.00	1	44.00	-	44.00
B.1.1. 5	ASHA Resource Centre/ASHA Mentoring Group (AMG)				-	-	-
	State level ASHA Resource Centre				2.00	-	2.00
	Senior Consultant	1	50,000.00	12	6.00	-	6.00
	Programme Assistant	1	21,500.00	12	1.50	-	1.50
	District level support system for district community mobilizer	75	23,863.33	12	214.77	-	214.77

	State	1	1,50,000.00	1	1.50	-	1.50
	District	75	10,000.00	1	7.50	-	7.50
	Orientation of District ASHA Mentoring group members				-	-	-
	Strengthening ASHA skills and support mechanism for improved care of mother & newborns under CCSP	-	-	-	-	-	-
B.1.1.6	ASHA Support System				-	-	-
	Training of ASHA Facilitators for ASHA Support System in 18 selected districts				63.00	-	63.00
	Incentive to Block level Facilitators for 18 selected Districts (2000 Facilitators x Rs. 150/ day x 20 days/month x 12 months)	2,000	3,000.00	12	720.00	-	720.00
	Sub Total				10,519.37	2,418.85	12,938.22

2. UNTIED FUND

In 2011-12 Untied Funds for any level of the facility were not released due to CAG and CBI investigations. Therefore, for the year 2012-13, the budgetary proposals of untied funds for various facilities are being proposed as per below:

Untied Funds for VHSNCs

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
VHSNCs	51914	10000	5191.40	416.96
Sub Total			5191.40	416.96

For the above purpose, Rs. 416.96 Lakhs is approved by GOI.(ROP-FMR Code-B.2.4)

Untied Funds for Sub- Centres

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
Sub Centre#	1370	30000	411.00	38.16
Sub Centre	19151	10000	1,915.10	0.00
Sub Total			2,326.10	38.16

Sub-centres conducting deliveries more than 5 per month. As per operational guidelines for financial management of GOI, January 2012, the amount is being calculated.

For the above purpose, Rs. 38.16 Lakhs only is approved by GOI.(ROP-FMR Code-B.2.3)

Untied Funds for Block PHC/CHCs

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
PHC (30000 Population)\$	2661	25000	665.25	4.19
B-PHC(460)/CHC (466)	926	50000	463.00	4.17
Sub Total			1,128.25	8.36

\$ - The RKS is constituted only at Block PHCs and CHCs, hence the untied fund of the PHCs (30000 population) will be released to RKS of the concerned PHCs.

For the above purpose, Rs. 8.36 Lakhs only is approved by GOI.(ROP-FMR Code-B.2.1 and B.2.2)

As per operational guidelines for financial management, January 2012, there are 288 community health centres and 209 block PHCs including sub divisional women hospitals, which are conducting more than 100 deliveries per month, additional Rs. 75000/ unit is being proposed. This fund will be released only after verification of the workload from M-9 format on NRHM UP web based reporting and demand from the concerned health units through DHS. **Thus, accordingly Rs. 372.75 Lakhs was proposed for such facilities in the year 2012-13, which is not approved by GOI.(ROP-FMR Code-B.2.4)**

Therefore, total amount of Rs. 9018.50 Lakhs was proposed for various facilities under untied funds.

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
VHSNCs	51914	10000	5191.40	416.96
Sub Centre	1370	30000	411.00	38.16
Sub Centre	19151	10000	1,915.10	-
PHC (30000 Population)	2661	25000	665.25	4.19
B-PHC(460)/CHC (466)	926	50000	463.00	4.17
Additional untied funds for CHCs/ BPHCs conducting more than 100 deliveries/month	497	75000	372.75	-
Sub Total			9,018.50	463.48

3. ANNUAL MAINTENANCE GRANT (AMG)

Govt. of India has approved provision of AMG @ Rs.1.00 Lakh per year per facility for CHCs @ Rs. 0.50 Lakh per PHC (30000 population) through Rogi Kalyan Samiti and @ Rs.0.10 Lakh for each sub centre. However, as already explained in the section on 'Untied Grants', the State has two kind of primary health centres which vary in physical size, staffing pattern, population catered, etc. Accordingly, the AMG funds are allocated in the following manner:

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
Sub Centre	15570	10000	1,557.00	14.16
PHC (30000 Population)	2661	50000	1,330.50	21.55
B-PHC(460)/CHC (466)	926	100000	926.00	23.79
Sub Total			3,813.50	59.50

For the above purpose, Rs. 3813.50 Lakhs was proposed out of which GOI approved Rs.59.50 Lakhs only. (ROP-FMR Code-B.3 and its subheads)

4. HOSPITAL STRENGTHENING

A. Hospital Waste Management System – A PPP model for management of hospital waste is being implemented by UPHSDP. Combined Treatment Facilities (CTFs) have been set up by private operators and contracts have been signed with them for collection and disposal of bio medical waste. The facilities covered all 159 District level Hospital and CHCs of 73 districts. The Project has also developed Performance Monitoring Indicators for the hospital units and service providers which will be used during monitoring of the CTFs. Considering the success of the CTFs, it is proposed to sustain healthcare waste management activity through NRHM. ***For this purpose, a budget of Rs. 2529.59 Lakhs was proposed for 2012-13, which is approved by GOI.(ROP-FMR Code- B.4.1.5)***

B. Outsourcing of Cleaning, Up-keep and Laundry Services at District Hospitals & FRU-CHCs - The performance of the healthcare services is greatly influenced by the effectiveness of non-clinical services such as laundry, security, sanitation & housekeeping, gardening, etc. The UP Health Systems Development Project model has been adopted in the state for district level hospitals from 2009-10 onwards.

Since, it is very important to have clean and hygienic environment in the hospitals and in FRUs, where regularly surgical procedures are being conducted, in the year 2012-13, it has been decided to implement this scheme in 155 District level hospitals as well as 623 CHCs of all districts, because these units are also having heavy load of outdoor and indoor patients. **As per calculations made, a total amount of Rs. 3637.43 Lakhs is required for district level hospitals and CHCs for 12 months.** It has been decided that this activity will be carried at the district level through DHS under direct supervision of District Magistrate, who will also supervise and monitor the activity on regular basis during his review meetings and in DHS meetings. **This activity is approved by GOI.(ROP-FMR Code- B.4.1.5)**

- C. Rent of Sub Centres** - There are total 20521 sub centers in the state, out of which 15570 Sub-Centres are operating from government buildings and 4951 in rental buildings. **Accordingly, a provision of rent @ Rs. 250/- per month for 4951 Sub Centres, amounting to Rs. 148.53 Lakhs was proposed for the year 2012-13 under NRHM Flexipool.** Additionally, Rs. 250/- p.m. would be utilized from untied grant at Sub Centre, in case a proper (minimum two rooms) rented building is available and can be used for providing better services including deliveries. **For this purpose, total amount of 148.53 Lakhs is approved by GOI(ROP-FMR Code-B.4.3)**

D. Strengthening Logistic Management - Operationalisation of District Drug Warehouses

The budget is required for provision of contractual staff and operating expenses for 53 district drug warehouses. Each drug warehouse will have contractual staffs like Computer Operator cum Store Keeper (1), Generator Operator cum Mechanic/Electrician (1), Loader (1), Choukidar (1) and part time sweeper (1). The details are as under –

Sl.	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lakhs)
Contractual Staff					
1	Computer Operator cum Store Keeper	53	10000	12	63.60
2	Generator Operator cum Mechanic/ Electrician	53	5000	12	31.80
3	Loader	53	5000	12	31.80
4	Choukidar	53	5000	12	31.80
5	Part-time Sweeper	53	2500	12	15.90
Sub Total					174.90
	Contingent Expenditure	53	200000	1	106.00
Total					280.90

Thus, a total requirement of Rs. 280.90 Lakhs was budgeted for the year 2012-13, out of which GOI approved Rs.174.90 Lakhs for contractual staffs.(ROP-FMR Code – B.4.4)

5. HEALTH CARE INFRASTRUCTURE

States Requirement of Infrastructure	DH	SDH	CHC	PHC	SHC
Required as per population norms	150	0	1053	4388	21944
Existing Facilities	135	15	602	2678	20521
Under Construction	6	0	93	356	4624
Shortfall					
Mapping of facilities undertaken					
Requirement of new facilities after mapping exercise	141	15	762	3692	19730

Information on New Constructions

Health Facility	New Construction sanctioned under NRHM so far in High Focus Districts					New Construction sanctioned under NRHM so far in Non High Focus Districts					Total
	2007-08	2008-09	2009-10	2010-11	2011-12	2007-08	2008-09	2009-10	2010-11	2011-12	
DH	-	-	-	-	-	-	-	-	-	-	-
SDH and other hospitals above CHC	-	-	-	-	-	-	-	-	-	-	-
CHCs	-	-	20	-	-	-	-	13	-	-	33
PHCs	-	-	-	-	-	-	-	-	-	-	-
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-	-	-	-	-	-
Sub-Centres	-	778	1739	727	-	-	364	1169	1029	-	5806

Information on Upgradations

Health Facility	New Construction sanctioned under NRHM so far in High Focus Districts					New Construction sanctioned under NRHM so far in Non High Focus Districts					Total
	2007-08	2008-09	2009-10	2010-11	2011-12	2007-08	2008-09	2009-10	2010-11	2011-12	
DH	-	-	17	58	-	-	-	23	31	-	129
SDH and other hospitals above CHC	-	-	-	-	-	-	-	-	-	-	-
CHCs	-	-	26	-	-	-	-	24	-	-	50
PHCs	-	-	641	-	-	-	-	301	-	-	942
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-	-	-	-	-	-
Sub-Centres	-	-	-	-	-	-	-	-	-	-	-

Health Facility	Progress of New Constructions					
	Completed		Under Construction		Sanctioned but Yet to start	
	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts	High Focus Districts	Non High Focus Districts
DH	-	-	-	-	-	-
SDH and other hospitals above CHC	-	-	-	-	-	-

CHCs	1	1	19	12	-	-
PHCs	-	-	-	-	-	-
Other Health facilities above SC but below block level (may include APHC etc.)	-	-	-	-	-	-
Sub-Centers	2420	1478	582	817	242	267

PROPOSAL FOR NEW CONSTRUCTIONS

A- Up-gradation of 89 District level Hospitals

An amount of Rs. 8900 Lakhs had been approved for up-gradation of 89 District Level Hospitals at the rate of Rs. 100 Lakhs/hospital in the year 2010-11. As the up-gradation works take nearly 20 months for completion, the partial amount of Rs. 100 Lakhs has been demanded in the financial year 2010-11. It was proposed that the actual remaining demand of each hospital on the basis of facility survey report will be made in PIP of 2011-12.

An amount of Rs. 22625.65 Lakhs has been demanded in the year 2011-12 but GOI did not approve any amount for this purpose. It was mentioned in the ROP that the same will be considered after the utilization certificate of amount released in previous years is produced to GOI. Regarding construction work and supplies, a condition was imposed by GOI that committed amount shall be spent only after the third party evaluation of construction work and supplies is done. This condition was relaxed by GOI in December 2011. Due to the said condition, the amount sanctioned in previous years was not fully utilized and therefore it was not possible to send the demand of remaining amount to GOI.

As per actual sites condition, the cost of up-gradation of 89 district level hospitals comes out to be Rs. 30927.47 Lakhs. After adjusting the amount of Rs. 8900.00 Lakhs sanctioned in the year 2010-11, a demand of Rs. 22027.47 Lakhs is again being proposed for the year 2012-13. If the remaining Rs. 22027.47 Lakhs is not sanctioned by GOI, the utilization of work done by Rs. 8900.00 Lakhs cannot be properly made. **Thus, total fund of Rs. 22027.47 Lakhs was proposed for this activity.**

Sl.	Facility	Nos.	Estimated Cost per Unit	Total Amount (Rs. In Lakhs)
1	Up-gradation of District level hospitals	89	Estimated as per survey report	22027.47
Total				22027.47

For this purpose, GOI approved Rs. 22027.47 Lakhs.(ROP-FMR Code-B.4.1.1)

b. Construction of Sub Centres

As per 1991 Census, GOI has sanctioned the establishment of 20521 sub centres in Uttar Pradesh, out of which 15570 sub centres are running in Government buildings and 4155 sub centres are under construction. There is a gap of 796 sub centres, for which no fund is available for construction. In addition to this, there are 75 districts in the state, out of which 53 districts have its own drug ward houses. There is need of 22 district drug ware houses in the state. Therefore, for construction of 796 sub centres a budgetary proposal of Rs. 7442.60 Lakhs and for construction of 22 district drug ware houses, a budgetary proposal of Rs. 1121.05 Lakhs was made for the year 2012-13.

Sl.	Activity	Unit Cost (Average)	Physical Targets	Total Amount (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
1	Sub-Centre Construction	9.35	796	7,442.60	3852.20
2	District Drug ware Houses Construction	50.96	22	1121.12	1121.12
Total				8,563.72	4973.32

Thus, for above purpose, Rs. 4973.32 Lakhs is approved by GOI. (ROP-FMR Code-B.5.3 & B.5.5)

C. Repair & Renovation of other health facilities (Civil Work)

There are 11 Regional Health & Family Welfare Training Centers, 40 ANM Training Centers, 30 district peripheral training team (Achal Prashishan Kendra), 11 Regional Drugware houses and 23 District Drugware houses in the state. Further, there are 15570 sub centres running in government buildings. Training centres were constructed more than 20 years ago while drug ware houses were 6-10 years ago. These institutions require repair and renovation regarding civil works. Out of 15570 sub centres, approximately 5000 sub centres were constructed more than 10 years and above ago. As the funds from state budget for repair and renovations of these buildings is minimal. Thus, the following budgetary proposal is being made for repair and renovation of these facilities for 2012-13.

Sl.	Activity	Unit Cost (Average) (Rs. In Lakhs)	Physical Targets	Total Amount (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
1	Regional Health & Family Welfare Training Centres	20.00	11	220.00	220.00
2	ANM Training Centres	10.00	40	400.00	400.00
3	30 District Peripheral Training Team (Achal Prashishan Kendra)	7.50	30	225.00	0.00
4	Regional Drug ware houses	10.00	11	110.00	110.00
5	District Drug ware houses	5.00	23	115.00	115.00
6	Sub centres	2.00	1000	2,000.00	0.00
Total				3,070.00	845.00

For the above purpose, Rs. 845.00 Lakhs is approved by GOI. (ROP-FMR Code-B.5.5; B.5.8; B.5.10.1 and B.5.10.2)

E. Construction of new CHCs and PHCs on the basis of 1991 Census

As per Census of year 1991 there is a gap of 59 CHCs and 86 PHCs, the construction of which is being proposed based on estimates according to the year 2010.

Here it is to be mentioned that the construction of new units is being proposed as per the availability of land. The budget proposal is as follows:-

- New construction of 15 CHCs in 8 districts @Rs. 500.00 Lakhs per CHC
- Amount required for 15 CHC - **Rs. 7500.00 Lakhs**
- New construction of 28 PHCs in 15 districts @Rs. 150.00 Lakhs per PHC
- Amount required for 28 PHCs - **Rs. 4200.00 Lakhs**

Total amount required - Rs. 11700.00 Lakhs

Thus, a proposal of Rs. 11700.00 Lakhs was submitted for construction of new CHCs and PHCs on the basis of 1991 Census. As the activity is going to take about 24 months time, it is requested to sanction 50% of the above budget i.e. Rs. 5850.00 Lakhs for the first year. **Thus, for this purpose, Rs. 5850.00 Lakhs is approved by GOI.(ROP-FMR Code-B.5.1 & 5.2). (Proposed in Supplementary PIP).**

F. Construction of maternity wing in District Women Hospital and CHCs

Uttar Pradesh is a very densely populated state with a population of >20 crores, which is highest in the country with geographical area lesser than Madhya Pradesh & About 25 lac Institutional deliveries are being conducted at government facilities every year with a bed occupancy of more than 100 percent in peak season in most of the district women hospitals. It is very essential to provide quality services to JSY beneficiaries and comprehensive reproductive maternal new born and child services in the hospitals.

It is proposed to expand maternity wing at district women hospital where JSY load is very high and the land for construction of additional maternity wing is available in the same premises. In some districts, land is not available but some old buildings are available in dilapidated condition. It is proposed that after demolition of these structures a multistoried maternity wing will be constructed at the same place.

These maternity wings will include antenatal waiting room, labour room, emergency new born care room, sick new born care unit, operation theater, post natal ward, toilet facilities (attached with ward and separate common toilet), Nursing station, Doctor's Duty room, Store room, kitchen along with provision of ultra Sonography Machine, Radiologist on contract, RO system, water cooler, air conditioner, electricity backup etc. Facility of Patient Relation Shed & Canteen is also being provided in this project

Thus a total amount of Rs. 129400.00 Lakhs is required for the purpose. As the activity is going to take about 24 months time, it is requested to sanction 50% of the above budget i.e. Rs. **64700.00 Lakhs** for the first year. The details are annexed with this proposal.

Sl.	Type of facility	No. of beds proposed	Approx. Rate/unit (Rs. in Lakhs)	Number of units	Total Amount Proposed (Rs. in Lakhs)	Total Amount Approved (Rs. in Lakhs)
1	District Women Hospitals	100	2000	50	100000.00	50000.00
2	CHC	30	300	78	23400.00	11700.00
3	CHC	50	500	12	6000.00	3000.00
Total					129400.00	64700.00

Thus the above purpose, Rs. 64700.00 Lakhs is approved by GOI(ROP-FMR Code-B.5). (Proposed in Supplementary PIP).

DATA REQUIRED FOR APPROVAL OF CIVIL WORK FOR DISTRICT WOMEN HOSPITAL

Sl.	Name of the facility	No. of existing bed	No. of additional beds proposed	Any additional infrastructure work proposed	OPD Per day	IPD Per day	Normal Deliveries (Year 11-12)	C. Section (Year 11-12)	Bed occupancy per Month	No. of specialists posted	Funds proposed (Rs in Lakhs.) (Inc. furn. & Equip.)	Time line for completion
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Agra	200	100	Canteen & PRS	215	132	6201	1039	112.86%	17	2000.00	2 Yrs
2	Allahabad	200	100	Canteen & PRS	212	26	3346	1352	89.31%	11	2000.00	2 Yrs
3	Auraiya	30	100	Canteen & PRS							2000.00	2 Yrs
4	Azamgarh	100	100	Canteen & PRS	238	39	4553	489	113.53%	5	2000.00	2 Yrs
5	Badaun	79	100	Canteen & PRS	154	36	4282	501	89.84%	5	2000.00	2 Yrs
6	Baghpat	30	100	Canteen & PRS							2000.00	2 Yrs
7	Bahraich	92	100	Canteen & PRS	295	64	7531	1004	166.94%	6	2000.00	2 Yrs
8	Ballia	64	100	Canteen & PRS	123	26			143.79%		2000.00	2 Yrs
9	Barabanki	73	100	Canteen & PRS	290	56			147.75%		2000.00	2 Yrs
10	Bareilly	114	100	Canteen & PRS	156	46	4853	1145	79.86%	5	2000.00	2 Yrs
11	Bijnor	50	100	Canteen & PRS	330	27	2995	1074	126.72%	4	2000.00	2 Yrs
12	Bulandshare	60	100	Canteen & PRS	274	47	7800	368	140.22%	8	2000.00	2 Yrs
13	Chandauli		100	Canteen & PRS					54.60%		2000.00	2 Yrs
14	Etawah	43	100	Canteen & PRS	102	24	5944	102	127.20%	4	2000.00	2 Yrs
15	Faizabad	168	100	Canteen & PRS	249	32	5806	2095	80.35%	9	2000.00	2 Yrs
16	Farrukhabad	100	100	Canteen & PRS	100	37			248.97%		2000.00	2 Yrs
17	Firozabad	30	100	Canteen & PRS	223	52	9971	74	181.16%	4	2000.00	2 Yrs
18	Gazipur	80	100	Canteen & PRS	172	27	4373	696	90.66%	9	2000.00	2 Yrs
19	Gonda	134	100	Canteen & PRS	184	45	10610	963	100.83%	2	2000.00	2 Yrs
20	Hardoi	64	100	Canteen & PRS	215	93	14789	1163	152.81%	10	2000.00	2 Yrs
21	Kannauj	33	100	Canteen & PRS					89.20%		2000.00	2 Yrs
22	Kanpur Nagar	210	100	Canteen & PRS	278	50	5742	2437	140.51%	19	2000.00	2 Yrs
23	kaushambi	30	100	Canteen & PRS			3904	15	100.78%	3	2000.00	2 Yrs
24	Kushinagar	30	100	Canteen & PRS			1768	0	100.00%	3	2000.00	2 Yrs
25	Lalitpur	30	100	Canteen & PRS	123	43	7620	245	125.39%	9	2000.00	2 Yrs

26	Maharajganj	30	100	Canteen & PRS			2851	22	93.79%	5	2000.00	2 Yrs
27	Mathura	87	100	Canteen & PRS	145	40	4740	216	79.98%	7	2000.00	2 Yrs
28	Meerut	116	100	Canteen & PRS	361	31			69.72%		2000.00	2 Yrs
29	Mirzapur	60	100	Canteen & PRS	321	66	10021	1260	122.62%	4	2000.00	2 Yrs
30	Muradabad	149	100	Canteen & PRS	352	57	4629	2326	159.97%	10	2000.00	2 Yrs
31	Muzaffer nagar	50	100	Canteen & PRS	301	82	4825	2212	133.53%	9	2000.00	2 Yrs
32	Pilibhit	70	100	Canteen & PRS	150	19	2669	231	74.65%	5	2000.00	2 Yrs
33	Rai Bareilly	101	100	Canteen & PRS	258	54	6902	1591	80.92%	9	2000.00	2 Yrs
34	Rama Bai Nagar	30	100	Canteen & PRS	92	41			226.56%		2000.00	2 Yrs
35	S.R. Nagar	30	100	Canteen & PRS			1170	48	63.51%	3	2000.00	2 Yrs
36	Siddarthnagar	30	100	Canteen & PRS			1479	393	115.11%	8	2000.00	2 Yrs
37	Sonbhadra	40	100	Canteen & PRS			290	0	52.08%	2	2000.00	2 Yrs
38	Sultanpur	82	100	Canteen & PRS	235	84	12617	1585	137.11%	6	2000.00	2 Yrs
39	Unnao	60	100	Canteen & PRS	183	74	7771	366	116.89	9	2000.00	2 Yrs
40	Varanasi	180	100	Canteen & PRS	224	32	2837	1247	88.13%	10	2000.00	2 Yrs
41	Deoria	81	100	Canteen & PRS	165	35	10006	1111	144.46%	5	2000.00	2 Yrs
42	Hathras	30	100	Canteen & PRS			4725	33	100.00%	6	2000.00	2 Yrs
43	Mainpuri	30	100	Canteen & PRS	124	25	3956	4	231.50%	2	2000.00	2 Yrs
44	Ambedkar Nagar	30	100	Canteen & PRS			1432	139	67.75%	4	2000.00	2 Yrs
45	Gorakhpur	200	100	Canteen & PRS	259	59	7249	2004	107.70%	16	2000.00	2 Yrs
46	St. Kabir Nagar	30	100	Canteen & PRS					87.63%		2000.00	2 Yrs
47	G.B. Nagar	30	100	Canteen & PRS					131.98%		2000.00	2 Yrs
48	Saharanpur	110	100	Canteen & PRS	281	84	8398	2601	152.59%	13	2000.00	2 Yrs
49	Etah	30	100	Canteen & PRS			4052	25		2	2000.00	2 Yrs
50	Mau	30	100	Canteen & PRS							2000.00	2 Yrs
Total											100000.00	

(b) Community Health Center (CHC)								
Sl.	Name of District	S. N.	Name of CHCs	Bed occupancy	Distt. Type HF= High Focus Distt.	Bed strength for proposed maternity wing	Availability of land in the premises	Additional Cost for other Facilities (Rs. in Lakhs)
1	2	3	4	5	6	7	8	10
1	Ambedkar Nagar	1	Balbhadra		NHF	30 Bed	Yes	300.00
2	Rai Bareilly	2	Belabhela	33.76	HF	30 Bed	Yes	300.00
		3	Amauwa	35.6	HF	30 Bed	Yes	300.00
3	Hardoi	4	Bharawan	30.512	HF	30 Bed	Yes	300.00
4	Sitapur	5	Sindholi	80.88	HF	50 Bed	Yes	500.00
		6	Pishwa	87.2	HF	50 Bed	Yes	500.00
		7	Mehmoodabad	60.32	HF	30 Bed	Yes	300.00
5	Sultanpur	8	labhua	84	NHF	30 Bed	Yes	300.00
		9	Kudhwara	36.8	NHF	30 Bed	Yes	300.00
6	Mau	10	Ratanpura	46.16	NHF	30 Bed	Yes	300.00
7	Varanasi	11	Cholapur	26.24	NHF	30 Bed	Yes	300.00
		12	Arjiline	37.2	NHF	30 Bed	Yes	300.00
		13	Pindara	26.08	NHF	30 Bed	Yes	300.00
8	Chandoli	14	Mugalsarai	53.336	HF	30 Bed	Yes	300.00
9	S.R.Nagar	15	Bhadoi	71.6	HF	50 Bed	Yes	500.00
		16	Suriyavan	66.16	HF	30 Bed	Yes	300.00
10	Sonbhadra	17	Meurpur	72.8	HF	50 Bed	Yes	500.00
11	Kaushambi	18	Kadha	61.16	HF	30 Bed	Yes	300.00
		19	Sirathu	61.48	HF	30 Bed	Yes	300.00
12	Hamirpur	20	Rath	76	NHF	30 Bed	Yes	300.00
13	Mahoba	21	Panwadi	71.112	HF	50 Bed	Yes	500.00
		22	Charkhari	61.336	HF	30 Bed	Yes	300.00
		23	Kulpahad	56.04	HF	30 Bed	Yes	300.00
14	Chitrakoot	24	Manikpur	60.8	HF	30 Bed	Yes	300.00
		25	Rajapur	56	HF	30 Bed	Yes	300.00
		26	Shivrampur	65.6	HF	30 Bed	Yes	300.00
15	Lalitpur	27	Talbehat	56	HF	30 Bed	Yes	300.00

16	Kanpur Nagar	28	Baar	32	HF	30 Bed	Yes	300.00
		29	Mehroni	74.4	HF	50 Bed	Yes	500.00
		30	Madawara	61.336	HF	30 Bed	Yes	300.00
		31	Ghatampur	30.264	NHF	30 Bed	Yes	300.00
		32	Bidhnu	47.68	NHF	30 Bed	Yes	300.00
		33	Sarsaul	50.152	NHF	30 Bed	Yes	300.00
		34	Bilhaur	29.4	NHF	30 Bed	Yes	300.00
17	Rambahi Nagar	35	Rashulabad	63.52	HF	30 Bed	Yes	300.00
		36	Jhejhak	46.24	HF	30 Bed	Yes	300.00
		37	Derapur	34.08	HF	30 Bed	Yes	300.00
18	Etawah	38	Bharthana	59.68	HF	30 Bed	Yes	300.00
		39	Jaswant Nagar	56.4	HF	30 Bed	Yes	300.00
		40	Mahewa	73.59		30 Bed	Yes	300.00
		41	Sarsai Nawar	109.54		30 Bed	Yes	300.00
19	Auraiya	42	Achlda	32	HF	30 Bed	Yes	300.00
		43	Dibiyapur	96.64	HF	50 Bed	Yes	500.00
		44	Sahar	20.72	HF	30 Bed	Yes	300.00
20	Aligarh	45	Chhara	72	HF	50 Bed	Yes	500.00
		46	Eglas	42.4	HF	30 Bed	Yes	300.00
		47	Jaba	18.64	HF	30 Bed	Yes	300.00
21	Moradabad	48	Chandos	30.216	HF	30 Bed	Yes	300.00
		49	Bilasi	28.48	HF	30 Bed	Yes	300.00
		50	Gajrola	44.48	HF	30 Bed	Yes	300.00
22	Rampur	51	Tanda	91.84	HF	50 Bed	Yes	500.00
		52	Milak	95.28	HF	50 Bed	Yes	500.00
23	J.P.Nagar	53	Rehara	42.08	HF	30 Bed	Yes	300.00
		54	Joya	70	HF	50 Bed	Yes	500.00
24	Meerut	55	Mvana	50.4	NHF	30 Bed	Yes	300.00
		56	Sardhana	72.8	NHF	30 Bed	Yes	300.00
25	Saharanpur	57	Gangoh	34.4	NHF	30 Bed	Yes	300.00
		58	Devband	44.64	NHF	30 Bed	Yes	300.00
26	Mirzapur	59	Haliya	22.24	HF	30 Bed	Yes	300.00
		60	Jamulpur	12.28	HF	30 Bed	Yes	300.00
27	Gonda	61	Karnelganj	55.36	HF	30 Bed	Yes	300.00

28	Behraich	62	Kesher Ganj	73.712	HF	50 Bed	Yes	500.00
29	Fathepur	63	Khaga	32.64	HF	30 Bed	Yes	300.00
30	Pratapgarh	64	Kunda	39.28	NHF	30 Bed	Yes	300.00
31	Allahabad	65	Phoolpur	25.648	NHF	30 Bed	Yes	300.00
		66	Sankergarh	13.2	NHF	30 Bed	Yes	300.00
32	Jaunpur	67	Machali sahar	60.96	NHF	30 Bed	Yes	300.00
33	Gazipur	68	Saidpur	24.536	NHF	30 Bed	Yes	300.00
34	Gorakhpur	69	Kampiar Gaj	36.184	NHF	30 Bed	Yes	300.00
35	Maharajganj	70	Farenda	58.144	HF	30 Bed	Yes	300.00
		71	Nichlol	57.456	HF	30 Bed	Yes	300.00
		72	Partawal	58.488	HF	30 Bed	Yes	300.00
		73	Nautanwa(Female Hospital))	21.928	HF	30 Bed	Yes	300.00
36	Kaushambi	74	Tarya sujan	39.36	HF	30 Bed	Yes	300.00
37	Deoria	75	Laar	19.04	NHF	30 Bed	Yes	300.00
		76	Rudrapur	24	NHF	30 Bed	Yes	300.00
		77	Bhatni	20.744	NHF	30 Bed	Yes	300.00
38	Mainpuri	78	Bewar	47.84	HF	30 Bed	Yes	300.00
		79	Burawali	90.00		30 Bed		300.00
		80	Kuchela	62.50		30 Bed		300.00
39	Kannauj	81	Tirwa	54.20	HF	30 Bed	Yes	300.00
		82	Gurusahainganj	82.25		30 Bed		300.00
40	Badaun	83	Sahaswan	86.60	HF	30 Bed	Yes	300.00
		84	Islam Nagar	68.25				300.00
41	Firozabad	85	Jasrana	82.50	HF	30 Bed	Yes	300.00
42	Siddarth Nagar	86	Itwa	70.00	HF	30 Bed	Yes	300.00
43	Lucknow	87	Mohanlalganj	73.93		30 Bed		300.00
		88	Malihabad			30 Bed		300.00
44	Azamgarh	89	Atrauliya	106.75		30 Bed		300.00
		90	Koyalsa	84.13		30 Bed		300.00
Total		90 CHCs						29400.00
50 beded ward- 12 nos.								
30 beded ward- 78 nos.								

G. Repair of Residential buildings at sites proposed for construction of maternity wing in 50 District Women Hospital and 90 CHCs

Condition of residential building in hospital is pathetic. In order to properly run the maternity wing repair of these buildings is necessary. A lump-sum provision of Rs. 35 Lakhs for each district women hospital and Rs. 20 Lakhs for each CHCs selected is being made to meet out this requirement

- Repair of residential buildings in 50 District women hospital @Rs. 35.00 Lakhs per unit - Amount required for 50 DWH - **Rs. 1750.00 Lakhs.**
- Repair of residential buildings in 90 CHCs @Rs. 20.00 Lakhs per unit - Amount required for 90 CHCs - **Rs. 1800.00 Lakhs.**
- Total Amount required - Rs. 3550.00 Lakhs.**

Thus a proposal of Rs. 3550.00 Lakhs was submitted for repair of residential buildings at sites proposed for construction of Maternity wing in 50 District Women Hospital and 90 CHCs, which is not approved by GOI. (ROP-FMR Code-B.5). (Proposed in Supplementary PIP).

H. Construction of Trauma centers along Highways subjected to High Accidental risk

Road side accidents quite often prove fatal in our state because there is no planned system to attend to victims of these accidents. Provision of trauma center with aim to provide immediate emergency medical care to the injured person in these accidents is the best possible way to save lives in these cases. Six trauma centers (Azamgarh, Moradabad, Bulandshahar, Balliya, Kheri and Barabanki) are being proposed herein to support our accident management system in the state with a cost per unit @Rs. 117.00 Lakhs. ***Totaling to Rs. 702.00 Lakhs, which is not approved by GOI. (ROP-FMR Code- B.5) (Proposed in Supplementary PIP).***

I. Construction of Specialty Mother Child Care Hospital at Gomti Nagar Lucknow

Female hospital are generally bugging with female patients with various type of problems Maternal care and new born care is specialized field which is delivered in such hospital through provision of SNCU which is a small unit with only emergency support system with a view to handle various type of complication associated with pregnancy and neonatal care specialty and mother child care hospital at the State capital is being proposed with a view to address the problem mentioned above. Land for this hospital has been already procured and work has been allocated to Avas Vikas Parishad which has already constructed the boundary of the premises. The agency has been allocated Rs. 281.09 Lakhs through state budget for this work out of which Rs. 50.00 Lakhs has been spent. Presently the estimate of Rs. 3097.00 Lakhs has been provided by the agency. ***After setting off the amount of Rs. 281.09 Lakhs provided by the state, requirement for the project works out to be Rs. 2815.91 Lakhs.***

Additionally construction of 100 bedded maternity-wing with the hospital is being proposed with this hospital for which an amount of Rs. 2500.00 Lakhs was proposed. ***Thus, an amount of Rs. 5315.91 Lakhs was proposed for this purpose, out of which GOI approved Rs. 2815.91 Lakhs. (ROP-FMR Code-B.5). (Proposed in Supplementary PIP).***

6. RKS FUNDS

Under RKS, the funds will be utilised for providing good quality services to patients and beneficiaries. Further, these funds will also be utilized for various other activities like medical waste disposal management, procurement of emergency drugs, procurement of essential equipment, repair and maintenance of equipment, facility maintenance, arrangements for regular electricity supply, arrangements for drinking water, ambulance, communication, annual audit and any other that the RKS may deem fit.

Annual Assistance to RKS

Govt. of India provides assistance of Rs. 5 Lakhs to each district level hospitals and Rs. 1.00 Lakh for CHCs/PHCs in Rogi Kalyan Samiti (RKS) according to which the total allocation works out to be Rs. 4261.50 Lakhs. However, due to difference in the size, population catered, etc. the allocation has been reworked for the State as under:

Activities	Physical Targets	Unit cost (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
District Hospitals				
Female#	53		188.50	0.27
Male & others#	95		486.00	2.47
PHC (30000 Population)	2661	25000 \$	665.25	10.24
B-PHC(460)/CHC (466)	926	100000	926.00	28.61
Sub Total			2,265.75	41.59

#- As per operational Guidelines for financial management, from GOI, January 2012, the RKS grant for male, female and other hospitals have been calculated on the basis of number of beds.

\$ - As per GOI, there is a provision of corpus grant of RKS for PHCs is Rs. 1.00 Lakhs. For this year, state is proposing the corpus funds @Rs. 25000 per facilities for year 2012-13. Further, if there will be any requirement for corpus grant, state will re-submit proposal for PHCs (30000 populations).

For the above purpose, GOI approved Rs. 41.59 Lakhs only. (ROP-FMR Code-B.6 and its sub-heads)

7. DISTRICT ACTION PLAN

Decentralize planning to formulate State PIP is an elaborate process for the State of UP, which has a population of 20 crores, 75 districts, 820 blocks and more than 1 Lakhs revenue villages. The detailed guidelines were received from Government of India regarding preparation of PIP 2012-13 in December, 2011. The State level consultative meeting with senior officers of State Head Quarter, Division and District were organized in the last week of December, 2011. Important points relating to schemes were discussed and consensus was made. A consultative meeting with representatives of Developmental Partners and other Government Departments was also organized to get their valuable inputs. Then in the month of January, 2012 during the first and second week district teams were invited for day long workshops in groups, where detailed information, instructions and formats were disseminated regarding Village Health Plan, Block Health Plan, Sub Center Plan and District Action Plans. This year some model district plans have also been prepared for 6 identified districts with support of Developmental Partners like-Health Policy Project, ITAP and USAID. The districts were given instructions to prepare block plans & based on which compile the

DAP and submit after approval by Governing Body of District Health Society. The State has made efforts to prepare action plans for all the blocks based on village data collected in prescribed formats.

Community participation has been ensured at Village, Block and District level with active participation of PRI, ICDS, Rural Development and other important Stake Holders. Due to Assembly election in the State the submission of State PIP got delayed but the capacity of development of Village Health Plan and Block Health Plan has definitely improved as far as local health functionaries are concerned.

For the preparation of DAPs detailed instructions were issued along with the budget based on certain norms, so that the action plans at all levels are prepared logically and compiled in the form of District Action Plan. For preparation of DAPs an amount of Rs.141.89 Lakhs has been released to all 72 districts and Rs. 58.11 Lakhs to the State Head Quarter for PIP preparation. The DAPs data has been reviewed by the state programme officers of Directorate of Medical & Health and Directorate of Family Welfare as well as by the concerned officers at SPMU. The relevant data has been incorporated in the State PIP, which is being submitted to Government of India for discussions and approval.

This is being proposed that since PIP preparation is a tedious process it should be started right from month of October every year, so the district PIPs are prepared in time and subsumed in State PIP ***accordingly an amount of Rs. 200.00 Lakhs is being proposed for the preparation of PIP in the year 2012-13, which will help in preparation of PIP for the year 2013-14, which is approved by GOI.(ROP-FMR Code-B.7)***

8. PANCHAYATI RAJ INITIATIVES

a). Meeting and Sensitization of Chairmen of Village Health, Sanitation and Nutrition Committee

Under National Rural Health Mission, the State has establish Village Health, sanitation and Nutrition committees in all Gram Sabhas headed by Pradhans as Chairman of the committee for the purpose of de-centralized planning and implementation.

There is a provision of Untied funds of Rs.10,000.00 for each VHS&NC for various local health needs and solution of problem related to health of the community. It is very important to sensitize, at block level, all Chairmen (Pradhan) as well as one other member of PRI who is a member of VHSNC, so that they are enable to prepare local village level health plan & empower to utilize the funds optimally. It is proposed to conduct one day sensitization meeting of all the pradhans at block level where related information will be provided to the in the form of a diary, some literature and guidelines for implementation of the scheme at their level. To organize the meeting NGO support will be taken who have experience of working with PRI or have experience of training and capacity building with PRI Institutions. The budgetary plan for the same is being proposed as below:

Heads	Units	Approx. Rate	Total Rs.
Stationary and Training literature	50000	100.00	50.00
Honoraria and travel for Resource Person (2 Person per Block) @ Rs 1500/- per	820	3,000.00	24.60

Resource Person			
Lunch & Tea	50000	50.00	25.00
PA system / Audiovisual Support for training and Generator rent	820	2,000.00	16.40
Pradhan's Diary	52000	50.00	26.00
Total			142.00

Thus, an amount of Rs. 142.00 Lakhs was proposed for the above purpose, which is not approved by GOI. (ROP-FMR Code-B.8.2)- (Proposed in Supplementary PIP).

b). Sensitization of members of Village Health, Sanitation & Nutrition Committees

The community ownership and community monitoring of health activities is to be brought through the establishment of Village Health, Sanitation and Nutrition Committee at the level of Gram Panchayat. Due to poor involvement of members of VHSNC in health related activity at the village level their sensitization is very much required. The orientation of the Pradhan is being done at the level of Block where other members of the VHSNC are left out.

Hence, the state plans to organize a one day orientation programme at the level of Nyay Panchayats for members of the VHSNC at the rate of 6 members per VHSNC where related information will be provided in the form of some literature and guidelines for implementation of the scheme at their level. There shall be 2 Resource Persons per Sensitisation site/Nyay Panchayat site. To organize the orientation meeting PRI training Institutions, Govt. Training institution who are providing training in the field of Health, Sanitation and Nutrition and NGO support will be taken who have experience of working with PRI or have experience of training and capacity building with PRI Institutions.

The budgetary plan for orientation of Members of Village Health, Sanitation and Nutrition Committee at Nyay Panchayat level for year 2012-13 is proposed below:

Heads	Units	Approx. Rate	Amount Proposed (Rs. in Lakhs)
Stationary and Training literature	300000 (Approx) (51914 VHSNCs x 6 Members per committee)	75	225.00
Honoraria and travel for Resource Person (2 Person per Nyay Panchayat) @ Rs 1500/- per Resource Person	8135	3000	244.05
Lunch	300000	50	150.00
PA system and Contingency	8135	700	56.95
TOT of Resource Person	16270	1000	162.70
Total			838.70

For the above purpose, Rs. 838.70 Lakhs was proposed. GOI approved Rs. 927.20 Lakhs as per following details. (ROP-FMR Code-B.8.2). (Proposed in Supplementary PIP).

Heads	Units	Approx. Rate	Amount Approved (Rs. in Lakhs)
Stationary and Training Literature (3 Lakhs for members and 0.50 Lakhs for chairmen)	3,50,000	75.00	262.50
Pradhan Diary	52,000	50.00	26.00
Honoraria and travel for resource person (2 person per Nyaya Panchayat)	16,270	1,500.00	244.05
Lunch & Tea (3 Lakhs for members and 0.50 Lakhs for chairmen)	3,50,000	50.00	175.00
PA System & contingency	8,135	700.00	56.95
ToT of Resource Persons	1,000	16,270.00	162.70
Total			927.20

9. MAINSTREAMING OF AYUSH

A proposal of Rs. 23283.27 Lakhs as per Modified Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries, Operational Guidelines, Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India for Mainstreaming of AYUSH under National Rural Health Mission (NRHM) with few Innovations was sent to Gol in supplementary PIP 2012-13.

In meeting held on 11.07.2012 with Gol team it is agreed upon to exclude the proposal for AYUSH Department and modify the proposal of Co-location of AYUSH Facilities at District Level Hospitals & Block Level CHC/PHC, Establishment of State AYUSH PMU Cell, and Capacity Building and AYUSH IEC/BCC activities. ***As per the decision taken, a revised proposal of Rs. 10851.62 Lakhs for Mainstreaming of AYUSH as follows is being submitted for kind approval. (Proposed in Supplementary PIP)***

A Co-location of AYUSH Facilities at District Level Hospitals & Block Level CHC/PHC-Mission Flexi pool											
Sl.	Facility	Number	Male AYUSH Doctors	Female AYUSH Doctors	Remuneration @ Rs. 24000/ months for 9 months	AYUSH Pharmacists	Remuneration @ Rs. 9000/months for 9 months	One time Grant	Recurring Grant per Year		Total in lakhs
									Contingency for 8 months	Drugs	
1	District Male Hospitals	57	196	0	42336000	171	13851000	171000000	1995000	14250000	2434.32
2	Combined Hospitals	27	81	0	17496000	81	6561000	81000000	945000	6750000	1127.52
3	CHC	466	466		100656000	466	37746000	0	11650000	116500000	2665.52
4	PHC	460	460	0	99360000	460	37260000	0	6900000	115000000	2585.2
6	24 X7 Delivery Points	841	0	841	181656000	0	0	0	0	0	1816.56
	Total		1203	841	441504000	1178	95418000	252000000	21490000	252500000	10629.12

Note-

1. At 25 District level facility having more than 200 beds- 1 Qualified Yoga/Naturopathy person will also be posted in AYUSH facility.
2. In PIP 2011-12 1140 Male Ayush Doctors, 1100 Female Ayush Doctors and 759 Ayush Pharmacist were approved against which 1114 Male Ayush Doctors, 810 Female Ayush Doctors and 721 Ayush Pharmacist were deployed on contract. Under NRHM 1203 Male Ayush Doctors, 841 Female Ayush Doctors and 1178 Ayush Pharmacist has been proposed in PIP 2012-13.
3. One time grant has been taken Rs. 30.00 lakhs per unit for District Hospitals. At this time no one grants for CHC and PHC has not been proposed.
4. For drugs Rs. 2.50 lakhs per unit has been proposed.

B Establishment of State AYUSH PMU Cell--Mission Flexi pool											
1	DGM	1			400000						4.00
2	Consultants	1			360000						3.60
3	Programme Coordinator	1			240000						2.40
	Total	3			1000000						10.00

C Capacity Building-Mission Flexi pool											
1	Exposure Visit/ Study Tour/ Trg	10 Batches			Rs. 250000 per batch						25.00
	Total										25.00

Note-Details of the training plan which will include the type, Duration, batch size shall be shared before the NPCC appraisal

D	IEC/BCC-Mission Flexi pool										
1	AYUSH IEC/BCC activities at State Level										
a	Print Media- News Paper advertisement				1500000						
b	Radio Jingles				1500000						
c	TV Spots				4000000						
d	1 Seminar in a year				500000						
	Sub Total				7500000						75.00
2	AYUSH IEC/BCC activities at District Level										
a	AYUSH Jan- Sammelan	75			100000						75.00
b	Wall writing	75			50000						37.50
	Sub Total				150000						112.50
	Total										187.50
	Detail breakup of the activities proposed under AYUSH IEC/BCC shall be shared with GoI before the NPCC appraisal										
	Grand Total										10851.62

Note- The activities mentioned in the comments on Mainstreaming of AYUSH in supplementary PIP of NRHM for year 2012-13 by GoI related to AYUSH Department, GoUP are being referred to AYUSH Department, GoUP for necessary action. The activity proposed in FMR code B.9.3.i computerization and MIS data generation, etc. at district level ayush offices is also being referred to AYUSH Department , GoUP for necessary action.

Thus, the revised proposal of Mainstreaming of AYUSH in supplementary PIP of NRHM for year 2012-13 is of Rs. 10851.62 Lakhs against the total budget proposed Rs. 23283.27 Lakhs. GOI approved Rs. 10512.23 Lakhs for this purpose. (ROP-FMR Code-B.9 and its sub-heads)- Please see approval letter of GOI dated 16th July 2012 for further reference.

10. INFORMATION, EDUCATION AND COMMUNICATION/ BEHAVIOUR CHANGE COMMUNICATION (IEC/BCC)

• Strengthening Of IEC/BCC Implementation Capacity of the State

To implement the BCC Annual action plan, State realizes the need of establishing a fully functional IEC/BCC cell under Family Welfare Directorate and at SPMU level; all the programme managers will coordinate with IEC/BCC cell under FW directorate to implement programmes related activities.

A lump sum budget of Rs. 5.00 Lakhs was proposed for the setting up of a new IEC/BCC cell at the Family Welfare Directorate under the Director- IEC, **which is approved by GOI (ROP-FMR Code – B.10)**. The cell would have the professional manpower recruited from the market or on deputation with expertise and requisite experience in IEC/ BCC. The logistic support required for infrastructure including purchase of furniture, colour printers, fax machines and photocopiers are being budgeted. The plan proposes following responsibility level and staffing structure and for IEC/BCC cell under Family Welfare directorate.

IEC/BCC Cell under Family Welfare Directorate	
Overall Leadership	<ul style="list-style-type: none">• Director General – FW• Director /Joint Director IEC/ BCC
Staffing Pattern	<ul style="list-style-type: none">• Consultant Technical (IEC) -(Contractual) Strategic Planning & implementation , Media Planning and Execution, IPC, Community Mobilization & Training, Monitoring and Evaluation• Program Assistant (1)• Data Assistant (1)• Accountant (1)

Salaries of the IEC/BCC Cell staff are being budgeted under Program Management.

• Building Capacity for IEC/BCC Planning and Implementation at District and Block Levels

Improving BCC planning and implementation skills at the divisional and district levels will continue as one of the focus areas for 2012-13. A 5 day capacity building course had been developed with the help of John Hopkins Bloomberg School of Public Health under ITAP Project. Trainings are being rolled out through SIHFW on the basis of module developed. Details of Number of officials trained in 2011-12 on same and planned for 2012-13 are being presented in detail under the training section of the same document.

Similarly 5 day Training on BCC - focused on IPC skills is being undertaken to train PHN tutors to further transfer the skills to ANMs and LHVs to ensure proper implementation of IPC content of the BCC plan of the year. Details of Number of workers trained in 2011-12 on same and planned for 2012-13 are being presented in detail under the training section of the same document.

Development of State IEC/BCC Strategy

State wants to take the pride of having a well-defined and detailed BCC strategy developed in year 2009 with support of Johns Hopkins Bloomberg School of Public Health/ Centre for Communications program under ITAP Project. Strategy guides over all BCC plan for the year 2012-13 as described in this chapter further.

• Implementation of IEC/BCC Strategy

IEC/BCC Activities for Maternal Health

The priority behaviours and target audiences for BCC activities under Maternal Health for the year 2012-13 are as under-

	Priority Behaviours	Target Audiences	
		Primary	Secondary
Maternal and Newborn Health	Complete ANC: 3 ANC checkups, 100 IFA, 2 injections TT	Married women of childbearing age	Husbands, Older women in households
	Institutional deliveries and stay in hospital for 48 hours (Focus on <i>Janani Suraksha Yojana</i>) & JSSK	Pregnant Women and their Husbands	Decision makers in households –Mother in-laws
	Essential New born care (skin to skin care, cord care, immediate & exclusive BF) and 2 PNC	All married women of childbearing age	ASHA, AWW, Older women in family

Activities being planned under the MNH campaigns		
Inter personal Communication	Mid Media / Local media	Mass Media (State Level/District level)
Household Level <ul style="list-style-type: none"> • Home Visits by ASHA for need based counselling (IPC tools & leaflets for community) • PNC visits by ASHA for infant monitoring and New Born Care Village Level/Community Level <ul style="list-style-type: none"> • VHND for ANC / PNC service provision • Monthly Group Meetings by ASHA/ANM Facility Level: <ul style="list-style-type: none"> • Counselling of pregnant women by FW Counsellor/ MO/IC 	Village Level <ul style="list-style-type: none"> • Wall Painting Facility Level: <ul style="list-style-type: none"> • Wall Paintings • Standard treatment & Protocol charts at various facility levels • Safe motherhood booklet 	<ul style="list-style-type: none"> • Newspaper Advertisement • TV & Radio spots on JSY, JSSK and other issues related with MH • Media sensitization meets on maternal health and New born care on the occasion of special days: <i>Safe motherhood Day (April 13)</i>

Budget for IEC/BCC Activities under Maternal Health Programme

Under Maternal Health, to carry out above mentioned activities a budget of Rs. 844.81 Lakhs was proposed for the year 2012-13 and being budgeted, out of which a budget of Rs. 832.31 Lakhs is proposed for Printing of booklets and protocols which will be done through IEC Bureau. Additionally, there are some other activities like 3 wall paintings in each village at Panchyat Ghars, AWCentres and Sub-Centres or at any relevant place on ANC, PNC and JSY activities will be met from untied funds of VHSC and there is a amount of Rs. 200.00 Lakhs is also being proposed for Mass Media activities, which will be met from 1% JSY administrative budget at state level.

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (Rs. in Lakhs)	Remarks
1	Inter Personal Communication					
i.	Monthly Group Meetings by ASHA	-	-	-		Inbuilt in ASHA Scheme
ii.	Home Visits by ASHA for PNC					Inbuilt in ASHA Scheme
2.	Community Awareness & Mobilization					
i.	Sensitization of Gram Pradhans					To be taken care during BDC meetings
ii.	Annual ASHA Sammelan					Inbuilt in ASHA scheme budget
3	Mass Media					
	Newspaper Advertisements and TV/ Radio Spots					200.00 Lakhs, Expense to be met out through administrative budget of JSY
4	Outdoor Media					
	3 Wall Painting in each village at Panchayat Ghar, AW Centre and Sub Centre or at any other relevant place on ANC, PNC and JSY (5*7ft= 35 sq ft each @ 8psf	105	8.00	1		These are per village expenses to be met out from untied funds of VHSC of each village
	2 Wall Paintings of 10*10 ft at each 152 Hospitals and 926 CHCs and BPHCs on JSY and other issues	215600	8.00	1		Expense to be met out through administrative budget of JSY
6	POS/Other Printed Material (safe motherhood booklets, protocols, etc.)				832.31	
7	Special Celebrations (Days/ Week)					
	Safe motherhood day (State Level)	1	500000.00	1	5.00	
	Safe motherhood day (District Level)	75	10,000.00	1	7.50	
	Total				844.81	

To conduct the above activities, Rs. 844.81 Lakhs is approved GOI. (ROP-FMR Code-10.2.1)

Printing through IEC bureau

- **Printing of MCP Cards:** The state has already printed card for the current year. For the next financial year 60 lakh cards are needed which has been calculated according to the ANCs registration. The cards also have a counter foil to be maintained by ANM at the centre. The cards are linked to MCTS and to standardized ANC and LR registers for SHC and other MCH facilities. Orientation of ANMs on filling the cards is being done during monthly meetings. Funds for printing of MCP card have been budgeted under RI Part C of the PIP.
- **Printing of Booklet on Safe Motherhood:** A booklet for safe motherhood for pregnant mothers, in Hindi, was developed by maternal health division (MOHFW) in year 2011-12, to be provided to all pregnant women in the state. The activity will be undertaken this year; it is proposed that 50 Lakhs (90% registrations of total pregnancies are registered) such booklets will be provided at the time of registration with MCP cards. An amount of **Rs. 825.00 Lakhs** is proposed for this year including freight charges up to district level.
- **Printing of SBA & safe motherhood protocols for L1, L2 & L3 levels**

For the benefit of service providers, 3 types of posters sets have been provided by maternal health division (MOHFW).

- The set of SBA protocols needs to be displayed at the 4000 facilities (set of 4 posters each for 4000 JSY accredited Sub Centres and
- 1000 Sets of 16 posters each for 24x7 & FRUs units (DFW/CHCs and PHCs).
- Similarly 160 sets of 19 EMOC posters each New updated protocols for FRU that have been provided by GoI will be displayed at 9 medical colleges, 150 identified FRUs this year.

*Soft copies of each set have been provided by GOI to be printed and displayed. The total budget proposed for this activity is **Rs. 7.01 Lakhs** including freight charges up to the district level.*

- **Printing of Booklets** for counsellors are also proposed for 300 FWCs on safe abortion care. GOI will be requested to provide print ready soft copies of counselling booklets for 290 FWCs for IPC on Safe Abortion care services. A budget of **Rs. 30,000** is budgeted for this activity for printing 300 booklets through IEC Bureau.

IEC/BCC Activities for Child Health

The areas for communication interventions that have been identified under child health are new born care and routine immunization. As mass media and IPC activities are already covered under maternal health section in this section only advocacy activities are being planned on occasions of Breastfeeding and New born care week.

Budget for IEC/BCC Activities under Child health Programme –

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lakhs)
1	Celebrating Special Days for Advocacy and Promotion				
i	State level workshop - World Breastfeeding Week	1	500,000.00	1	5.00
ii	District level workshops - World Breastfeeding Week	75	10,000.00	1	7.50
iii	New Born Care Week	75	10,000.00	1	7.50
Total for Child Health					20.00

To conduct the above activities, Rs. 20.00 Lakhs is approved GOI. (ROP-FMR Code-10.2.2)

IEC/BCC Activities for Family Planning

IEC/BCC Activities under Family Planning are proposed in order to promote small family norm, demand generation for IUCD/PPIUCD and demand generation for NSV and female sterilization. Priority Behaviours and target audiences identified are as under-

	Priority Behaviours	Target Audiences	
		Primary	Secondary
Family Planning	Intensions to adopt small family	Eligible Couples	General Public
	Increase birth intervals (with focus on Cu 380 A-IUCD)	Couples with spacing needs	ASHAs, AWW, ANMs, Mothers-in-law
	Increasing men participation in Contraception.	Married Men	VHSC & Community influential, ASHAs, ANMs,
	Use of Limiting methods (with focus on NSV)	Couples achieving desired family size	ASHAs, AWWs, ANMs, Community influential, Mothers-in-law

Activities are planned as per the State BCC strategy and include Household level, community level and state level interventions of IPC, Mid Media, Community/Local Media and Mass Media as per table below-

IEC/BCC Activities proposed under Family Planning			
Inter personal communication *	Mid Media / Local media	Mass Media	
Household Level	<ul style="list-style-type: none"> Wall Paintings on benefits of small family/ NSV/ IUCD at District Hospitals Posters on basket of contraceptive choices 	<ul style="list-style-type: none"> TV and Radio. Spots/programmes Print Media (Press ads and articles) are planned to highlight benefits of birth spacing as part of celebration of World Population day 	
<ul style="list-style-type: none"> Identification of clients for spacing and limiting by ASHA 			
Village Level	<ul style="list-style-type: none"> VHND- Counselling of pregnant women by ANM 	Celebrating World Population Day to promote concept of Spacing And Small Family <ul style="list-style-type: none"> Advocacy Activities in all 75 districts (participation of PRIs, School Teachers, Health Functionaries, ASHAs, Women and Youth Group and Eligible families is to be ensured) Wide publicity of small family norms, spacing and other Family Planning related messages through Mass Media including Print and Audio-Visuals. Other community mobilization activities like exhibitions, rallies, poster competitions are proposed as per district specific plans. 	
<ul style="list-style-type: none"> Monthly group meetings for promotion of small family norm by ASHA & ANM as per monthly themes Sensitization of Gram Pradhans during BDC meetings 			
Community Level	<ul style="list-style-type: none"> Counselling of pregnant women on PPFP during ANC, delivery and PNC visits by ANM, FWCs, MO/IC Viewing of FP promotion films in postpartum wards of hospitals 		
<ul style="list-style-type: none"> Monthly group meetings for promotion of small family norm by ASHA & ANM as per monthly themes Sensitization of Gram Pradhans during BDC meetings 			
Facility Level	<ul style="list-style-type: none"> Counselling of pregnant women on PPFP during ANC, delivery and PNC visits by ANM, FWCs, MO/IC Viewing of FP promotion films in postpartum wards of hospitals 		
<ul style="list-style-type: none"> Counselling of pregnant women on PPFP during ANC, delivery and PNC visits by ANM, FWCs, MO/IC Viewing of FP promotion films in postpartum wards of hospitals 			

Budget for IEC/BCC Activities under Family Planning Programme -

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (Rs. in Lakhs)	Remarks
1	Inter Personal Communication					
i.	Monthly Group Meetings by ASHA	-	-			Inbuilt in ASHA Scheme
ii.	Home Visits by ASHA					Inbuilt in ASHA Scheme
2.	Community Awareness & Mobilization					
i.	Gram Pradhan Sensitization					To be taken care in BDC meetings
3	Outdoor Media					
i	4 wall paintings each at 134 District Hospital and 820 CHC/ BPHCs size 10'x 10'@ Rs 8 psf (male & female sterilization & spacing methods)	381600	8.00	1	30.53	
	1 Wall Painting of 10*10 at 73 DWH &DCH on PP IUCD and PP ligation	7300	8.00	1	0.58	
iv	Side and Back Bus Panels for 3 Months (FP) @ 8244 *1000 Buses	1000	8,244.00	1	82.44	
	Sub Total				113.55	
4	Mass Media					
	Film viewing in Postpartum wards	290	20000.00	1	58.00	Provision of LCD+DVD is proposed. Films are to be received from UHI Project
	Sub Total				58.00	
5	POS/Other Printed Material					
i	Foam Posters (20"x30") FP(Basket of choice) @ 18 x 160000 x 1 time (for distribution to ASHAs/ FWCs / Sub centres)	1,60,000	18.00	1	28.80	
ii	IEC material for PPIUCD service centers				3.00	
iii	One folded Pamphlets FP guide Spacing / Limiting @ 1.00 x 30 leaflets x 150000	4500000	1.00	1	45.00	
iv	IPC kit for FWC counsellors	300	5000.00	1	15.00	
	Sub Total				91.80	
6	Special Celebrations (Days/ Week)					
	World Population Day (11July) –District Level	75	50000.00	1	37.50	Approved in Chapter
	World Population Day (11July) –State Level	1	500000.00	1	5.0	
	Total for Family Planning				305.85	

To conduct the above activities, Rs. 263.35 Lakhs is approved by GOI. (ROP-FMR Code-B.10.2.3). Budgetary approval for celebrating world population days at district and state level is included in Family Planning Chapter under RCH Flexipool.

IEC/BCC Activities for ARSH

ARSH IEC/BCC strategy proposes to follow the State BCC Strategy. IEC/BCC activities for all programs under ARSH will be linked with each other to get ripple effect of all the activities.

BCC Activities proposed under ARSH	
IPC	Mid Media / Local media
Menstrual Hygiene and Intervention for Non School Going Girls	
<ul style="list-style-type: none"> Monthly Meetings by ASHA for Non School Going Adolescent Girls. 	
Saloni Swatha Kishori Yojana For School Going Girls	
<ul style="list-style-type: none"> Monthly Saloni Sabhas on health, hygiene & nutrition behaviours through trained Saloni Teachers. 	<ul style="list-style-type: none"> Set of 3 wall paintings each with one key priority behaviour in Saloni Schools. Saloni Diaries to keep the record of changing and sustaining new behaviour*
AFHS Clinics	
<ul style="list-style-type: none"> Counselling and Advice on ARSH issues in privacy Provision of reading materials 	<ul style="list-style-type: none"> AFHS clinic Signage One fold AFHS clinic handbills as takeaway for the clients
<p><i>*Saloni Diary has been developed by SPMU with support of Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programmes under the ITAP project funded by USAID and is under printing.</i></p> <p><i>**Information about AFHS Clinics will be disseminated by ASHA in adolescent girls' monthly meetings and by Saloni Teachers in Saloni Sabhas.</i></p>	

Budget for IEC/BCC Activities under ARSH Programme-

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (in Lakhs)
1	Mid/Outdoor Media				
	AFHS Clinic Signage	36	2750.00	1	0.99
	3 Wall Paintings (3*5ft) at 10000 Saloni Schools	450000	8.00	1	36.00
2	Other Printed Material				
	One Fold AFHS Clinics Handbill (5000 Once a year for 36 AFHS Clinics)	180000	1.25	1	2.25
	Sub Total				39.24

To conduct the above activities, Rs. 39.24 Lakhs is approved by GOI. (ROP-FMR Code-B.10.2.4).

- School Health Programme** – State is undertaking school health programme in around 57400 schools. This year 2 wall paintings of 3*5ft are being proposed in each school. One wall painting will have a program logo and program status in school while other will focus on behaviour.

Sl.	Activity	Physical Targets	Unit Cost	Frequency	Total (Rs. in Lakhs)
1	Outdoor Media				
i	2 Wall Paintings each at 57400 covered Schools of 3*5 ft	1722000	8.00	1	137.76
ii.	Bal Swasth card / referral slip x 150 children x 57400 schools				In built in programme budget
	Total for School Health				137.76

To conduct the above activities, Rs. 137.76 Lakhs is approved by GOI.(ROP-FMR Code-B.10.2.4)

IEC/BCC Activities for Routine Immunization

There is very slow progress in the rate of Fully Immunized Children from 30.3% (DLH-3-2007-08) to 40.9% (CES 2009). One of the barrier to complete and timely immunization is the lack of awareness about services, immunization schedule, prevailing myths and misconceptions, high dropout rate, low parental motivation and lack of community ownership of the Immunization programme. Government of India has declared year 2012-13 as “Intensification of Routine Immunization Year” and State has planned 04 Special Immunization Weeks to increase the coverage by covering the left out and dropout children by organizing the sessions in hard to reach areas and urban slums.

High visibility and intensive IEC/BCC is being proposed for promotion of parental responsibility for ensuring complete immunization of the children. The campaign will use mass media like Radio, Television, and Print for dissemination of the message. It will be supported by IPC by ASHAs, AWWs, during VHND and RI sessions at village level and counseling of parents at Health Facility level about the importance of full immunization. New “Mother and Child Protection Cards” will be provided to beneficiaries.

Mobile Video Van “**Sehat Sandeshwahini**” is proposed for promotion of RI programme, in this project is to promote health behaviour among rural community through video van shows focusing on RI and other NRHM schemes. A minimum of 20 days show would be organized in a block. Programme Schedule along with route plan would be prepared at District and Block level. This video Van will cover sites of Routine Immunization session sites, Panchayat halls, Block Development Office, Community hall, AWC, important melas, festivals, religious places like Mandir and Mosque etc. Technical support and monitoring will be done with SIFPSA.

This year World biggest congregation of people on Earth ie “Mahakumbh Mela” in Allahabad will be organized and more than 5 Crores persons are expected to attend this holy event. It is proposed that 10 Mobile vans “**Sehat Sandeshwahini**” will be hired to place at different places in **Mahakumbh Mela** to perform Shows on different NRHM scheme including RI activities:-

Activities proposed under Routine Immunization related campaign		
Interpersonal Communication (H to H and Community level)	Mid media/Local media	Mass media
Household level: <ul style="list-style-type: none"> Identification and tracking of beneficiaries for RI through household visit by ASHA Village level : <ul style="list-style-type: none"> VHND-Counseling of pregnant / mother of newborn by ANM on importance of complete immunization during ANC and PNC visit Community level: <ul style="list-style-type: none"> Monthly group meeting for demand generation for RI activities ASHA and ANM as per monthly theme Saas Bahu sammelan Facility level: <ul style="list-style-type: none"> Counseling of pregnant women /mother of newborns on RI during ANC, delivery, and PNC visit by ANM,FW counselor, MOIC 	Wall painting : <ul style="list-style-type: none"> ASHA home Subcentre PHCs/CHCs District Hospital VHND and RI flex banner RI posters for RI weeks	<ul style="list-style-type: none"> TV (Door Darshan) Radio spots (AIR and FM) Media advocacy workshop in District by DM Interview and talk show by Doctors “Hello Sehat and Swasthya Bharat ” Local cable channels Video van “Sehat Sandeshwahini” with the help of SIFPSA to promote RI and other NRHM scheme

Detailed Plan for “Sehat Sandeshwahini” :

- **Strategy** - All the 820 blocks of Uttar Pradesh would be covered under this program. Video van agencies would be selected through tender at district level. A minimum of 20 villages would be covered for video van show per block in a month. One van may work for 6 months starting from September till February. Accordingly no of video vans would be hired. A total of about 137 vans would be required to cover all 820 blocks in 6 months. In all 16400 shows/programmes in 820 blocks of the state within 6 months will be conducted.

Villages having population 2000+ would be selected or village ‘Haats’ having large gatherings will also be selected for video van sites. Selection of villages or sites will also cover large gathering places such as melas, religious places, community gatherings like Kisan melas, thesile diwas and thana diwas etc. Villages selections will be on the basis of minority population, having poor health indicators, poor immunization, less JSY beneficiaries and resistance to adopt spacing or limiting methods for family planning and far off areas but have road connectivity.

- **Video vans** - Video vans may be preferably of big vehicle/ TATA 407 etc / of similar size having enough space to print publicity material on the body of vehicle. Painting cost would be borne by van agencies. Prototype of design would be provided by SIFPSA. Vehicle should be in good condition fully equipped with all modern audio video system with alternative arrangement and with power back up and screen for shows.
- **Video van staff** - There would be one driver, one operator and one health counselor in video van. The operator would do the publicity before show and take round of village to inform people about show. Counselors would be briefed about RI and other NRHM program by CMO and related materials would also be provided to counselor. The counselor would interact with the audience and reply the queries raised by audience after show and document in a register. HIEO and other monitoring officers would also help counselor to reply to audience. This would help to know the reaction of audience about the program and their health behavior. Publicity materials would also be distributed by van staff which would be provided by health department. Contraceptives could also be promoted in the venue.
- **Program schedule** - A minimum of twenty days show would be organized in a block. Program schedule alongwith route plan would be prepared by BPM/ DPM under the supervision of Div PMUs. Van would make halt at PHC/CHC and make move to its destined village till all the shows are performed. HEO/ ANM would accompany the van staff. It would help the van staff to locate the venue village. ASHAs of the village and Anganwadi workers would inform the dwellers about the program. Program would start after monsoon is over and continue till Feb- March to complete its schedule.
- **Shows** - CDs already developed on NRHM schemes, maternal & child health with family planning messages, RI and other health related issues would be reviewed for its suitability and if required new CDS would be developed or existing CDS would be used for show. A copy of CDs would be provided to districts also apart from van agencies.

Only one show would be scheduled in a day which would be of two hours duration held between 6.30 to 8.30pm. Time slot could be flexible or delayed based on weather or winters but shows should be held in evening only. The van has to reach before two hours of the show and publicize the program in the village to gather the public. Films /music can also be shown before actual show to gather the audience. Venue would be centrally located area/ panchayat ground/ school campus etc where any one is free to reach.

- **Monitoring** - Each and every program would be monitored by District PM/DCM/ DAM/ DHIEO/ Medical Officer- PHC/CHCs and other district officials on turn basis. Div. Project Manager would also monitor minimum 10% of the shows. Program schedule would be put up in District Health Society for approval alongwith detail of monitoring plan. Show would be verified by Pradhan/ other PRI members/ ANM/HIEO. Agency would submit the verification report alongwith two photographs of the show and based on it payment would be released on monthly basis. Feedback of audience maintained by counselor would be documented. All video vans will be GPS enabled.
- **Documentation** - Assessment and documentation of the project would be done by SIFPSA and a report would be published for circulation.

Estimated budget for video van “Sehat Sandeshwahini”

Sl.	Details	Unit	Rate	Amount (Rs. in Lakhs)
1.	Equipped painted video van with driver & fuel@ 75000/-*820 blocks (1 operator+1 counselor)	820	75,000.00	615.00
2.	Mobile van for Mahakumbh Mela	20	75,000.00	15.00
3.	Mobility to monitoring officers(ANM)@ 200/-*20*820	820	4,000.00	32.80
4.	Development of prototypes for painting in van body	1	20,000.00	0.20
5.	Production of CDs	1	1,00,000.00	1.00
6.	Assessment & documentation & printing of reports 200 copies	1	5,00,000.00	5.00
7.	Contingency to districts	75	5,000.00	3.75
Total				672.75

Budget detail for IEC/BCC Activities for Routine Immunization Programme (including RI week) 2012-13

Sl.	Head	Target	Unit cost (in Rs)	Frequency	Total (in Lakhs)
1	Hiring of agency for media planning, material designing	1	LS		30.00
2	Community mobilization				
	Mobilization of beneficiaries by ASHA for RI session @ Rs 150/- per session				Inbuilt in RI programme
	Annual ASHA sammelan				Inbuilt in ASHA scheme
	Saas bahu Sammelan				In mission flexipool
	Rally at District level(in RI weeks)	75	15000	3	33.75
	Rally at Block level (In RI week)	820	4000	3	98.40
3	Community media (Folk Media) in	25	2500	12	7.50

	Tribal areas at Block level			
4	Mass media			
	Television(Doordarshan) / Radio (AIR and FM channels) in RI week campaign, Measles campaign and for whole year			144.56
	Print		1	20.00
	Cable strip(in Urban)	75	0	0
5	Printing of material			
	Paper Poster for RI weeks(20"x30") @ Rs 4/- per poster	82084	4	3
	Mather and Child Protection card			Budgeted is under Part C
	Appeal to Pradhan from DM	51914	0.5	1
	FAQ RI booklet	30000	20	1
6	Sehat Sandeshwahini video van in all District and 820 Blocks and Mahakumbh Mela			672.75
	Total			1023.07

Thus, a total budget of Rs. 1023.07 Lakhs was proposed for the above purposed, which is approved by GOI.(ROP-FMR Code-B.10.2.2)

Other OEC/BCC activities uunder Routine Immunization

State has decided to take leverage of Mass Media campaign run by GOI and other development partners like UNICEF for Routine Immunization. To increase visibility of Routine Immunization sessions RI flex banners are proposed to be provided to vaccinator. Program will be supported by IPC by ASHAs, AWWs during the VHND and the RI sessions at the village level and counselling of parents of new born about the importance of complete immunization at the facility level.

Budget for other IEC/BCC Activities under Routine Immunization Programme-

Sl.	Activity	Unit cost	Frequency	Total (In Lakhs)	Remarks
1.	Outdoor Media				
	25000 RI Flex Banner for Vaccinator 3*5 @ 9 psf	135.00	1	33.75	
	Total for Routine Immunization			33.75	

To conduct the above activities, Rs. 33.75 Lakhs is approved by GOI.(ROP-FMR Code-B.10.2.2)

IEC/BCC Activities for PC and PNDD

State level - It is proposed to conduct IEC activities through advertisement in News Papers at state level. Other IEC activities like press conference, state level sensitization workshop will be done at state level, which are budgeted under IEC activities.

A one day orientation meeting of state advisory committee members, appropriate authority, state level programme officers and Ultrasound manufactures is also proposed for one day before state level orientation meeting. Rs. 25000.00 have been budgeted for this activity.

A lump sum provision of Rs. 5.00 Lakhs was made for the above state level activities for year 2012-13, which is approved by GOI. (ROP-FMR Code-B.10.4)

District Level

- a- **Organizing Competitions at Inter/Degree Colleges** - As a part of awareness generation, it is proposed to organize various competitions, such as, debate, essay writing, poster competition etc. separately in intermediate and degree colleges on issues related to female foeticide, gender discrimination. Such events would be conducted in any number of institutions in each district and prizes would be given to best 3 winners in debate from degree college/colleges and to best 3 winners in essay writing on such issues from intermediate college/colleges. The budgetary requirement will be as follows:

Sl.	Description	Annual Amt.(Rs.)
1	Prizes for students @ Rs.1800/- x 3 prizes for debate competition	5400.00
2	Prizes for students @ Rs.1800/- x 3 prizes for essay writing	5400.00
3	Miscellaneous organizational expenses	4200.00
Total for one District		15000.00
Total for 75 Districts		1125000.00

Accordingly, for 75 districts, an amount of Rs.11.25 Lakhs was budgeted for the year 2012-13, which is approved by GOI.(ROP-FMR Code-B.10.4)

- b- **Organizing Theatre Workshops with Intermediate Girls Colleges and Degree Colleges (Boys/Girls)** - All the districts will organize a theatre workshop on relevant topics like female foeticide, gender discrimination, women empowerment, etc. on Girl Child Day and International Women's Day. Best 3 presentations (1st/2nd/3rd) will be provided prizes worth of Rs. 5000/Rs.3000/Rs. 2000 accordingly. ***Therefore, an amount of Rs. 50000.00 per district (Rs. 37.50 Lakhs for 75 districts) was budgeted for the year 2012-13, which is approved by GOI.(ROP-FMR Code-B.10.4)***
- c- **Organizing Workshops with USG Centre In-charges and NGOs in each District** - On the occasion of Girl Child Day and International Women's Day, a meeting will be organized under chairmanship of District Magistrate with owners of USG centres and NGOs working with Girl child issues in the district to sensitize them on the ethical issues and implementation of PCPNDT act. ***For this purpose, Rs. 20000.00 (for 2 such meetings) per district has been planned for the year 2012-13, for which Rs. 15.00 Lakhs is approved by GOI.(ROP-FMR Code-B.10.4)***
- d- **Spreading messages through local media, cable TV, etc.** – To publicize Girl Child Day and International Women's day events like theatre workshops, debates, essay competitions, etc. through local media, cable TV and other means, an amount of Rs. 50000.00 per district was proposed for the year 2012-13. In addition to these activities, a wall painting/wall board will be put up at prominent places like DM and CMO offices, displaying names of the members of the District Advisory Committee and their phone

numbers for lodging complaints, grievances under the act. ***For this purpose Rs. 37.50 Lakhs is approved by GOI.(ROP-FMR Code-B.10.4)***

- e- **Organizing Rallies of school children at each block** - For generating awareness regarding the provisions of the PCPNDT Act through Celebration of 'Girl Child Day' in each block, rally will be organized with primary schools children (at block level). ***For this purpose, an amount of Rs. 10000.00 for each block was budgeted, which is approved by GOI.(ROP-FMR Code- B.10.4)***

Other IEC/BCC Activities

- **Mass Media And Mid Media** – A lumpsum of Rs. 200.00 Lakhs was budgeted to be used for any of the programs in newspaper advertisement or TV/Radio spots / programs or in Mid Media (in putting Bus Back panels or mounting of Buses with specific health messages/programs) as per the need, ***which is approved by GOI. (ROP-FMR Code-B.10.5).***
- **ASHA Newsletter** – ASHA Newsletter is an on-going activity to establish direct communication with ASHAs. Approximately 2 Lakhs ASHA newsletters are printed every quarter. Activity is budgeted under ASHA Scheme.
- **Celebration of Republic Day** – An amount of Rs. 2.00 Lakhs was budgeted for the celebration of Republic Day, ***which is approved by GOI.(ROP-FMR Code-B.10.5).***
- **Village Health Index Register** - A Village Health Index Register has been developed and provided to most of the ASHAs. Training on filling up and maintenance of records on the same has also been conducted. The register includes, apart from basic family details, utilization of RCH and other health services, status of nutrition, water supply & sanitation. It is continuously updated for vital events, disease status, services & other health related inputs & services utilization and can be used for annual planning. ***In the year 2012-13, 100,000 VHIRs will be printed, for which Rs. 132.00 Lakhs will be required, which is approved by GOI.(ROP-FMR Code-B.10.5)***
- **National/Regional level workshops** – For the year 2012-13, to conduct national/regional level workshops, ***a lump-sum amount of Rs. 20.00 Lakhs is approved by GOI. (ROP-FMR Code- B.10.5)***
- **Installation of Information Kiosks/LED TVs in 75 districts of UP** - With the aim of providing correct information relating to various services, doctors, health schemes etc. to patients without human intervention, it is proposed to install 10 information kiosks in 8 District hospitals (3 in Lucknow and 7 in major big cities) .LED TVs are also proposed to be installed at DM and CDO office in 75 Districts. Further, LED/LCD TVs with battery backup are also proposed to be installed in SDM offices at 25 sub divisions in 5 districts (Gorakhpur, Kushinagar, Maharajganj, Deoria and Etah) of UP. The estimated cost per kiosk inclusive of the software development and maintenance charges for one year is approximately Rs. 2.00 Lakhs and the estimated cost of LED TV with relevant IEC material will be Rs.1.00 Lakh. Based on feedback received after one year of implementation, number of hospitals and sub divisions with information kiosks and

LED/LCD TVs will be increased. Assistance from SIFPSA shall be taken for implementation of this activity.

Activity	Coverage Area	Unit Rate	Budget Proposed
Installation of Information Kiosks/ LED TVs in 75 districts of UP	<ul style="list-style-type: none"> -10 Kiosks in 8 Districts -150 LED/LCD TVs at DM/CMOs offices in 75 districts -25 LED/LCD TVs at SDM Offices in 5 districts 	@ Rs.2.0 Lakhs per kiosk @ Rs.1.0 Lakh per LED TV, with application s/w, IEC material	Rs. 195.00 Lakhs

Thus, for the above purpose, total budgetary requirement was Rs.195.00 Lakhs [10 Kiosks, 175 LED/LCD TVs] was made but GOI approved Rs. 215.00 Lakhs. (ROP-FMR Code-B.10.5). (Proposed in Supplementary PIP).

Total Budget Summary of IEC/BCC Activities

FMR Code	IEC-BCC Activities	Amount Approved (Rs. in Lakhs)
B.10	Strengthening of BCC/IEC Cells at FW Directorate	5.00
B.10.1	Development of State BCC/IEC strategy	-
B.10.2	Implementation of BCC/IEC strategy	-
B.10.2.1	BCC/IEC activities for Maternal Health	844.81
B.10.2.2	BCC/IEC activities for Child Health	20.00
	BCC/IEC activities for Routine Immunization	33.75
	BCC/IEC- Routine Immunization	1,023.07
B.10.2.3	BCC/IEC activities for Family Planning	263.35
	Outdoor Media (Banner,WP,Bus Panel)	-
B.10.2.4	BCC/IEC activities for Adolescent Reproductive & Sexual Health	39.24
	BCC/IEC activities for School Health	137.76
B.10.3	Health Mela	-
B.10.4	BCC/IEC activities for Creating awareness on declining sex ratio issues	188.25
B.10.5	Other IEC/BCC Activities	-
	• Republic day Celebration	2.00
	• Mass Media/Mid Media - News paper Advertisement, TV/Radio Spots, or Bus Back Panels for any of the programme, as per the need	200.00
	• National / Regional level workshop	20.00
	• Village Health Index Registers	132.00
	• Installment of information Kiosks	40.00
	• LED TV in 75 districts	175.00
	Total - IEC/BCC	3,124.23

Thus, an amount of Rs.3124.23 Lakhs is approved by GOI for IEC/BCC activities for the year 2012-13 under Mission Flexi-pool.

11. IMPROVING ACCESS TO HEALTH SERVICES USING MOBILE MEDICAL UNITS (MMUS)

1. EXISTING /OPERATIONAL MOBILE MEDICAL UNITS

Under the National rural Health Mission (NRHM), mobile medical units (MMUs) has been proposed for remote and inaccessible areas of districts, so that services can be made available closer to where the demand exists. In line with these recommendations, Director General, Family Welfare (DG-FW), Lucknow intends to run MMUs in selected districts of the state through private providers/bidders. The aim is to provide preventive, promotive and curative health services to population in far-flung and remote areas, under-served by existing public and private health facilities and support district health authorities in tackling epidemics.

As, 133 MMUs running in 15 selected districts (Hamirpur, Sonebhadra, Mirzapur, Chandauli, Lalitpur, Mahoba, Banda, Chitrakoot, Jhansi, Jalaun, Mau, Deoria, Gazipur, Balia and Kushinagar) of the state from April 2011 under NRHM through three private service providers selected by competitive bidding process. The agreement made among Director General, Family Welfare, Directorate of Family Welfare, Uttar Pradesh, District Health Societies – NRHM, Uttar Pradesh and Operators. The agreement shall be valid for a period of 3 years from the effective date unless otherwise terminated as provided in the agreement.

For this purpose, following budget is being proposed to sustain operationalization of 133 MMUs in 2012-13.

Sl.	District	No. of MMU Vehicles	Recurring Cost (per MMU/Annum)	Total Recurring Cost	Project Management Administrative Cost (In Rs.)	IEC and other expenses (in Rs.)	Applicable Taxes (in Rs.)	Total (in Rs.)
1	Hamirpur	6	2,554,431	15,326,586	1,298,000	184,800	-	16,809,386
2	Sonebhadra	7	2,554,431	17,881,017	1,298,000	184,800	-	19,363,817
3	Mirzapur	11	2,467,740	27,145,140	1,298,000	158,400	-	28,601,540
4	Chandauli	8	2,467,740	19,741,920	1,298,000	158,400	-	21,198,320
5	Lalipur	5	1,556,801	7,784,005	2,484,972	1,260,000	300,814	11,829,791
6	Mahoba	3	1,556,801	4,670,403	1,490,983	756,000	180,489	7,097,875
7	Banda	7	1,556,801	10,897,607	3,478,961	1,764,000	421,140	16,561,708
8	Chitrakoot	4	1,556,801	6,227,204	1,987,978	1,008,000	240,651	9,463,833
9	Jhansi	7	1,556,801	10,897,607	3,478,961	1,764,000	421,140	16,561,708
10	Jalaun	8	1,660,588	13,284,704	4,784,640	2,150,400	447,225	20,666,969
11	Mau	8	1,660,588	13,284,704	4,784,640	2,150,400	447,225	20,666,969
12	Gazipur	15	2,390,256	35,853,840	888,800	211,200	-	36,953,840
13	Deoria	15	2,390,256	35,853,840	888,800	211,200	-	36,953,840
14	Ballia	16	2,390,256	38,244,096	888,800	211,200	-	39,344,096
15	Kushinagar	13	2,390,256	31,073,328	888,800	211,200	-	32,173,328
Sub Total								334,247,020
Hiring of External Agency for monitoring of performance, processing & verifying invoices/claims & handing the disbursement of funds, etc.								300,000
Baseline Survey in areas of operation								20,000,000
Grand Total								354,547,020

Thus, a total amount of Rs. 3545.47 Lakhs was proposed for this purpose, out of which GOI approved Rs. 2642.71 Lakhs (@Rs.19.87 Lakhs per MMU per annum). Additionally, Rs. 200.00 Lakhs, which is proposed for baseline survey is not approved by GOI. (ROP-FMR Code- B.11)

2. MOBILE MEDICAL UNITS FOR HIGH FOCUS DISTRICTS

Uttar Pradesh has 45 backward districts, identified by Govt. of India, out of which 9 are already covered under the scheme, where MMUs are operational during 2011-12. Remaining 36 also have poor and difficult geographical areas and need support through Mobile Medical Units. Hence, five MMUs are most urgently needed for each one of these districts. Therefore, it is being requested to sanction 180 MMUs in the year 2011-12, so that one MMU can provide services in 2-3 blocks of these districts. The detailed calculation is as below:-

Activity	Physical target	Unit cost (in Lakhs)	Frequency	Total cost (in Lakhs)
Vehicle and equipments	180	28.00	1	5040.00
Operational cost for months	180	2.09	6	2257.20
Tender/pre-bid/hiring consultant and other related expenditure				50.00
Total amount required				7347.20

The proposal is genuine seeing the vastness and backwardness of the State. Other States having better health indicators have been sanctioned one MMU per block. Similarly U.P. also deserves to get the sanction of five MMUs per backward districts as the health indicators are not upto the mark and need improvement. **Thus, a total budget of Rs. 7347.20 Lakhs was made for the year 2012-13, out of which GOI approved Rs. 5052.75 Lakhs. (ROP-FMR Code-B.11)**

3. MOBILE MEDICAL UNITS IN THE DISTRICTS AFFECTED BY JE/AES

There are 9 districts in the State, which are widely affected by J.E./A.E.S. and are catering to heavy case load of the diseases at various health facilities functional in the districts. It is proposed to provide one Mobile Medical Unit in each block of these districts, so that outreach health services are made available to the community and to the areas of the block worst affected by these diseases. An estimated proposal is being submitted as per following-

Activity	Physical target	Unit cost (in Lakhs)	Frequency	Total cost (in Lakhs)
Vehicle and equipments	69	28.00	1	1932.00
Operational cost for 6 months	69	2.09	6	865.26
Total amount required				2797.26

Thus, a total budget of Rs. 2797.26 Lakhs was made for the year 2012-13, which is not approved by GOI(ROP-FMR Code-B.11).

The details and status of all MMUs is as below:

High Focus Districts					
Sl.	Name of district	Total No. of blocks	Existing/ Operational MMUs (133 MMUs)	MMUs - High Focus Districts (36)	MMU in 9 J.E. districts (69 MMUs)
1	Agra	15		5	
2	Aligarh	12		5	
3	Auraya	7		5	
4	Bahraich	14		5	9

5	Balrampur	9		5	
6	Banda	8	7	-	
7	Barabanki	15		5	
8	Bareilly	15		5	
9	Basti	14		5	9
10	Budaun	18		5	
11	Chandauli	9	8	-	
12	Chitrakoot	5	4	-	
13	Etah	8		5	
14	Etawah	8		5	
15	Farrukhabad	7		5	
16	Fatehpur	13		5	
17	Firozabad	9		5	
18	Gonda	16		5	
19	Hardoi	19		5	
20	Mahamayanagar	7		5	
21	Jalaun	9	8	-	
22	Jyotiba Phule Nagar	6		5	
23	Kannauj	8		5	
24	Ramabai Nagar	10		5	
25	Kaushambi	8		5	
26	Kheri	15		5	10
27	Kushinagar	14	13	-	1
28	Lalitpur	6	5	-	
29	Maharajganj	12		5	7
30	Mahoba	4	3	-	
31	Mainpuri	9		5	
32	Mathura	10		5	
33	Mirzapur	12	11	-	
34	Moradabad	13		5	
35	Pilibhit	7		5	
36	Rae Bareli	15		5	
37	Rampur	6		5	
38	Sant Kabir Nagar	9		5	4
39	Sant Ravidas Nagar(Bhadohi)	6		5	
40	Shahjahanpur	15		5	
41	Shrawasti	5		5	
42	Siddharth Nagar	14		5	9
43	Sitapur	19		5	
44	Sonbhadra	8	7	-	
45	Unnao	16		5	
Sub Total		484	66	180	49
Non high focussed					
1	Mau	9	8	-	
2	Balia	17	16	-	
3	Deoria	16	15	-	1
4	Gazipur	16	15	-	
5	Hamirpur	7	6	-	
6	Jhansi	8	7	-	
7	Gorakhpur	19		-	19
Sub Total		92	67	-	20
GRAND TOTAL		576	133	180	69

Thus, to operationalize 382 MMUs in various high focus districts and others, total amount Rs. 13,689.93 Lakhs was requested to GOI for 2012-13, as detailed above; out of which GOI approved Rs. 7,695.46 Lakhs. (ROP-FMR Code- B.11)

12. REFERRAL TRANSPORT/EMERGENCY MEDICAL TRANSPORT SERVICES (EMTS)

Emergency Medical Transport Services (EMTS) - 108

In view of the importance of access to ambulance services for reducing delays in access to care during emergencies, it was proposed to have emergency transport services in all districts. Thus, with the objective of providing immediate response during emergencies the ambulance service would provide basic first aid to the patient and transport them to the nearest facility; and if needed the patient may be transferred from one facility to another suitable facility. The departmental ambulances available at the facility will be provided to the patients, who wish to avail the facility of transportation from facility to their homes. The government is also considering involvement of private providers for transporting patients from facility to home.

To operate EMTS services more effectively, agreement between service provider M/s GVK EMRI (U.P), Private Limited and state government has been done on 21-12-2011 through tender basis and transfer of ambulances to service provider is under process. Family welfare directorate procured 589 ambulances as per budget approved in 2010-11 and it is expected that these ambulances will be made available to service provider by May 2012 and it also is expected that provider will be able to operate these all 599 ambulances by July 2012. To operate these 599 ambulances, budget requirement of Rs. 6202.17 Lakhs will be required for 2012-13 (@Rs.1.17 Lakh per ambulance for 9 months).

Further, procurement of remaining 399 ambulances is expected by June 2012 and service provider may be able to operate these 399 ambulances by September 2012 onwards, for which a budget of Rs. 3267.81 Lakhs are also required (@Rs. 1.17 Lakh per ambulance for 7 months). As per agreement, there is a need of Rs. 3000.00 Lakhs to give advances to service provider for capital works. Thus, for the year 2012-13, operationalize all the ambulances and advances for capital works, total amount of Rs.12469.98 Lakhs are required. As per the Govt. orders dated 11-11-2011, to operate ambulances in 2012-13, the central and state share would be 40:60 ratios. Therefore, there is need of Rs. 4988.00 Lakhs (40% share) from NRHM out of total budget requirement of Rs.12469.98 Lakhs, remaining budget (60% of total) will be met out from state budget.

Hence, for this purpose, an amount of Rs. 4988.00 Lakhs was proposed for the year 2012-13, as per details below. GOI Approved Rs. 5311.50 Lakhs. (ROP-FMR Code-B.12.1)

Activities	Physical Targets	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
Operationalisation of EMTS	988	4988.00	5311.50
Sub Total		4988.00	5311.50

Procurement and Operationalization of Ambulances at District and Block level CHCs/PHCs – (102)

There are only 352 ambulances available in state all the District these are very old vehicles and presently being utilized for transportation of medical emergency cases, natural calamities, epidemics, RCH camps, VIP duties etc. IMR and MMR is very high in Uttar Pradesh and one of the important cause of this is delay in referral so State has proposed diesel operated 1940 AC Ambulances for District and CHCs/PHCs including operational cost for POL, maintenance and 3 drivers for each Ambulance for 24x7 services . GPS will be installed in the ambulances, call center will be established in all districts it will be operated by contractual operators 24*7 and equipped with computer, internet and telephone facilities. These Ambulances will be utilized for referral of Medical Emergencies, epidemics, complicated JSY cases, sick newborn and children, drop back facility for JSSK beneficiaries. 4 Ambulances per district and 2 Ambulances for each Block levels CHC/PHC will be operated on 102 models. Budget detail as follows:

Total proposed Ambulances: 1940

Make and Model (DGS&D rate): Winger Non AC ambulance (diesel operated) BS-3

This proposal of supplementary PIP, 2012-13 has been revised after incorporating all valuable suggestions of GOI team officers in supplementary PIP review meeting on 10-11th July, 2012 at Lucknow, NRHM office.

In context of the above proposal, GOI approved the Rs. 9023.79 Lakhs (ROP-FMR Code-B.12.1) for 972 ambulances, against the proposal of Rs. 17255.11 Lakhs for 1970 ambulances, as per following details. (Proposed in Supplementary PIP).

Sl.	Description	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
1.	Unit cost per vehicle Rs. 5,46,900.00 @ per Ambulance for 1940 Ambulances)	10609.86	5,315.87
2.	Fitting & fixtures (Oxygen cylinder, stretcher, First Aid Box & Fire extinguisher) @ Rs. 10,000.00 for 1940 ambulances	194.00	97.20
3.	Cost for maintenance (Rs 50000 per vehicle per year for 1940 Ambulance)	970.00	243.00
4.	Outsourcing of drivers (3 Drivers per ambulance) for 1940 ambulances 5820 drivers @ Rs 8597/- per month per driver	600.45	1,504.13
5.	Cost for POL(Rs 500 per day) for 1940 Ambulances for one year	3,540.50	886.95
6.	GPS cost @12000 for 1940 Ambulances.	232.80	116.64
7.	Honorarium for call center operator @10000 per month for 3 operator per district (75) for one year	270.00	135.00
8.	Honorarium for call center Coordinator @25,000 per month 1 Coordinator per district(75) for one year	225.00	112.50
9.	Computer, UPS and Printer for 75 call center @2,00,000 - Details Annexure : 1	150.00	150.00
10.	Cost of Furniture and fixtures @1,50,000 one time -Details Annexure : 2	112.50	112.50
11.	Contingency @100000 per district (75) /year	75.00	75.00
12.	Telephone and Internet @100000 per district(75) /year	75.00	75.00
13.	IEC Activities @200000 per district/Year - Details Annexure : 3	150.00	150.00
14.	Monitoring Software at state level @50,00,000	50.00	50.00
Total		17,255.11	9,023.79

Annexure : 1

Sl.	Computer Details	Budget (in Rs.)
1	2 Computer Intel Core i7 Processor @60,000 each	1,20,000.00
2	1 Online UPS 2KVA @50,000	50,000.00
3	2 Printer @15,000 each	30,000.00
	Total	2,00,000.00

Annexure : 2

Sl.	Furniture and fixtures Details	Budget (in Rs.)
1	2 Table @ Rs. 10,000 each	20,000.00
2	1 Almirah @ Rs. 15,000	10,000.00
3	1 AC @ Rs. 30,000	25,000.00
4	6 Chairs @ Rs. 2500 each	15,000.00
5	1 Rack	10,000.00
6	Other expenses	70,000.00
	Total	1,50,000.00

Annexure : 3

Sl.	IEC Activities	Budget (in Rs.)
1	T.V. & Print media Advertisement @ Rs. 50,000	1,00,000.00
2	5 Hoarding Vinyl wall (tattoo paintings)@ Rs. 15,000 each	75,000.00
3	Leaflets, Hand bill , Stickers and Brochures @ Rs. 25,000	25,000.00
	Total	2,00,000.00

13. PROCUREMENT

Procurement of various equipments, drugs and consumbles are included in respective chapters. Number of units, rate and total amount proposed has also been given in chapters as well as in following table:

FMR Code	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)	Total Amount Approved (Rs. In Lakhs)
	Procurement of equipments					-
B16.1.1	Procurement of equipments: MH					-
	Safe Abortion Services - MVA/ EVA Equipments	660	2,000.00	1	13.20	13.20
B16.1.2	Procurement of equipments: CH					
	Procurement of Vaccine Carriers	39,750	600.00	1	238.50	-
	Procurement of Hub cutters	20,000	685.00	1	137.00	-
B.16.1.3	Procurement of equipments: FP					-
	Annual Maintenance and Repair Contract for Laparoscopes	1,000	5,000.00	1	50.00	50.00
B.16.1.4	Procurement of equipments :IMEP					-
B.16.1.5	Procurement of others					
	Laminated Snellen's chart	57,400	100.00	1	57.40	57.40
	Tablets for improving health care				20.00	20.00
	Generators- district level cold chain points- 25 KVA	75	3,10,525.00	1	232.89	232.89
	Generators- CHCs(823) - 25 KVA	823	3,10,525.00	1	2,555.62	2,555.62
	Generator- Balrampur Hospital, Lucknow - 200 KVA	1	21,83,671.00	1	21.84	21.84
	Generator - UHM hospital, Kanpur -320 KVA	1	28,65,302.00	1	28.66	28.66
	Generator- District hospital, Hardoi- 62.5 KVA	1	9,31,364.00	1	9.31	9.31
B.16.2	Procurement of Drugs and Supplies					-
B.16.2.1	Drugs & supplies for MH					-
	Safe Abortion Services - Comprehensive Abortion Care (CAC) drugs					-
	First Trimester - Mifepristone & Misoprostol	20,000	300.00	1	60.00	60.00
	Second Trimester Medical Termination of Pregnancy- mesoprostol, Inj. Oxytocin,	5,000	500.00	1	25.00	25.00
	Post MTP- Drugs for all MTPs including traditional MTPs	80,000	200.00	1	160.00	110.00
	Manual Vacuum Aspiration/ Electric Vacuum Aspiration consumables	66	5,000.00	1	3.30	3.30
	RTI/STI					-
	RTI/STI Drugs	1,01,205	68.10	1	68.92	68.92
	RPR kits for testing(50 tests/kit)	14,827	60.00	1	8.90	8.90

	Other Drugs procurement for MH					-
	Tablet Iron and folic Acid adult 100 mg	84,00,00,000	0.15	1	1,260.00	697.50
	Tab Albendazole 400mg	56,00,000	1.00	1	56.00	56.00
	Rh-Anti D Sera	13,500	2,100.00	1	283.50	283.50
	Management of severe Anemia in PW by IV iron sucrose	4,00,000	40.00	1	160.00	160.00
B.16.2 .2	Drugs & supplies for CH					-
	Essential Drugs for Sub Centers under CH					-
	Cotrimoxazole (Paediatrics)	2,05,21,000	1.53	1	313.97	313.97
	Zinc Tablets (14 tabs per episode)	2,15,47,050	0.13	1	28.01	-
	Oral Re-hydration Solution (ORS) - Low Osmolar	61,56,300	3.50	1	215.47	-
	Syrup - Iron Folic Acid (100 ML)	82,08,400	15.00	1	1,231.26	1,231.26
	Vitamin A for sub centres	2,46,252	44.32	1	109.14	-
	Procurement of drugs - BSPM					-
	Vitamin A for BSPM round	6,28,986	44.32	1	278.77	262.02
	De-worming Syrup - 10 ml (pilot in 4 districts)	5,82,304	5.30	1	30.86	30.86
	Diarrheal management				-	-
	Zinc Tablets (14 tabs per episode)	17,79,23,486	0.13	1	231.30	260.00
	ORS packets (2 packets per episode)	2,54,17,641	2.29	1	582.06	941.68
B.16.2 .3	Drugs & supplies for FP					
B.16.2 .4	Supplies for IMEP					
B.16.2 .5	General drugs & supplies for others					
	Drugs & supplies for ARSH					-
	Saloni Swasth Kishori Yojana					-
	Procurement – de-worming tablet for school going girls	11,20,056	1.00	2	22.40	22.40
	Procurement – IFA tablet large for school going girls	11,20,056	0.15	52	87.36	87.36
	Non-School Going Adolescent Girls Addressing Anemia (13 menstrual hygiene Districts)					
	Procurement of IFA Tabs (estimate of 15,25,300 girls) @ 50 girls in area of each ASHA-	15,25,300	0.15	52	118.97	118.97
	Procurement of De-worming Tabs (estimate of 15,25,300 girls) @50 girls in area of each ASHA - 1 tab. six monthly or 2 tab. Annually/girl @ Rs. 1.00 per tab.	15,25,300	1.00	2	30.51	30.51
	Reach to non-school going girls through Convergence with SABLA					
	Iron Folic Acid Tablets - 52 tablets	10,01,693	0.15	52	78.13	78.13
	De-worming Tablets (out of school) - 2 tab. Annually	10,01,693	1.00	2	20.03	20.03
	Drugs & supplies for School Health					-
	First aid box for all 70 schools per block [70*820]	57,400	200.00	1	114.80	114.80
	Procurement of IFA Tabs. (30 mg elemental iron and	82,97,311	0.15	100	1,244.60	647.19

250mcg Folic Acid) @ Rs.15.00 for 100 tabs/child					
Procurement of De-worming Tabs- 400mg. (1 tab. six monthly) @ Rs. 1.00 per tab for 2 tab. Per child	82,97,311	1.00	2	165.95	165.95
Procurement of spectacles	1,00,000	200.00	1	200.00	-
Drugs & supplies for Child Health Guarantee Scheme					
Procurement of essential equipments - Weight machine, height meter, Snellan's chart, torch, etc.	1,640	1,000.00	1	16.40	16.40
Procurement of IFA and de- worming tablets	2,00,00,000	17.00	1	3,400.00	3,400.00
First Aid Boxes for all schools	1,00,000	200.00	1	200.00	200.00
Drugs & supplies for Urban RCH					
Lucknow Urban RCH(14 UHPs)				43.92	
Activities in 13 Areas of Big Cities(57 UHPs)				88.92	200.00
Activities in other 54 Cities(60 UHPs)				93.60	
Total				14396.47	12,603.58

Proposal for procurement of Generator for District, CHCs and PHCs level for 24x7 services and to maintain the cold chain

With increasing JSY load in District women Hospitals, CHCs and PHCs level it is necessary to maintain quality health care services 24x7 at each facility. As there is no polio case for last 2 years in Uttar Pradesh to maintain the Polio free Status, We are making vigorous efforts to strengthen Routine Immunization programme. To sustain quality Immunization services it is necessary to maintain the quality of vaccine. There is irregular electric supply in the rural areas, regular generator backup. The generators previously supplied by Government of India are 10-15 years old they consume more POL and require regular repair hence It is being proposed to procure 1 generator at each District Head Quarter Cold chain point (75 District) and 823 Generators for peripheral cold chain points at CHCs a level. Most of these health units are 24x7 delivery point Apart from this in Balrampur Hospital Lucknow and District Woman Hospital Hardoi Requires replacement of old Generator and UHM Hospital Kanpur Requires separate Generator for MRI unit. Detail is as follows:

Sl.	Head	Capacity	Quantity	Unit cost (In Rs) DGS&D rate	Total amount Proposed (Rs. in Lakhs)
1	District level cold chain points (75)	25 KVA	75	310525.00	232.89
2	823 CHCs	25 KVA	823	310525.00	2555.62
3	Generator for Balrampur Hospital Lucknow	200 KVA	01	2183671.00	21.84
4	UHM Hospital Kanpur	320 KVA	01	2865302.00	28.66
5	District Hospital Hardoi	62.5 KVA	01	931364.00	9.31
Total					2848.32

Thus, a total amount of Rs. 2848.32 Lakhs was proposed for procurement of Diesel Generators for year 2012-13, which is approved by GOI (ROP-FMR Code-B.16.1.5) as mentioned above in table. (Proposed in Supplementary PIP).

Using Tablets for Improving Healthcare

It is proposed to pilot this activity in one block of Lucknow for one year. It is proposed that tablets shall be provided to ANMs of selected block for administering the children served in RI sessions so that information about the number of children provided services is available in real time.

A web based application shall be developed which can be accessed through the tablet using 2G/3G connectivity. Pre-loaded films on various health issues will also be available on the tablet so that ANMs can show these films/clips to villagers. Proper operational training will be provided to ANMs of block/district selected. Technical assistance of SIFPSA shall be taken in the implementation of this activity. Budget required for this purpose is estimated Rs. 20.00 Lakhs.

Activity	Coverage Area	Unit Rate	Budget Proposed
Using Tablets for improving Healthcare	One Block in Lucknow district		Rs.20.00 Lakhs

Thus, a total amount of Rs. 20.00 Lakhs was proposed for procurement of tablets, which is approved by GOI (ROP-FMR Code-B.16.1.5). (Proposed in Supplementary PIP).

14. OPERATIONALISATION OF REGIONAL DRUG WAREHOUSES

There are 11 regional drug warehouses functional in the state. At each regional warehouse following staffs like Accountant (1), Computer Operator/Store keeper (1), Fork Lift Operator cum Mechanic (1), Fourth Class/Loader (1), Generator Operator cum Electrician/Mechanic(1), Armed guards (1), General guard (2) and gardener (1) will be deployed. The budget details are as under:

Warehouse	Elect. Charges	Telephone Charges	POL & Maintenance of DG Set	Stationery	Contingencies	Salary to Cont. Staff *	Total (Rs. In Lakhs)
Agra	100,000	20,000	20,000	25,000	300,000	733,788	11.99
Allahabad	60,000	30,000	0	15,000	200,000	733,788	10.39
Azamgarh	100,000	10,000	9,000	15,000	200,000	733,788	10.68
Bareilly	-	-	-	-	-	733,788	7.34
Chitrakoot	-	-	-	-	-	733,788	7.34
Gorakhpur	100,000	50,000	50,000	30,000	300,000	733,788	12.64
Faizabad	150,000	0	30,000	25,000	200,000	733,788	11.39
Kanpur	125,000	20,000	18,000	30,000	200,000	733,788	11.27
Lucknow	200,000	10,000	9,000	15,000	200,000	733,788	11.68
Meerut	11,000	10,000	9,000	15,000	200,000	733,788	9.79
Varanasi	110,000	10,000	9,000	15,000	200,000	733,788	10.78
Total	956,000	160,000	154,000	185,000	2,000,000	8,071,668	115.27

* Contractual Staff Salaries

Sl.	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lakhs)
1	Accountant	11	10,000.00	12	13.20
2	Computer Operator/Store keeper	11	10,000.00	12	13.20
3	Fork- Lift Operator cum Mechanic	11	6,500.00	12	8.58

4	Fourth Class/Loader	11	6,500.00	12	8.58
5	Generator Oper. Cum Electrician	11	5,000.00	12	6.60
6	Sweeper	11	3,500.00	12	4.62
7	Armed Guards	11	6,335.00	12	8.36
8	General Guards	22	5,157.00	12	13.61
9	Gardener	11	3,000.00	12	3.96
Sub Total					80.72

• **State Logistic Management Cell**

There is a state logistic-ware house (LMC) is warehouses functional at Natherganj, Lucknow. In this logistic warehouse, following contractual staffs like Accountant (1), Computer Operator/Store keeper (1), Fork Lift Operator cum Mechanic (1), Fourth Class/Loader (1), Generator Operator cum Electrician/Mechanic(1), Armed guards (1), General guard (3) and gardener (1) will be deployed. The budget details are as under:

Warehouse	Elect. Charges	Telephone Charges	POL for DG Set	Stationery	Contingencies	Salary to Cont. Staff *	Total (Rs. In Lakhs)
State WH-LMC	130,000	-	10,000	30,000	200,000	795,672	11.66
Sub Total							11.66

*** Contractual Staff**

Sl.	Activity	Physical Targets	Unit Cost (Rs.)	Frequency	Total Amount (in Lakhs)
1	Accountant	1	10,000	12	1.20
2	Computer Operator/Store keeper	1	10,000	12	1.20
3	Fork- Lift Operator cum Mechanic	1	6,500	12	0.78
4	Fourth Class/Loader	1	6,500	12	0.78
5	Generator Oper. Cum Electrician	1	5,000	12	0.60
6	Sweeper	1	3,500	12	0.42
7	Armed Guards	1	6,335	12	0.76
8	General Guards	3	5,157	12	1.86
9	Gardener	1	3,000	12	0.36
Total					7.96

Accordingly, a total amount of Rs. 126.93 Lakhs was budgeted for the year 2012-13, which is approved by GOI. (ROP-FMR Code-B.17)

Note: All the contractual staffs, who are working at state, regional and district drug ware houses, will be allowed 10% increment on their previous salary /remuneration, after their renewals for year 2012-13.

15. NEW INITIATIVES/STRATEGIC INTERVENTION/INNOVATIONS

1. BACKWARD DISTRICTS INTERVENTIONS

Based on the RCH indicators there are 45 identified backward districts in the State. Through vigorous exercise by concerned districts, State and Govt. of India officials MCH Centres have been identified and a detailed micro plans have been prepared for their operationalisation. The budgetary requirements for operationalisation have been calculated for infrastructure, HR, training and equipments. The budgetary requirements have been raised in the section “MCH operationalisation plan” under RCH.

Some special interventions have been planned for these districts to facilitate quick response and delivery of quality MCH services to the clients. Various interventions and budgetary requirements are listed below:

District Mobile Training Team

There are 3876 Sub Centres, which have been accredited for institutional delivery. There is only 1 ANM posted at these sub centres and conducting 10-60 deliveries per month. These ANMs cannot be spared from their sub centres to undergo SBA trainings for 21 days. Apart from this fact there is limited capacity for SBA training in the identified training centres. In such circumstances it has been planned that 2 PHN tutors will be hired on contract @ of Rs. 40,000/- per month (which includes mobility also). These PHNs will move to sub centres and impart the SBA training to the ANMs on their work site (sub centre). After completion of training, ANMs will be issued certificate of SBA training. It is proposed to implement this strategy in 15 backward districts. **Thus, a budgetary requirement for this activity was Rs. 144.00 Lakhs (30 PHNs @ Rs. 40,000/- per month for 12 months), which is not approved by GOI.(ROP-FMR Code-B.18).** As per discussions with NHSRC, these PHN tutors will be made available through NHSRC.

District Static Training Lab

There are certain skills which needs to be developed on continuous basis like:-measurement of B.P., estimation of Haemoglobin, per abdominal examination of pregnant women, identification of high risk cases, IUCD insertion, fetal heart sounds, preparation of partogram etc. For this purpose it is proposed to established 1 District Static Training Lab in 10 identified backward districts. This training lab will be established in the district female hospital/ PPC, etc., where one PHN Tutor will be posted on contract basis. Due to JSY there is tremendous increase in the number of patients in the district hospitals; and regular posts of sweepers /sweeperes are very few and are overburdened also. Hence, there is a need of sweepers/sweeperess on contract in skill lab is required. Many trainings and skills are to be developed by hands-on method on patients, which will require the help of a sweeperess. **The budgetary requirement for establishment of training lab was Rs. 151.60 Lakhs as per the details given below, which is approved by GOI(ROP-FMR Code-B.18):**

- One time establishment cost towards furniture, furnishing, workstations, equipments, audio-visuals and minor civil work, etc. @ Rs. 13.00 Lakhs per district for 10 districts=Rs. 130.00 Lakhs
- Honorarium for one PHN Tutor @ Rs. 20,000/- per month for 9 months for 10 districts =Rs. 18.00 Lakhs

- Honorarium for one Sweeper @ Rs. 3,500/- per month for 9 months for 10 districts =Rs. 3.15 Lakhs
- Consumables and contingency @ Rs. 500/- per month for 9 months for 10 districts =Rs. 0.45 Lakhs

2. SAVE THE GIRL CHILD INITIATIVE

Census 2011 of India brought to light a shocking demographic reality of a few districts of Uttar Pradesh where the child sex ratio has gone down alarmingly. These districts are strewn from the western part to the mid of the state and even the southernmost district is also not spared from the evil clutches of demand of a son. These districts are Muzaffarnagar, Meerut, Baghpat, Ghaziabad, GB Nagar, Bulandshahr, Agra, Hathras (Mahamaya Nagar), Hardoi and Jhansi. The Census report of 2011 has shown sharp decline in the child sex ratio in these districts represented in the table given below:

District	2001 Census	2011 Census	Decline in sex ratio in the last decade
Agra	846	835	-11
Baghpat	850	837	-13
Bulandshahr	867	844	-23
GB Nagar	853	845	-8
Ghaziabad	854	850	-4
Meerut	856	850	-6
Muzaffarnagar	871	858	-13
Jhansi	886	859	-27
Hathras	886	862	-24
Hardoi	908	863	-45

Horrible as they may sound, female population in the 0-6 age groups dramatically dropped in above mentioned 10 districts of Uttar Pradesh. This alarming decline in the number of girls per 1000 boys calls for immediate remedial measures to be initiated to curb the menace of female feticide. A pilot project which was undertaken at Kolhapur district of Maharashtra has laid a milestone in curbing the female feticide and the success alone can be judged by the facts given hereunder:

Reporting of Form “F”

Sl.	Monthly average F form	Rural	Urban	District
1	Before implementing of device	5512	5050	10562
2	After implementing of device	8441	6570	15011
3	Under reporting	2929	1520	4449

Monthly average delivery

Sl.	Monthly average delivery	Male	Female
1	Before implementing of device	99	94
2	After implementing of device	217	185
3	Under reporting	118	91

Monthly average MTP reporting

Sl.	Monthly average MTP	Before 12 weeks	After 12 weeks
1	Before implementing of device	29	3
2	After implementing of device	44	4
3	Under reporting	15	1

The quotes which have been received by Magnum Opus (The firm which pioneered the project) are being detailed below. The firm has sent the details which are being summarized below:

Sl.	Particulars	Total
1	Total for online software	5,60,700
2	Active Tracker	68,91,375
3	GPRS facility	17,43,464
4	Onsite Engineer	2,64,720
Total		94,60,259

**VAT, State taxes etc as applicable*

The cost mentioned above is for 250 units when the capacity of the main server was 350 GB. In case it is enhanced the cost will go up proportionally. **Henceforth the tentative cost of 1 unit Rs. 37,841/-**

Number of ultrasound centers in the districts (as on December 2011)

Sl.	Districts	Number of Ultrasound Centers
1	Jhansi	68
2	Hardoi	24
3	Agra	229
4	Muzaffarnagar	90
5	Hathras	16
6	Meerut	137
7	Ghaziabad	152
8	Bulandshahr	51
9	GB Nagar	186
10	Baghpat	26
Total		979

As per the data pertaining to the number of ultrasound centers in 10 districts under consideration the project cost will work out to be as under:

Cost of 1 unit = Rs. 37,841/-
Cost for 979 units = Rs. 4,00,000,00/- (+Taxes as applicable)

The above proposed activity is not approved by GOI. (ROP-FMR Code-B.18)

3. UP-GRADATION OF HELPLINE OPERATIONS TO 24X7 AT STATE LEVEL AND INTEGRATION WITH HELLO DOCTOR 24X7 SCHEME

There are people at periphery who have queries about availability of medical facilities, specialists or their rights relating to JSY/JSSK, New Born Care and all other schemes of NRHM. In view of this, Help line operation on Toll free number 1800 180 1900 was initiated at State level and help line operators have been assigned the task of addressing the queries relating to the specific areas. The help line operators are also helping in verification of MCTS/JSY beneficiaries at State level. At the moment, help line calls are being tackled during working days and during office hours. The current toll free helpline number in future may be changed to 104 numbers as this has been done in some states.

It is proposed to extend the help line operations round the clock with features of recording of calls and software based operations are also proposed. To extend the existing services, Digital extension, Voice logger, PRI modem, UPS, Computers, Printers etc. shall be required. Also, web based application, has to be developed. It is estimated that costing of all above along with support and installation charges will be approximately Rs. 35.00 Lakhs in first year of operations. For round the clock operations, 10 help line operators shall be required. Proper training shall be provided to helpline operators and the supervisors regarding operations of helpline and FAQs shall be developed to handle the increasing load of calls as this helpline will be integrated with the Hello Doctor 24x7 scheme. For up-gradation and technical assistance services of BSNL will be taken. Web based application shall be developed to record various calls received on helpline numbers so that action on the grievance calls is updated on the application online. For the round the clock operations of help line, 3 operators shall operate at a time in shifts and their responsibilities will be as follows –

1. To attend helpline calls and answer the queries of caller
2. Connect caller to officer concerned in case query has to be answered by technical expert
3. Connect caller to doctor concerned of specific area in case call pertains to hello doctor
4. Verification of MCTS and JSY beneficiaries

Proper IEC/publicity of Helpline has to be done throughout the state every month. It is proposed to allocate sufficient budget for monthly newspaper advertisement, radio jingles, stickers, advertisement on bus/auto panels. Per district per year budget for IEC activity will be approximately Rs.2.00 Lakhs. Accordingly, Rs.150.00 Lakhs will be required for IEC/publicity of Toll free number in first year. New staffs (10 operators and 3 supervisors) are to be recruited for 24x7 helpline operations. One coordinator for Hello doctor operations shall also be required at State level.

- **Concept of Hello Doctor 24x7-** It is proposed to pilot this activity in all districts of UP to increase the use of helpline facility of NRHM-UP and web based application to integrate existing healthcare infrastructure to bridge the gap between the healthcare needs of individuals and existing resources in both public and private health care sectors.

The service maintains up to date records on both public and private sector healthcare providers across selected district including PHCs, CHCs, nursing homes, private

practitioners, blood banks, counseling centers and ambulance providers, etc. The information will be available both by phone and on the web free of charge.

Resident of UP will be able to seek health advice by calling toll free number. The operator will assess the caller's medical need and socio economic status and connect them to appropriate service provider. The caller will receive further assistance in scheduling appointments at government hospitals, helping the rural population in particular to plan their hospital visits and make proper healthcare decisions through a nodal person at district.

Activity	Coverage Area	Unit Rate	Budget Proposed
Up-gradation of Helpline operations to 24x7 at State level integrated with Hello Doctor 24x7	<ul style="list-style-type: none"> Upgradation at State level (Lucknow) IEC to be done in all districts Staff to be recruited for 24x7 operations and Hello Doctor operations 	<ul style="list-style-type: none"> @Rs.35.0 Lakhs for HW upgradation, web based software @Rs.2.00 Lakhs per district for IEC Operators@Rs.10000/- pm (10 no.) Supervisors @Rs.15000/- PM (3 no.) Hello Doctor coordinator (1 no.) @ 20000/- PM Tel/Internet/Misc @Rs.5.00 Lakhs Furniture/Fixtures @ Rs.2.00 Lakhs 	<ul style="list-style-type: none"> Rs.211.80 Lakhs

For the above purpose, an amount of Rs. 211.80 Lakhs was proposed, out of which GOI approved Rs. 207.35 Lakhs. (ROP-FMR Code- B.18). (Proposed in Supplementary PIP)

16. RESEARCH, STUDIES AND ANALYSIS

Study Tours of State, Districts and Block level officials

There are certain states in India, which are good performers and are considered role models in certain fields as mentioned below:

- Nutrition and Rehabilitation Centres – Madhya Pradesh
- SNCU- West Bengal (Purulia) and Gujarat
- Family Planning Services – Tamilnadu
- Procurement Systems and mechanism - Tamilnadu
- Adolescent (ARSH) – Karnataka and Maharashtra
- MCTS – Gujarat
- Communitization Processes – Chhatisgarh, Maharashtra and Rajasthan

These states have adopted some certain good practices to achieve success. It is worth visiting these places to learn about various interventions and practices, which has played key role in achieving desired level. In addition to the above, some more states and model fields/areas can be selected according to GOI and as per need of state's programmes.

It is proposed to send programme managers of the state/district/block level to the identified states on study tour. The officers can observe and study the situations there for its adoptability in the state/district/block level facilities.

For this purpose, an amount of Rs. 225.00 Lakhs was budgeted with the following details.

Descriptions	Programme Managers			Total
	State Level	District Level	Block Level	
Average Five days tour outside the state	75	225	300	600

Sl.	Descriptions	Cost for 5 days tour outside the state
1	Travel Expenses	Lump sum -20000.00
2	D.A.	@ 1000/- per day -5000.00
3	Accommodation	@2000/-per day -10000.00
4	Miscellaneous	Lump sum- 2500.00
Sub Total		37500.00 (Average)

Sl.	Descriptions	Units	Unit Cost	Total Amount (Rs.)
1	5 days tour outside the state	600	37500.00	22500000.00
Total				22500000.00

The days/rates shown above are average /tentative but the payments will be made on the actual basis, wherever applicable.

The above proposed activity is not approved by GOI. (ROP-FMR Code-B.20).

17. STATE PUBLIC HEALTH RESOURCE INSTITUTE (SPHRI)

It was mandate of First Phase of NRHM for States to establish SHSRC at State level. The state proposed to establish SHSRC in its PIPs in past years and the same was approved by GoI also, but due to various un-avoidable circumstances, the centre could not be established.

In the 2nd Phase of NRHM, feeling the immense need of up-to-date information/data, qualified/trained Human resource & par excellence research in the field of Public Health, the State is proposing to establish the SPHRI as the integral part of NRHM under the direct control of Mission Director.

The SPHRI shall tie-up with National and International institutes & organization for its proper functioning and work in close co-ordination with SIHFW, Directorate General (MH) & Directorate General (FW). The SPHRI shall have three wings-

1. Administration

- Administration
- Finance
- Placement and Public Relation

2. Academics and Training

- Public Health Administration and Hospital Management
- Department of RCH
- Department of Disease Control, Sanitation and Nutrition
- Department of Social Sciences, Medical Waste Management and Environment
- Department of HMIS

3. Technical Research and Development

- Library
- Research and Publication
- Computer and information Management

The goal & the objectives of the SPHRI will be as follows:

The Goal:

To bridge the gaps of up-to-date information/data, qualified/trained Human resource & par excellence research in the field of Public Health in the State.

The Objectives:

- To develop & maintain Digital & Print Public Health Library maintaining International, National & State data base of essential Medical Statistics, documenting and disseminating best practices and successful experiences of other states as well as countries to different stakeholders.
- To conduct surveys, rapid assessments and appraisals in selected areas and on identified topics that contribute to understanding of programme issues and results achieved, impact made by programmes, and areas that need to be strengthened.
- To design & carry out high quality research work in desired areas of Public Health.
- To help NRHM, SIHFW, DG (MH) & DG (FW) in providing par excellence training to in service doctors & paramedics.

- To help NRHM, DG (MH) & DG (FW) in development of action plans/PIPs.
- To explore the need of the State & designing the Degree & diploma courses in Public Health & management for in service doctors/ paramedics & outside students on 50-50 basis.

The Target:

Year	Activities
2012-13	<ul style="list-style-type: none"> • Establishment of unit • Recruitment of faculty and staff • Establishment of digital and print library • Steps towards tie-up with national and international institutes & organization • Extending help to SIHFW, DG (M& H) and DG (FW) in imparting training • Extending help in preparation of pip 2013-14.
2013-14	<ul style="list-style-type: none"> • Making the technical and information wing functional. • Maintaining international, national & state database of essential medical statistics, documenting and disseminating best practices and successful experiences of other states as well as countries to different stakeholders. • Development of self short course training programmes for district level officer and imparting training to them.. • Evaluation of some important activities of nrhm. • Research activities in important areas of nrhm. • Taking help of national and international institutes & organization in training and research. • Extending help to SIHFW, Dg (M& H) and Dg (Fw) in imparting training • Extending help in preparation of pip 2014-15.
2014-15	<ul style="list-style-type: none"> • Updating international, national & state database of essential medical statistics, documenting and disseminating best practices and successful experiences of other states as well as countries to different stakeholders. • Starting certificate courses of six month in various needed discipline of public health for in service doctors, paramedics and outside students with the help of national and international institutes & organizations. • Evaluation of some important activities of nrhm. • Research activities in important areas of public health. • Extending help to SIHFW, DG (M& H) and DG (FW) in imparting training. • Extending help in preparation of pip 2015-16.
2015-16	<ul style="list-style-type: none"> • Updating international, national & state database of essential medical statistics, documenting and disseminating best practices and successful experiences of other states as well as countries to different stakeholders. • Starting diploma courses of one year in various needed discipline of public health for in service doctors, paramedics and outside students with the help of national and international institutes & organizations. • Evaluation of some important activities of nrhm. • Research activities in important areas of public health. • Extending help to Sihfw, DG (M& H) AND DG (FW) in imparting training • Extending help in preparation of pip 2016-17.
2016-17	<ul style="list-style-type: none"> • Updating international, national & state database of essential medical statistics, documenting and disseminating best practices and successful experiences of other states as well as countries to different stakeholders. • Continue diploma courses of one year in various needed discipline of public health for in service doctors, paramedics and outside students with the help of national and international institutes & organizations. • Evaluation of some important activities of NRHM. • Research activities in important areas of public health. • Extending help to SIHFW, DG (M& H) and DG (FW) in imparting training. • Planning for degree courses of two years in various needed discipline of public health for in service doctors, paramedics and outside students with the help of national and international institutes & organizations. • Steps towards self sustenance through international funding and self fund generation.

Each department of the Academics and Training wing of SPHRI will have the following Human Resource:

Sl.	Designation	Number	Nature of Recruitment
1	Professor & HOD	1	on deputation
2	Associate Professor	1	Contractual
3	Assistant Professor	2	contractual
4	Research Fellow	1-2	contractual
5	Office I/C	1	contractual
6	Steno cum bilingual typist	1	contractual
7	attendant/class IV	2	contractual

The Budget requirement for SPHRI for year 2012-13 (in Lakhs)

Sl.	Wings/Activities	Units	Total Amount (Rs.in Lakhs)
1	Administration and Finance wing	Administration and Finance	62.72
2	Technical wing	Department of Public Health Administration, Planning, Evaluation & Research	68.12
		Department of RCH	65.72
		Department of Disease Control	65.72
		Department of Social Sciences	62.48
		Department of HMIS	62.48
3	Technical Research and Development	Ultra modern digital cum print library	96.80
4	Research	Ten Projects	50.00
5	Professional Visits	Interstate/International Visits	50.00
6	General establishment	Civil Work etc	81.28
Total			665.32

A website of the SPHRI will be developed and the vision, goals & objectives, structure, details of human resource, activities, budget, tender and recruitment process etc. will be put on the website with regular updating. The HoD of Department of HMIS, SPHRI will maintain the website in consultation with all the HoDs of SPHRI and the librarian under the guidance of Mission Director. **The Details of Departments and wings of SPHRI for year 2012-13 is below:**

Department of Administration					
Sl .	Designation	Nature of Recruitment	Organization/Qualification	Remuneration Rs. per month	Yearly Expense in Rupees
1	Administration Officer	Deputation	PCS (ADM Rank)	salary+ dep allowance	1400000.00
2	Finance Officer	Contractual	PCS (Finance)	80000.00	960000.00
3	Accountant	Contractual	MCA/MBA	25500.00	612000.00
4	Office I/C	Contractual	Graduate	18000.00	216000.00
5	Steno cum bilingual typist to HoD	Contractual	Graduate	9000.00	216000.00
6	Class IV	Contractual	High school	7000.00	168000.00
B	Recurring Operational Expende of the department			100000	1200000.00
C	One Time Establishment Budget Furniture, Computer, Photostat 3 in 1 Telephone etc				1500000.00
Total					6272000.00

Department of Public Health Administration and Hospital Management									
Sl.	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Teaching/ Training Experience	Rem Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable			
1	Professor & Head	Deputation from PMS/others	MBBS, MPH	Mandatory	Not less than 20 yrs	At State Level/ National /international Organization	Y	salary+ dep allowance	1400000.00
2	Associate Professor (Operational Research)	Contractual	MSc (Statistics), Ph.D	Desirable	Not less than 10 yrs	University/ College/Institute	Y	55000.00	660000.00
3	Assistant Professor (Planning)	Contractual	MPH,MBA	Desirable	-	-	Y	35000.00	420000.00
4	Assistant Professor (M/E)	Contractual	MSc (Statistics/ Bio-Statistics)	Desirable	-	-	Y	35000.00	420000.00
5	Research Fellow cum Project Coordinator-3	Contractual	MSc (Statistics/ Bio-Statistics)					20000.00	720000.00
6	Office I/C	Contractual	Graduate					18000.00	216000.00
7	Steno cum bilingual typist to HoD	Contractual	Graduate					9000.00	108000.00
8	Class IV-2	Contractual	High school					7000.00	168000.00
B	Recurring Operational Expense of the department							100000.00	1200000.00
C	One Time Establishment Budget Furniture, Laptop, Computers with printers, Photostat 3 in 1 Telephone etc								1500000.00
Total									6812000.00

Department of RCH & Family Planning									
Sl.	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Teaching /Training Experience	Rem Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable			
1	Professor & Head	Deputation from PMS/others	MBBS, MD (PED)	Mandatory	Not less than 20 yrs	At State Level/ National /international Organization	Y	salary+ dep allowance	1400000.00
2	Associate Professor (Reproductive health)	Contractual	MBBS, MS (GYN)	Desirable	Not less than 10 yrs	University/ College/Institute	Y	55000.00	660000.00
3	Assistant Professor (Child Health/ Immunization)	Contractual	MBBS, MD (PED)	Desirable	-	-	Y	35000.00	420000.00
4	Assistant Professor (Rep Health)	Contractual	MBBS, MS (GYN)	Desirable	-	-	Y	35000.00	420000.00
5	Research Fellow-2	Contractual	MSc (Statistics/Bio-Statistics)					20000.00	480000.00
6	Office I/C	Contractual	Graduate					18000.00	216000.00
7	Steno cum bilingual typist to HoD	Contractual	Graduate					9000.00	108000.00
8	Class IV-2	Contractual	High school					7000.00	168000.00
B	Recurring Operational Expense of the department							100000	1200000.00
C	One Time Establishment Budget Furniture, Laptop, Computers with printers, Photostat 3 in 1 Telephone etc								1500000.00
Total									6572000.00

Department of Disease Control, Sanitation & Nutrition									
Sl .	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Teaching / Training Experience	Rem Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable			
1	Professor & Head	Deputation from PMS/Others	MBBS, MD (PSM) or MPH	Mandatory	Not less than 20 yrs	At State Level/ National /international Organization	Y	salary+ dep allowance	1400000.00
2	Associate Professor	Contractual	MBBS, MD (PSM)	Desirable	Not less than 10 yrs	University/ College/ Institute	Y	55000.00	660000.00
3	Assistant Professor	Contractual	MBBS, MD (PSM)	Desirable	-	-	Y	35000.00	420000.00
4	Assistant Professor	Contractual	MBBS, MD (PSM) or MPH	Desirable	-	-	Y	35000.00	420000.00
5	Research Fellow-2	Contractual	MSc (Statistics/Bio-Statistics)					20000.00	480000.00
6	Office I/C	Contractual	Graduate					18000.00	216000.00
7	Steno cum bilingual typist to HoD	Contractual	Graduate					9000.00	108000.00
8	Class IV-2	Contractual	High school					7000.00	168000.00
B	Recurring Operational Expense of the department							100000	1200000.00
C	One Time Establishment Budget Furniture, Laptop, Computers with printers, Photostat 3 in 1 Telephone etc								1500000.00
Total									6572000.00

Department of Social Sciences									
Sl.	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Teaching /Training Experience	Rem Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable			
1	Professor & Head	Deputation	MSW, Ph.D	Mandatory	Not less than 20 yrs	At State Level/ National /international Organization	Y	salary+ dep allowance	1400000.00
2	Associate Professor	Contractual	MSW, Ph.D	Desirable	Not less than 10 yrs	University/ College/Institute	Y	55000.00	660000.00
3	Assistant Professor	Contractual	MSW, Ph.D	Desirable	-	-	Y	35000.00	420000.00
4	Assistant Professor	Contractual	MSW, Ph.D	Desirable	-	-		35000.00	420000.00
5	Research Fellow	Contractual	MSW					20000.00	240000.00
6	Office I/C	Contractual	Graduate					18000.00	216000.00
7	Steno cum bilingual typist to HoD	Contractual	Graduate					9000.00	108000.00
8	Class IV	Contractual	High school					7000.00	84000.00
B	Recurring Operational Expenche of the department							100000	1200000.00
C	One Time Establishment Budget Furniture, Computer, Photostate 3 in 1 Telephone etc								1500000.00
Total									6248000.00

Department of HMIS									
Sl.	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Teaching /Training Experience	Rem. Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable			
1	Professor & Head	Deputation	M. Tech, (IT) Ph.D	Mandatory	Not less than 20 yrs	At State Level/ National /international Organization	Y	salary+ dep allowance	1400000.00
2	Associate Professor	Contractual	MCA/MBA	Desirable	Not less than 10 yrs	University/ College/Institute	Y	55000.00	660000.00
3	Assistant Professor	Contractual	MCA/MBA	Desirable	-	-	Y	35000.00	420000.00
4	Assistant Professor	Contractual	MCA/MBA	Desirable	-	-	Y	35000.00	420000.00

5	Research Fellow	Contractual	MCA/MBA					20000.00	240000.00
6	Office I/C	Contractual	Graduate					18000.00	216000.00
7	Steno cum bilingual typist to HoD	Contractual	Graduate					9000.00	108000.00
8	Class IV	Contractual	High school					7000.00	84000.00
B	Recurring Operational Expende of the department							100000	1200000.00
C	One Time Establishment Budget Furniture, Computer, Photostat 3 in 1 Telephone etc								1500000.00
Total									6248000.00

Technical Research & Development (library, research, publication, computer & information Management)								
Sl.	Designation	Nature of Recruitment	Qualification	Fellowship/ Medals	Professional Experience		Rem. Rs. per month	Yearly Expense in Rupees
					Mandatory	Desirable		
1	Librarian-1	Contractual	M.Lib	Desirable	10 yrs	At State Level/ National/ international organization	50000.00	600000.00
2	Assistant Librarian-2	Contractual	M.Lib	Desirable	5 yrs		30000.00	720000.00
3	Computer operators-2	Contractual	Graduate	Desirable	2 yrs		15000.00	360000.00
4	Library Attendants -2	Contractual	Graduate	Desirable			9000.00	216000.00
5	Class IV-2	Contractual	High school				7000.00	84000.00
B	Recurring Operational Expende of the department						100000	1200000.00
C	One Time Establishment Budget Furniture, Computer, Photostat 3 in 1 Telephone, Books gernal's (Electronic & print) etc							6500000.00
Total								9680000.00

For the above purpose, Rs. 665.32 Lakhs was proposed, out of which GOI approved Rs. 200.00 Lakhs only. (ROP-FMR Code- B.21).

18. SUPPORT SERVICES

A). Revised National Tuberculosis Control Programme

To support RNTCP, Rs. 105.40 Lakhs was proposed for additionality funds from NRHM, as per following details:

Sl.	Activity/ Item	No. planned for this year	Amount Proposed (Rs.)
1	Generators for IRL(125 kv)	2	4000000
2	Electricity Expenses for IRL STDC Agra		1200000
3	Installation of IRL equipment at STDC, Agra		100000
4	Generators for SDS	4	800000
5	Vehicle hiring for IRL Lucknow & Agra to conduct OSE visits to districts		300000
6	Civil works in IRL Agra		4140000
TOTAL			10540000

For the above proposed activities of RNTCP under NRHM additionality, GOI approved Rs.89.40 Lakhs only. (ROP-FMR Code- B.22.4)

B). National Leprosy Eradication Programme

In NLEP for the year 2012-13, under NRHM additionalities the following activities/ Component has been approved in ROP but due to calculation/typing error in PIP only Rs. 13.80 Lakhs has been sanctioned under NRHM. Though the total budgetary requirement is Rs. 41.875 Lakhs.

NLEP Component	Unit	Details	Rates	Activity-wise budget (in Rs.)	Approved Amount (in Rs.)	Difference (in Rs.)
i) Computers, Printer, UPS for District	DHS	75	50000	3750000.00	1380000.00 (ROP-FMR Code- B. 22.6)	2807500.00
ii) Training to 1 District Nucleus member in computer application	DHS	75	2500	187500.00		
iii) Computers, Printer, UPS for SLO Office	SHS	2	50000	100000.00		
iv) Photocopier for SLO Office	SHS	1	150000	150000.00		
Total Amount (A)				4187500.00		

As per discussion held on 11.07.2012 with Gol team it is agreed upon to send a proposal of the left out budget of Rs. 28.075 Lakhs in supplementary PIP 2012-13. In the light of above fact it is requested to approve the difference i.e. Rs. 28.075 Lakhs under NRHM additionality for NLEP for year 2012-13.

In NLEP in PIP 2012-13 a budget of Rs.1.01052 Lakhs was proposed but has not been approved. In the interest of the programme a proposal for a peon for the office of State Leprosy Officer as follows is being submitted for the approval under NRHM additionality for year 2012-13.

NLEP Component	Responsibility	Details	Rates	Activity-wise budget (in Rs.)
Peon @ Rs 7000 monthly + Service & other taxes at 20.3 % (Rs 1421) in State HQ	SHS	1	8421.00	101052.00
Total Amount (B)				101052.00
Grand Total (A + B)				2908552.00

For the above proposed activities of NLEP under NRHM addionality, GOI approved Rs.28.40 Lakhs only. (ROP-FMR Code- B.22.4). (Proposed in Supplementary PIP).

C). National Vector Borne Disease Control Programme

C-1). Biological Control of Larvae

A budget of Rs. 39.20 lakhs for Biological Control of Larvae (One time grant to State Fisheries Department for implementation and execution of this project in JE/AES affected districts) for JE/AES Programme under NVBDCP was proposed in PIP of year 2012-13 of National Rural Health Mission, Uttar Pradesh. In the meeting of National Program Co-ordination Committee held under chairpersonship of Additional Secretary/Mission Director, GoI on 17.05.2012 in New Delhi, it was agreed upon in principle to approve the above mentioned project and budgetary proposal. However, the ROP received by us does not have approval for it.

As JE/AES related morbidity and mortality is very critical and likely to increase in the monsoon season, hence wide D.O.No. 534 dated 18.06.2012 it was again requested for the approval of Rs. 39.20 lakhs for Biological Control of Larvae using Gambusia fish to control JE/AES under NVBDCP for districts in Gorakhpur, Basti, Azamgarh and Devi Patan divisions and timely release to start the proposed activity in the affected districts. Still we are not having approval for it so far.

The issue is critical, hence, the approval of budget of Rs. 39.20 Lakhs for Biological Control of Larvae (One time grant to State Fisheries Department for implementation and execution of this project in JE/AES affected districts) for JE/AES Programme under **Mission Flexipool** was requested, ***which is approved by GOI. (ROP-FMR Code-B.22.6). (Proposed in Supplementary PIP)***

C.2). Malaria

Malaria disease is prevalent in all the 75 districts but 08 districts namely Aligarh, Etah, Mirzapur, Sonbhadra, Allahabad, Kanpur Dehat(Ramabai Nagar), Saharanpur and Muzaffar Nagar are most malaria sensitive districts.

Proposed commodity by the state

1 Under Malaria in the previous supplementary PIP 2012-13 the state has proposed the procurement of 5.00 Lakhs RD kits, which means diagnostic facilities for 1.00 Lakh probable fever cases will be provided, for which state requires to procure 6000 RD kits which includes 20% buffer stock as well. For procurement of RD kits state has been directed to procure these kits out of decentralized budget provided by NVBDCP (GOI).

- 2 Supply of insecticide DDT50%** - GOI has already supplied 934MT DDT 50% in accordance with the requirement of the state and in case the need arises for additional supply the same can be diverted from the other states. Though the payment of wages for spray men was to be done by the state but it is not being paid for last 2 to 3 years, which has grossly affected insecticidal spray (IRS) in the state. The concerned officials have already worked-out an amount of Rs. 496.60 Lakhs for the payment to the spray men which is proposed to be met from the NRHM flexi pool. However in the meeting on 11.07.2012 chaired by Principal Secretary, Medical Health & Family Welfare, it was ensured that the state will bear the cost of the wages of the Spray men during the next financial year (2013-14). ***For this purpose, Rs. 496.60 is approved by GOI.(ROP-FMR Code-B.22.6)***
- 3 Malaria surveillance** – Surveillance is very important tool for not only detecting malaria cases but also to provide information for impending outbreaks due to malaria and other vector borne diseases. The state has not been able to meet the national figures of 10% ABER due to acute shortage of basic surveillance workers. Though state had initiated recruitment of Basic Surveillance Workers (BSW/ MPWs male for only VBD) however due to certain unavoidable circumstances the recruitment was not made by state. At present there is a shortage of 7351 BSWs/ MPWs male for only VBD. It is proposed to appoint these workers on contractual basis @ Rs.6000/- per month for 8 months for which the total amount required for the recruitment of these 7351MPWs amounts to Rs.3528.48 Lakhs which may be met-out of NRHM flexipool. However in the meeting chaired by Principal Secretary, Medical Health & Family Welfare, it was ensured that the state will initiate the process of recruitment of these workers at the earliest. ***For this purpose, Rs. 3528.48 Lakhs is approved by GOI. (ROP-FMR Code- B.22.6)***
- 4 Training of Basic Surveillance Workers (MPW Male) for only VBD** - Training of MPW male for only VBD, no. 7351, training days-10, expenses Rs. 50 per day per worker, amounting Rs. 36.75 Lakhs to be met out of NRHM Flexipool, ***which is approved by GOI. (ROP-FMR Code-B.22.6)***
- 5 Supply of Larvicides** – It is estimated that an amount of Rs.200.00 Lakhs be provided to the state out of NRHM flexi pool to procure temephos (larvicide) which is being used under the programme.***For this activity, Rs. 200.00 Lakhs is approved by GOI.(ROP-FMR Code- B.22.6)***

The above proposal was submitted to GOI in Supplementary PIP.

19. OTHER EXPENDITURE AND POWER BACKUP

Diesel for Generators at District Hospitals & Functional CHCs, District H.Q. Cold Chain

The availability of electricity in Uttar Pradesh is poor affecting the functionality of the health facility. In some areas, there is less than four hours of electricity available throughout the day. Therefore, various funds available at facilities for the purpose are inadequate.

As per proposal received from DG-MH, An amount of Rs.1423.14 Lakhs is required to for 153 district level hospitals. Additionally, Rs. 0.35 Lakh per month per fully functional CHC and Rs 0.35 Lakh for CHCs which are still functional in Block PHC building, be provided to the facilities to overcome the shortage of electricity. **A total amount of Rs. 5,537.34 Lakhs was proposed for the year 2012-13, as per following:**

Diesel for Generators	Units	Unit Cost	Frequency	Total Amount Proposed (Rs. in Lakhs)
For District Hospitals	153	-	-	1,423.14
For Fully Functional Community Health Centres	466	35,000.00	12	1,957.20
For Community Health Centres, which are functional in Block Primary Health Centres Buildings	460	35,000.00	12	1,932.00
POL for generators at District HQ Cold Chain	75	25,000.00	12	225.00
Total				5,537.34

For the above purpose, GOI approved Rs. 4000.00 Lakhs is approved by GOI.(ROP-FMR Code-B.23)

BUDGETARY DETAILS OF MISSION FLEXI- POOL - 2012-13

FMR Code	Activities	Amount Approved (Rs. In Lakhs) - 1 st ROP	Amount Approved (Rs. In Lakhs)- SROP	Total Amount Approved (Rs. In Lakhs)
B1	Accredited Social Health Activist (ASHA)			
B.1.1.1	ASHA Training	2,368.00	-	2,368.00
B.1.1.2	Procurement of ASHA Drug Kits - For 90% ASHAs	428.98	-	428.98
	Child Survival Kit (New)	219.96		219.96
B.1.1.3	Other Incentives to ASHAs		-	-
	On taking complicated pregnancy cases or new born cases to the health facility	735.39		735.39
	Complete Immunization of children upto 1 year of age and Vit. A Supplementation	3,676.95		3,676.95
	Birth-Death Registration	956.00		956.00
	Conveyance for attending monthly meeting at the PHC once in a month	735.39		735.39
	Maternal Death Audit	61.28		61.28
	Home based newborn Care	-	-	-
	36 CCSP Districts of 1st & 2nd Phase	-	1,588.90	1,588.90
	Will be Trained in 2012-13 in HBNC	-	450.00	450.00
B.1.1.4	Awards to ASHA's	41.00	-	41.00
	Awards to ASHA's/Link Workers (Umbrella, Torch, ID Cards)		379.95	379.95
	Annual ASHA Sammelan/ Diwas	204.28	-	204.28
	ASHA payment vouchers	30.64	-	30.64
	Block Level ASHA Master Payment registers	1.23	-	1.23
	ASHA Newsletters	44.00	-	44.00
B.1.1.5	ASHA Resource Centre/ASHA Mentoring Group (AMG)	-	-	-
	State level ASHA Resource Centre	2.00	-	2.00
	Senior Consultant	6.00	-	6.00
	Programme Assistant	1.50	-	1.50
	District level support system for district community mobilizer	214.77	-	214.77
	State	1.50	-	1.50
	District	7.50	-	7.50
B.1.1.6	ASHA Support System	-	-	-
	Training of ASHA Facilitators for ASHA Support System in 18 selected districts	63.00	-	63.00
	Incentive to Block level Facilitators for 18 selected Districts	720.00	-	720.00
	Sub Total	10,519.37	2,418.85	12,938.22
B2	Untied Funds	-	-	-
B.2.1	Untied funds for CHCs	4.17	-	4.17
B.2.2	Untied funds for PHCs	4.19	-	4.19
B.2.3	Untied Fund for Sub Centres	38.16	-	38.16
B.2.4	Untied fund for Village Health Sanitation & Nutrition Committees	416.96	-	416.96
	Sub Total	463.48	-	463.48
B.3	Annual Maintenance Grants	-	-	-
B.3.1	CHCs			
	Block Primary Health Centres(460)/ Community Health Centres (466)	23.79	-	23.79
B.3.2	Primary Health Centres (30000 Population)	21.55	-	21.55
B.3.3	Sub Centres	14.16	-	14.16
	Sub Total	59.50	-	59.50
B.4	Hospital Strengthening	-	-	-

B.4.1	Upgradation of Community Health Centres, Primary Health Centres, Dist. Hospitals	-	-	-
B.4.1.1	District Hospitals	22,027.47	-	22,027.47
B.4.1.2	CHCs	-	-	-
B.4.1.3	PHCs	-	-	-
B.4.1.4	Sub Centres	-	-	-
B.4.1.5	Others	-	-	-
i	Hospital Waste Management System (Bio Medical Waste)	-	-	-
	District Level Hospitals (159)	1,306.58	-	1,306.58
	Rural Community Health Centres under CMOs of 73 districts	1,223.02	-	1,223.02
ii	Outsourcing of cleaning, upkeep & laundry services - District level hospitals (155) and Community Health Centres (75)	3,637.43	-	3,637.43
iii	Support to medical colleges (state -7 and centrally aided-2) to strengthening SNCUs	310.16	-	310.16
B.4.2	Strengthening of District, Sub-divisional Hospitals, Community Health Centres, Primary Health Centres	-	-	-
B.4.3	Sub Centre Rent and Contingencies	148.53	-	148.53
B.4.4	Logistics management/ improvement	-	-	-
	Operationalisation of district drug warehouses	174.90	-	174.90
	Sub Total	28,828.08	-	28,828.08
B.5	New Constructions/ Renovation and Setting up	-	-	-
	MCH wing construction of maternity wing in DHW (100 bedded)		50,000.00	50,000.00
	Construction of Maternity wing in CHC (50 bedded)		3,000.00	3,000.00
	Construction of Maternity wing in CHC (30 bedded)		11,700.00	11,700.00
	Construction of State Referral Facility for MCH at Gomti Nagar, Lucknow		2,815.91	2,815.91
B.5.1	Community Health Centres	-	3,750.00	3,750.00
B.5.2	Primary Health Centres	-	2,100.00	2,100.00
B.5.3	SHCs/Sub Centres	3,852.20	-	3,852.20
B.5.4	Setting up Infrastructure wing for Civil works	-	-	-
B.5.5	Govt. Dispensaries/ others renovations	-	-	-
	Regional Drug ware houses	110.00	-	110.00
	District Drug ware houses- rennovation	115.00	-	115.00
	District Drugware Houses-Construction	1,121.12	-	1,121.12
B.5.6	Construction of BHO, Facility Improvement, Civil work, BemoC & CemoC centres	-	-	-
B.5.7	Major civil works for operationalisation of FRUS	-	-	-
B.5.8	Major civil works for operationalisation of 24 hour services at PHCs	-	-	-
	Sub centres < 5 delivery per month	-	-	-
B.5.9	Civil Works for Operationalise Infection Management & Environment Plan at health facilities	-	-	-
B.5.10	Infrastructure of Training institutions	-	-	-
B.5.10.1	Strengthening of existing training institutions/Nursing Schools (other than HR)	-	-	-
	a. GNM Schools	-	-	-
	b. ANM Training Centres	400.00	-	400.00
B.5.10.2	New Training Institutions/School (other than HR)			
	Regional Health & Family Welfare Training Centres	220.00	-	220.00
	30 District Peripheral Training Team (Achal Prashishan Kendra)	-	-	-
	Sub Total	5,818.32	73,365.91	79,184.23
B.6	Corpus Grants to Rogi Kalyan Samiti (RKS)	-	-	-
B.6.1	District Hospitals	2.74	-	2.74
B.6.2	CHCs	28.61	-	28.61
B.6.3	PHCs	10.24	-	10.24
B.6.4	Other or if not bifurcated as above	-	-	-
	Sub Total	41.59	-	41.59

B.7	District Action Plans	200.00	-	200.00
B.8	Panchayati Raj Initiative	-	927.20	927.20
B.9	Mainstreaming of AYUSH	-	10,512.23	10,512.23
B.10	IEC-BCC NRHM	-	-	-
B.10	Strengthening of BCC/IEC Cells at FW Directorate	5.00	-	5.00
B.10.2.1	BCC/IEC activities for Maternal Health	844.81	-	844.81
B.10.2.2	BCC/IEC activities for Child Health	20.00	-	20.00
	BCC/IEC activities for Routine Immunization	33.75	1,023.07	1,056.82
B.10.2.3	BCC/IEC activities for Family Planning	263.35	-	263.35
B.10.2.4	BCC/IEC activities for Adolescent Reproductive & Sexual Health	177.00	-	177.00
B.10.3	Health Mela	-	-	-
B.10.4	BCC/IEC activities for Creating awareness on declining sex ratio issues	188.25	-	188.25
B.10.5	Other IEC/BCC Activities	-	-	-
	Republic day Celebration	2.00	-	2.00
	Mass Media/Mid Media - for any of the programme, as per the need	200.00	-	200.00
	National / Regional level workshop	20.00	-	20.00
	Village Health Index Registers	132.00	-	132.00
	Installment of information Kiosks		40.00	40.00
	LED TV in 75 districts		175.00	175.00
	Sub Total		215.00	215.00
	Total - IEC/BCC	1,886.16	1,238.07	3,124.23
B.11	Mobile Medical Units (Including recurring expenditures)	2,642.71	5,052.75	7,695.46
B.12	Referral Transport	-	-	-
B.12.1	Ambulance/ Emergency Medical Transport Services	5,311.50	9,023.78	14,335.28
B.13	PPP/NGOs			
B.14	Innovations(if any)	-	-	-
B.15	Planning, Implementation and Monitoring	-	-	-
B.15.1	Community Monitoring (Visioning workshops at State, Dist, Block level)	-	-	-
B.15.2	Quality Assurance	-	-	-
	Quality Assurance - State	35.34	-	35.34
	Quality Assurance - District	877.95	-	877.95
B.15.3	Monitoring and Evaluation	-	-	-
B.15.3.1	Monitoring & Evaluation / HMIS /MCTS		-	-
	Strengthening of M&E/HMIS/MCTS		-	-
	Honorarium of DEOs at block level for MCTS		984.00	984.00
B.15.3.1.a	Salaries of M&E, MIS & Data Entry Consultants	114.00	48.00	162.00
B.15.3.1.b	Strengthening MIS division/Salary of GM(MIS)/Technical Consultant(MIS), Data Analyst	27.00	-	27.00
B.15.3.1.c	Workshops / Training on M&E	5.00	-	5.00
B.15.3.1.d	M&E studies	2.50	-	2.50
B.15.3.1.e	Others (specify)	-	-	-
	Others (Contingency- NRHM website development/Maintenance, other online applications and for web based reporting system)		15.00	15.00
B.15.3.1.f	Tally ERP software for block units	131.84	-	131.84
B.15.3.1.g	Internet connectivity	120.00	-	120.00
B.15.3.1.h	Annual Maintenance	25.00	-	25.00
B.15.3.1.i	Printing & computer stationery	60.00	-	60.00
B.15.3.1.j	New Computer Systems, Printers, higher capacity UPS, Networking at SPMU	20.00	-	20.00
B.15.3.1.k	Others	-	-	-
	Providing data cards to remote units		25.00	25.00
	Operationalizing HMIS at sub district level		-	-
B.15.3.1.l	Review of existing registers – to make compatible with National HMIS	10.00	-	10.00
B.15.3.1.m	Printing of new Registers / Forms	15.00	-	15.00
	Training of staff		-	-

B.15.3.1.n	- District Level	2.25	-	2.25
B.15.3.1.o	- State Level	20.00	-	20.00
	Review of MCH Tracking		-	-
B.15.3.1.p	Work Plan generation	25.00	47.00	72.00
	Review of MCTS activities		-	-
B.15.3.1.q	District e-Mission Meetings	36.00	-	36.00
B.15.3.1.r	State e-Mission Meetings	0.40	-	0.40
B.15.3.1.s	Capacity Building of Teams - State, Division & District level	10.00	-	10.00
B.15.3.1.t	Capacity Building of Teams - Division & District level	3.60	-	3.60
B.15.3.1.u	Capacity Building of Teams - District & Block level	3.75	-	3.75
B.15.3.1.v	Others- Contingency	-	-	-
B.15.3.1.w	Other Programmes		-	-
	Web based reporting system between districts and NRHM	-	-	-
	JSY Beneficiary Tracking System	1.00	-	1.00
	Help line Operations	5.00	-	5.00
B.15.3.1.x	Communication		-	-
B.15.3.1.x.1	CUG Recurring Cost	-	35.00	35.00
B.15.3.1.x.2	Operating Cost CUG Mobile Phone Services- MO-ICs / Superintendants	16.79	-	16.79
	Service tax 12.36% of recurring cost for mobile phone to MOI/C		2.08	2.08
B.15.3.1.x.3	Operating Cost CUG Mobile Phones- ANMs	186.45	-	186.45
	Service tax 12.36% of recurring cost for mobile phone to ANMs		23.05	23.05
B.15.3.1.x.4	Recurring cost including 12.36% service tax 12.36 for mobile phone to ASHAs		1,652.58	1,652.58
B.15.3.2	Computerization HMIS and e-governance, e-health/MCTS		-	-
B.15.3.3	Other M & E		-	-
	Supportive supervision, Monitoring & evaluation		1,861.72	1,861.72
	Sub Total	1,753.87	4,693.43	6,447.30
B.16	PROCUREMENT	-	-	-
	Procurement of equipments	-	-	-
B.16.1.1	Procurement of equipments: MH	13.20	-	13.20
B.16.1.2	Procurement of equipments: CH			
B.16.1.3	Procurement of equipments: FP	50.00	-	50.00
B.16.1.4	Procurement of equipments :IMEP	-	-	-
B.16.1.5	Procurement of others			
	Laminated Snellen's chart	57.40	-	57.40
	Tablets for improving health care		20.00	20.00
	Generators- district level cold chain points- 25 KVA		232.89	232.89
	Generators- CHCs(823) - 25 KVA		2,555.62	2,555.62
	Generator- Balrampur Hospital, Lucknow - 200 KVA		21.84	21.84
	Generator - UHM hospital, Kanpur -320 KVA		28.66	28.66
	Generator- District hospital, Hardoi- 62.5 KVA		9.31	9.31
B.16.2	Procurement of Drugs and Supplies	-	-	-
B.16.2.1	Drugs & supplies for MH	-	-	-
	Safe Abortion Services - Comprehensive Abortion Care (CAC) drugs	198.30	-	198.30
	RTI/STI	77.82	-	77.82
	Other Drugs procurement for MH	1,197.00	-	1,197.00
B.16.2.2	Drugs & supplies for CH	-	-	-
	Essential Drugs for Sub Centers under CH	1,545.23	-	1,545.23
	Procurement of drugs - BSPM	292.88	-	292.88
	Diarrheal management	1,201.68	-	1,201.68
B.16.2.3	Drugs & supplies for FP			
B.16.2.4	Supplies for IMEP			
B.16.2.5	General drugs & supplies for others			
	Drugs & supplies for ARSH	-	-	-
	Saloni Swasth Kishori Yojana	109.76	-	109.76

	Non-School Going Adolescent Girls Addressing Anemia	149.48	-	149.48
	Reach to non-school going girls through Convergence with SABLA	98.16	-	98.16
	Drugs & supplies for School Health	927.94	-	927.94
	Drugs & supplies for Child Health Guarantee Scheme		3,616.40	3,616.40
	Drugs & supplies for Urban RCH	200.00	-	200.00
	Sub Total	6,118.86	6,484.72	12,603.58
B.17	Regional drugs warehouses	115.27	-	115.27
	State Logistic ware house (LMC)	11.66	-	11.66
	Sub Total	126.93	-	126.93
B.18	New Initiatives/ Strategic Interventions/Innovations	-	-	-
	Backward Districts Interventions	-	-	-
	District Static Training Lab	-	-	-
	One time establishment cost	130.00	-	130.00
	Honorarium for PHN Tutors	18.00	-	18.00
	Honorarium for one Sweepress	3.15	-	3.15
	Consumables and contingency	0.45	-	0.45
	Up-gradation of Helpline operations to 24*7 at state level integrated with hello doctor		207.35	207.35
	Sub Total	151.60	207.35	358.95
B.19	Health Insurance Scheme			
B.20	Research/Studies/Analysis	-	-	-
	Concurrent and third party evaluation	305.21	-	305.21
B.21	State level health resources center(SHSRC)	200.00	-	200.00
B.22	Support Services	-	-	-
B.22.1	Support strengthening NPCB			
B.22.2	Support strengthening midwifery services under medical services			
B.22.3	Support strengthening NVBDCP			
B.22.4	Support Strengthening Revised National Tuberculosis Control Programme	89.40	-	89.40
B.22.5	Contingency support to Govt. dispensaries			
B.22.6	Other NDCP support programmes			
	Support Strengthening NLEP	13.80	28.40	42.20
	Support strengthening NVBDCP			-
	Biological control of larvae for control of JE/AES		39.20	39.20
	Malaria	-	4,261.83	4,261.83
	Sub Total	103.20	4,329.43	4,432.63
B.23	Other Expenditures (Power Backup, Convergence etc)	-	-	-
	Diesel for Generators	-	4,000.00	4,000.00
	Sub Total	-	4,000.00	4,000.00
	GRAND TOTAL	64,530.38	1,22,253.72	1,86,784.10

C. IMMUNISATION

Immunization programme is the cornerstone of public health, world over. Vaccination was practiced in India since the early 1900s, especially against small pox, in late 1940's. In 1962, BCG inoculation was included in the National Tuberculosis Control Program. A formal programme under the name of Expanded Programme of Immunization (EPI) was launched in 1978. This gained momentum in 1985 under Universal Immunization Programme (UIP). UIP was merged in child survival and safe motherhood programme (CSSM) in 1992-93. Since 1997 immunization activities are an important component of Reproductive and Child Health (RCH) programme. A National Technical Advisory Group on Immunization (NTAGI) was set up in 2003, and a Midterm Strategic Plan (MTSP) developed in 2004. From April 2005, immunization is an important component of RCH-II under the National Rural Health Mission (NRHM).

Situational Analysis of the State Implementation Programme

In the state of Uttar Pradesh, the RI sessions are held for 2 days in a week – Wednesdays and Saturdays, thus 8 sessions per sub center per month are presumed to be held. The state proposes to hold 4-8 session in a month for any sub-centre as required according to its population and beside this immunization sessions are also being held in District Hospital, PPC, Urban Health Posts and outreach sessions in slums of big cities. Strategy aims to improve equity in access to immunization by targeting difficult-to-reach populations. It involves:

- Re-establishment of regular outreach services;
- Supportive supervision and on-site training;
- Community links with service delivery;
- Monitoring and use of data for action;
- Better planning and management of human and financial resources.

One outreach session of Routine Immunization on Saturday will be organized as “Village Health and Nutrition Days” in the village of each Gram Sabha per month to expand access to care and improve quality. There are 51914 Gram Sabha are functional in the State, so 51914 Village Health and Nutrition will be organized per month in the villages of Gram Sabha.

State Level Coverage

Sl.	Coverage	BCG	DPT	OPV	Measles	Fully Immunized
1.	DLHS-3	73.4	38.9	40.4	47.0	30.3
2.	CES-2009	76.4	58.1	53.9	52.8	40.9

District wise Coverage reports upto December, 2011

(Figure in Numbers)

Sl.	Name of Districts	Yearly target (2011-12)		BCG coverage	OPV- 1st dose coverage	OPV-3rd dose coverage	DPT-1st dose coverage	DPT-3rd dose coverage
		Pregnant women	Infants					
1	Agra	139691	118991	75983	31277	74825	31893	75165
2	Aligarh	117148	99789	65289	61709	55979	63844	55856
3	Allahabad	190041	161880	82564	85359	75338	87093	77358
4	Ambedkar Nagar	76488	65154	34665	33028	35712	35280	37066
5	Auriya	43758	37274	23477	23858	21249	23119	21249
6	Azamgarh	147207	125394	61461	67445	57478	67485	57507
7	Badaun	118389	100845	62858	62026	54741	67952	58610
8	Baghpat	41522	35369	28000	27634	26000	27753	26000
9	Bahraich	110912	94477	52809	61627	53861	61627	53861
10	Balia	102793	87561	44805	46226	39619	46226	39619
11	Balrampur	68528	58373	38019	36147	33919	38054	36506
12	Banda	57382	48879	34764	28333	26855	28327	26855
13	Barabanki	103888	88493	50095	50037	46017	50037	46017
14	Bareilly	142387	121288	66700	79235	65136	79269	66690
15	Basti	78476	66847	47389	46788	45438	48331	46313
16	Bijnor	117469	100062	61086	58410	57401	61065	57965
17	Bulandshar	111557	95027	54077	57245	50097	57611	50345
18	C.S.M.Nagar	73110	62276	33680	34223	31521	34420	31561
19	Chandauli	62266	53040	38727	38893	35153	39498	35779
20	Chitrakoot	31588	26907	17217	16492	15483	16492	15483
21	Deoria	98807	84165	53068	50626	49596	50548	49498
22	Etah	56158	47836	31184	30168	27107	30168	27107
23	Etawah	50355	42893	25380	22484	22429	22667	22169
24	Faizabad	78709	67046	40093	32137	27453	33963	29340
25	Farrukhabad	60189	51270	35783	32286	29896	32286	29896
26	Fatehpur	83949	71509	48274	45840	44743	46509	44700
27	Firozabad	79615	67817	47971	47602	42810	47602	42810
28	G.B.Nagar	53402	45489	28194	26503	23293	26503	23293
29	Ghaziabad	148640	126614	80956	60738	84637	70880	86165
30	Ghazipur	115518	98404	57611	58055	59262	58055	59262
31	Gonda	109417	93203	47918	49554	41490	51975	43595
32	Gorakhpur	141460	120498	70718	69201	64331	71770	68376
33	Hamirpur	35204	29987	22300	20996	20954	20996	20954
34	Hardoi	130462	111130	63755	57379	58421	65754	60575
35	J.P.Nagar	58633	49945	29823	28593	24490	28593	24490
36	Jalaun	53274	45380	28982	27775	25865	27775	25865
37	Jaunpur	142728	121579	92682	86251	84518	83188	80754
38	Jhansi	63798	54345	40176	36228	35354	39373	35354
39	Kanauj	52869	45035	29663	30099	28459	30099	28459
40	Kanpur nagar	145818	124211	95843	82335	76610	86916	80665
41	Kanshiram nagar	45859	39063	29507	28376	29265	29196	29918
42	Kaushambi	50921	43375	37519	27149	22495	27149	22495
43	Kushinagar	113545	96719	56015	52668	44712	58280	50705
44	Lakhimpur Kheri	127983	109018	70702	69930	67916	73955	70875
45	Lalitpur	38839	33083	24372	21343	22180	21530	22209
46	Lucknow	146313	124632	82453	73825	68672	73825	68672
47	Mahamaya Nagar	49925	42527	27920	23891	20998	23891	20998
48	Maharajganj	84988	72395	36519	37055	32342	41591	36059
49	Mahoba	27935	23795	15455	14559	12808	14559	12808
50	Mainpuri	58902	50174	32848	33256	31485	33260	31485
51	Mathura	81054	69043	40658	45416	40074	45416	40074
52	Mau	70317	59897	34854	31336	30176	32012	29726

53	Meerut	109928	93639	64401	68410	61097	68816	61200
54	Mirzapur	79543	67757	38690	41848	37657	42452	38198
55	Moradabad	152202	129648	80810	74298	73137	75921	75031
56	Mujaffarnagar	131968	112413	65329	96415	66620	98312	66482
57	Pilibhit	64961	55335	31614	30483	27484	30496	27691
58	Pratapgarh	101202	86206	49309	47131	49187	47131	49187
59	Raibareilly	77697	66184	40693	40899	38212	40899	38212
60	Ramabai Nagar	57240	48758	28604	26772	24541	25098	25122
61	Rampur	74469	63434	38685	38254	35750	36729	35700
62	Saharanpur	110464	94095	61540	62573	59607	62573	59607
63	Sant Kabir Nagar	54664	46564	31058	31869	27237	31869	27237
64	Sant Ravidas Nagar	49559	42215	31226	29040	28187	27020	25947
65	Shahjahanpur	95737	81551	52170	48023	46118	48933	47229
66	Shrawasti	35542	30275	21478	22710	20654	19568	20654
67	Siddharthnagar	81425	69359	36345	39825	31244	44497	35196
68	Sitapur	142677	121535	86000	87836	76661	85680	77047
69	Sonbhadra	59393	50592	30338		26436		26404
70	Sultanpur	78619	66969	42256	41047	38314	40765	38734
71	Unnao	99188	84490	50943	54381	49492	56499	51119
72	Varanasi	117415	100016	74342	60621	59081	63418	61693
Uttar Pradesh		6364079	5421038	3388692	3242081	3073379	3312336	3122846

District wise Coverage reports upto December, 2011

(Figure in Numbers)

Sl.	Name of Districts	Measles Coverage	Measles 2nd Dose Coverage	TT2+Booster coverage	Hep-B birth Dose coverage	Hep-B 1st Dose coverage	Hep-B 3rd Dose coverage	JE Routine
1	3	6	7	8	9	10	11	12
1	Agra	74812		86053				
2	Aligarh	59528		52933				
3	Allahabad	88412		91383				84675
4	Ambedkar Nagar	35919		34655				29128
5	Auriya	20352		23564				
6	Azamgarh	68669		64438				66434
7	Badaun	60580		66860				
8	Baghpat	27000		26826				
9	Bahraich	53877		66129				54092
10	Balia	42855	710824	40821				33590
11	Balrampur	35077		40184				47729
12	Banda	28723		29341				
13	Barabanki	45131		56207				34630
14	Bareilly	64457		73470				41059
15	Basti	44816		49584				39918
16	Bijnor	59183		61586				
17	Bulandshar	53655		54072				
18	C.S.M.Nagar	32618		38246				23700
19	Chandauli	36998		34804				
20	Chitrakoot	16379		15789				
21	Deoria	47282	655526	51460				54065
22	Etah	28194		30277				
23	Etawah	22639		26326				
24	Faizabad	31865		37583				33967
25	Farrukhabad	30788		32183				
26	Fatehpur	47035		45580				55760
27	Firozabad	42806		48213				
28	G.B.Nagar	24027		25022				
29	Ghaziabad	74072		89012				

30	Ghazipur	60023	766311	58919				34003
31	Gonda	48251		57813				47031
32	Gorakhpur	63407		75043				62526
33	Hamirpur	20701		20362				
34	Hardoi	64850		71112				54425
35	J.P.Nagar	25098		25366				
36	Jalaun	26196		29642				
37	Jaunpur	89383		85704				63730
38	Jhansi	34047		37434				
39	Kanauj	28373		28678				
40	Kanpur Nagar	79643		112333	1806	25512	15413	72771
41	Kanshiram Nagar	30073		34290				
42	Kaushambi	23677		28375				
43	Kushinagar	46876		54058				59294
44	Lakhimpur Kheri	72152		80201				74628
45	Lalitpur	22025		24018				
46	Lucknow	69232		76003	26135	66625	52441	41420
47	Mahamaya Nagar	22394		26587				
48	Maharajganj	36187		39600				28584
49	Mahoba	14515		16232				
50	Mainpuri	28827		38408				
51	Mathura	38202		47120				
52	Mau	31510		27865				53718
53	Meerut	61866		61117				
54	Mirzapur	41354		42575				
55	Moradabad	77350		76053				
56	Mujaffarnagar	65789		64779				70511
57	Pilibhit	29927		28743				
58	Pratapgarh	49482		50394				39882
59	Raibareilly	37822		38357				34750
60	Ramabai Nagar	24654		28629				
61	Rampur	35601		35420				
62	Saharanpur	59238		68664				52231
63	Sant Kabir Nagar	28114		29299				46999
64	Sant Ravidas Nagar	30250		30474				
65	Shahjahanpur	49567		55154				47315
66	Shrawasti	20460		18763				20676
67	SiddarthNagar	38283		42562				46493
68	Sitapur	88628		92761				64776
69	Sonbhadra	28469		22683				
70	Sultanpur	38277		37011				28644
71	Unnao	53015		50799				43477
72	Varanasi	67070		64334				
Uttar Pradesh		3198607	2132661	3426335	27941	92137	67854	1686631

Note: JE vaccination has been included in 35 Districts in Routine Immunization and Hep. B vaccination is being implemented State since Oct 2011 Source: Directorate FW, UP) Target for 2012-2017 of Routine Immunization (% of Fully Immunized Children)

Current Status	Year wise goal up to 2016-17				
	2012-13	2013-14	2014-15	2015-16	2016-17
40.9% (CES 2009 Survey)	50%	60%	70%	80%	90%

Reporting and incidence of VPDs for 2011-12 till Dec. 11

Sl.	Diseases	2011-12	
		Cases	Death
1	Diphtheria		
2	Whooping Cough		
3	Neonatal Tetanus		
4	Tetanus(other)		
5	Measles		
6	Polio		
7	AES		

Source: Directorate FW, UP

Reporting and response of outbreaks and AEFIs for 2011-12 (till Feb 2012)

AEFI cases details till Feb'12				
	2011		2012	
	Cases	Death	Cases	Death
AEFI	23	20	10	8

Source: Directorate FW, UP

1. STRATEGIES FOR FURTHER IMPROVING ROUTINE IMMUNIZATION

- Sub centre level Intensive micro planning with route maps to cover unreached and hard to reach areas
- Computerization of available human resource related to programme
- Tracking of Pregnant woman & child and computerization of data
- Mobility support to Medical Officers of CHC to ensure sessions at vacant sub centres & hard to reach areas and to supervise the sessions
- Session wise reporting from Block to District
- Analysis of reports at State level Officers and feedback to Chief Medical Officers(FW) for corrective action
- 4 RI week have been planned to cover left out and drop out children

2. TARGET OF IMMUNIZATION COVERAGE

Sl.	Beneficiaries	Target		
		2010-11	2011-12	2012-13
1	Pregnant Women	6603279	6364079	6386445
2	0-1 Year(Infants)	5600781	5421038	5451701
3	1-2 Years	5276351	5107020	5135907
4	2- 5 Years	-	-	-
5	5 years	4717584	4566185	4592013
6	10 years	4569924	4423264	4448284
7	16 years	3768803	3647853	3668487

Source: Directorate FW, UP

3. MANPOWER

The status of health immunization staff is provided in the following table

Particulars	Sanctioned	In position	Required
State Immunization Officer (AD UIP)	1	1	0
State Cold Chain Officer	1	0	1
District Immunization Officers	71	72 (in charge)	

Source: Directorate FW, UP

4. IMPROVE THE ACCESSIBILITY OF ROUTINE IMMUNIZATION

The improvement in fully immunized coverage from 30.3 (DLHS-3; 2007-08) to 40.9 (CES - 2009) reflects an increase in access to the immunization services and left out children have been decreased from 24% (DLHS-3; 2007-08) to 17.8 % (CES 2009). According to CES 2009 BCG coverage is 76.4 %, which is good coverage but some Districts are having poor access, the reason there are

- Microplanning is not proper
- 100% planned sessions are not being held.
- Due-lists for beneficiaries are not being prepared
- Reporting and recording needs strengthening.
- Role of ANM under NRHM has increased with involvement of finance and record keeping has hampered her routine work.

Steps taken for Improvement

- Intensive micro planning and due lists have been prepared in all the Districts in the month of Dec'11 to cover left out and drop out children .
- Fixed sessions at facilities District Hospital (Male and Female), Combined Hospitals , CHCs, PHCs and Additional PHCs and UHPs
- Outreach sessions in outreach areas of Rural and Urban Slums
- Sessions in Urban Slums of 11 big cities and other cities having urban slum population
- Mobile sessions for vacant sub centre and Hard to reach areas

Availability

- Population catered by ANM is around 8000-9000 (only one ANM available per Sub centre) and because of increase in JSY load she is not able to conduct the sessions

Steps taken to improve

- To compensate this there is provision of hiring the contractual ANMs

To reduce dropouts: (reasons and steps taken to improve)

- CES 2009 data shows BCG coverage in the State is 76.4%, while 58.1% children are being reached with DPT 3 doses with the dropout of 24%.
- If we compare BCG coverage with Measles coverage, the measles coverage is 52.8% with the dropout of 30.9%

- The CES 2009 data provides a base that if the children reached with BCG vaccine are being tracked subsequently in RI sessions in a systematized way then we can reduce the drop-out rate significantly.

Steps taken to improve:

- Enlisting of all beneficiaries by “Pregnant Woman and Child Tracking Strategy” by ASHA, AWW and ANM
- Preparation of due lists of left out and dropout children
- Registration of PW and preparation of “Mother and Child Protection Cards”
- Registration and immunization of children (0-1year)
- ANM will collect relevant data in respect of all cases of pregnant women registered and children
- Computerization of all beneficiaries at Block level
- Maintenance of MCH registers and update of counterfoil
- Name wise Tally Sheet (Tracking formats) for beneficiaries in all RI sessions
- Routine Immunization Week

To create community demand

- Regular payment to ASHA for social mobilization of Rs 150/- session ,
- Incentive to ASHA Rs 100/- on full immunization of one child under mission flexipool.
- Comprehensive IEC/BCC strategy, mass media /print media etc to create community awareness and demand
- Printing of “Safe Motherhood Booklet” and distribution to PW at the time of registration.
- IPC through ANMs, AWWs, ASHAs, local Mobilizers and influential persons
- Anganwadi centres will also be used as immunization sites and fixed immunization days displayed with the name of the ANM.
- Strengthening of Village Health and Nutrition Days (VHND) through VHSC.

Status of microplanning - All Districts has updated RI micro plans.

Sl.	Routine Immunization Sessions	2010-11	2011-12	2012-13	
				Routine sessions	RI week sessions
1	Total sessions planned	2007384	2090588	1800471	328336
2	Total sessions held		1561233 (till Dec'11)	-	-
3	No of Outreach sessions	1687384	1905731	1657960	328336
4	No of fixed site sessions	320000	184857	108593	0
5	No of sessions in Urban areas	42384	66460	82041	0
6	No of sessions in rural areas	1645000	1839271	1610575	328336
7	No of sessions in hard to reach areas		160992	50000	0
8	No of sessions with hired vaccinators	42384	45000	35523	0
9	No of hired vaccinators	340	340	734	0

Note: Data of 2012-13 shows Routine sessions and sessions of RI week.

Roles and responsibilities pertaining to Immunization of 1st ANM, 2nd ANM and Health visitor

- 1st ANM: There are 820 Blocks CHC/PHC, 2661 PHC and 20521 Subcentre. There are 23580 sanctioned posts for ANMs but only 19383 ANMs are in position and 4197 positions are vacant. ANMs are doing all MCH services, FP services, recording and reporting.
- Provision for contractual ANM has been projected under Maternal Health in RCH flexipool. ANM will be hired for accredited Subcentres where JSY load is good and these contractual ANMs will conduct outreach services.
- Health Visitor: LHV are supervising the work of ANM and few LHVs are also conducting immunization in vacant sub centre.

Coordination and convergence between AWW and ASHA:

- Common Mother and Child Protection cards are being used by ANM and AWW
- Sharing of records by ASHA and AWW
- Most of the AWC which are in vicinity of community are used for VHND sessions.
- AWW share information/records of pregnant mothers and newborns with ANMs
- AWW help in tracking beneficiaries and mobilising of families for immunization and Vita-A supplementation in “Bal Swasthaya Poshan Mah”.

5. ALTERNATE VACCINE DELIVERY

Total 1800471 sessions are being planned as per District plans, and 82084 sessions have been planned in each RI week to cover vacant subcentre and hard to reach areas.

Vacant subcentre will be covered by ANMs and LHVs by team and sector approach in RI Weeks other than normal Immunization day, provision to cover these sub centre mobility support to block has been proposed in RI weeks budget under Part C. These sessions will also be supervised by Medical Officers of the PHC.

For normal sessions Rs 50/- session has been proposed as standard norms and for RI weeks to cover hard to reach areas and vacant subcentre 4 vehicles per block for 4 days in each RI week (4 RI Weeks) @ Rs 1000/- vehicle has been requested

6. SUPERVISION AND MONITORING

At State level under the chairmanship of Principal Secretary Medical Health and Family Welfare, Regular State Task Force Meetings are being held.

Core Group meeting at State level under the chairmanship of Director General (National Program, Monitoring & Evaluation) provides technical support as well as monitors the progress made on a regular basis. The members of the Core group include Director (FW), AD UIP, AD MCH, AD IEC, CCO, and GM & DGM from SPMU, Partner agencies – UNICEF, NPSP (WHO).

Additional Director (UIP) is a nodal officer at state level for implementing and monitoring the Immunization activities under Director General Family Welfare. One District Immunization Officer is supervising the RI activities at District level. Monitoring of RI sessions is taking place for the last 4 years by Govt, and supported by Development Partners as WHO/NPSP and UNICEF and others. Revised RI monitoring formats are being used. Monitoring formats

are compiling at District NPSP office and after analysis compilation at State level .Feedback is being shared by State, District and Block level officials for corrective action.

For strengthening monitoring and supervision, funds for mobility support have been provided to District level officers.

Feed back of monitoring of RI session in Jan 2012: (Source: RI monitoring data)

- No of sessions monitored: 15,592 sessions, session held 95%
- No of children 12-23 months of age: 27,690
- Fully Immunized – 57.6 %,
- Partially Immunized-34.2%
- Unimmunized 8.2%

For RI week: Special supervisory plan will be prepared at block level , Provision of 1 vehicle per block for 4 days in each RI week .

7. TRAINING

Comprehensive training plan for Medical Officers, Health Workers, cold chain handlers, Data handlers, and Computer assistants has been planned.

Name of the Training	Participants	Training load	Trained upto 11-12	Training load for 2012-13	No of Batches	Budget /Batch
2 days orientation ANMs, Multipurpose Workers, Supervisors	ANMs, MPWs male, LHV	24345	17172	3500	18 TOT (3 TOT at State and 15 TOT at 11 RFPTC) + 175 batches of HWs	3TOT at State @ Rs 89600/- per batch and 15 TOT at 11 RFPTC @ Rs63600 /- per batch and HWs training @ Rs 46200 /-Batch
3 Days training of Medical Officers on RI	Medical Officers	7826	2645	3000	150	Rs 65600/ Batch
1 day refresher training of District and State level Computer assistants on RIMS and HMIS	State and District level Computer assistants	73	73	73	3	Rs 75000/ batch
1 Day cold chain handlers training	District and Block level Data handlers	1000	457	1046	1 TOT at Regional Vaccine Store at Agra & 53 Batches at District level	1TOT batch @ Rs 88600/- batch and @ Rs 26600/- Batch for 53 batches
1 day training of Data Handlers	District and Block level Data Handlers	883	449	883	-	Rs 300/- Participant

8. COORDINATION WITH PARTNERS (ICDS, PPP, OTHER AGENCIES)

ICDS -

- Coordination meeting at State, District and Block level,
- Common “Mother and Child Protection” cards are being used in field

NPSP/WHO Support -

- Technical support in training of computer assistants in data entry of the revised monitoring system
- Establishing a system of recording and reporting system in the state
- WHO/NPSP will continue to provide Technical Assistance in Routine Immunization areas at State Level and monitoring support in all Districts

UNICEF Support

- Updation of Routine immunization micro plans and digitalization of data in the June 2009 appointed 15 districts as well as in the districts where UNICEF had been working primarily.
- Technical support of RI Supportive supervision (SS).
- Gaps assessment of cold-chain

USAID/Maternal and Child Health Integrated Program (MCHIP)

- Technical support in planning, implementation and monitoring of UIP.
- Developing need based tools and job aids addressing various program components
- Supportive supervision in priority districts (3 Districts – Varanasi, Gonda and Banda) with participation of Government officials and partners

Micronutrient Initiative

- Support in monitoring of RI sessions
- Vita-A supplementation programme

Infrastructure and Manpower requirement

Status of Cold chain Equipments - In the state, wide network of cold stores have been created. At present 4 regional, 18 divisional and districts and block level cold chain storage points are currently functional.

Before discussion and calculating Equipment and logistic requirement for cold chain plan firstly we have to pay attention for data of state of UP. At the present status as per census of 2010 and the additional requirement as per population pressure of the state.

Total population as per census 2011- 199581477

- Population in rural area- 155111022
- Population in Urban area- 44470455
- The number of ANM sub centre – 20521 and it is proposed to increase up to – 32017 at the norm of 5000 population in routine and 3000 population for Bundelkhand.
- The number of primary Health centre is presently – 3692 and it is proposed to increase up to – 4509 at the norm of 30000 populations.

- The number of Community Health centre is presently – 624+184 under construction (one Per Block) and it is proposed to increase up to –1333 at the norm of 120000 populations.
- The number of combined Hospital is 63 presently and it is increase to 75 as the norm one combined hospital in each district.
- The number of urban Health Post – 288

In the immunization campaign there is two activities is conducted one is Routine Immunization and secondly the campaign of disease eradication by the vaccination like pulse polio and JE champagne. we need the highest number of the vaccine, the vaccine Carrier, Ice packs, and utility of cold chain equipment like ILR, Deep freezer, cold box, Gen set etc. in the pulse polio programme the highest requirement is on booth day and gradually it's bring down from first day of house to house activities to end of the B-Team activities. So, the entire logistics and equipment requirement is as per pulse polio programme of the state. To layout of the requirement of the state the following data of pulse polio programme need to be attention.

- Total number of pulse polio booth- 108139.
- House to house activities team - 61874.
- Number of transit team – 9183(in addition to polio booth)
- Number of mobile team- 1018.
- Number of booth super wiser- 21630.
- Super wiser on mobile team- 1837
- Super wiser on transit team – 204

The status of various cold chain equipment and logistic in state as per district report of month February 2012 is below presently there is 1112 cold chain point in state.

- Number of WIC -29
- WIF – 7
- ILR – 4018
- Deep Freezer – 5006
- Cold Box- 6521
- Vaccine Carrier – 146608
- Ice Pack- 786701
- Vaccine Van – 76

The requirement of various cold chain equipments is calculated below-

Sl.	Units	Existing Number	Proposed number	Equipments requirements						
				WIC	WIF	ILR	DF	Cold Box	Gen Set	Vaccine Van
1	Vaccine Depot	4	4	4	4	-	-	100	8	8
2	Division Depot	18	18	18	18	-	-	450	36	18
3	District	75	75	-	-	750	750	750	150	75
4	District Hospitals	61	75	-	-	75	75			-
5	CHC's	810	1333	-	-	1333	1333	2666	1333	-
6	PHC's	3692	4509	-	-	4509	4509	4509	-	-
7	Additional Cold Chain Point	289	400	-	-	2000	2000	400	400	-
Total		4949	6414	22	22	8667	8667	8875	1927	101

The requirement of Vaccine carrier and Ice pack is calculated below-

Sl.	units	Vaccine carrier	Extra Ice pack
1	Pulse Polio Booth including transit	118340	473360
2	Booth Super Wiser including Transit	23671	94684
3	Sector Medical officer at 1220 unit	4880	19520
4	Unit incharge	1220	4880
5	District Monitor at 75 District	375	1500
6	WHO's Monitors at 75 District	1220	4880
Total		149706	598824

Total Requirement of Various Cold Chain Equipments

Sl.	Name of equipments	Existing Equipments Number			Requirements	Gaps	Replacement Need	Actual Need
		Total	CFC's	Non CFC's				
1	WIC	29	13	16	22	0	6	6
2	WIF	7	0	7	22	15	0	15
3	ILR	4018	1166	2852	8667	4649	1166	5815
4	DF	5006	717	4289	8667	3661	717	4378
5	Cold Box	6521	0	0	8885	2364	1630	3994
6	Vaccine Carrier	146608	-	-	149706	3098	36652	39750
7	Ice Pack	786701	0	0	598824	0	196675	196675
8	Vaccine Van	76	-	-	25	0	76	101
9	Gen set	890	-	-	1927	1037	400	1437
Total		949780	1896	7164	776745	14824	237322	252171

Source: Directorate FW, UP

All the Cold chain Equipments are being supplied by GOI and no procurement is being done at State level. Most of the Vaccine carrier is in condemn condition and need replacement. Requirement for Vaccine carrier is urgent because of RI weeks , Measles Catch up and frequent Pulse Polio Immunization Programme have been planned in Year 12-13 . Most of the Hub Cutters supplied by GOI are not functional and those are broken during use, so Hubcutters are urgently required to maintain the injection safety at session site. State has proposed the budget for the procurement of Vaccine carriers and hubcutters under Procurement head in Mission Flexipool and procurement will be done under State procurement norms.

9. VACCINES AND LOGISTICS

The vaccines and logistics are being supplied by GOI as per demand and store in different cold chain stores at different level. Cold chain management system has been established. The stock and requirement of vaccines and logistics is reflected in the following table.

Sl.	Item	Stock (functional as on 31st Dec 10)	Annual Requirement		
1	Vaccines(including 25% wastage and 25% buffer	2010-11	2011-12	2012-13	
a)	TT	28462009	29313200	34729061	
b)	BCG	17237640	25346220	24745200	
c)	OPV	29364664	37662940	44506411	
d)	DPT	35639048	36452640	43363026	
e)	Measles	7449039	7620900	9063453	
f)	HepB			36253812	
g)	JE (Routine)			4954790	
2	Syringes including wastage of 10% and 25% buffer				

a)	0.1 ml	7496088
b)	0.5ml	106165834
c)	Reconstitution syringe	19090125
3	Hubcutters -	20000

Source: Directorate FW, UP

Equipments, Vaccines and AD syringes are supposed to be supplied by GOI, few interventions have been planned at State level to strengthen Cold Chain system

- Strengthening of RI and cold chain under Programme Management Head
- POL for generators at State, Divisional under Part C –Immunization and POL for generator at District H.Q. Cold Chain Points under Mission Flexipool
- In most of the places the separate connection of electricity has been taken for WIC locations & there no provision for the payment of electric bill to electricity board, Resultant the users are facing the problem for running the cold chain equipment at their division. Therefore, some amount for the payment of electricity charges has been added in Part C .

10. HUMAN RESOURCES

For RI Strengthening, Cold chain maintenance plays the most important role as the quality of vaccine is concern. Human resource at different level, equipments and power back up are the important components for cold chain strengthening. Provision of Human resource was made in 10-11 as per GOI guideline and same was approved, all human resource has been selected and they are in position.

Under Part C - Immunization

- 1 Computer Assistant at State level and 1 Computer Assistant in each District are working and they are performing activities related Routine Immunization, Pulse Polio Immunization and MCTS programme. Budget has been proposed under Part C – Immunization.

Under RCH Flexipool under Human Resources

- State has a position of regular State cold chain Officer but CCO has been retired in 2011-12. UP is a large State and there is a urgent need of Assistant Cold Chain Officer for proper maintenance of cold chain.
- There is need of semiskilled person (cold chain handlers) to be available for 24 hours for electricity backup, contingency plan and loading & unloading of vaccine and logistic. These Cold chain handlers have been hired on contractual basis at State, Division and District level.
- Apart from Govt. persons additional Technicians (Refrigerator Mechanics) have been hired on contractual basis in vacant positions to repair cold chain equipments to reduce sickness rate.
- Apart from Govt Vaccine store keepers, 9 additional Vaccine Store keepers have been hired at Division level in vacant position for proper maintenance of cold chain, emergency plan and smooth flow of vaccine and logistic.
- Driver for Vaccine Van have been hired

Detailed of Human Resource is given below in table

Human resource	Approved in PIP	In position	Proposed 20 12-13
State level			
Computer assistant at state level	1	1	1
Assistant Cold Chain Officer	1	0	1
Cold Chain Handlers	5	5	5
Regional/ Divisional			
Cold-chain handlers	18	18	18
Technician	9	9	9
Vaccine Store Keeper	9	9	9
Drivers for van	5	3	5
District level			
Computer operator	71	69	75
Cold Chain Handlers	71	71	75
Technician	12	12	12

11. ROUTINE IMMUNIZATION WEEKS (2012-13)

Government of India has decided to declare the financial year 2012-13 as the Year of Intensification of Immunization in which Special Routine Immunization Weeks will be organized to cover left out and dropout children. According to Coverage Evaluation Survey 2009 (CES) percentage of Fully Immunized Coverage is only 40.9 in Uttar Pradesh so State has decided to organize Routine Immunization Weeks in all Districts of Uttar Pradesh. 4 Special Routine Immunization Weeks have been planned in the State. Detailed planning will be done at State, District and Block level. Apart from Routine budget, few activities will be planned for RI weeks:

1. Sensitization Workshops

- At State level: 1 workshop will be organized before each immunization week. District Immunization Officers will participate and detailed District wise review of previous week will be done. Budget for Support for Quarterly State level Review Meetings of district officers under Part C will be utilized.
- At District level: 1 workshops will be organized before each immunization week . Medical Officers incharge and Medical Officers of New PHC will participate and detailed Block wise review of previous week will be done. . Budget for Support for Quarterly District level Review Meetings of district officers under Part C will be utilized.
- At Block level: 1 workshop will be organized before each immunization week. Medical Officers of New PHC and LHVs and ANM will participate and detailed Subcentre wise review of previous week will be done. Budget for Support for Quarterly Block level Review Meetings of district officers under Part C will be utilized.

2. **Microplanning** : Intensive subcentre microplanning will be done to cover high risk pockets(66 polio high risk blocks) and pockets of low immunization coverage, urban slums a, periurban areas, Vacant subcentre and hard to reach areas . Budget has been proposed under Microplanning head in Part C .

3. **Mobilization of children through ASHA/RI link Mobilizers:** Approximate 82084 extra sessions will be planned in each RI week to cover Hard to reach areas and vacant subcentres Budget has been projected in Part C under ASHA Mobilizer head

4. **Alternate Vaccine delivery:** 82084 extra sessions will be planned in each RI week, 4 vehicles per Block for 4 days (excluding Wednesday and Saturday of the week) in each RI week have been proposed Budget has been projected in Part C under Alternate Vaccine delivery Hard to reach areas.
5. **Monitoring and supervision:** Will be done by DIOs, MOICs and MOs on RI monitoring formats provided by GOI. 1 vehicle per Block for 4 days in each week has been proposed
6. **Reporting:** Session wise reporting from Vaccinator to block, District and State level.

12. PULSE POLIO IMMUNIZATION PROGRAMME

With the global initiative of eradication of polio in 1988 following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years administered polio drops during National and Sub-national immunization rounds (in high risk areas) every year. Last case was reported in India in 13th Jan 2011. India is closing in on Polio virus and it is time to build synergies to ensure that the present focus and energy in Polio Programme is maintained till Polio is certified to have been eradicated from the World. In this context "Polio Summit" was organized on 25-26th February 2012 at Vigyan Bhawan , New Delhi.

Progress

- With the implementation of pulse polio programme from 1995, significant success has been achieved in reducing number of polio cases. There has also been significant reduction in number of infected Districts .
- Types of polio causing viruses, type 2 virus has already been eradicated in 1999. Currently Type 3 virus and Type 1 virus are in circulation and is limited mainly to UP and Bihar.
- 10 Cases of Wild virus positive cases in 2010 in Uttar Pradesh. Last P1 case was reported from District Moradabad in Nov 09 and Last P3 case reported from District Ferozabad in Apr 2010 and 0 Polio case in 2011 in State.

Steps to improve in State

- In UP there has been intensification of the programme since 2002 by increasing the frequency of polio immunization campaigns. At least 8 SIAs are implemented per year. To finish the P1 circulation mOPV1 vaccine are being used in the State since April 2005 as per advice of IEAG. To keep P3 circulation under check, mOPV3 vaccine is use intermittently
- Social Mobilization activities are being intensified by involving the local influencers, community and religious leaders to improve community participation and acceptance of polio vaccine.
- Every new born child is being identified and vaccinated during the polio immunization campaigns and is being tracked for 8 subsequent rounds.
- In order to reach every eligible child during the pulse polio round, apart from the strategy of vaccinating children at fixed booths and house to house visit, efforts in vaccinating children in transit at railway stations, inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc.

- Efforts are being continually intensified to remove the misconception and rumours among certain section of the community about the use of Oral Polio vaccine.

Key Challenges / Priorities

- Majority of the Polio cases are with the migratory/mobile communities. Need intensive focus on coverage of these populations.
- Ensuring high quality surveillance & SIA activities in 66 pre-identified high risk blocks in West UP
- Tracking Migratory population for immunization coverage during each SIA as they are least immunized and may carry back polio virus
- Maintaining SIA quality all over the state in the coming rounds with focus on
 - Missed Houses/ Children
 - Remaining Convertible type of X Houses
 - Risk of re-introduction of poliovirus from areas with recent cases (West Bengal, Jharkhand, Maharashtra)
- To improve Routine Immunization coverage in the State As per CES 2009 survey, full immunization coverage in the State is only 40.9 %.
- Needs to improve sanitation & hygiene in the polio endemic District.

Budget for Pulse Polio Immunization Programme: It is estimated that in State in 12-13 2 NIDs, 7 SNIDs and 3 Mop up rounds will be conducted .

- Pulse Polio (1 Round of NID/SNID cost : Rs 2133.30 Lakhs
- Mop up round(approx. in 25 Districts): Rs 850.30 Lakhs

Total Costs: Rs 21750.67 Lakhs has been proposed

Accelerated measles control by providing second dose for Measles Immunization in Uttar Pradesh

Epidemiology of Measles and rationale of two doses of measles vaccine

Measles is a highly infectious and often fatal viral infection mainly affecting children. Measles immunization directly contributes to the reduction of under-five child mortality and hence to the achievement of Millennium Development Goal number 4. The multi-year plan (cMYP) of India has set a provisional target of reducing measles deaths by 95% by 2013.

Currently 4% of under-5 deaths are attributed to measles in India. In a recent review of Indian published literature the median case fatality ratio (CFR) of measles was found to 1.63%.⁶ Even at this CFR the mortality burden of measles is high because almost all un-immunized individuals contract measles infection, often at a very young age. Deaths from measles occur mainly due to complication of measles. Infants and young children, especially those who are malnourished, are at highest risk of dying. Very young infants enjoy a degree of relative protection from measles infection up to 6-9 months of age because of presence of maternal antibodies.

Measles vaccine is a safe and effective vaccine which prevents disease and death and gives long term immunity. This was introduced in Uttar Pradesh state as part of National

⁶ Measles Case Fatality Ratio in India: A Review of Community Based Studies: Indian Paediatric vol 46 Nov 2009

Universal Immunization Programme from 1985 and is given as a single dose between 9 and 12 months of age. Efficacy of a single dose of measles vaccine is 85% when given between 9-12 months of age and 95% when given at or above 1 year of age. Most children who fail to seroconvert with the first dose, do so after the second dose given at or above 1 year of age. Although vaccine efficacy is higher when given beyond infancy, we cannot delay the first dose of measles vaccine as infants have a higher risk of dying if they are infected with measles.

The World Health Organization currently recommends two doses of measles vaccine for all national immunization programmes. While the first dose is given through routine immunization (RI), it recommends that the delivery strategy for the second dose should be either through routine immunization (where RI coverage is high) or through mass campaigns often called Supplementary Immunization activities (SIA) where RI coverage for measles is <80%)

In India, the National Technical Advisory Group on Immunization (NTAGI) has recommended second dose for measles vaccine through measles SIA covering children between the ages of 9 months to 10 years for States where evaluated coverage for measles vaccine is less than 80% while for the remaining States/UTs with evaluated coverage of more than 80% it has recommended a second dose of measles vaccine through routine immunization. The NTAGI further recommended phasing of SIA in the States. The above strategy was also reviewed by the special committee setup by Ministry of Health and family Welfare, Govt. of India and the said committee has endorsed the same guiding principle as recommended by NTAGI.

Status

The birth cohort of Uttar Pradesh is 5,500,000. The Measles vaccine coverage (MCV1) as per the DLHS 3 data for 2007- 2008 is 47%. This gives estimated 3,302,750 (60% of a birth cohort) unprotected children.

Although Uttar Pradesh has a fair amount of experience in conducting mass campaigns with injectable vaccines like JE vaccine, to ensure programmatic safety and high coverage, it would be prudent to conduct the measles campaign activity in phases covering districts according to the broad timeline indicated below.

Phase	District (No.)	No. of districts	Population	SIA Target Population (9 mo – 10 yrs)	Projected Timeline	Remarks
1	Ballia, Deoria, Ghazipur	3	9945006	2286357	Dec 2011	Completed
2	East UP	22	58368671	13418957	Sep 2012	
4	West UP	28	71527958	16444278	Nov-Dec 2012	
3	Central UP	22	60059633	13807710	Mar 2013	

Operational Strategy

- The dose of measles vaccine in SIA will be given to all 9 months to <10 year old children irrespective of their history of measles vaccination and/or measles disease.
- Govt. of India will provide vaccines and logistics and will also bear the operational costs for the campaign.
- High level committees will be formed at the state and district levels for overseeing the mass campaign. At the district level, District magistrate will chair the committee

formed to assess preparedness before SIA, discuss feedback on SIA for mid course correction and at the end of the exercise document the lessons learnt so that the same could be used to improve SIA in other areas.

- The Measles catch up SIA will be carried out over a period of about 3 weeks in the targeted areas. As 50% of the target group (9 months - <10 years) are school going children, the first week will be targeted for school and subsequent two weeks in the community to vaccinate pre-school children and those who have been left out.
- RI sessions planned for the week for a given area will continue undisturbed and the measles SIA activities will be carried out in the remaining working days (4) of the week.
- Apart from the school-based sessions, the RI session site micro-plans will form the frame-work for the catch-up SIA micro-plans. All identified fixed centres for immunization including outreach session sites will be used for measles SIA vaccination. In remote places where RI session sites are found to be inadequate, additional fixed immunization sites will be opened. This will also give an opportunity to review and rectify the RI session plans.
- All primary schools will act as additional immunization session sites for SIA. In addition some mobile sessions will be organised for the isolated populations, difficult areas etc.
- One vaccinator will vaccinate maximum of 200 injections per day at school session sites and 150 injections per day at outreach sites. If there is a load of greater than these limits at a given site, then more than one vaccinator will be deployed to maintain injection load per vaccinator.
- All vaccinators, community mobilizers and supervisors will be trained on injection safety, AEFI reporting, waste disposal, data recording and inter-personal communication
- District will collate microplan prepared by the PHC to ensure that all the available manpower are optimally utilized through sectoral approach and all areas under their jurisdictions are planned for SIA.
- Cold chain systems of the district will be reviewed and revamped if necessary.
- From PHC level upwards all Govt health facilities will maintain an emergency tray for management of AEFI.
- Doctors in Govt. and private sector will be trained in management of AEFI and will refer the case to nearest centre for further management if required.
- In the rural areas the local practitioner will be identified where the ANM will refer the case for management of serious AEFI. Management of AEFI from the private sector will be coordinated through IAP, IMA, and IAPSM etc.
- To strengthen supportive supervision to minimize programmatic error and also these supervisors at the end of the day will also do a rapid house hold survey for the previously vaccinated areas to assess coverage. If coverage is less than 80% then the areas will be repeated while if it is more than 80% the remaining children will be covered under planned RI sessions.
- Existing system will be used for the AEFI and waste disposal as per existing national guidelines. Partners will be requested to provide technical support in their respective areas of expertise – WHO-NPSP for micro-planning, training, monitoring and AEFI reporting etc., and UNICEF for communication and cold chain.

Immunization Strengthening Programme 2012-13

SI	Activities	Standard Norms (as per GOI)	Approved in 2010- 11 (in Lakhs)	Approved in 2011- 12 (in Lakhs)	Exp. In 11-12 (Upto Feb 2012) (in Lakhs)	Projected Budget for 2012- 13	Remarks
C.1	RI Strengthening Project (Review meeting, Mobility Support, Outreach services etc)						
C.1.a	Mobility support for supervision @ Rs 50000 per District /year	Rs 50,000 per District for district level officers per year	35.50	36.00	0.00	37.50	Mobility support for supervision @ Rs 50000 per District /year for district level officers (75Districts)
C.1.b	Mobility support at State level@ Rs 2.00 Lakhs for State level officers	By state level officers @ Rs.100,000 /year	2.00	2.00	0.00	2.00	Uttar Pradesh being a large state with 75 districts, amount of Rs. 1,00,000/- is inadequate to ensure mobility of State officials on regular basis. Therefore Rs. 2,00,000/- have been requested herein.
Subtotal			37.50	38.00	0.00	39.50	
C.1.c	Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.	Rs 5.00 per beneficiary	330.16	660.00	0.00	638.64	Rs 638.64 Lakhs has been proposed .The additional demand for printing has been proposed because State has revised" Mother and child protection card" in booklet form and it is being used in State .
Subtotal			330.16	660.00	0.00	638.64	
C.1.d	Support for Quarterly State level Review Meetings of district officers	Rs 1250 / participant for 3 participants /District	10.65	10.8	0.00	11.25	Rs. 1250/ per participant/day for 3 persons (CMO/DIO/Dist Cold Chain Officer) These review meeting will held before each RI week
C.1.e	Quarterly Review & feedback meeting for exclusive for RI at district level	Rs 100/- per participant for meeting expenses (lunch, organizational expenses)	9.88	9.88	0.00	16.40	Rs. 500/per participant for meeting expenses for 5 persons (lunch, Organization expenses) These review meeting will held before each RI week

C.1.f	Quarterly review meeting exclusive for RI at Block level	Rs 50/-pp as honorarium for ASHAs (travel) and Rs 25 per person	217.5	0	0.00	65.60	4 workshops will be organized at Block level and 40 participants @ Rs 50/- per participant (These review meeting will held before each RI week). Apart from this regular monthly meetings of ASHA are being conducted at Block level
Subtotal			238.03	20.68	0.00	93.25	
C.1.g	Focus on slum & underserved areas in urban	Rs 350/session for maximum 4 sessions / month in a slum of 10000 population	148.34	148.34	0	124.33	State has planned 82000 in Urban Slum areas of Cities out of that 35523 sessions /year have planned by Hired Vaccinators
Subtotal			148.34	148.34	0.00	124.33	
C.1.h	Mobilization of children through ASHA/RI link mobilizers in RI session	Rs 150/- Sessions in Rural and Urban Slum Areas	2531.08	2858.58	0.00	2486.95	1657960 sessions/year in Rural and Urban slum areas
	Mobilization of children through ASHA/RI link mobilizers for the session of RI week	Rs 150/- Sessions in Rural and Urban Slum Areas	0	0	0.00	492.50	82084 extra sessions will be planned in each RI week
	Subtotal		2531.08	2858.58	0.00	2979.45	
C.1.i	Alternative vaccine delivery in hard to reach areas	@Rs 100per session	0.00	402.48	0.00	524.80	82084 extra sessions will be planned in each RI week, 4 vehicles per Block for 4 days in each RI week have proposed
C.1.j	Alternative Vaccine Delivery in other areas	Rs 50 per session	843.69	872.36	0.00	828.98	as Standard Norms, total 1657960 sessions/year
Subtotal			843.69	1274.84	0.00	1353.78	
C.1.k	To develop sub-centre and PHC micro plans using bottom up planning with participation of ANM, ASHA, AWW	Rs 100/- per sub centre (meeting at block level, logistic)	20.62	20.52	0.00	20.52	Block level meeting : Rs. 100 /meeting /sub center X 20521 /sub centers

C.1.l	For consolidation of micro plan at PHC/CHC level	Rs 1000/- block & at district level @ Rs 2000/- per district	9.65	9.67	0.00	9.7	For 820 Blocks and 75 Districts
	Subtotal		30.27	30.19	0.00	30.22	
C.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Rs. 100,000/ district/year	71.00	72.00	0.00	75.00	Rs. 1,00,000/district/year X 75 districts
	Subtotal		71.00	72.00	0.00	75.00	
C.1.n	Consumables for computer including provision for internet access for RIMS	Rs 400/- month/ district	3.41	3.46	0.00	9.00	Rs 1000/-month per District has been requested
	Subtotal		3.41	3.46	0.00	9.00	
Injection Safety							
C.1.o	Red/Black plastic bags etc.	Rs 2/bags/session	80.3	81.91	0.00	85.15	Rs. 2/bag X 2 bags/session X Total sessions 2128807/year (outreach and health facilities)
C.1.p	Hub Cutter/Bleach/Hypochlorite solution/Twin Bucket	Rs 900 per PHC/CHC per year	9.00	9.00	0.00	10.01	Rs. 900 per PHC/CHC per year for Hub Cutter/Bleach/Hypochlorite solution/Twin Bucket
C.1.q	Safety Pits	Rs. 3500/pit X 500 vaccine storage points	17.5	17.5	0.00	104.40	in Year 11-12 Rs 17.50 Lakhs were approved but no pit were constructed , in Year 10-11 Rs 17.50 were approved but very minimal budget was utilized , and according to feedback from District this budget is less so this is being underutilized and only very few pits are functional in State . As per calculation from Engineer cell of DG FW, Rs 17400/- per pit is being proposed
	Subtotal		106.8	108.41	0.00	199.56	
C.1.r	State Specific Requirement						

C.1.r.1.a	Funds for annual maintenance contract of WIC/ WIF at State and Division level	Rs. 40,000/unit/year X 21 units of WIC and WIF	8.40	8.40	0.00	8.40	
C.1.r.1.b	Electricity bill for WIC/ WIF at State and Division level		0.00	30.00	0.00	30.00	Rs 3.00 Lakhs at State and Rs1.50 Lakhs at Division level for 18 Division
C.1.r.1.c	POL for generators and Operational expenses at divisional vaccine storage point	Rs. 25000/ vaccine store points	4.75	19.00	0.00	19.00	Rs 100000/divisional vaccine store/ year X 18 divisional stores and 1 at State for POL for generator to maintain cold chain at State and 18 Divisions
Subtotal			13.15	57.40	0.00	57.40	
Routine Immunization Weeks (4 RI weeks in 2012-13)							
C.1.r.2	Sensitization workshop at State level					0	Budget has been proposed in C.1.d
C.1.r.2	Sensitization workshop at District level					0	Budget has been proposed in C.1.e
C.1.r.2	Sensitization workshop at Block level					0	Budget has been proposed in C.1.f
C.1.r.2	AEFI workshop at District level			2.00		3.75	50 medical officers @ Rs 100/-per participant per district
C.1.r.2	AEFI kit					10	5000 kit @ Rs 200/- drug kit will be procured
C.1.r.2	Monitoring and supervision					131.2	1 vehicle per block for 4 days in each week for 4 Immunization Week
C.1.r.2	To cover vacant subcentre			400			
Subtotal				402.00		144.95	
C.1 Total			4353.430	5673.900	1024.19	5745.08	
C.2	Salary of Contractual Staffs						
c.2.a	At State level (1 Computer assistants)	Rs 12000-15000per person per month	78.14	1.80	0.00	1.98	Rs 16500/month per person for 1 computer assistants with 10% increase has been proposed

C.2.b	At District level (75Computer assistants)	Rs 8000-10000 per person per month		86.40	0.00	99.00	Rs 11000/month per computer assistants with 10% increase has been requested
Subtotal			78.14	88.20	44.38	100.98	
C.3	Training under Immunization						
C.3.a	District level orientation training for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs	As per revised RCH Norms	258.43	87.22	0	93.08	3 TOT will be done at State for training of Trainers @ Rs 89600/- per batch and 15 TOT at 11 RFPTC for trainers of HWs @ Rs 63600/- per batch before HWs training . Total training load is 24345 and total17172 have been trained till 10-11 so remaining training load is 7173 and out of that 3000 HWs will be trained in 175 Batches at District level @ Rs46200/- batch
C.3.b	Three day training of Medical Officers on RI using revised MO training module	As per revised RCH Norms	233.45	144.9	0	98.4	Total Training load is 7826 and 2645 Medical Officers have been trained till 2011-12 so Trainings load is 5181 out of that 3000 Medical Officers (3 days) will be organized this year in 150 batches
C.3.c	One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	As per revised RCH Norms	2.25	2.25	0	2.25	Total 77 Computer assistant (3Batches)@ Rs 75000/Batch will be trained in 11-12
C.3.d	One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers	As per revised RCH Norms	40	30	0	14.98	1TOT at Regional Vaccine store Agra @ Rs 88600/-per batch of 30 Participants. Total 1046 cold chain handlers in 53 Batches will be trained @ Rs 26600/- Batch
C.3.e	One day Training of block level data handlers by DIO to train about the reporting formats of Immunization and NRHM	As per revised RCH Norms	2.47	3	0	2.65	Total 883 Data Handlers will be trained

	Subtotal		536.6	267.37	11.39	211.36	
C.4	Cold chain maintenance						
C.4.a	Cold chain maintenance (Rs 500 per PHC/CHC per year)	Rs 500 per PHC/CHC	24.60	48.00	0.00	5.56	As per norms , State has 1112 vaccine storage
	Rs 10000/-District	Rs 10000/-per District per year				7.50	As per norms
C.4.b	Maintenance of nonelectrical equipments					11.12	Rs 1000/- per cold chain points has been requested
C.4.c	Purchase of small polythene zipper bag	Rs 0.50 per	10.04	0.00	0.00	10.64	As per norms
	C.4. Subtotal		34.64	48.00	8.76	34.82	
	Grand Total -Routine Immunization		5002.81	6077.47	1088.72	6092.24	
C.5.	ASHA incentive for full Immunization	Rs 100/- per Fully immunized child	0.00	0.00	0.00	0.00	50% infants will be fully immunized in 2012-13. Rs 100/- incentive to ASHA for full immunization of child is being provided under ASHA scheme in Mission Flexipool and same activity was approved in 2011-12 by GOI
C.6.	Pulse Polio Operational Cost (Tentative)			14842.2	8821.75	21750.00	2 NID , 7 SNID and 3 Mop up rounds
	Grand Total Immunization			20919.67	9910.47	27842.24	

Budgetary Details of Routine Immunization Programme- Approved in 1st ROP

FMR code	Activities and Standard Norms	Target	Unit Cost (in Rupees)	Frequency	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)	Remarks
C.1	RI Strengthening Project (Review meeting, Mobility Support, Outreach services etc)						
C.1.a	Mobility support for supervision @ Rs 50000 per District /year for district level officers (75Districts)	75	50000	1	37.50	37.50	As per Norms
C.1.b	Mobility support at State level@ Rs 1.00 Lakhs for State level officers	1	200000	1	2.00	2.00	Uttar Pradesh being a large state with 75 districts, amount of Rs. 1,00,000/- is inadequate to ensure mobility of State officials on regular basis. Therefore Rs. 2,00,000/- have been requested herein.
	Subtotal				39.50	39.50	
C.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc	6386445	10	1	638.64	638.64	Rs 638.64 Lakhs has been proposed .The additional demand for printing has been proposed because State has revised" Mother and child protection card" in booklet form and it is being used in State
	Subtotal				638.64	638.64	
C.1.d	Support for Quarterly State level review meetings of district officer	225	1250	4	11.25	11.25	Rs. 1250/ per participant/day for 3 persons (CMO/DIO/Dist Cold Chain Officer) These review meetings will held before each RI week
C.1.e	Quarterly review meetings exclusive for RI at district level with one Block Mos, CDPO, and other stake holders	4100	100	4	16.40	16.40	Rs. 500/per participant for meeting expenses for 5 persons (lunch, Organization expenses) These review meeting will be planned before each RI week
C.1.f	Quarterly review meetings exclusive for RI at block level	32800	50	4	65.60	65.60	4 workshops will be organized at Block level and 40 participants @ Rs 50/- per participant (These review meeting will held before each RI week). Apart from this regular monthly meetings of ASHA are being conducted at Block level

	Subtotal				93.25	93.25	
C.1.g	Focus on slum & underserved areas in urban	35523	350	1	124.33	124.33	State has planned 82000 in Urban Slum areas of Cities out of that 35523 sessions /year have planned by Hired Vaccinators
	Subtotal				124.33	124.33	
C.1.h	Mobilization of children through ASHA/RI link mobilizers in RI session	138164	150	12	2486.95		1657960 sessions/year in Rural and Urban slum areas
	Mobilization of children through ASHA/RI link mobilizers for session of RI week	82084	150	4	492.50	2979.45	82084 extra sessions will be planned in each RI week
	Subtotal				2979.45	2979.45	
C.1.i	Alternative vaccine delivery in hard to reach areas	13120	1000	4	524.80	524.80	82084 extra sessions will be planned in each RI week, 4 vehicles per Block for 4 days in each RI week have proposed
C.1.j	Alternative Vaccine Delivery in other areas	138164	50	12	828.98	828.98	as Standard Norms, total 1657960 sessions/year
	Subtotal				1353.78	1353.78	
C.1.k	To develop microplan at sub-centre level	20521	100	1	20.52	20.52	Block level meeting : Rs. 100 /meeting /subcenter X 20521 /subcenters
C.1.l	For consolidation of microplans at block level	820 Blocks and 75 Districts	1000 /block and Rs 2000 /District	1	9.70	9.70	For 820 Blocks and 75 Districts
	Subtotal				30.22	30.22	
C.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	75	100000	1	75.00	75.00	Rs. 1,00,000/district/year X 75 districts
	Subtotal				75.00	75.00	
C.1.n	Consumables for computer including provision for internet access for RIMS	75	1000	12	9.00	3.60	Approved @ Rs.400/-month per District
	Subtotal				9.00	3.60	
	Injection Safety						
C.1.o	Red/Black plastic bags etc.	2128807	2	2	85.15	85.15	Rs. 2/bag X 2 bags/session X Total sessions 2128807/year (outreach and

							health facilities)
C.1.p	Bleach/Hypochlorite solution/Twin Bucket	1112	900	1	10.01	7.38	Rs. 900 per PHC/CHC per year for Bleach /Hypochlorite solution/Twin Bucket for 820 blocks
C.1.q	Safety Pits	600	17400	1	104.40	17.50	in Year 11-12 Rs 17.50 Lakhs were approved but no pit were constructed , in Year 10-11 Rs 17.50 were approved but very minimal budget was utilized, and according to feedback from District this budget is less so this is being underutilized and only very few pits are functional in State. As per calculation from Engineer cell of DG FW, Rs 17400/- per pit was proposed but GOI approved Rs. 3500/ pit for 500 pits.
	Subtotal				199.56	110.03	
C.1.r	State Specific Requirement						
	Funds for annual maintenance contract of WIC/ WIF at State and Division level	21	40000	1	8.40	8.40	Rs. 40,000/unit/year X 21 units of WIC and WIF
	Electricity bill for WIC/ WIF at State and Division level	20	150000	1	30.00	30.00	Rs 3.00 Lakhs at State and Rs1.5 Lakhs at Division level for 18 Division
	POL for generators and Operational expenses at divisional vaccine storage point	19	100000	1	19.00	19.00	Rs 100000/divisional vaccine store/ year X 18 divisional stores and 1 at State for POL for generator to maintain cold chain at State and 18 Divisions
	POL for generators and Operational expenses at district vaccine storage point	75	25000	12	225.00	225.00	POL for generator and operational expenses at district HQ vaccine storage point was initially requested by state under mission flexipool.
	AEFI workshop at District level	3750	100	1	3.75	3.75	50 medical officers @ Rs 100/-per participant per district
	AEFI kit	5000	200	1	10.00	10.00	5000 kit @ Rs 200/- drug kit will be procured
	Monitoring and supervision	3280	1000	4	131.20	131.20	1 vehicle per block for 4 days in each week for 4 Immunization Week
	Subtotal RI weeks				427.35	427.35	

C.1.s	Teeka Express				0	62.75	
C.1.t	Measles SIA operational cost				0	4127.93	
C.1 Total					5970.08	10065.83	
C.2	Salary of Contractual Staffs						
c.2.a	Computer Assistants support for State level (1)	1	16500	12	1.98	1.80	Rs 15000/month per person for 1 computer assistants with 10% increase has been proposed
c.2.b	Computer Assistants support for District level	75	11000	12	99.00	90.00	Rs 10000/month per computer assistants with 10% increase has been requested
C.2. Subtotal					100.98	91.80	
C.3	Training under Immunization						
C.3.a	District level orientation training for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs	3 TOT Batch@ Rs 89600/- per batch at State level, 15 TOT batch @ Rs 63600/- per batch at 11 RFPTC and 175 HWs batch@ Rs 46200/- batch			93.08	93.08	3 TOT will be done at State for training of Trainers @ Rs 89600/-per batch and 15 TOT at 11 RFPTC for trainers of HWs @ Rs 63600/- per batch before HWs training . Total training load is 24345 and total17172 have been trained till 10-11 so remaining training load is 7173 and out of that 3000 HWs will be trained in 175 Batches at District level @ Rs46200/- batch
C.3.b	Three day training of Medical Officers on RI using revised MO training module	150	65600	1	98.40	98.40	Total Training load is 7826 and 2645 Medical Officers have been trained till 2011-12 so Trainings load is 5181 out of that 3000 Medical Officers (3 days) will be organized this year in 150 batches
C.3.c	One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM	3	75000	1	2.25	2.25	Total 77 Computer assistant (3Batches)@ Rs 75000/Batch will be trained in 11-12
C.3.d	One day cold chain handlers training for block	1 TOT at Agra @ Rs			14.98	14.98	1TOT at Regional Vaccine store Agra @ Rs 88600/-per batch of 30 Participants.

	level cold chain handlers by state and district cold chain officers	88600/- per batch and 53 Batches at District level					Total 1046 cold chain handlers in 53 Batches will be trained @ Rs 26600/- Batch
C.3.e	One day Training of block level data handlers by DIO to train about the reporting formats of Immunization and NRHM	883	300	1	2.65	2.65	Total 883 Data Handlers will be trained
C.3. Subtotal					211.36	211.36	
C.4	Cold chain maintenance						
C.4.a	Cold chain maintenance (Rs 500 per PHC/CHC per year)	1112	500	1	5.56	5.56	As per norms , State has 1112 vaccine storage
	Rs 10000/-District	75	10000	1	7.50	7.50	As per norms
C.4.b	Maintenance of nonectrical equipments	1112	1000	1	11.12	0	Rs 1000/- per cold chain points has been requested
C.4.c	Purchase of small polythene zipper bag	2128807	0.5	1	10.64	0	As per norms
C.4. Subtotal					34.82	13.06	
Grand Total -Routine Immunization					6092.24		
C.5.	ASHA incentive for full Immunization	2725851	100	1	2725.85	2725.85	This budget has also been approved in Mission Flexi pool under ASHA Scheme in ROP at page no. 116, guidelines and budget has been released to District by CP division. In meeting with GOI on 10.07.2012 , State has decided that this year budget should be in Mission Flexi pool from next year it will be proposed in Part C
Sub Total					9043.09	13107.90	
C.6.	Pulse Polio Operational Cost (Tentative)				21750.00	7499.20	2 NID , 7 SNID and 3 Mop up rounds
Grand Total Immunization					30793.09	20607.10	

Revised Budget Norms –Part C- Immunization Programme

In reference to GOI letter no. T.13011/01/2012-CC&V, Government of India has revised the financial norms for selected activities. Revised budget proposal have been prepared according to ROP and details of revised norms along with extra budget requirement has been annexed with this. Revised norms for following activities are as follows:

Sl.	Activities	Existing norms	Approved revised norms by MSG
1.	Mobility Support for supervision for district level officers	Rs 50000 /- year per District	Rs 250000/ Year per District
2.	Mobility support for supervision at state level	Rs 100000/ year	Rs. 150000 per year
3.	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc	Rs. 5 /- per beneficiary	Rs. 10 /- per beneficiary
4.	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	Rs. 350/- per session for four sessions /month/slum of 10000	Rs. 525/- per session for four sessions /month/slum of 10000
5.	Alternative vaccine delivery in hard to reach areas	Rs.100/- per session	Rs.150/- per session
6.	Alternative Vaccine Delivery in other areas	Rs. 50/- per session	Rs. 75/- per session
7.	POL for vaccine delivery from State to district and from district to PHC/CHCs	Rs100,000/- district/year	Rs 150,000/-district/year
8.	Injection safety-Red/Black plastic bags etc.	Rs. 2/bags/session	Rs. 3/bags/session
9.	Injection safety -Hub Cutter /Bleach/Hypochlorite solution/Twin Bucket	Rs.900 per PHC/CHC per year	Rs.1200 per PHC/CHC per year
10.	Safety Pits	Rs 3500/ pit as per revised norms	Rs 5250/ pit as per revised norms
11.	Cold chain Maintenance	Rs 500 /PHC /CH C/per year District Rs 10000/Year	Rs 750 /PHC /CHC/per year District Rs 15000/Year
12.	ASHA incentive for full Immunization	Rs 100/-	None (new activity) This budget has also been approved in Mission Flexipool under ASHA Scheme in ROP at page no. 116, guidelines and budget has been released to District by CP division. In meeting with GOI on 10.07.2012 , State has decided that this year budget should be in Mission Flexipool from next year it will be proposed in Part C
13.	ASHA incentive for full immunization per child upto 2 years age (all vaccination received between 1st and 2nd year age after completing full immunization at 1 year age)	New activity	Rs 50/- per child for ensuring complete upto 2 nd year of age of child

Budget Summary of Immunization Programme -According to New Revised Norms (2012-13) – Proposed in Supplementary PIP

FMR Code	Activity proposed	Amount proposed in PIP (Rs. in Lakhs)	Amount approved by GOI (Rs. in Lakhs) in 1st ROP	Amount Proposed in Supplementary PIP (Rs. in Lakhs)	Amount Approved by GOI (Rs. in Lakhs) in Supplementary ROP- 2012-13	Total Budget approved in 2012-13 (Rs. in Lakhs)
c.1	RI strengthening Project (Review meeting, Mobility support, Outreach Services)					
c.1.a	Mobility support for supervision for District level Officers	37.50	37.50	150.00	150.00	187.50
c.1.b	Mobility support for supervision for State level Officers	2.00	2.00	-	-	2.00
c.1.c	Printing and dissemination for Immunization cards, Tally Sheet, Monitoring formats	638.64	638.64	-	-	638.64
c.1.d	Support for quarterly review meetings of District Officers	11.25	11.25	-	-	11.25
c.1.e	Quarterly review meeting exclusive for RI at District level with one Block Mos, CDPO, and other stake holders (5 persons per meeting)	16.40	16.40	-	-	16.40
c.1.f	Quarterly review meeting exclusive for RI at Block level	65.60	65.60	-	-	65.60
c.1.g	Focus on Slum and underserved areas in Urban Areas/ alternative vaccinator for slum	124.33	124.33	62.17	62.17	186.50
c.1.h	Mobilization of children through ASHA or other Mobilizers	2,979.45	2,979.45	-	-	2,979.45
c.1.i	Alternative Vaccine delivery in Hard to reach areas	524.80	524.80	-	-	524.80
c.1.j	Alternate Vaccine delivery in other areas	828.98	828.98	414.49	414.49	1,243.47
c.1.k	to develop microplan at subcentre level	20.52	20.52	-	-	20.52
c.1.l	For consolidation of microplan at block level	9.70	9.70	-	-	9.70
c.1.m	POL for vaccine delivery from State to District and from District to PHCs/CHCs	75.00	75.00	37.50	37.50	112.50

c.1.n	Consumables for computer including provision for internet access for RIMS	9.00	3.60	-	-	3.60
c.1.o	Red/Black Plastic bags	85.15	85.15	42.58	42.58	127.73
c.1.p	Hub cutter/Bleach/Hypochlorite solution /twin bucket	10.01	7.38	2.46	2.46	9.84
c.1.q	Safety pits	104.40	17.50	8.75	8.75	26.25
	Sub Total	5,542.73	5,447.80	717.95	717.95	6,165.75
c.1.r	State specific requirement	-	-	-	-	-
	Funds for annual maintenance contract of WIC/ WIF at State and Division level	8.40	8.40	-	-	8.40
	POL for generator at Divisional H.Q. Cold chain	19.00	19.00	-	-	19.00
	Pol for generator at D.H.Q. Cold chain point	225.00	225.00	-	-	225.00
	Electricity bill for WIC/ WIF at State and Division level	30.00	30.00	-	-	30.00
	AEFI workshop at District level	3.75	3.75	-	-	3.75
	AEFI kit	10.00	10.00	-	-	10.00
	Monitoring & supervision	131.20	131.20	-	-	131.20
	Total (State Specific)	427.35	427.35	-	-	427.35
c.1.s	Teeka Express	-	62.75	-	-	62.75
c.1.t	Measles SIA Operational Cost	-	4,127.93	64.48	64.48	4,192.41
C.1.	Subtotal	5,970.08	10,065.83	782.43	782.43	10,848.27
C.2	Salary of contractual staff	-	-	-	-	-
C.2.a	Computer assistant support for State level	1.98	1.80	-	-	1.80
C.2.b	Computer Assistant support for District level	99.00	90.00	-	-	90.00
	C2- Sub Total	100.98	91.80	-	-	91.80
C.3	Training under Immunization	-	-	-	-	-

C.3.a	District level orientation training including Hepatitis ,Measles and JE for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs	93.08	93.08	-	-	93.08
C.3.b	Three day training of Medical Officers including Hepatitis B ,Measles and J. E on RI using MO training module	98.40	98.40	-	-	98.40
C.3.c	One day Training of District Computer Assistants on RIMS/HMIS and Immunization formats	2.25	2.25	-	-	2.25
C.3.d	One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers	14.98	14.98	-	-	14.98
C.3.e	One day Training of block level data handlers by DIO and District Cold chain Officer to train about the reporting formats of Immunization and NRHM	2.65	2.65	-	-	2.65
	C.3.Subtotal	211.36	211.36	-	-	211.36
C.4.	Cold Chain Maintenance	34.82	13.06	6.53	6.53	19.59
C.5	ASHA Incentives	2,725.85	-	-	-	-
C.5.1	ASHA incentive for full immunization per child up to 2 years age (all vaccination received between 1st and 2nd year age after completing full immunization at 1 year age)3595135 (70% of the total Target	-	-	1,797.57	1,797.57	1,797.57
	Total (Routine Immunization)	9,043.09	10,382.05	2,586.53	2,586.53	12,968.58
C.6	Pulse Polio Operational cost	21,750.00	7,499.20	-	-	7,499.20
	Grand total	30,793.09	17,881.25	2,586.53	2,586.53	20,467.78

For the above purpose, Rs. 17881.25 Lakhs is approved by GOI in 1st ROP and Rs. 2586.53 Lakhs in Supplementary ROP totalling Rs. 20467.78 Lakhs, out of that Rs. 12968.58 Lakhs is sanctioned under Routine Immunization (Part-C) and 7499.20 Lakhs under Pulse polio operational cost(Part-C).

Activities to strengthen Routine Immunization Programme which are not permissible under Part C (Proposed Under RCH and Mission Flexipool)					
Human Resource					
State level					
Assistant Cold Chain Officer	1	36300	12	4.36	in position
Cold Chain Handlers	5	9900	12	5.94	in position
Regional/ Divisional					
Cold-chain handlers	18	9900	12	21.38	in position
Technician	9	16500	12	17.82	in position
Vaccine Store Keeper	9	22000	12	23.76	in position
Drivers for van	5	16500	12	9.90	in position
District level					
Cold Chain Handlers	75	9900	12	89.10	in position
Technician	12	16500	12	23.76	in position
Subtotal				196.02	RCH flexipool under Human Resource
Procurement of Cold Chain Equipments					
Procurement of Vaccine Carriers	39750	600	1	238.50	Rs 238.50 Lakhs @ Rs 600/- Vaccine carrier for 39750 Vaccine carrier have been proposed in Procurement head under Mission Flexipool(on the basis feedback from UNICEF)
Procurement of Hubcutters	20000	685	1	137.00	Rs 137.00 Lakhs @ Rs 685/-per hubcutter for 20000 hubcutter have been proposed in Procurement head under Mission Flexipool (on the basis procurement done by Bihar Health Society)
Subtotal				375.50	
POL for generator at District H.Q.Cold chain					
POL for generator at District H.Q.Cold chain	75	25000	12	225.00	Rs 25000/month per District to run generator for District H.Q.Cold Chain maintenance
Subtotal				225.00	

For the Human Resources, Rs.196.02 Lakhs is approved by GOI(ROP-FMR Code-A.8.1.7), For procurement of cold chain equipments,GOI not approved the proposed amount (ROP-FMR Code-B.16.1.2) and budget for POL for generators at district headquarter cold chain is approved under Part-C(ROP-FMR Code- C.1.r),

13. IEC/BCC ACTIVITIES FOR ROUTINE IMMUNIZATION

There is very slow progress in the rate of Fully Immunized Children from 30.3% (DLH-3-2007-08) to 40.9% (CES 2009) .One of the barrier to complete and timely immunization is the lack of awareness about services, immunization schedule, prevailing myths and misconceptions, high dropout rate, low parental motivation and lack of community ownership of the Immunization programme. Government of India has declared year 2012-13 as “Intensification of Routine Immunization Year” and State has planned 04 Special Immunization Weeks to increase the coverage by covering the left out and dropout children by organizing the sessions in hard to reach areas and urban slums.

High visibility and intensive IEC/BCC is being proposed for promotion of parental responsibility for ensuring complete immunization of the children .The campaign will use mass media like Radio, Television, and Print for dissemination of the message. It will be supported by IPC by ASHAs, AWWs, during VHND and RI sessions at village level and

counseling of parents at Health Facility level about the importance of full immunization. New “Mother and Child Protection Cards” will be provided to beneficiaries.

Mobile Video Van “**Sehat Sandeshwahini**” is proposed for promotion of RI programme, in this project is to promote health behaviour among rural community through video van shows focusing on RI and other NRHM schemes. A minimum of 20 days show would be organized in a block . Programme Schedule along with route plan would be prepared at District and Block level. This video Van will cover sites of Routine Immunization session sites, Panchayat halls , Block Development Office , Community hall, AWC, important melas, festivals , religious places like Mandir and Mosque etc. Technical support and monitoring will be done with SIFPSA .

This year World biggest congregation of people on Earth ie “Mahakumbh Mela “ in Allahabad will be organized and more than 5 Crores persons are expected to attend this holy event. It is proposed that 10 Mobile vans “**Sehat Sandeshwahini**” will be hired to place atv different places in **Mahakumbh Mela** to perform Shows on different NRHM scheme including RI activities:-

Activities proposed under Routine Immunization related campaign		
Interpersonal Communication (H to H and Community level)	Mid media/Local media	Mass media
Household level: <ul style="list-style-type: none"> Identification and tracking of beneficiaries for RI through household visit by ASHA Village level : <ul style="list-style-type: none"> VHND-Counseling of pregnant / mother of newborn by ANM on importance of complete immunization during ANC and PNC visit Community level: <ul style="list-style-type: none"> Monthly group meeting for demand generation for RI activities ASHA and ANM as per monthly theme Saas Bahu sammelan Facility level: <ul style="list-style-type: none"> Counseling of pregnant women /mother of newborns on RI during ANC, delivery, and PNC visit by ANM,FW counselor, MOIC 	Wall painting : <ul style="list-style-type: none"> ASHA home Subcentre PHCs/CHCs District Hospital VHND and RI flex banner RI posters for RI weeks	<ul style="list-style-type: none"> TV (Door Darshan) Radio spots (AIR and FM) Media advocacy workshop in District by DM Interview and talk show by Doctors “Hello Sehat and Swasthya Bharat ” Local cable channels Video van “Sehat Sandeshwahini “with the help of SIFPSA to promote RI and other NRHM scheme

Detailed Plan for “Sehat Sandeshwahini”:

- Strategy** - All the 820 blocks of Uttar Pradesh would be covered under this program. Video van agencies would be selected through tender at district level. A minimum of 20 villages would be covered for video van show per block in a month. One van may work for 6 months starting from September till February. Accordingly no of video vans would be hired. A total of about 137 vans would be required to cover all 820 blocks in 6 months. In all 16400 shows/programmes in 820 blocks of the state within 6 months will be conducted.

Villages having population 2000+ would be selected or village ‘Haats’ having large gatherings will also be selected for video van sites. Selection of villages or sites will also cover large gathering places such as melas, religious places, community gatherings like Kisan melas, thesile diwas and thana diwas etc. Villages selections will be on the basis of minority population, having poor health indicators, poor immunization, less JSY

beneficiaries and resistance to adopt spacing or limiting methods for family planning and far off areas but have road connectivity.

- **Video vans** - Video vans may be preferably of big vehicle/ TATA 407 etc / of similar size having enough space to print publicity material on the body of vehicle. Painting cost would be borne by van agencies. Prototype of design would be provided by SIFPSA. Vehicle should be in good condition fully equipped with all modern audio video system with alternative arrangement and with power back up and screen for shows.
- **Video van staff** - There would be one driver, one operator and one health counselor in video van. The operator would do the publicity before show and take round of village to inform people about show. Counselors would be briefed about RI and other NRHM program by CMO and related materials would also be provided to counselor. The counselor would interact with the audience and reply the queries raised by audience after show and document in a register. HIEO and other monitoring officers would also help counselor to reply to audience. This would help to know the reaction of audience about the program and their health behavior. Publicity materials would also be distributed by van staff which would be provided by health department. Contraceptives could also be promoted in the venue.
- **Program schedule** - A minimum of twenty days show would be organized in a block. Program schedule alongwith route plan would be prepared by BPM/ DPM under the supervision of Div PMUs. Van would make halt at PHC/CHC and make move to its destined village till all the shows are performed. HEO/ ANM would accompany the van staff. It would help the van staff to locate the venue village. ASHAs of the village and Anganwadi workers would inform the dwellers about the program. Program would start after monsoon is over and continue till Feb- March to complete its schedule.
- **Shows** - CDs already developed on NRHM schemes, maternal & child health with family planning messages, RI and other health related issues would be reviewed for its suitability and if required new CDS would be developed or existing CDS would be used for show. A copy of CDs would be provided to districts also apart from van agencies. Only one show would be scheduled in a day which would be of two hours duration held between 6.30 to 8.30pm. Time slot could be flexible or delayed based on weather or winters but shows should be held in evening only. The van has to reach before two hours of the show and publicize the program in the village to gather the public. Films /music can also be shown before actual show to gather the audience. Venue would be centrally located area/ panchayat ground/ school campus etc where any one is free to reach.
- **Monitoring** - Each and every program would be monitored by District PM/DCM/ DAM/ DHIEO/ Medical Officer- PHC/CHCs and other district officials on turn basis. Div. Project Manager would also monitor minimum 10% of the shows. Program schedule would be put up in District Health Society for approval alongwith detail of monitoring plan. Show would be verified by Pradhan/ other PRI members/ ANM/HIEO. Agency would submit the verification report alongwith two photographs of the show and based on it payment would be released on monthly basis. Feedback of audience maintained by counselor would be documented. All video vans will be GPS enabled.

- **Documentation** - Assessment and documentation of the project would be done by SIFPSA and a report would be published for circulation.

Estimated budget for video van “Sehat Sandeshwahini”

Sl.	Details	Unit	Rate	Amount (Rs. in Lakhs)
8.	Equipped painted video van with driver & fuel@ 75000/-*820 blocks (1 operator+1 counselor)	820	75,000.00	615.00
9.	Mobile van for Mahakumbh Mela	20	75,000.00	15.00
10.	Mobility to monitoring officers(ANM)@ 200/-*20*820	820	4,000.00	32.80
11.	Development of prototypes for painting in van body	1	20,000.00	0.20
12.	Production of CDs	1	1,00,000.00	1.00
13.	Assessment & documentation & printing of reports 200 copies	1	5,00,000.00	5.00
14.	Contingency to districts	75	5,000.00	3.75
Total				672.75

Budget detail for IEC/BCC Activities for Routine Immunization Programme (including RI week) 2012-13

Sl.	Head	Target	Unit cost (in Rs)	Frequency	Total (in Lakhs)
1	Hiring of agency for media planning, material designing	1	LS		30.00
2	Community mobilization				
	Mobilization of beneficiaries by ASHA for RI session @ Rs 150/- per session				Inbuilt in RI programme
	Annual ASHA sammelan				Inbuilt in ASHA scheme
	Saas bahu Sammelan				In mission flexipool
	Rally at District level(in RI weeks)	75	15000	3	33.75
	Rally at Block level (In RI week)	820	4000	3	98.40
3	Community media (Folk Media) in Tribal areas at Block level	25	2500	12	7.50
4	Mass media				
	Television(Doordarshan) / Radio (AIR and FM channels) in RI week campaign, Measles campaign and for whole year				144.56
	Print			1	20.00
	Cable strip(in Urban)	75	0	0	0
5	Printing of material				
	Paper Poster for RI weeks(20"x30") @ Rs 4/- per poster	82084	4	3	9.85
	Mather and Child Protection card				Budgeted is under Part C
	Appeal to Pradhan from DM	51914	0.5	1	0.26
	FAQ RI booklet	30000	20	1	6.00
6	Sehat Sandeshwahini video van in all District and 820 Blocks and Mahakumbh Mela				672.75
Total					1023.07

Thus, a total budget of Rs. 1023.07 Lakhs was proposed for the above purpose, which is approved by GOI.(ROP-FMR Code-B.10.2.2).(Proposed in Supplementary PIP).

Other OEC/BCC activities under Routine Immunization

State has decided to take leverage of Mass Media campaign run by GOI and other development partners like UNICEF for Routine Immunization. To increase visibility of Routine Immunization sessions RI flex banners are proposed to be provided to vaccinator. Program will be supported by IPC by ASHAs, AWWs during the VHND and the RI sessions at the village level and counselling of parents of new born about the importance of complete immunization at the facility level.

Budget for other IEC/BCC Activities under Routine Immunization Programme-

Sl.	Activity	Unit cost	Frequency	Total (In Lakhs)	Remarks
1.	Outdoor Media				
	25000 RI Flex Banner for Vaccinator 3*5 @ 9 psf	135.00	1	33.75	
	Total for Routine Immunization			33.75	

To conduct the above activities, Rs. 33.75 Lakhs is approved by GOI.(ROP-FMR Code-B.10.2.2)

D. NATIONAL DISEASE CONTROL PROGRAMMES

D.1. NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME

Background - Iodine Deficiency Disorders continue to be one of the major public health problems in India with around 200 million people estimated to be at risk. Uttar Pradesh with a population of 190 million is known to be IDD endemic and no district in the State is reported to be free from IDD.

Iodine deficiency can be prevented by using salt that has been fortified with iodine. Iodine deficiency is particularly damaging during early pregnancy as it retards foetal brain development, resulting in a range of intellectual, motor and hearing deficits. Following disorders are associated with iodine deficiency:

- Goiter, Retarded mental & physical development
- Cretinism in children
- Repeated abortion & Still birth
- Poor school performance etc.

Magnitude of the problem in Uttar Pradesh State - As per the NFHS-3, in Uttar Pradesh while 77 per cent of households are using iodized salt only 36% households use adequately iodized salt. Furthermore 23 per cent of the population in the state is using non-iodized salt, thus over twelve lakhs out of fifty-five lakh children born every year in the state are at a greater risk of not reaching their physical and mental development potential. The Coverage Evaluation Survey of 2009 shows the coverage with adequately iodised salt at 42.5%. NIDDCP focuses on the following:

- Survey and Resurvey every 5 years to know prevalence rate.
- Supply of only Iodized salt for human consumption (salt having 15ppm Iodine at consumer level)
- Creating demand for Iodized salt especially in rural area.
- IEC & Health education

Goals & Objectives of state NIDDCP

- To bring down total Goiter rate (TGR) less than 10%
- To ensure 90% household consume Iodized salt by 2017 (15ppm Iodine at consumer level). Presently 77% of the households are consuming Iodized salt; only 36% households use adequately iodized salt.
- Supply of Iodized salt through Public Distribution System.

Targets for next five years

2012	2012-13	2013-14	2014-15	2015-16	2016-17
42.5%*	50%	50%	70%	80%	90%

*CES 2009

(i) Status of State IDD Cell (including filled/vacancy posts i.e. Technical Officer, Statistical Assistant and LDC/Typist)

Post	Sanctioned	Occupied	Vacant
Technical Officer	One	Nil	One
Statistical Assistant	One	Nil	One
LDC/Typist	One	Nil	One

(ii) Status of State IDD Monitoring Laboratory (including filled/vacancy posts)

Post	Sanctioned	Occupied	Vacant
Lab Technician	One	Nil	One
Lab Assistant	One	Nil	One

(iii) Details of IDD Survey - Out of 72 districts 54 districts have been surveyed in a phased manner and 24 districts are endemic. Surveys conducted in 3 years (2004-05 to 2006-07) of 13 Districts show some very encouraging results:

- Goiter rate is coming down below 10% in children aged 6-12 years.
- The availability & consumption of Iodized salt by the community is on increase.

(iv) Details of health education activities including Global IDD Celebration - Global IDD Day was celebrated at State Health Institute on 21st October, 2011 in which children & teachers of various school & colleges participated. A press release was issued with UNICEF support in 10 leading newspapers in Hindi and English. The Global IDD day Celebration was celebrated across all the 72 districts in 2011 following directives released by State Health institute. UNICEF divisional Consultant and Polio Network support was received for organizing media events and meetings on IDD at divisional Headquarters and in select districts.

(v) Brief details of physical Achievement under the programme - No kits were received from GOI in 2011. The testing results shared below are of the samples received directly from districts at IDD Cell and the sample report of USI Cells set up by UNICEF.

SALT SUPPLY		
Year	Allotment (Tonnes)	Supply (Tonnes)
2010-11	777528	831861
2011-12	777528	443041 (upto Sep.2011)

Note: - For 2011-12 reports up to Sep. 2011 is available as send by Salt Commissioner, GOI.

SALT MONITORING – DISTRICT LEVEL				
Year	Total Sample	>15 PPM	<15 PPM	<15 PPM %
2010-11	115636	72128	43508	37.62%
2011-12	30830	20610	10220	33.14% (upto Dec. 2011)

SALT MONITORING – P.F.A. ACT				
Year	Total Sample	>15 PPM	<15 PPM	<15 PPM %
2010	60	53	7	11.66%
2011	40	36	4	10%

SALT MONITORING – IDD LAB				
Year	Total Sample	>15 PPM	<15 PPM	<15 PPM %
2010-11	337	253	84	24.92%
2011-12	363	272	91	25.06%(upto Dec.2011)

(vi) Brief details of other activities - In 2010, with support of UNICEF, State Plan of Action on USI was developed. As recommended in the State Plan of Action, four USI Cells have been set up in Social and Preventive Medicine Department of Medical colleges i.e. Meerut, Allahabad, Agra and Gorakhpur. These USI Cells are reaching the wholesalers and retailers located in 19 salt unloading districts of Uttar Pradesh and dialoguing with them to influence the supply of adequately iodised salt in the market. The monthly reporting of these USI Cells have been linked to the IDD lab in State Health Institute. Analysis of salt samples collected from Wholesalers results indicate following positive trends in salt supply at Wholesalers/retailers levels.

- Decrease in non-iodized salt (0ppm) by 2.5%
- Decrease in inadequately iodized salt (<15 ppm) by 7.7%
- Increase in adequately iodized salt (> 15 ppm) by 10.1%

Major Bottlenecks in implementation

- Budget is not released on time.
- There is no provision of budget for the districts resulting in low priority accorded by district officials.
- There is a need of completion of IDD surveys & resurveys in the District.
- Posts under IDD Cell & IDD Lab have to be filled.
- Intensive Training of Medical & Paramedical personnel are necessary.
- Awareness workshops at various levels could not be held due to unavailability of funds.

Proposal for Year 2012-13

- 1- **Establishment of IDD Control Cell** - Post of Technical Officer, S.A., L.D.C., L.T. & L.A. are to be filled on contractual basis as advised by Advisor Nutrition, GOI during 2008-09. Presently staffs of SHI are working in this programme and an amount of Rs. 6.50 Lakhs is required for the salary & allowances of the staff for the year 2012-13.
- 2- **Establishment of IDD Monitoring Lab** - For the maintenance & purchase of lab equipments for the state lab, an amount of Rs. 4.00 Lakhs is being proposed for the year 2012-13.
- 3- **Survey** - In the year 2012-13, 05 districts are to be surveyed @ Rs. 50000 / district. These surveys will be conducted by Medical Colleges of U.P. Budget of Rs. 2,50,000/-is proposed for this activity.
- 4- **Information, Education and Communication (IEC) Activities** - IEC activities are the main stay of the programme to create awareness among general public. For this, IEC materials will be printed and distributed /displayed at CHCs, PHCs, Anganwadi Kendra and Block level. IEC activities through AIR, Doordarshan, and Print Media etc. will also be undertaken. An amount of Rs. 12.50 Lakhs is proposed for this activity. Each year on

21st October, IDD Day will be celebrated in Lucknow (State level) for which a lump sum amount of Rs. 50,000/- is being proposed. Iodine in salt will be tested at the consumer level through FTK. This is a very good tool for awareness creation & monitoring. For Asha & ANM these kits will be provided by GOI.

5- Procurement -

- Field Testing Kit for salt testing is required in the programme for monitoring of salt. GOI has supplied 710000 kits in 2010 for Asha's. (10,000 kits/district) CMO's have received these kits.
- 25,000 more kits (one kit will be provided to each ANM) are to be procured.

6- HRD & Training -

- The posts under IDD Cell & IDD Lab are to be filled on contractual basis as proposed by GOI.
- All the Addl. CMOs (Immunization) who are also the nodal officer of the programme at district are trained in 2007-08.

7- Information, Education and Communication (IEC) plan

- IEC activities are the main stay for NIDDCP.
- IEC material is to be printed in the form of Tin plates, Hoardings, Printed publicity materials such as Folders, Stickers, Pamphlets, etc. These materials will have all the information regarding the programme & importance of usage of Iodised salt to prevent Iodine Deficiency Disorders.
- Field Testing Kits serve two purposes. One is testing the salt & the other is to create awareness among people to use Iodised salt only.
- Main emphasis will be on rural population which uses crystal salt after washing it. This practice is to be stopped.
- Multi sectoral approach will be adopted for IEC activities.
- Grass root level workers such as ANMs, Anganwadi & representative of PRI will promote usage of Iodised salt at village level. They will also ensure availability of Iodised salt to the remotest village of the state.
- They will also promote usage of Iodised salt in all the village level meetings.
- MO/ ICs are instructed to promote usage of Iodized salt in every block level meetings.
- Side by side the workers will test the salt samples by FTK at village level & report it to CHCs & PHCs.
- NGO & Medical Colleges support will be taken in IEC activities.
- Each ANM is instructed to test 10 samples per month.
- Various level workshops are proposed at district, CHC, PHC level.

8- Management Information System (MIS)

- For monitoring the programme Performa has been developed.
- ANMs, Anganwadi & PRI will test the samples & do the IEC activities & report it to MO/ Ic, Supdt. of PHC & CHC every month.
- MO/ Ic & Supdt. will compile the report, review & discuss in monthly meetings & send it to Addl.CMO(Immunization) of the district.
- Addl.CMO will review the report & compile it & finally send it to State Health Institute.
- CMO will also review the programme in the monthly meeting & give the feedback.

- SHI will review the programme every month & send report of the total state to D.G. & Director NRHM.
- Finally the programme will be reviewed by Director NRHM & GOI.
- Work done by NGOs & Medical Colleges will be reviewed by the programme officer & their activities will be reviewed from time to time.

9- Monitoring & Evaluation (MIS in all 72 districts of Uttar Pradesh)

Village:	ANM, Anganwadi, PRI conduct testing of salt in the village level (household) & do IEC activity		
	↓		
	10 samples (Pregnant Women, Mother of Infants & Households)		
	↓		
Block:	Data compiled by MO I/c of PHC/Sup. Of CHC (Discussion in monthly meeting & forwarded)		
	↓		
District:	Review by District →	Reports compiled by Addl.CMO(IMM) ← F.I. Salt Testing Reports Co-ordination Committee - Every Six Months ↓ Feed back to traders through F.I.s & DSOs	
	↓		
State: NGOs	→ IDD Cell, SHI, Lucknow review reports		← Medical Colleges & ICDS

10- Expected Outcome

- Able to control Goitre prevalence rate below 10% by 2017.
- More & more use of Iodized salt by the society.
- 90% of the households will use Iodized salt by 2017.
- Effective salt monitoring at various levels.
- Effective implementation of distribution & sale of Iodized salt under PFA.
- Awareness generation among people & demand creation for Iodized salt.
- Multi-sectoral involvement in the programme.

11- Budget - Summary of the proposed budget for 2012 -2013 is given in the table below-

Activity	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
IDD Cell	6.50	10.00
Establishment & Maintenance of IDD Lab	4.00	5.00
Survey	2.50	2.00
Health Education & Publicity	13.00	7.00
ASHA Incentives	-	151.13
Total	26.00	175.13

Note: The budget allocated by GOI under this programme is released through treasury route.

For the above purpose, GOI approved Rs. 175.13 Lakhs accordingly. (ROP-FMR Code-D and its subhead (D.1 to D.4).

D.2. INTEGRATED DISEASE SURVEILLANCE PROGRAMME

Background - IDSP started in 2004 with support from World Bank, to improve and Integrate Disease Surveillance in pursuance of recommendations by high powered committees like Public Health System Committee, Technical advisory committee and committee of secretaries on Environmental Sanitation.

In 2007 with Avian Influenza outbreak, human and animal components were added along with additional budget. Following assumptions were made at the time of launch of project about infrastructure at state and district level

- Units have adequate skills, resources and authority to respond.
- Communities and private sector have adequate incentive to participate.
- Good quality of lab information is available in timely manner and integrated into surveillance system.

But these were not found to be fully correct, so the objectives could not be achieved as well as fund utilization was low. In Jan 2009 after detailed analysis of the situation, World Bank agreed to restructure the project and extend it for 2 years focusing on what can be achieved by the end of two years. Keeping this in mind Project Development Objectives (PDOs) were revised and a proposal for restructuring and extension of IDSP up to 2012 had been prepared.

Programme Objectives

- To improve the information available to the Govt Health Services and Pvt. Health care providers on a set of high priority diseases and risk factors, so as to improve the responses towards them.
- To establish a decentralized state based system of surveillance for diseases to ensure timely and effective health response towards health challenges at all level.
- To put greater emphasis on building the links between the collection and analysis of information and ground intervention by public or private sectors.

The project was to assist the Govt to

- Survey a limited number of health conditions and risk factors.
- Strengthen the linkages, data quality & analysis.
- Improve lab support.
- Train stakeholders in disease surveillance and action.
- Coordinate and decentralize surveillance activities
- Integrate Disease Surveillance at state and district level and involve communities specially Pvt. Sectors.

Activities proposed under different components

Surveillance Preparedness -

- a. Training of Epidemiologist, Microbiologist and Entomologist by NHSRC. It would be done regionally by drawing the faculty from the resource group, facilitated by NCDC.
- b. Training of District Surveillance team in specially phase III states.

- c. Additional training for reporting and analysis for health supervisors, block health team, pharmacists etc.
- d. Ensuring fully functional IT systems in place :-
 - Mechanism to enhance data integration and flow from telephone, Email, and Fax will be developed.
 - Decentralization of recruitment of DM and DEOs to SSU and DSU.
 - Revision of remuneration to bring these at par with other national projects.
 - SSU and DSU will be authorized to have broadband connectivity through BSNL and also to disburse their broad band bills.
 - Training schedule and module for training of DM and DEOs has been prepared.
 - Bandwidth capacity of EDUSAT has been upgraded from 512 Kbps to 1 Mbps.
 - The issues of toll free number are being analysed, investigated and solved.
 - To promote the use of toll free services, the number will be publicized amongst the private and public sectors by advertisement, bulletins etc.
 - The SMS Syndromic reporting model of is being assessed to be incorporated in other priority states.
 - CSU will develop guidelines and provide training for developing Media Scanning and verification system using already existing infrastructure at SSU/DSU

For priority district labs -

- a. Rigorous monitoring will be done for procurement of equipment by the states.
- b. Development of specimen collection centre within the district.
- c. Placements of new medical and nonmedical microbiologists at districts and state labs under IDSP.
- d. Training of new microbiologists by identifying 3 additional training institutes.
- e. To prepare and distribute SOP manuals for the district priority labs (bio-waste management guidelines and internal quality controls.)
- f. Regular monitoring of functioning of district priority labs.
- g. Implementation of guidelines for procurement of quality kits
- h. To organize EQAS (External Quality Assessment Scheme) when district priority lab becomes functional for 3 months.

For Entomological Surveillance -

- a. Training of Entomologist.
- b. Entomologist in consultation with NVBDCP Programme officer and DMO will do mapping, monitoring of entomological density and bionomics and sensitivity to insecticides.
- c. They will also do entomological investigations during vector borne disease out break
- d. Vaccine preventable diseases –diphtheria, pertussis and measles are going to be covered in IDSP Surveillance. H1N1 has already been included in the programme.

Present Status of the program in the year 2011-12

1. Activities -

- IDSP collects information from all the districts on S, P and L formats which is then complied and sent weekly to NCDC, New Delhi.
- Data cell and training cell are present in all the districts.

- Microbiologist is working in the regional lab established in Health Directorate, Swasthya Bhawan, Lucknow.
- Epidemiologists posted at district level are actively working whenever there is any outbreak or warning signal of epidemic.
- Data Managers appointed in all the districts are doing collection, collation, compilation & dissemination of data to State Head Qtr & from state to Central Head Qtr.
- IDSP has played a remarkable role in prevention and treatment of Swine Flu.
- IDSP plays an important role in monitoring, testing and evaluating in case of an outbreak.
- Monthly compiled report of communicable and non-communicable diseases from all the districts is regularly sent to CBHI, New Delhi.
- Online data reporting is being done from all districts.
- Swine flu vaccination completed in all the districts in two phases.

2. Training -

- Training of Trainer (TOT) of all District Surveillance Officer has been completed, by Gol.
- Three batches of District Surveillance Officer (DSO) have undergone Field Epidemiological Training Program (FETP) at PGI, Chandigarh, NCDC, PHFI Delhi, by Gol.
- Microbiologist posted at regional lab, Head Quarter Lucknow has been given Induction Training at BJ Medical College Pune, by Gol.
- All Epidemiologists have undergone TOT (Training of Trainers), by Gol.
- Data Manager posted at State Surveillance Unit has undergone TOT Training, at NCDC New Delhi for online portal Entry, by Gol.
- Training of District Rapid Response Team (RRT) Members has been done by Gol.

SL	Designation	No. of persons Trained
1	District Surveillance Officer (TOT)	71
2	District Surveillance Officer (Field Epidemiology Training Prog.) – Delhi.	46
3	Microbiologist - Pune	1
4	Epidemiologist - Lko. (Induction Training)	40
5	State Data Manager - Delhi	1
6	Rapid Response Team (RRT) Members	140

3. Human Resources -

- **At State Head Quarter Level (State Surveillance Unit)-** Appointments of Microbiologist, Epidemiologists and Data Managers working under IDSP was done by National Health System Resource Centre (NHSRC), Delhi. Currently 1 Microbiologist, 1 Data Manager and 1 Data Entry Operator are working at State Surveillance Unit (SSU). The list of sanctioned/Filled posts at State Head Qtr. is as below:

SL	Post	Sanctioned	Filled
1	Microbiologist	1	1
2	Epidemiologist	1	0
3	Entomologist	1	0
4	Veterinary Consultant	1	0
5	Consultants Finance	1	0

6	Consultants Training	1	0
7	Data Manager	1	1
8	Data Entry Operator	1	1

- **At District Level (District Surveillance unit)-** At district surveillance Unit (DSU's) currently 40 Epidemiologists, 61 Data Managers & 48 Data Entry Operators are working. The list of sanctioned/Filled posts at District Surveillance Units is as below:

SL	Post	Sanctioned	Filled
1	Microbiologist	2	0
2	Epidemiologist	75	39
3	Data Manager	75	60
4	Data Entry Operator	85	54

4. **Laboratory Component** - State Priority Laboratories (Regional Lab at State Head Qtr and District Hospital Lab Ghaziabad).
 - No procurement has been done for priority labs.
 - Tests done-Stool Culture for cholera, ELISA for Dengue, Chikungunya, JE, Measles, Hepatitis A&E and Water Bacteriology.

Activities proposed for the year 2012-13

1. Surveillance Activity -

- This Year Vaccine preventable disease - Measles, Pertussis, Diphtheria and other diseases like Influenza-A H1N1 and other communicable diseases are going to be covered in IDSP Surveillance.
- All Medical Colleges of the State are going to be involved with proper guidelines of reporting from OPD (Areas of prevalence) in data collection and disease surveillance.
- Private sector Hospitals and Nursing Homes are to be actively involved with proper guidelines of reporting from OPD in disease surveillance.
- Strengthening the Surveillance of Epidemic Prone Diseases of U.P. especially AES / JE and Dengue.
- To ensure the online Data Entry from all districts of U.P.
- To start video conferencing between SSU and DSUs.

2. Training-

- **Training of Hospital Doctors** - To help them in understanding the objectives and importance of surveillance. To train them for filling up of various IDSP forms, so that complete and timely information from the hospitals is sent to the State Unit. One day training will be given at district level under the guidance of District Surveillance Officer (DSO). It will be given in 81 batches having 25 people per batch @ Rs. 35000/- per batch.
- **Medical College Doctors** – For their orientation of the Program and their active involvement in joining the Disease Surveillance Program, so that exhaustive information of the health data may be provided. One day training will be given at State level in 2 batches having 20 people per batch @ Rs. 35000/- per batch.
- **Training of Data Managers (DM) & Data Entry Operators (DEO) under IDSP** – To make them understand the ways in which Data entry has to be done on various portals. To start Video Conferencing between State Surveillance Unit and District Surveillance Unit for fast transmission of information amongst each other. One day

training will be given at State level in 8 batches having 20 people per batch @ Rs. 35000/- per batch.

- **Training of Hospital Pharmacist / Nurses** - For detecting and reporting early warning signals of outbreaks. One day training will be given at district level in 8 batches having 25 people per batch @ Rs. 30000/- per batch.
- **Training of Data entry and analysis training for Block Health Team** – For helping them understand ways to enter the collected data and also basic analysis of the same. One day training will be given at district level in 40 batches having 25 people per batch @ Rs. 30000/- per batch.

Activity	cost	No of units	Budget Proposed (In Rs.)
1. One day training of Hospital Doctors	25 person / Batch @ 35000 for 81 Batches.	2025	2835000
2. One day training of Medical College Doctors	4 person / Medical College i.e.20 / Batch @ 35000 for 2 Batches.	40	70000
3. One day training of DM & DEO	20 Person / Batch @ 35000 for 8 Batches	160	280000
4. One day training of Hospital Pharmacist / Nurses	25 person / Batch @ 30000 for 8 Batches.	200	240000
5. One day training Data entry and analysis training for Block Health Team	25 person / Batch @ 30000 for 40 Batches.	1000	1200000
Total			4625000

3. Human Resources (HR) - At State Level

Activity	Remuneration	Cost	No of units	Budget Proposed (In Rs.)
Human Resource (HR)	Microbiologist (Medical Post Graduate)	Rs.50,000/-	1	600000/-
	Epidemiologists	Rs.40,000/-	1	480000/-
	Entomologist	Rs. 25000/-	1	300000/-
	Veterinary Consultant	Rs. 40000/-	1	480000/-
	Consultant Finance	Rs. 20000/-	1	240000/-
	Consultant Training	Rs. 30000/-	1	360000/-
	Data Manager	Rs. 25000	1	300000/-
	Data Entry Operator	Rs. 16000	1	192000/-
Total			8	3072000/-

• At District Surveillance Units (DSUs)

Activity	Remuneration	Cost	No of units	Budget Proposed (In Rs.)
Human Resource (HR)	Microbiologists (Non Medical)	Rs. 40000	2	480000/-
	Epidemiologists	Rs. 40000	75	480000/-
	Data Manager	Rs. 20000	75	240000/-
	Data Entry Operator (1 each at district HQs - DSUs and 1 at identified Medical Colleges identified under IDSP)	Rs. 13000	75+10 = 85	1105000/-
Total			237	2305000/-

Recruitment for all the vacant positions under the program at State Head Qtr. and District Surveillance Unit (DSUs) will be done. Recruitment for the vacant posts will be done at State Level by a committee chaired by Director General, Medical & Health, Uttar Pradesh. Details of vacant position are as follows:

SL.	Post	Sanctioned	Vacant
State Level			
1	Epidemiologists	1	1
2	Entomologist	1	1
3	Veterinary Consultant	1	1
4	Consultants Finance	1	1
5	Consultants Training	1	1
Total		5	5
District Level (including new district)			
SL.	Post	Sanctioned	Vacant
1	Microbiologists	2	2
2	Epidemiologists	75	36
3	Data Manager	75	15
4	Data Entry Operators	85 (75 at CMO & 10 At Govt. Medical College)	31
Total		237	84

4. Operational Expenses –

Operational Cost	Activity	Unit Cost	Budget Proposed (In Rs.)
At State Head Qtr	Office Expenses, Broadband Expenses, ICT equipment maintenance, Annual Reports, collection and transportation of samples, other misc. expenses and Transport.	Rs 5,00,000/- per Annum	500000/-
At District Surveillance Unit + 10 Medical Colleges.	Office Expenses, Broadband Expenses, ICT equipment maintenance, State weekly alert bulletin, monthly meeting, Annual Reports, collection and transportation of samples and other misc. expenses and Transport.	Rs. 240000/- per Annum for 85 units (75 District + 10 Medical Colleges)	20400000/-
Total		86 unit	20900000/-

5. Laboratory support-

- **Priority Lab under IDSP** - There are 2 State Priority labs in UP. One is in Lucknow i.e. Regional Lab at Swasthya Bhawan, Lucknow and other is District Lab at Ghaziabad. The lab at Ghaziabad is still not functional, and no procurement has been done till 2011-12. The lab at Ghaziabad was nominated at the start of the program in Uttar Pradesh but now it is felt that Ghaziabad and adjoining areas can avail the diagnostic facilities from NCDC etc., while the eastern areas of Uttar Pradesh still remain neglected. Looking at the menace of AES / JE in the area and also for provision of better diagnostic facilities for epidemic prone diseases in the eastern areas of the state, so as to provide early diagnosis which would help in decreasing the morbidity and mortality, it is proposed to shift the State Priority Lab from District Ghaziabad to District Varanasi, Uttar Pradesh.

Head	Activity	Unit Cost	Budget Proposed (In Rs.)
Priority district labs	culture-media & reagents, diagnostic kits, glass ware, miscellaneous required items	Rs. 400000/- per Priority lab per Annum.	800000/-

One model lab in each district as per Government of India: - As per letter date 13th Dec. 2010 (copy attached) from the Additional Secretary & Mission Director (NRHM), Government of India, it was stated to develop one model lab per district for diagnosis of epidemic prone diseases under NRHM for which the budget was to be included in the NRHM PIP for the year 2011-12. But this could not be done. Hence initially it is proposed to strengthen the labs at the Divisional Head Qtrs of the state (18 in no.). The budget for which is according to that proposed by the Gol (copy attached).

Head	Activity	Unit	Unit Cost	Budget Proposed (In Rs.)
For 18 Divisions	Basic equipments (one time Expenditure)	18	1790000/-	32220000/-
	Staff Salary	18	1188000/-	21384000/-
	Other recurring expenditure (including consumables cost, cost of kits, media, reagents and contingency amount)	18	492500/-	8865000/-
	Sub Total (A)			62469000/-
For Regional Lab State Head Qtr.	Staff Salary	1	1188000/-	1188000/-
	Other recurring expenditure (including consumables cost, cost of kits, media, reagents and contingency amount)	1	492500/-	492500/-
	Sub Total (B)			1680500/-
Grand Total (A + B)				64149500/-

Budget for 5 New Districts of Uttar Pradesh - At the time of launch of the program in UP, there were 70 districts and the DSU's was established in all 70 districts. Now 5 new districts have been created where there is no DSU, hence no equipments. It is proposed to provide budget for establishing DSU's in the 5 new districts i.e. Kanshiram Nagar, Chatrapati sahuji Maharaj nagar, Panchsheel Nagar, Prabudh Nagar and Bhim Nagar. As per Gol guidelines the budget for expenses on account of newly formed districts for establishing DSU is Rs. 350000/- per district for (Computer Hardware & Accessories etc.).

Head	Activity	Unit	@ Rate	Amount
New Districts	Computer Hardware & Accessories etc.	5	350000/-	1750000/-
Total				1750000/-

Budgetary Details for IDSP – 2012-13

FMR Code	Sub-activity	Cost	No of units	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
E.1.	Operational Costs			-	
	Office Expenses, Broadband Expenses, ICT equipment maintenance, State weekly alert bulletin, monthly meeting, Annual Reports, collection and transportation of samples and other misc.expenses and Transport at District and 10 medical colleges	Rs 2,40,000/- per district per annum	85 (75+10)	204.00	204.00
	Office Expenses, Broadband Expenses, ICT equipment maintenance, State weekly alert bulletin, monthly meeting, Annual Reports, collection and transportation of samples, other misc. expenses and Transport at State Head Qtr.	Rs 5,00,000/- per State HQ/SSU per annum.	1	5.00	5.00
	Sub total of Operational Costs			209.00	209.00
E.1.2	Laboratory support				
	Consumables and kits for Priority district labs	Not more than Rs 4,00,000/- per priority district lab per annum			
	Culture-media & reagents	<i>(applicable only for functional IDSP district priority labs and where manpower and equipment has been provided under NRHM). Budget to be modified according to the expected sample workload. (Lucknow & Varanasi)</i>			
	Diagnostic kits				
	Glass ware				
	Miscellaneous required items		2	8.00	8.00
	2. One model lab as per Gol for 18 Division and State Head Qtr.	Establishment of Rs. 3470500.00 / district of 18 divisions and recurring expenses Rs.1680500.00/ for State Regional Lab/ annum	18	641.50	Not Approved (please see ROP)
	Sub total of Laboratory support			649.50	8.00
	Human Resources				
E.2	Remuneration			-	
	State/district Epidemiologists (1 at State HQ-SSU and 1 each at district HQs - DSUs)	Rs.40,000/-	76	364.80	264.00
	State/ district Microbiologists (1 at State/UT HQ- SSU and 1 each at identified district priority labs)	State Microbiologist Rs.50,000/- & District Microbiologist Rs. 30,000/-	3(1+2)	12.00	8.40

	Veterinary Consultant (1 at State/UT HQ - SSU)	Rs.40,000/-	1	4.80	Not Approved (please see ROP)
	Entomologist (1 at State/UT HQ - SSU)	Rs.25,000/-	1	3.00	1.50
	Consultants Finance (1 at State/UT HQ - SSU)	Rs.20,000/-	1	2.40	0.84
	Consultants Training (1 at State/UT HQ - SSU)	Rs.40,000/-	1	4.80	1.68
	Data Managers (1 at State/UT HQs - SSUs and 1 each at district HQs - DSUs)	State Data Manager Rs.25,000/- & District Data Manager Rs.20,000/-	76 (1+75)	183.00	103.74
	Data Entry Operators (1 at State/UT HQs - SSUs, 1 each at district HQs - DSUs and 1 at identified Medical Colleges identified under IDSP)	State Data Entry Operator Rs.16,000/- & District Data Entry Operator Rs.13,000/-	86 (1+75+10)	134.52	66.81
Sub Total of Human Resources				709.32	446.97
Training					
E.8.	One day training of Hospital Doctors	25 person / Batch @ 35000 for 81 Batches.	2025	28.35	4.40
	One day training of Hospital Pharmacist / Nurses	25 person / Batch @ 30000 for 8 Batches.	200	2.40	1.50
	One day training of Medical College Doctors	4 person / Medical College (20 / Batch @ 35000 for 2 Batches)	40	0.70	0.70
	One day training Data entry and analysis training for Block Health Team	25 person / Batch @ 30000 for 40 Batches.	1000	12.00	2.00
	One day training of DM & DEO	20 Person / Batch @ 35000 for 8 Batches	160	2.80	2.43
Sub Total of Training			3425	46.25	11.03
* FMR Code not allotted	Expenses on account of newly formed Districts which are not yet under IDSP	Not exceeding Rs 3,50,000/- per newly formed district on account of non-recurring costs (Computer Hardware & Accessories etc).	5	17.50	7.00
Sub Total New District				17.50	7.00
Grand Total				1,631.57	650.80
<i>NOTE- Medical Officers working at new PHC's will be trained / oriented after completion of training of district and block level MO's training and the same will be including in ensuing year.</i>					

Comments in ROP

1. The following heads will be approved/modified once approval from EFC is obtained.

- Remuneration of Veterinary Consultant @ Rs. 25,000 -Rs. 40, 000.
- New formed Districts @Rs. 3,50, 000/- per newly formed district

2. Based on past trend, Rs. **350.00** Lakhs has been approved for Uttar Pradesh State under IDSP for 2012-13. However, if there is increase in expenditure by State as per IDSP approved norm, the budget for State could be increased at RE stage

D.3. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM

Background - In the state of Uttar Pradesh, Vector borne diseases are a major public health problem. Malaria is prevalent in all 72 districts and a matter of concern in interstate border districts. Filariasis continues to be endemic in 50 districts with a micro filarial rate of 1.5% and above, although there has been a steady decline in the cases in the last five years. Kala-azar is endemic in 4 districts of eastern UP, ie Kushi Nagar, Deoria, Ballia and Varanasi. In around 27 districts Japanese encephalitis is widespread and hyper endemic in 4 Districts viz Gorakhpur, Kushinagar, Deoria, Maharajganj.

Rapid urbanization has contributed to the transmission of the Dengue in the state. Dengue is endemic in 54 districts and hyper endemic in 5 Districts viz Lucknow, Ghaziabad, Kanpur Nagar, Agra, G.B.Nagar. Chikungunya, also caused by the Aedes mosquito is endemic in two districts viz Kanpur Nagar, Lucknow.

Components of the Program

- Malaria Control Programme
- Filariasis Control Programme
- Kala-azar
- Japanese Encephalitis
- Dengue & Chikungunya

National Goal

- GOI in its National Health Policy (2002) had pledged commitment to reduce mortality on account of malaria by 50% by 2010 and efficient morbidity control and elimination of lymphatic filariasis by 2015.

Goals of NVBDCP

- Reduction in morbidity and mortality of all vector borne diseases.
- Prevention and Control of vector borne diseases by giving area wise specific priorities.
- Universal access to public health services and promotion of healthy life styles with the help of Integrated Vector Management.

NRHM Objectives

- Malaria: Annual Parasite Incidence of 1.3 and morbidity & mortality reduction rate 50% up to 2010, additional 10% by 2012.
- Filariasis: Microfilaria Rate below by 1% in each endemic district. MDA Coverage more than 85% of population.
- Kala-azar: Cases less than 1 per 10,000 populations at sub district level.
- J.E.: Reduction in mortality rate by 50% taking the base of 2006.
- Dengue: Reduction in mortality rate by 50% taking the base of 2006.
- Chikungunya: Effective Control over Chikungunya morbidity.

Epidemiological Situation: Vector Borne Disease in Uttar Pradesh

	Malaria			Filaria		J.E./A.E.S		Dengue		Kala-Azar		Chikun gunia
Year	Positive	P.f.	Death	Diseased	M.f.	Cases	Death	Cases	Death	Cases	Death	Suspected Cases
2005	105302	3149	0	7613	619	5581	1593	121	4	68	2	0
2006	91566	1875	0	5738	725	2073	476	617	14	83	0	0
2007	83019	2132	0	5791	637	2910	606	130	2	69	1	4
2008	93383	2310	0	5134	477	2898	522	51	2	26	0	0
2009	53204	641	0	2815	452	3401	606	161	2	17	1	0
2010	67468	1389	0	2291	412	3892	557	960	8	14	0	5
2011	56829	1857	0	2109	364	3714	606	155	5	11	1	0

P.f.=*Plasmodium Falciparum* (Species causing cerebral malaria)

M.f.=*Micro filariae* (Stage of filarial parasite detected in blood examination)

Disease	Number of Endemic Districts	Name of Priority Districts
Malaria	Endemic in 72 District & 28 are Priority Districts	Aligarh, Hathras, Mainpuri, Etah, Badaun, Chandauli, Mirzapur, Sonbhadra, St.Ravidas Nagar, Allahabad, Kaushambi, Fatehpur, Ramabai Nagar, Farrukhabad, Etawah, Kannauj, Chitrakoot, Jhansi, Banda, Hamirpur, Mahoba, Bulandshahar, Muzaffar Nagar, Ghziabad, G.B.Nagar, Auraiya, Lalitpur & Saharan pur
Dengue	29 (8 priority endemic districts named)	Lucknow, Ghaziabad, Kanpur Nagar, G.B.Nagar Sitapur, Sultanpur Allahabad, & Unnow
Chikungunya	-	-
AES/ JE	18 priority endemic districts named	Luknow, Rae-Bareilly, Lakhimpur Kheri, Ambedkar Nagar, Balrampur, Gonda, Shrawasti, Bahraich, Ballia, Mau, Azamgarh, St.KabirNagar, SiddharthNagar, Basti, Maharajganj, Deoria, Kushi Nagar, Gorakhpur
Filaria	51	Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. Kabir Nagar Azamgarh, Mau, Ballia, Varanasi, Chandauli, Jaunpur, Sonbhadra, St. Ravidas Nagar, Faizabad, Ambedkar Nagar, Sultanpur, Barabanki, Bahraich, Shrawasti, Gonda, Balrampur, Allahabad, Kaushambi,Pratapgarh,Fatehpur, Banda, Chitrakoot, Mahoba, Jalaun, Hamirpur, Kanpur Nagar, Ramabai Nagar, Etawah, Auraiya, Farrukhabad, Kannauj, Bareilly, Pilibhit, Shahjahanpur, Rampur, Lucknow, Rae Bareli, Unnao, Hardoi, Kheri, Sitapur.and Chatrapati shahu ji maharaj nager
Kala-azar	6	Kushi Nagar, Deoria, Ballia, Varanasi, Ghazipur. St. Ravidas Nager.

In the State J. E./ A.E.S are major public health problem.

Strategy for Prevention & Control of Vector Borne Diseases –

- Integrated Vector control (IRS, fish, Chemical & Bio-larvicide and Source Reduction)
- Early diagnosis & Complete Treatment
- Behaviour Change Communication
- Vaccination against J.E.
- No Specific drugs against Dengue, Chikungunya & J.E.
- Annual Mass Drug Administration for Lymphatic Filariasis Elimination

Financial requirement for programme implementation (summary is indicated below)

Disease	Balance from previous years (in Lakhs)	Committed expenditure (in Lakhs)	Cash assistance from NVBDCP	Cash assistance from NRHM flexi fund	State resources
Malaria Domestic Budget Support World Bank fund for project states GFATM fund for project states			7209.93		1661.48
Dengue/ Chikungunya			119.75		50.00
AES/JE			31734.86		-
Filaria		6.216	3829.26		-
Kala-azar			72.95		-
Kala-azar World Bank Project assistance					-
Total	1104.78	6.216	42,966.75		1,711.48

The Vision

Well informed & self-sustained and healthy UP with good health system and free from vector borne diseases.

Components of the Programme

- Malaria Control Programme
- Filaria Control Programme
- Kala-Azar
- Japanese Encephalitis
- Dengue & Chikungunia

National Goal

Government of India in its National Health Policy (2002) had pledged commitment to reduce mortality on account of malaria by 50% by 2010 and efficient morbidity control and elimination of lymphatic filariasis by 2015.

Objectives with their achievements having the base of 2005-06

Targets set by NVBDCP under NRHM	Achievements
Malaria morbidity and mortality reduction by 50 per cent by 2010	Malaria morbidity reduced by 36 percent and mortality reduced 100 percent by 2010.
Elimination of Falaria by 70 percent by 2010	Elimination of Falaria by 70 percent by 2010 is achieved.
Elimination of Kala-Azar by 2010	Elimination of Kala-Azar by 2010 is 80 percent achieved.
Reduction in Dengue mortality rate by 50 percent 2010	Reduction in Dengue mortality rate by 50 percent 2010, we achieved 80% so target is achieved.
Effective control over Chikungunia morbidity	There are no cases of Chikungunia reported in last five years.

Current Status about the targets of the state

- Malaria-API=0.33%, SPR=1.37% & ABER=2.37% In 2011.(Jan 2011 to Dec 2011)
- Kala-Azar-cases=11, Death=1 In 2011.(Jan 2011 to Dec 2011)
- Filaria reduction rate=73% having the base line of 2005 till 2011.
- Dengue mortality=3.22% (5 deaths out of 155 cases.) In 2011.

Goals of NVBDCP

- Reduction in morbidity and mortality of all vector borne diseases.
- Prevention and Control of vector borne diseases by giving area wise specific priorities.
- Universal access to public health services and promotion of healthy life styles with the help of Integrated Vector Management.
- Elimination of lymphatic Filariasis & Kala-Azar.

Objectives of the State

- Malaria Morbidity & Mortality reduction by 60% upto the year 2012 & 80% upto the year 2017.
- Elimination of Filaria by the year 2015 & 80% reduction upto the year 2012.
- Elimination of Kala-Azar by the year 2015 & 90% reduction upto the year 2012.
- Reduction of J.E. Mortality rate by 50% by 2017 having the base 2011.
- Reduction of Dengue Mortality rate by 50% by 2017 having the base 2011.
- Effective Control on Chikungunia Morbidity.

State Specific Targets for next five years

Indicator	Current Status	Cumulative target for next five years	2012-13	2013-14	2014-15	2015-16	2016-17
Malaria Mortality Reduction rate	No Death	No Death	No Death	No Death	No Death	No Death	No Death
Kala-Azar	80%	100%	90%	95%	100%	100%	100%
Dengue Mortality Reduction rate	3.22%	1.60%	2.50%	2.00%	1.80%	1.60%	1.60%

1. Malaria

Objectives

- To bring down annual incidence of malaria cases to less than 1 per 1000 at state level by the year 2017.
- To increase annual blood slides examination rate more than 10 per 1000 at state level by the year 2017.

Demographic Profile of Uttar Pradesh

Infrastructure	Number
Population of the state	19.95 crores
Districts	75
Community Health Centres (CHCs)	659
Primary Health Centres (PHCs)	3692
Health Sub Centres(HSCs)	20521
Villages	107452
Fever Treatment Depos (FTDs)	8714
Filaria Control Units (FCUs)	29
Urban Malaria Units (UMUs)	14
Districts Hospitals	139
Medical Colleges	11(9 state & 2 centrally added)

**Source information-D.G.M&H Monitoring Cell*

No. of Districts	Family Below Poverty Line (Urban & Rural Status)	
	Family	Population (No. of total members)
75	13,99,548	70,60,730

**Source of information-SUDA/DUDA, Lucknow, U.P.; as per survey 1998*

- Urban & Rural slums are prominent Endemic Site for Malaria.
- Poor Sanitation, Water logging, Scarcity of Drinking Water for which people store drinking water for long time.

Status of Manpower (Sanctioned & Vacant)

Regular Posts	Sanctioned	In Position	Vacant
District Malaria Officer	70	53	17
Assistant Malaria Officer	117	65	52
Senior Malaria Inspector	56	0	56
Malaria Inspector	228	182	46
Multi-purpose Supervisor	3789	2730	1059
MPWs	9080	1729	7351
Lab Technician	2224	1836	388
Lab Assistant	184	60	124
Filaria Control Officer	6	4	2
Biologist	21	13	8
Entomological Assistant junior	6	6	0
Entomological Assistant Senior	3	0	3
Filaria Inspector	87	75	12

**Source information-D.G.M&H Monitoring Cell*

Manpower required (for monitoring, evaluation & surveillance) on Contractual Basis

(a) State Project Management Unit		
SL	Human resources	Amount Proposed (Rs. in Lakhs)
1	Consultant -1 (Finance) @ 25000/-pm x 12 Month	3.00
2	Data base Entry Operators (2 No.) @ Rs 8500/- p.m. for 12 Month	2.04
3	Secretarial Asstt. (2 No.) @ Rs 8500/- p.m. for 12 months	2.04
Total		7.08
(b) District Level Human resource required		
1	7351 MPW(Male) @ 6500 per month x 12 Months	5733.78
Grand Total (a + b)		5740.86

Malaria Epidemiological Situation of Uttar Pradesh

Year	Population (Lakhs)	B.S.C.	B.S.E.	Total Malaria Positive	P.F. Cases	P.F. %	A.B.E.R.	S.P.R.	A.P.I.	S.F.R.	Death
2005	1671.2	4229061	4223366	105302	3149	2.99	2.53	2.49	0.63	0.07	0
2006	1671.2	3882984	3872475	91566	1875	2.04	2.33	2.35	0.54	0.05	0
2007	1744.7	3527918	3524729	83019	2132	2.56	2.02	2.35	0.47	0.06	0
2008	1744.7	4158441	4150306	93383	2310	2.47	2.38	2.25	0.54	0.06	0
2009	1744.7	4171162	4171162	53204	641	1.21	2.39	1.31	0.31	0.02	0
2010	1880.1	4040902	4040902	67468	1389	2.06	2.32	1.67	0.39	0.03	0
2011	1995.0	4142930	4142930	56829	1857	3.27	2.37	1.37	0.33	0.04	0

*B.S.E.=Blood Slides Examined

**A.B.E.R.=Annual Blood Slides Examination Rate %

***S.P.R.=Slides Positivity Rate %

****A.P.I.=Annual Parasite Index (Malaria cases/1000 pop.)

*****P.F.%= Plasmodium Falciparum positive cases percent of total malaria cases.

Target (Output indicators)

Target	2011-12 (Present status)	2012-13 (Goal)	2013-14 (Goal)	2014-15 (Goal)	2015-16 (Goal)	2016-17 (Goal)
API	0.33	0.32	0.31	0.30	0.29	0.28
ABER	2.37%	4%	5%	6%	8%	10%

*API-Annual Parasite Index

* Annual Blood Slides Examination

Malaria High Risk Districts

Year	High A.P.I. > 1	High S.P.R. > 2	High P.F. > 50 Cases	Regular High P.F. Cases
2010	Kashiram nagar, Mainpuri, Etah, Badaun, Mirzapur, Sonbhadra, SantR.D.nagar, Allahabad, Farrukhabad, Etawah, Lalitpur, Chitrakoot, Ramabainagar, Hamirpur, Mahoba, G.B. nagar, Shahrampur & Muzaffarnagar	Aligarh, Hathras, Manpuri, Etah, Badaun, Mirzapur, Sonbhadra, St.R.D.nagar, Fatehpur, Ramabainagar, Farrukhabad, Etawah, Chitrakoot, Mahoba & Muzaffar nagar.	Hathras, Aligarh, Sonbhadra, Rama bainagar, Etawah, Bulandshahar, Saharanpur & Muzaffar nagar	Hathras, Aligarh, Sonbhadra, Ramabai nagar, Saharanpur & Muzaffar nagar
2011	Sonbhadra, Mirzapur, Muzaffar nagar, Saharanpur, Auraiya, Mahoba, Lalitpur, Allahabad, Hamirpur, St.R.D. nagar, Etah & Kanpur Dehat	Sonbhadra, Mirzapur, Auraiya, Muzaffar nagar, St.R.D. Nagar, Allahabad, Etah, Chitrakoot, Mahoba, Fatehpur, Lalitpur, G.B. nagar, Saharanpur & Hamirpur.	Aligarh, Hathras, Sonbhadra, Ramabainagar, Saharanpur & muzaffarnagar.	

District wise Comparative Epidemiological Report up to December of Uttar Pradesh

SI	Name of District	Population	2010				2011			
			BSC	BSE	Positive	P.f.	BSC	BSE	Positive	P.f.
1	Agra	4128379	107590	107590	164	2	122614	122614	151	6
2	Aligarh	3432696	59227	59227	1362	54	68035	68035	1186	58
3	Kashiram Nagar	1429151	56738	56738	914	0	47120	47120	617	1
4	Hathras	1713681	34292	34292	713	91	32348	32348	613	54
5	Mathura	2150155	29258	29258	273	11	65340	65340	189	2
6	Mainpuri	1775237	34144	34144	1272	6	44261	44261	631	2
7	Etah	1714157	42533	42533	1124	10	41278	41278	1096	2
8	Firozabad	2055306	36408	36408	285	6	35407	35407	380	13
9	Bareilly	4252308	106788	106788	1558	22	155650	155650	1138	1
10	Pilibhit	1897445	21345	21345	11	0	51585	51585	24	0
11	Shahjahanpur	2558160	34808	34808	28	0	29283	29283	7	0
12	Badaun	3212627	80403	80403	2119	0	58436	58436	969	0
13	Moradabad	2865592	138337	138337	215	1	100205	100205	192	9
14	J.P.Nagar	1289778	80276	80276	486	0	62295	62295	379	0
15	Rampur	2014327	56572	56572	612	6	39900	39900	281	6
16	Bijnore	3598867	145540	145540	1161	27	135658	135658	894	27
17	Lucknow	3599559	75194	75194	28	2	83333	83333	149	9
18	Unnao	3198730	40526	40526	26	2	36005	36005	67	5
19	Rae-Bareli	3452740	53278	53278	92	2	34840	34840	72	1
20	Sitapur	3706882	36837	36837	5	0	41258	41258	7	0
21	Hardoi	3727096	51440	51440	156	1	52067	52067	94	6
22	Kheri	3634404	81992	81992	420	3	61244	61244	333	3
23	Faizabad	2525485	26188	26188	31	2	32099	32099	69	3
24	Ambedkar Nagar	2477604	16034	16034	14	0	17310	17310	81	13
25	Sultanpur	3835710	35205	35205	154	0	34620	34620	229	0
26	Barabanki	2786016	32261	32261	0	0	39169	39169	0	0
27	Gonda	3237686	33317	33317	24	8	32088	32088	30	4
28	Balrampur	1809631	25589	25589	13	2	25448	25448	11	0
29	Bahraich	2867637	84766	84766	53	11	68220	68220	40	2
30	Shravasti	1012670	38356	38356	67	0	34786	34786	66	1
31	Basti	2399843	25864	25864	111	16	44471	44471	117	24
32	St.Kabir Nagar	1653407	32241	32241	32	0	48183	48183	37	0
33	Siddharth Nagar	2182723	36727	36727	343	0	28529	28529	329	0
34	Gorakhpur	3622935	44090	44090	5	0	44579	44579	3	0
35	Maharajgunj	2610176	24684	24684	23	1	25254	25254	34	3
36	Deoria	3042960	27158	27158	30	0	29294	29294	29	3
37	Kushi Nagar	3472551	38502	38502	138	0	44198	44198	142	0
38	Azamgarh	4495955	31290	31290	12	0	40960	40960	18	0
39	Mau	2214394	26023	26023	13	0	43850	43850	13	0
40	Ballia	3015124	19166	19166	3	0	28398	28398	6	0
41	Varanasi	4026471	38449	38449	177	3	35963	35963	158	9
42	Chandauli	1906142	23971	23971	388	2	21602	21602	156	1
43	Jaunpur	4452283	47587	47587	260	1	46885	46885	202	0
44	Ghazipur	3289651	21220	21220	8	0	24525	24525	36	1
45	Mirzapur	2511225	131650	131650	6355	5	133665	133665	6476	22
46	Sonbhadra	1882128	91372	91211	12068	67	84122	84122	8245	108
47	St.R.D.Nagar	1657301	30519	30519	1560	0	29278	29278	1218	0
48	Allahabad	5725191	102284	102284	8157	19	114340	114340	4715	16
49	Kaushambi	1517600	31556	31556	285	1	36533	36533	458	0
50	Fatehpur	2913906	47521	47521	943	1	52880	52880	1120	22
51	Pratapgarh	3028354	97314	97314	191	2	95664	95664	192	2
52	Kanpur Nagar	1636331	51388	51388	861	2	58266	58266	486	5
53	Kanpur Dehat	1807431	94736	94736	1890	76	71834	71834	1377	72

54	Farrukhabad	1745950	36204	36204	1239	33	37046	37046	757	4
55	Kannauj	1544552	44394	44394	669	2	48322	48322	595	1
56	Etawah	1682002	39712	39712	1421	107	87553	87553	382	6
57	Auraiya	1489772	32332	32332	221	0	36369	36369	1680	7
58	Jhansi	1871734	59322	59322	974	5	48412	48412	748	10
59	Jalaun	1649122	32276	32276	409	1	35109	35109	465	2
60	Lalitpur	1184583	49205	49205	886	4	48145	48145	987	11
61	Chitrakoot	7820177	18317	18317	683	8	19754	19754	522	2
62	Banda	1694451	54143	54143	883	5	58617	58617	609	4
63	Hamirpur	1122910	67579	67579	1147	8	82646	82646	914	4
64	Mahoba	891212	35365	35365	949	4	36834	36834	834	7
65	Meerut	2253769	95356	95356	224	27	87553	87553	265	9
66	Bagpat	1314823	25778	25778	252	0	19427	19427	254	0
67	Ghaziabad	3314070	55010	55010	699	1	60817	60817	460	6
68	G.B.Nagar	1014707	35596	35596	682	7	41241	41241	577	6
69	Bulandshahar	2823308	170163	170163	1432	90	180540	180540	1026	7
70	Saharanpur	3369356	193660	193660	1896	194	206350	206350	4231	719
71	Muzaffar Nagar	4204250	185936	185936	5569	428	143020	143020	5961	536
Total		188014546	4040902	4040741	67468	1389	4142930	4142930	56829	1857

Strategy and Innovations

Surveillance -

- Epidemiological Surveillance & Disease Management.
- Strengthening the existing surveillance.
- Strengthening referral surveillance.
- Epidemic preparedness & Rapid Response Team.
- Involvement of Private providers.
- Integrated Vector Management
- Effective Entomological Surveillance.
- Source reduction using Minor Engineering Method.
- Biological control, Larvicides (Biolarvicides).
- Larvicide (Chemical).
- Timly & Good quality of IRS is important & implemented with sound technical skill
- LLIN.

Operational Research

Capacity Building-

- Training of ASHA in making Blood Smears.
- Training of ASHA's using Rapid Diagnostic Kit by MO/IC specified PHCs. Training of LTs of PHC in identifying Malaria parasite by Experts Pathologists & LTs.
- Training of Health Workers & Supervisors in making Solutions of Insecticides in using spray pumps & fogging machines by D.M.O.s & Malaria Inspector.

BCC/IEC activities-

- Information, Education & Communication before spraying and fogging operation about precautions to make it successful.
- Health Education Material supplied to ASHAs, Village Health Sanitation Societies, Health Sub Centres, P.H.C.s, C.H.C.s and other Govt Hospitals for proper display.

General Vector Control Strategy-

- Main strategy for control of vector borne disease is vector management.

- To control condition promoting mosquitoes breeding.
- One week day –Saturday to be made dry day (emptying over head tanks, coolers, defrost pans and plant pots etc.)
- Larvicide in open drains with stagnant water.
- Two round of IRS DDT -50% & three rounds of Malathian 25% WDP in High Risk Districts.
- Spray wages from state resource for technical skilled labours.
- Fogging by malathion technical at dawn and dusk.
- To control outdoor misquotes density in village affected with JE/AES (Larvicidal activity in morning).

Specific Constrains for Implementation of Programme

- Active Surveillance is not been conducted effectively due to shortage of Multi Purpose Worker (Male).
 - Current Scenario of MPW(male)- Number of sanctioned posts=9080, Working=1729 & Vacant=7351
- Population is increasing against the sanctioned posts of MPW(male)
- The Population has increased relative to which infrastructure not strengthened.
- Presently ANMs (MPW Female) & Ashas are not able to fully contribute in V.B.D. Control Programme because of other programmes.
- Passive surveillance is not conducted effectively due to shortage of Lab. Technicians.
 - Current Scenario of Lab Technician-
 - Number of sanctioned posts=2224, Working=1836 & Vacant=388
 - Population & PHCs are increasing against the sanctioned posts of Lab. Technicians.
- If the procurement and supply of drugs, insecticides & larvisieds are again made Centralized, it will make a positive impact on Malaria Programme.
- The total amount of funds for V.B.D. is sent directly in the account of C.M.Os, by NRHM. These funds should be utilized, after the sanction/approval of DHSC and C.M.O., by the District Malaria Officer. Directions in this regard are needed to be issued.

Prioritization of the areas including the Criterion of Prioritization

The following 28 Districts of Uttar Pradesh are high risk due to high API & high SPR and P.F. percentage for 2012.

SI	Name of District	Population	BSC	BSE	Positive	P.f.	P.f%	API	SPR
1	Sonbhadra	1882128	84122	84122	8245	108	1.3	4.38	9.80
2	Mirzapur	2511225	133665	133665	6476	22	0.3	2.58	4.84
3	Muzaffar Nagar	4204250	143020	143020	5961	536	9.0	1.42	4.17
4	Saharanpur	3369356	206350	206350	4231	719	17.0	1.26	2.05
5	Auraiya	1489772	36369	36369	1680	7	0.4	1.13	4.62
6	Mahoba	891212	36834	36834	834	7	0.8	0.94	2.26
7	Lalitpur	1184583	48145	48145	987	11	1.1	0.83	2.05
8	Allahabad	5725191	114340	114340	4715	16	0.3	0.82	4.12
9	Hamirpur	1122910	82646	82646	914	4	0.4	0.81	1.11
10	Kanpur Dehat	1807431	71834	71834	1377	72	5.2	0.76	1.92
11	St.R.D.Nagar	1657301	29278	29278	1218	0	0.0	0.73	4.16

12	Etah	1714157	41278	41278	1096	2	0.2	0.64	2.66
13	G.B.Nagar	1014707	41241	41241	577	6	1.0	0.57	1.40
14	Farrukhabad	1745950	37046	37046	757	4	0.5	0.43	2.04
15	Kashiram Nagar	1429151	47120	47120	617	1	0.2	0.43	1.31
16	Jhansi	1871734	48412	48412	748	10	1.3	0.40	1.55
17	Kannauj	1544552	48322	48322	595	1	0.2	0.39	1.23
18	Fatehpur	2913906	52880	52880	1120	22	2.0	0.38	2.12
19	Bulandshahar	2823308	180540	180540	1026	7	0.7	0.36	0.57
20	Banda	1694451	58617	58617	609	4	0.7	0.36	1.04
21	Hathras	1713681	32348	32348	613	54	8.8	0.36	1.90
22	Mainpuri	1775237	44261	44261	631	2	0.3	0.36	1.43
23	Aligarh	3432696	68035	68035	1186	58	4.9	0.35	1.74
24	Kaushambi	1517600	36533	36533	458	0	0.0	0.30	1.25
25	Badaun	3212627	58436	58436	969	0	0.0	0.30	1.66
26	Kanpur Nagar	1636331	58266	58266	486	5	1.0	0.30	0.83
27	J.P.Nagar	1289778	62295	62295	379	0	0.0	0.29	0.61
28	Jalaun	1649122	35109	35109	465	2	0.4	0.28	1.32

District of Medium Risk Areas for Malaria - 2012

SI	Name of District	Population	BSC	BSE	Positive	P.f.	P.f%	API	SPR
1	Bareilly	4252308	155650	155650	1138	1	0.1	0.27	0.73
2	Bijnor	3598867	135658	135658	894	27	3.0	0.25	0.66
3	Etawah	1682002	87553	87553	382	9	2.4	0.23	0.44
4	Bagpat	1314823	19427	19427	254	0	0.0	0.19	1.31
5	Firozabad	2055306	35407	35407	380	13	3.4	0.18	1.07
6	Siddharth Nagar	2182723	28529	28529	329	0	0.0	0.15	1.15
7	Rampur	2014327	39900	39900	281	6	2.1	0.14	0.70
8	Ghaziabad	3314070	60817	60817	460	6	1.3	0.14	0.76
9	Meerut	2253769	87553	87553	265	9	3.4	0.12	0.30

Requirement of commodities & larvicides/insecticides as per technical norms & considering balance of store, consumption capacity & justification:-

A. Identified Districts and Population for I.R.S. Activities by D.D.T. 50%

		Required from NRHM/GOI			Required from State Govt.			Total labour charges (in lakhs)
SL	District	Population	DDT req.	Rounds	No.of labour	No.of Days	Rate @	
1	Sonbhadra	380000	57	2	114	150	164.00	28.04
2	Mirzapur	234000	35	2	70	150	164.00	17.22
3	Muzaffar Nagar	650000	97.5	2	195	150	164.00	47.97
4	Saharanpur	315000	45	2	95	150	164.00	23.37
5	Auraiya	200000	30	2	60	150	164.00	14.76
6	Mahoba	200000	30	2	60	150	164.00	14.76
7	Lalitpur	136000	21	2	41	150	164.00	10.08
8	Allahabad	630000	94.5	2	189	150	164.00	46.49
9	Hamirpur	175000	25	2	53	150	164.00	13.03
10	Kanpur Dehat	250000	37.5	2	75	150	164.00	18.45
11	St. Ravi Das Nagar	357000	54	2	107	150	164.00	26.32
12	Etah	100000	15	2	30	150	164.00	7.38

13	G.B.Nagar	175000	25	2	53	150	164.00	13.03
14	Farrukhabad	105000	15	2	30	150	164.00	7.38
15	Kashiram Nagar	178000	26.5	2	53	150	164.00	13.03
16	Jhansi	100000	15	2	30	150	164.00	7.38
17	Kannauj	160000	24	2	48	150	164.00	11.80
18	Fatehpur	100000	15	2	30	150	164.00	7.38
19	Bulandshehar	105000	15	2	30	150	164.00	7.38
20	Banda	136000	21	2	41	150	164.00	10.08
21	Hathras	467000	70.5	2	140	150	164.00	34.44
22	Mainpuri	380000	57.3	2	115	150	164.00	28.29
23	Aligarh	500000	77.5	2	155	150	164.00	38.13
24	Kaushambi	200000	30	2	60	150	164.00	14.76
25	Badaun	143000	21.25	2	43	150	164.00	10.57
26	Kanpur Nagar	100000	15	2	30	150	164.00	7.38
27	J.P.Nagar	120000	18	2	36	150	164.00	8.85
28	Jalaun	120000	18	2	36	150	164.00	8.85
		6716000	1005.55	56	2019	150	164.00	496.6

Medium risk areas For I.R.S.

			Required from NRHM/GOI		Required from State Govt.			Total labour charges (in lakhs)
SL	District	Population	DDT req.	Rounds	No.of labour	No.of Days	Rate @	
29	Bareilly	127000	19.5	2	38	150	164	9.34
30	Bijnor	200000	30	2	60	150	164	14.76
31	Etawah	40000	6	2	12	150	164	2.95
32	Baghpat	200000	30	2	60	150	164	14.76
33	Firozabad	100000	15	2	30	150	164	7.38
34	Siddharth Nagar	120000	18	2	36	150	164	8.85
35	Rampur	50000	7.5	2	15	150	164	3.69
36	Gaziabad	50000	7.5	2	15	150	164	3.69
37	Meerut	50000	7.5	2	15	150	164	3.69
TOTAL		937000	141	18	281	150	164	69.11
Grand Total		7653000	1147	74	2300	150	164	565.71

B. Identified districts and population for I.R.S. Activities by Malathian 25%

			Required from NRHM/GOI		Required from State Govt.			Total labour charges (in lakhs)
SL	District	Population	Malathian req. in MT	Rounds	No. of labour	No. of days	Labour rate	
1	Sonbhadra	234367	140	3	52	135	164	11.48
2	Mirzapur	58333	35	3	13	135	164	2.87
3	Muzaffar Nagar	83333	40	3	15	135	164	3.28
4	Saharanpur	75000	35	3	13	135	164	2.87
5	Allahabad	66667	30	3	11	135	164	2.46
6	Ramabai Nager	58333	20	3	7	135	164	1.64
7	Bulandshehar	41667	25	3	9	135	164	2.05

8	Hathras	60000	25	3	9	135	164	2.05
9	Aligarh	60000	25	3	9	135	164	2.05
10	Badaun	50000	25	3	9	135	164	2.05
Total		787700	400	30	148	135	164	32.8

C. Identified Districts and Population for I.R.S. Activities by Synthetic pyrethride

		Required from NRHM/GOI			Required from State Govt.			Total labour charges (in Lakhs)
SL	District	Population	SP req. in MT	Rounds	No.of labour	No.of days	Labour rate	
1	Sonbhadra	570982	14	2	56	150	164	2755200
2	Mirzapur	500839	13	2	52	150	164	2558400
3	Saharan pur	240000	6	2	24	150	164	1180800
4	Mujaffar Nager	280000	7	2	28	150	164	1377600
Total		1591821	40	2	160	135	164	78.72

Note :- Rate of daily wages Spraying workers semi skilled vide G.O. No. minimum wages act 1939 407/36-3-06-7 (neu ve /24 dt 24/2/2006 price index 864 db 1/10/2011 – 31/3/2012 reversible

D. Area for Focal Spray by D.D.T. 50 % (to be done by VHSC)

		Required from NRHM/GOI
SL	Name of District	No. of MT
1	Kheri	6
2	Mathura	6
3	Chandauli	6
4	Moradabad	6
5	Chitrakoot	6
6	Shravasti	6
7	Pratapgarh	6
8	Sultanpur	6
9	Basti	6
10	Jaunpur	6
11	Lucknow	6
12	Kushi Nagar	6
13	Varanasi	6
14	Ambedkar Nagar	6
15	Bahraich	6
16	Maharajganj	6
17	Gonda	6
18	Balrampur	6
19	Sitapur	6
20	Pilibhit	6
21	Shajahanpur	6
22	Unnao	6
23	St. Kabir Nagar	6
24	Hardoi	6
Total		144

E. Medicines

Sl	Items	Technical Requirement	Amount in Lakhs
1.	Tab. Chloroquine Phosphate 250 mg	50,00,000 Tabs	19.00 Lakhs
2.	Tab. Primaquine 2.5 mg	15,00,000 Tabs	4.50 Lakhs
3.	Tab. Primaquine 7.5 mg	20,00,000 Tabs	7.00 Lakhs
4.	Inj. Quinine	1000 Inj.	0.15 Lakhs
5.	Tab. Quinine	2000 Tabs	0.03 Lakhs
6.	Tab. Artesunate + Tab. Sulphadoxine Pyremethamine	5000 packs	GOI Supply
7.	DDT 50% wdp	1000 M.T.	GOI Supply
8.	Synthetic Pyrethroid 10%	40 M.T.	122 Lakhs
9.	Malathian wdp 25%	400 M.T.	320.00 Lakhs
10.	ACT Combi pack		
	a-Adult	7000 packs	GOI Supply
	b- 0-1yrs,	4000 packs	
	c- 1-4 yrs.	4000 packs,	
	d- 5-8 yrs.	4000 packs	
	e- 9-14 yrs..	5000 packs	
11.	RDK	500000 Kits	State Supply
12.	Temephos	10,000 litres	95.00 Lakhs
13.	Bti-AS	10,000 litres	140.00 Lakhs
14.	Pyrethrum	5,000 litres	90.00 Lakhs
15.	Malathian Technical	25 MT(12,000litre)	GOI Supply

F. Requirement for Insecticides & Spray wages to check the Transmission

Operational Cost of Spray wages for 1000 M.T. DDT 50% wdp by State	565.71 Lakhs
Operational Cost of Spray wages for 400 M.T. Malathion 25% wdp by State	32.8 Lakhs
Operational Cost of Spray wages for 40 M.T. S. P. 10% wdp by State	78.72 Lakhs
Focal Speay by D.D.T.50%	12.00 Lakhs
Total	689.23 Lakhs
LLIN Bed Nets (3.5 Lakhs) for BPL people living in urban & rural slums (7,00,000 population)	1400.00 Lakhs
Monitoring & Evaluation	
Mobility in 28 H.R.D. as according:- 28 x Rs 22,000 p.m. x 12 month	130.00 Lakhs
-Rest of 47 Districts x Rs 22,000 p.m. for 6 months	
-Monitoring Evaluation & Supervision Epidemic preparedness for 28 High Risk Areas @ Rs 50000/- per district Rest 47 district @ Rs 25000/- per district	25.75 Lakhs
Mobility & Transportation-28 H.R.Ds @ Rs 50,000.00 per district; rest 47 districts @ Rs 20,000.00	23.4 Lakhs
Total	179.15 Lakhs
IEC/BCC	318.39 Lakhs
Training & Capacity building	170.74 Lakhs

G. Rapid diagnostic kits - We fully acknowledge that adequate numbers of blood slides are not getting prepared because of shortage of manpower. There is delay in reporting & in administration of radical treatment. The present generation of lab technician is not so competent in detecting malaria parasite are also involved in other programmes and we need to have improve situation.

As falciparum malaria is a fatal condition & demand immediate treatment, therefore it is required that rapid diagnostic kits be provided for areas having high percentage of falciparum case. These kits will be supplied to ASHA who will be trained for it. There are some deaths due to falciparum malaria which could be prevented.

Rapid diagnostic kits	Technical Report	Stock available	Net Requirement
5,00,000		0	5,00,000

H. ASHA Incentives - The State expects to consider incentive of Rs 5/- to ASHA for blood slide collection and total assistance remuneration to ASHA of Rs 131.00 Lakhs. There is 138200 ASHA'S working & each expected to make 100 slides per annum, thus the amount is approximately Rs. 500/- per ASHA per annum.

I. Financial Assistance for IEC/BCC Activities - Under the programme, various IEC/BCC activities has been proposed for the year 2012-13 for Districts and State level. Details of the budget for each activity are given below:

Sl	Items	Unit	Total (in Rs.)
District Level Activities			
1.	Wall writing (10 sq. ft.)	24872 places@ Rs 20 per sq ft.)	4974400
2.	Calendar (for 75 districts)	75x200 pcs. @ Rs 100 each	1500000
3.	Hand Bills	75x 30,000 pcs.(@ Rs 850 per 1000)	1912500
4.	Posters	75x 1,000 pcs.(@ Rs 50 per Ps)	3750000
5.	Folder four fold	75Distt x 2000=1,50,,000(@ Rs20	3000000
6.	Banner Flax	75 Disttx100 nos.= 7500nos. @ 200 per pc.	1500000
7.	BCC	75 Distt @ Rs 50000 per District	3750000
8.	Stickers	75 Distt @ Rs 25000 per District	1875000
Total			22261900
State level Activities			4000000
Grand Total			26261900

J. Training of medical & paramedical staffs

- Training of ASHA in making blood smears.
- Training of ASHA in using rapid diagnostic kits by MO/IC of specified PHC's.
- Training of LTS of PHC's is identifying malaria parasites by expert pathologies and training of health workers & supervisors in making solution. Insecticides & in using spray pumps and fogging machines by District Malaria Officer & the Medical Officers should be well conversed with equipments and techniques.

Sl	Trainings	Cost per Batch	Trained in previous year (No)	To be Trained in Current year	
				No. of batches	Total Cost (Rs)
a.	Medical specialist at district Hosp. x 75 District	25000	-	1 Batch x 75 districts	1875000.00
b.	Medical officer x75 District	25000	-	1 Batch x 75 districts	1875000.00
c.	Lab Tech. (reorientation)	15000	-	1 Batch x 75 districts	1125000.00
d.	HS (M)x75 District	10000	-	2 Batch x 75 districts	1500000.00
e.	MPW (M)	5000	-	823 Batch – 1 Batch per block level P.H.C.	4115000.00
f.	MPW (F)	-	-	-	-
g.	ASHA	2000	-	1646 Batch – 2 Batch per block level P.H.C.	6584000.00
h.	Community volunteers other than ASHA	-	-	-	-
i.	Other specify	-	-	-	-
Total		-	-		17074000.00

Budget Proposal from State Share -

SL	Activity	Physical Targets	Proposed Budget (Rs. In Lakhs)
1	Operational Cost		
	Vector Control		
	1) Spray Wages		677.23
	2) 10,000 litres; Cost of k-oil @ Rs 12.00/litre		1.20
	3) Cost of Diesel & Petrol for fogging		100.00
	4) Operational cost of fogging including repairing & maintenance of fogging machines.		15.00
	Logistics: Chemicals, Glass wares, Stationary, Glass Slides, Cotton Swabs, Disposable Lancets.	659 CHCs @ Rs. 15,000.00 per CHC	98.85
		3692 PHCs @ Rs. 10,000 per PHC	369.20
	Sub Total		1,261.48
2	Grant for other commodities - Malaria		
	Diagnostics (RDT Malaria - 5 Lakh Kits @ Rs. 80/ kit)		400.00
	Sub Total		400.00
	Grand Total	-	1,661.48

Budget Summary - Malaria

FMR Code	Activity	Physical Targets	Proposed Budget (Rs. In Lakhs)	Approved Budget (Rs. In Lakhs)
F.1.1	Malaria			
F.1.1.a	Human Resources			
	Contractual Staff & Services			
F.1.1.a.i.	MPW Contractual 7351 MPWs (Male) @ Rs 6500/- per month x 12 months	To improve active surveillance & monitoring State lacks 7351 MPWs against sanctioned posts	5,733.78	3528.48 (ROP-FMR Code-B.22.3)
F.1.1.a.iv	State Project Management Unit including HR & Management Cost	1 Consultant (Finance) @ Rs 25000/-p.m. x 12 months; Data Base Entry Operator (2 in nos.) @ Rs 8500/- p.m. for 12 months & Secretarial Asst. 2 in nos. @ Rs 8500/- p.m. for 12 months	7.08	Not Approved
F.1.1.b	ASHA Honorarium 1.00 Lakh per Distt.	Honorarium & Incentives	75.00	75.00
	Mobility Support, Field visits to D.M.O./F.C.O.	Mobility in 28 priority districts @ Rs 22000 p.m. x 12 months and for rest 47 distt. @ Rs 22000 p.m. x 6 months and for State H.Q. @ Rs 22000 p.m. x 6 months	163.03	20.00
	Monitoring, Evaluation & Supervision and Epidemic Preparedness	For 28 priority districts @ Rs 50000 per distt. And for rest 47 distts. @ Rs 25000 per distt.		

	Impregnated Bed nets-3,50,000	Gol Supply	-	
F.1.1.e	IEC/BCC		262.62	20.00
F.1.1.f	PPP/NGO activities		-	-
	Training of Medical Officer & Para-medicals MPWs Ashas etc.		170.74	56.75 (ROP-FMR Code-B.22.3 & F.1.1.g)
	Total Malaria(DBS)		6412.25	3700.23
	Cash grant for decentralized commodities - Malaria			
1	Drugs			
	Chloroquine phosphate tablets-50 Lakhs*		19.00	-
	Primaquine tablets 2.5 mg-15 Lakhs*		4.50	-
	Primaquine tablets 7.5 mg-20 Lakhs*		7.00	-
	Quinine sulphate tablets-2000*		0.03	-
	Quinine Injections-1000*		0.15	-
	ACT (For Non Project states) ACT (adult)6897 Pack @ Rs 22.40/pack=1.55 ACT(0-1yr.) 3602 Pack @ Rs4.00/pack=0.15 ACT(1-4yr.) 3745 Pack @ Rs6.88/pack=0.26 ACT(5-8yr.) 3840 Pack @ Rs11.79/pack=0.45 ACT(9-14yr.) 3935 Pack @ Rs16.36/pack=0.65 ; NET=3.06	Supplied by GOI		-
	Tab. Artesunate + Tab. Sulphadoxine Pyremethamine - 5000 Packs	Supplied by GOI		-
2	Insecticides			
	DDT 50%wdp- 1000 MT	Supplied by GOI		496.60 (ROP-FMR Code-B.22.3)
	Synthetic Pyrethroid 2.5%- for UT without legislation (40 MT)		122.00	-
	Malathion 25% wdp- 400 MT		320.00	-
	Malathion Technical- 25 MT	Supplied by GOI		-
	Pyrethrum Extract 2% 5000 litres*		90.00	-
3	Larvicides			
	Temephos 10,000 litres*		95.00	200.00 (ROP-FMR Code-B.22.3)
	Bti (for polluted & non polluted water)- 10,000 litres*		140.00	
	Total grant for decentralized commodities - Malaria		797.68	696.00
	Grand Total	-	7209.93	4396.83

* Rs.422.20 Lakhs is approved as cash grant for decentralized commodities for Malaria and Filariasis. (ROP-FMR Code-F-6)

For the above purpose, Rs. 4396.83 Lakhs is approved by GOI. (ROP-FMR Code- F.1.1 and its sub-heads & under NRHM Additionalities- B.22.3)

2. Dengue & Chikungunia

Objective

- To reduce Dengue Mortality Rate by 50% by the Year 2017 having the base Year 2011.
- To reduce the incidence of Dengue & effective control on Chikungunia Morbidity.
- Strengthen the state wise surveillance mechanism for Dengue & Chikungunia

Target

- Functional Sanctioned Surveillance Hospitals in all Endemic Districts/ Town/ Cities.
- Functional Rapid Response Teams in all the Endemic Districts.

As per guideline of GOI, the State of U.P. has established 22 Sentinel Surveillance Hospitals with Laboratory facilities, for enhancing the Dengue facility in the State. For backup support these institutes were linked with SGPGI, Lucknow, which has been identified as one of the Apex Laboratories in the Country with advanced diagnostic facility.

1. Nodal Officer, Apex Referral Lab, H.O.D. Dept of Micro Biology, SGPGI Lucknow
2. Regional Lab, Swasthya Bhawan, Lko
3. C.M.S. Mukund Lal Municipal Govt. District Hospital , Ghaziabad
4. I/C Blood Bank, LLRM Medical College Meerut
5. Prof.& HOD Pathology, ML Medical College, Jhansi
6. HOD Micro Biology, MLN Medical College, Allahabad
7. HOD, Micro Biology, Instt. of Medical Sciences, BHU Varanasi
8. Micro Biologist, Deptt. Of Pathology, SN Medical College Agra
9. HOD, SPM Deptt. Co-ordinator, Sentinel Surveillance Lab. GSVM Medical College Kanpur
10. Micro Biologist, Deptt of Micro Biology, CSMMU, Lucknw
11. Pathologist, Bhimrao Ambedkar Multi Speciality District Hospital, Sec.39 G.B.Nagar (Noida)
12. CMS, District Hospital Siddharth Nagar
13. CMS, District Hospital, Kheri
14. Supt. In Chief, District Hospital, Basti
15. Pathologist, District Hospital Saharanpur
16. Supt. In Chief, District Hospital, Gorakhpur
17. CMS, District Hospital, Bahraich
18. CMS, District Joint Hospital, Kushi Nagar at Revindra Nagar, Dhoos
19. CMS, District Hospital, Gonda
20. CMS, District Hospital, Balrampur
21. CMS, District Hospital, Sultanpur
22. CMS, District Hospital, Deoria
23. CMS, District Hospital, Rae Bareli

Situational Analysis

Year	Cases	Deaths
2008	51	2
2009	161	2
2010	960	8
2011	155	5

The Sentinel Hospital will collect Blood Sample from the suspected patients with viral syndrome & process to detect the presence of specific IGM body. They will maintain the line

listing of Dengue positive case, as soon as case is confirmed by Serological test. The respective District Vector Borne Disease Control Officer / District CMO / Municipal Health Officer is intimated so that He / She can immediately initiate remedial measures in respect of vector control in the affected areas.

- The disease tends to follow seasonal pattern i.e. the cases peaking after Monsoon and it is not uniformly distributed over the Year.
- The factor contributing the transmission of the Dengue is mainly Urbanisation, Life style changes & deficient water management including improper water storage in Urban, Peri-urban and Rural areas, leading proliferation of Mosquito breeding side. The Districts adjacent to Delhi has revealed rise in number cases.
- The same vector *Aedes aegypti* is involved in the transmission of both Dengue & Chikungunia, the strategy for the prevention & control is similar for both the disease.

Chikungunia

Chikungunia fever is viral disease, caused by an arbovirus of the family *Togaviridae* and transmitted by *Aedes Aegypti* mosquito. It is debilitating, but non-fatal illness occurs principally during rainy season. The disease resembles dengue fever and is characterized by severe, sometimes persistent, joint pain (arthritis) as well as fever and rash. It is rarely life threatening. Chikungunia is diagnosed by Blood tests (ELISA). Since the clinical appearance of both the Dengue & Chikungunia is similar Laboratory confirmation is important.

Specific Constrains for Implementation of Programme

The public needs to be educated to control breeding of mosquitoes. One weekday – Saturday to be made dry day to empty all water stored in pots, tyres & coolers etc. Intensive IEC measures should be undertaken.

Strategy and Innovation Proposed

- BCC/IEC.
- Strengthening of Sentinel Surveillance Laboratories- immediate testing & reporting positive cases immediately to concerned CMO.

Requirement for commodity as per technical norms & considering balance of stores, consumption capacity & justification-

IGM Elisa kits of Dengue & Chikungunia to all 22 Sentinel labs. During the Year 2006 the State has reported on 04 cases of Chikungunia, out of which 03 were reported from Jhansi and 01 was from Kanpur district similarly. In the Year 2007 four (04) imported cases (Native of Kerala State) were reported by SGPGI, Lucknow. There were no vaccines or drugs available for Dengue & Chikungunia. Therefore the prevention and control of vector mosquito is crucial for containment of these diseases. Further the transmission occurs mainly at home, therefore community participation and participation is of paramount importance for successful implementation of programme strategies for prevention & control of both Dengue & Chikungunia. Thereafter considerable efforts have been made through Advocacy & Social mobilization for the community education/awareness. For effective community participation, people are informed about Chikungunia and the fact that Major Epidemic can be prevented by taking effective preventive measures by Community itself.

Requirement of Elisa-IGM kits-

Names of SSHs & Apex Referral Lab	Elisa-IGM kits for Dengue	Elisa-IGM kits for Chikungunia
Nodal Officer, Apex Referral Lab, H.O.D. Dept of Micro Biology, SGPGI Lucknow	16	4
Regional Lab, Swasthya Bhawan, Lko	2	1
C.M.S. Mukund Lal Municipal Govt. District Hospital, Ghaziabad	2	0
I/C Blood Bank, LLRM Medical College Meerut	3	1
Prof.& HOD Pathology, ML Medical College, Jhansi	1	0
HOD Micro Biology, MLN Medical College, Allahabad	3	1
HOD, Micro Biology, Instt. of Medical Sciences, BHU Varanasi	3	1
Micro Biologist, Deptt. Of Pathology, SN Medical College Agra	2	0
HOD, SPM Deptt. Co-ordinator, Sentinel Surveillance Lab. GSVM Medical College Kanpur	6	1
Micro Biologist, Deptt of Micro Biology, CSMMU, Lucknw	12	4
Pathologist, Bhimrao Ambedkar Multi Speciality District Hospital, Sec.39 G.B.Nagar (NOIDA)	4	1
CMS, District Hospital Siddharth Nagar	1	0
CMS, District Hospital, Kheri	1	0
Supt. In Chief, District Hospital, Basti	1	0
Pathologist, District Hospital Saharanpur	1	0
Supt. In Chief, District Hospital, Gorakhpur	1	0
CMS, District Hospital, Bahraich	2	0
CMS, District Joint Hospital, Kushi Nagar at Revindra Nagar, Dhoos	1	0
CMS, District Hospital, Gonda	1	0
CMS, District Hospital, Balrampur	1	0
CMS, District Hospital, Sultanpur	1	0
CMS, District Hospital, Deoria	1	0
CMS, District Hospital, Rae Bareli	1	0
Total	67	14

Capacity Building Activities -

- Training of Medical Officers in diagnosis & Management of Dengue.
- Training of L.T.s in doing Platelet count.
- Training of Medical Officer performing Tourniquet Test by Physician.

I.E.C./BCC and Social Mobilization -

- Education for Public Consulting Doctors of Govt. Hospitals. If patient have fever, headache, body ache, rashes, bleeding and shock
- Educating public to observe one week day- Saturday as Dry Day.
- Information, Education & Communication before spraying and fogging operation and about precaution to make it successful.

Role of Village Health & Sanitation Societies

Sanitation and keeping mosquito breeding controlled by covering the drains, cleaning the drains, putting kerosene oil or burnt Mobil oil in open drains to keep the water flowing in the drain by oiling and covering the gradient filling the pits.

- To arrange Health Education Camp, discussion and fairs. To display health education material at proper place.
- To remove piggeries or to keep these covered by wire screw and get cleaned and disinfected.

Cash assistance/Commodities required for following activities:

- **From State Government Budget Head**

Items	Target/Unit Cost	Total (Rs. in Lakhs)
1. Cost of Fogging Machine	50 fogging machines @Rs. 60000/ each	30.00
2. Diesel and Petrol for fogging in endemic districts	@ Rs. 50000/ district for 40 districts	20.00
Total		50.00

- **From GOI/NRHM Budget Head**

FMR Code	Items	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
F.1.2.a(i)	Apex Referral Lab @ Rs 1,00,000.00	1.00	2.00
F.1.2.a(ii)	22 Sentinel Surveillance Hospitals @ Rs 50,000.00	11.00	17.00
F.1.2.c	Monitoring & Evaluation of Rapid Response in 40 Districts @ Rs 80,000.00 each	32.00	15.00
F.1.2.d	Epidemic Preparedness (Logistic & Operational cost)	37.50	11.00
F.1.2.g	IEC/BCC	28.75	12.00
F.1.2.i	Training Workshop at State level & District H.Q.	9.50	5.00
Total		119.75	62.00

Cash grant for decentralized commodities - Dengue and Chikungunya		
1.	Elisa IGM kits - For Dengue -67	From GOI Supply
2.	Elisa IGM kits - For Chikangunya-14	From GOI Supply
3.	Elisa NS-1 kits - For Dengue -10000 Kits	From GOI Supply

3. Japanese Encephalitis / AES

Acute Encephalitis Syndrome (AES) and Japanese Encephalitis (JE) are endemic in mainly in Eastern part of Uttar Pradesh, of which later is Vector Borne Disease transmitted by *Culex vishunii gp* mosquitoes. At intervals, the disease assumes epidemic form, in the year 2005 the disease affected 34 districts of Uttar Pradesh. With concrete preventive & curative efforts, the department has been able to contain the disease to only 18 districts in 2011. The Districts of Saharanpur division was also involved up to 2010 to report AES/JE cases but during 2011, these districts did not report any case of AES and JE.

The department has been able not only to restrict the disease in western part of Uttar Pradesh but has achieved drastic decline in morbidity and mortality due to JE in the State as decline by 54.24% in mortality and 34.88% in morbidity due to JE was observed during 2011 over 2010, similarly 1.63% decline in morbidity due to AES was observed during 2011 over 2010.

However, the magnitude of the disease has declined but still it is a challenge to the department to contain the disease in Gorakhpur, Basti, Azamgarh and Devipatan divisions and district Lakhimpur of Lucknow Division. Approximately 90% of cases are reported from

rural and periurban areas of these districts. The deaths due to the disease has been brought down to considerable level as is evident from the following table-

A. Situation Analysis of the disease-

Year	No. of districts affected	AES		JE	
		Cases	Deaths	Cases	Deaths
2005	34	5581	1593	1042	304
2006	22	2075	476	170	49
2007	24	2675	577	235	29
2008	23	2730	483	168	36
2009	26	3061	555	328	50
2010	20	3548	498	344	59
2011	18	3490	579	224	27

Vaccination with SA-14-14-2 vaccine to the children of 1-15 years age group was carried out in all 34 districts in phases from 2006 to 2009 which had high response and acceptance in the community but keeping in view the independent assessment, the high level experts and officials decided to undertake another round of vaccination in highly JE sensitive districts of Gorakhpur and Basti division in 2010, accordingly the good coverage of vaccination attributed decline in JE cases considerably **but the number of AES cases is still needs attention for control.**

B. Strategy and Innovations proposed

(i) Disease Surveillance-

- a. The surveillance staffs for any disease at periphery level are inadequate leading to improper reporting of the AES/JE cases. At present ASHA are working at every village (grass root level) who can notice the early patients of AES/JE in endemic areas with symptoms of Encephalopathy. The ASHA/AWW/Traditional Healers will convince the family members of the early patients to contact the nearby treatment centres for early treatment of the patient. They will be required to make a list of the early patients daily and will submit it to the respective PHC of the area. For this purpose, they will be required to have exposure/training to identify disease so that they can recognise the patient at the earliest. The early reporting and treatment will lead to minimize the encephalopathy stage. **The expenditure to be incurred on training and case reporting is giving in table annexed.**
- b. District hospitals needs to be strengthened for surveillance. AES/JE ward already identified is required to be expanded and upgraded. There is a need to set up an ICU, in each district hospital out of which nine districts have been granted and released funds from Gol and remaining districts will be provided funds for ICU setup. Drugs and other medicines are required to be procured by the state. 14 district hospitals of Gorakhpur, Basti, Azamgarh and Devipatan division and District Lakhimpur excluding district Gorakhpur will be equipped with the ventilators, which will be made fully functional by training the Medical officer.

There is need to strengthened CHCs/PHCs in the districts. At present, no admissions are reported in the CHCs/PHCs and the mild & moderately sick patients for want of proper medical advice are reporting to BRD Medical College for treatment. In order to provide early treatment at periphery by attaining confidence of the public, it is mandatory

that moderately sick patients of AES get admitted in CHC/PHC, which will take the patient load off from BRD Medical College. In each CHC/PHC, at least 5-10 beds to be assigned for treatment of AES/JE patients. Therefore, **provision of trained manpower (Clinicians, staff nurses and ward boys) is an important exercise**, which is required to be carried out besides **provision of adequate drugs and other medicines**.

- (ii) **Prevention- AES** cases excluding JE cases make the major proportion of morbidity and mortality mainly in four divisions of the Eastern UP.

The major cause observed is **enterovirus**, which affects the patient by **unsafe drinking water**, bad personal hygiene and bad sanitation. Although these causative factors have been taken care of by replacing shallow hand pumps with India Mark II hand pumps, water sealed latrines, total sanitation programme, health education etc. even then there is need to disinfect stored drinking water which can be **achieved by using bleaching powder and chlorine tablets**. Provision for procurement and supply of bleaching powder and chlorine tablets as per WHO specification up to village level through ASHA/AWW will be ensured.

Community will be sensitized through different types of printed material to adopt various measures in order to prevent contraction of the disease and the health education material will be developed, procured and supplied by the State Head quarter to the concerned districts.

- (iii) **Diagnosis** - Early Diagnosis and prompt treatment will be ensured by strengthening the diagnostic facilities in 14 Sentinel labs of highly sensitive districts & HQ Lab., each of which is equipped with one ELISA reader, deep freezers, and supplementary material. However, Pathologists & Technicians will be reoriented for latest advancements in the techniques, which can be assigned to NIV Gorakhpur unit. **Recurring funds need to be made available to these Labs.**

The Chief Secretary, UP in its meeting on 12-01-2012 emphasised the need to strengthen and upgrade the Regional Lab at HQ Lucknow with advanced infrastructure and equipments. To comply the directions of The Chief Secretary the **proposal for strengthening and upgrading the Regional Lab at HQ Lucknow has been again proposed.**

- (iv) **Treatment** - Treatment facilities including availability of adequate and ample stock of drugs and other medicines at different hospitals and treatment centres which will have proper legible and **self explanatory treatment schedule chart display to be followed by the medical and paramedical. (To be provided by the State head quarter as per National guidelines) Mobile Medical Units will be arranged for each PHC/CHC to ensure the earliest treatment on the pattern of 108 MMU (Uttarakhand Pattern).**

Special early treatment centres 24x7 for AES/JE, mainly at the inter district convergence point locations of various endemic districts viz. Hata, Khadda, Ramkola, Kasiya, Tamkuhiraj, Badhalganj, Sahjanwa, Campairganj, Pharaında, Nichlaur, Nautanwa, Bhatni, Gauri Bazar, etc., is of utmost priority for mitigating the morbidity and mortality of AES/JE.

(v) Entomological Surveillance of JE-

- a. Vector Surveillance is an important component of AES/JE programme strategy. Through there is no direct relationship of vector density with impending outbreak of JE, it is needless to mention that vector densities are required to be reduced significantly for avoiding outbreak situations.
- b. The Staff for Entomological surveillance is meagre in the affected districts and districts are devoid of insect collector, which will be deployed in at least two contractual insect collectors at each district. The collection made from all these districts will be recorded and some samples will be sent to NCDC Delhi/NIV Pune for detection of JE virus antigen regularly at monthly intervals. **The recurring expenditure to be incur on surveillance of vector is given in table annexure.**

(vi) Vector Control for JE-

- a. Fortnightly fogging of Malathion by fogging machine in the villages reporting JE cases for last 2-3 yrs during transmission period. Each district with vehicle mounted large thermal fogging machine and one small portable thermal fogging machine to each PHC will be provided. The recurring expenditure to be incurred on fogging machine procurement/arrangement and operational expenses is given in table annexure.
- b. Focal spray/fogging of Malathion around 50 houses of a JE case to kill infective mosquitoes & prevents further transmission.
- c. The vector is of exophagic and exophilic in nature, the high density built up of populations and house/human dwelling inward movement of vector species may increase the risk of disease transmission during rainy season, hence indoor residual spray (IRS) with Malathion 25% wdp or Space spray with Pyrethrum 0.1% solution will be done in the rural population assuming 50 houses coverage in each case. The residual spray will be done in two rounds in 20 JE sensitive districts of 6 weeks each i.e. first round starting from June 15th to July 31st and second round from August 1st to September 15th.
- d. The agriculture department will be involved in Vector control by enhancing its capacity building in Integrated Pest Management (IPM) to the tune of Integrated Pest & Vector Management (IPVM)
- e. The fisheries department particularly in the JE affected districts will study and identify local indigenous mosquito Larvivorous fishes and promote their hatcheries to cater among the aquatic based crop-harvesting farmers.

(vii) Training-

1- Training of MO's/HEO/ANM/AWW/Ward boy/ASHA:-

Medical Officers (two Medical Officers from 220 PHC's and District Hospitals of JE/AES affected districts), Health education officer posted at CHC will be trained for dissemination of information to the community for AES/JE prevention & Control. ASHA/AWW/ANM will be educated for symptoms of the disease, personal protection measures, proper sanitation, hygiene and early referrals of the patients to PHCs/CHCs, other paramedical staff will be trained for providing immediate care / life saving measures to

the patient (**Information training booklets to be provided, by the State Head Qtr for uniformity purposes**).

a. Expenditure on Case management training to Medical Officers

At least 2 Medical Officer of each PHC & 4 Medical Officer of each District Hospital will be trained in clinical management. Thus 20 batches of 25 Medical Officers will be trained in case management at each district. Per batch expenditure of 25 trainees is as follows:-

(a) T.A. @ Rs. 300 / officer with in district =25 x 300 =	7500.00
(b) D.A. @ Rs. 400 / day / officer for two days =2 x 25 x 400 =	20000.00
(c) Printed Material @ Rs. 500 / officer =25 x 500 =	12500.00
(d) Contingency @ Rs. 200 / officer= 25 x 200 =	5000.00
(e) Faculty Honorarium @ Rs. 500 / speaker for 5 Faculty Member = 500 x 5 x 2 =	5000.00
(f) T.A. for faculty members @ Rs. 900 / faculty = 900 x 5 =	4500.00
(g) T.A. for Sec. Asstt. @ Rs. 250 / Sec. Asstt. for 2 days = 250 x 2 =	500.00
(h) Working refreshment @ Rs. 200 / Officer = 200 x 25 =	5000.00
Total Expenditure / Batch is : 7500 + 20000 + 12500 + 5000 + 5000 + 4500 + 500 + 5000 = 60000.00 And 20 batch expenditure = Rs. 60000 x 20 = Rs. 1200000.00	

b. Expenditure on training of LTs in Lab. strengthening

100 technicians of these 15 districts to be trained testing related JE/AES samples (4 batches of 25 each)

(a) T.A. & D.A. to trainee @ Rs. 1100 / trainee	110000.00
(b) Printing material to trainee @ Rs. 200 / Trainee	20000.00
(c) Working refreshment to trainee@ Rs. 200 / Trainee	20000.00
(d) Contingency / batch @ Rs. 5000	20000.00
(e) Faculty Honorarium @ Rs. 2500 / batch	10000.00
(f) T.A. to faculty & Sec. Asstt. @ Rs. 2500 / batch	10000.00
Total	190000.00

- 2- **Training of Traditional Healers** - Parents of sick children initially seek treatment from local traditional healers, resulting in late referrals, poor prognosis and leading to aggravating the disease. These traditional healers/Fever Treatment Depot /Drug Distribution Centres/holders will be trained so that, there services can be utilized in early treatment of sick patients at their places, PHC/CHC/District Hospitals.

Training material for various categories of trainees will be developed and supplied from state Head Quarter to maintain the uniformity in the language of the community in need.

- (viii) **IEC/BCC** – Intensified IEC will be done in AES/JE affected districts to change the behaviour of the public in treatment seeking at nearby Government hospital/treatment centres without delay.

ToT modules for various ToT groups, Health education booklets for children and health information books for adults will be made available from Head Quarter to maintain uniformity.

Protection from mosquito bites through personal protection measures like use of mosquito's nets, wire gauging/ screening of windows/ventilators/ doors, wearing clothing covering with maximum body, isolation of pigs, away from human habitation or wire gauging/screening of piggeries.

Steps will also be undertaken towards prevention & control of water borne diseases caused by Enterovirus, which also lead to AES. The message to be given to the community regarding proper sanitation, washing hands with soap after defecation and before meals, clipping of nails, use of water from India Mark-II hand pumps only and not from shallow tube wells/hand pumps, use of bleaching powder and chlorine tablets etc. through different media also.

- (ix) **Supervision and monitoring** – As directed by Gol last year, State has designated a separate Programme officer for AES/JE in the State. State cell comprises of Director, AES/JE and Joint Director, AES/JE. Core committee for supervision and monitoring will be constituted this year, which comprises of–

Chair man- DG Medical & Health Services

Member 1- Director, AES

Member 2- Director, Medical Care

Member 3- Joint Director, AES/State Programme Officer JE

Member 4- Dr. Milind Gore Scientist Incharge, Field station, NIV, Pune

Weekly and fortnightly review meeting of JE/AES situation will be conducted at ground zero. The activity and mobilization of District Malaria Officer and other paramedical personnel at district level will be ensured.

Monthly review meeting of inter-sectoral department will be organized at district level by the State head quarter. Regular supervisory and analytical trips will be done from State and Divisional Head Quarters.

- (x) **Vaccination** - Routine Immunization of all the 01-02 yrs. children to be carried out in all the districts which had vaccination of 1-15 yrs. age group children. In addition to this on the pattern of high level recommendation and decision for undertaking special JE vaccination drive among 1-15 yrs. age group children of Gorakhpur and Basti division during 2010, it is proposed to undertake special drive of JE vaccination in other highly JE affected 14 districts of Devipatan, Azamgarh and Lucknow division to cope with the occurrence of the disease in these districts for which 6784132 doses of JE vaccine with supplementary material and funds will be required. It is further requested to Gol for consider the vaccination of next highly affected age group up to 25 yrs. in Districts Gorakhpur & Basti divisions, for which 10752215 dose of JE vaccine with supplementary material and funds will be required.
- (xi) **Rehabilitation** – The children developing sequelae will be rehabilitated at rehabilitation center functioning at BRD Medical College/district hospital, Gorakhpur and others autonomous bodies. Likewise, other districts with high disease prevalence will be provided with rehabilitation centres with the support of social welfare department.

The Orthopedic department of each district hospital will be reoriented to act as occupational therapist for Physiotherapy of JE affected persons. The district hospital will

have department of rehabilitation consisting of a psychologist and various vocational therapist.

(xii) **Nourishment** – High level decision taken in the inter sectoral co-ordination meeting Chaired by Hon'ble Chief Secretary, Uttar Pradesh Government, the mal-nourished children of JE affected district are to be provided with qualitative & adequate quantity of energy & protein rich food through AWW under the existing ongoing scheme of Integrated Children Development Scheme. The monitoring & evaluation of the quality & quantity of the food will be done by the health department officials of different tiers.

(xiii) **Logistics** - Logistics arrangements pertaining to the treatment, surveillance of patients and vector, vector control, diagnostics, IEC/BCC, drinking water disinfectants in adequate quantity will be ensured at all levels from district to periphery **(To be procured at State Head Qtr.)**.

(xiv) **Specific Constraints for implementation of Programme -**

- Transmission cycle of JE is of complex nature.
- Disease affected districts mainly practice paddy cultivation as means of livelihood due to which exophilic and exophagic vector mosquito species of the disease JE get widespread breeding sites and institution of anti-vector control operations is very difficult. Larvivorous fish hatcheries & rearing not properly managed by the local people.
- The Ardeid birds, which are reservoir of JE virus, are also prevalent in the area.
- The pigs are also means of livelihood of poor communities and these pigs act as amplifying host. Hon'ble High Court of Uttar Pradesh has instructed to remove piggeries from human habitation. Concerned department is trying to comply the orders of the Hon'ble High Court.
- Moreover, veterinary based sero-surveillance of reservoir as well as amplifying host is lacking **which can be definite early warning signal for JE**.
- Inadequate human resource at different levels.
- Delayed treatment seeking approach of community at treatment centres i.e. hospitals, CHCs & PHCs as they directly approach BRD Medical College, Gorakhpur on severity of the cases.
- Shortage of vehicles required for mobility of staff for undertaking intervention measures, surveillance, monitoring, supervision etc.
- Repeated training / reorientation training of the medical officer and the staff of CHC / PHC as deployment of new staff after transfer.

Proposed Budget Summary – JE/AES

Sl.	Component	Activity	Physical Targets	Unit Cost	Frequency	Total Amount Proposed (Rs. in Lakhs)
1	Capacity Building - Disease Surveillance	(i) Capacity Building in case management at least two Medical Officer from each PHC at district level to be conducted by Head quarter - 500 MOs (20 Batches of 25 officers)	20	60,000.00	1	12.00
		(ii-a) Training for ASHA AWW (2340 batches @ Rs.2500 for each batch for 30)	2340	2,500.00	1	58.50
		(ii-b) Training Book let ASHA AWW in local language to be developed procured and supplied by the state HQ.	70200	35.00	1	24.57
		(iii-a) Training for Ayush/Trad. Healer/MPW (3000 Nos) in 100 batches @ Rs.3000 for each batch of 30 persons)	100	3,000.00	1	3.00
		(iii-b) 3000 Training Booklet @ Rs.100 each for Ayush/MPW trad. healer in local language to be developed procured and supplied by the state HQ.	3000	100.00	1	3.00
		(g) Incentive to ASHA for case reporting @ Rs. 100 per case.	10000	100.00	1	10.00
	Diagnostic Facility	(i) Training of Laboratory Staff (100 nos) at State HQ. (4 batch 25)	4	47,500.00	1	1.90
2	Prevention	(i) 10% Chlorine tablets as per WHO specification for 2.5 crore population to be supplied 1 tablets each day for each family to be used for pottable water @ 20 Lt. water Purification (365 tablets for one family one year) to be procured and supplied by the state HQ. (approx. 0.5 Crore families)	1825000000	1.50	1	27,37.50
		(ii) Bleaching powder as per WHO specifications for 220 Blocks of affected districts (2 bag of 25 kg to each block per Month) to be procured and supplied by the state HQ.	440	600.00	12	31.68
		(iii) Community education Printed material to be developed procured and supplied by the state HQ.	220	30000	1	66.00
		(iv) wall chart at Block PHC/Sub center level and Other Public Places to expose community at micro Level.	220	80000	1	176.00
3	Treatment	Approx. funds for treatment of AES/JE patients for anti-biotic, Iso and hyper tonic infusions etc. @ Rs. 10000 per patients for approximately 10000 patents.	10000	10,000.00	1	1,000.00
		Display of treatment schedule (Wall chart/Calendar) at each treatment centres & sub centre.(5000 schedules @ Rs.600) to be developed, Procured and supplied by state Hq.	5000	600.00	1	30.00
		ICU for seven districts namely-	7	24,286,000.00	1	1,700.02

		Azamgarh, Mau, Ballia, Balrampur, Gonda, Shrawasti and Raebareli, as per Gol sanction for 9 JE affected districts @ 242.86 Lakhs / district ICU (HR - Rs. 618.38 Lakhs, Construction/ Renovation of premises - Rs. 168.84 Lakhs, Equipments etc. - Rs. 912.80 Lakhs)				
		Free Transport Facility to all referred patients @ Rs. 1000 / Patient	10000	1,000.00	1	100.00
		Development of Treatment Schedules - Special early treatment centres 24x7 for AES/JE, mainly at the inter district convergence point locations of various endemic districts viz. Hata, Khadda, Ramkola, Kasiya, Tamkuhiraj, Badhalganj, Sahjanwa, Campairganj, Pharaında, Nichlaul, Nautanwa, Bhatni, Gauri Bazar, etc., is of utmost priority for mitigating the morbidity and mortality of AES/JE @ Rs. 25 Lakhs/ Each Treatment Centre for 20 centers	20	2,500,000.00	1	500.00
4	Procurement	Reagents for laboratory	15	100,000.00	1	15.00
5	IEC/BCC	Advocacy Meeting (i) Asha/AWW + Printed Advocacy Materials for these from State Head Quarter (70200 Participants @30 participants per batch)	2340	3,500.00	1	81.90
		(ii) Traditional Healers with specific treatment literature (1650 participants @50 participant per batch)	33	5,000.00	1	1.65
		(iii) wall writing at public places at least at 10 places in each PHC @ Rs.500 for 60 sq feet surface area (for 220 PHC in 16 districts)	220	500.00	10	11.00
		(iv) Advocacy Workshop	220	7,500.00	1	16.50
6	Vector Control	(i) Insect Collector for Vector Surveillance	30	7,500.00	12	27.00
		(ii) Malathion Technical - to be procured by State Head Quarter. (@ 1.25 Mt per district, total 20 Mt for 16 Districts)	20	125,000.00	1	25.00
		(iii) Small Portable Thermal Fogger to be procured by State Head Quarter.	220	60,000.00	1	132.00
		(iv) Diesel Petrol for running small fogging machine (60 rounds / machine @ 5 lts. / round @ Rs. 50 / liter for 220 PHCs)	66000	50.00	1	33.00
		(v) Wages for spray man (220 machine x 60 round x Rs. 200 / day)	13200	200.00	1	26.40
7	Monitoring and Supervision	Vehicle Hiring for Supervision of programme activities by different tier officers Vector Borne Control Officers for all types of supervision(15 district x 20 days x 6 month x Rs. 1500/day)	300	1,500.00	6	27.00
		Report returns format printing to be conducted by State Head Quarter	16	200,000.00	1	32.00
8	Contingency	Entomological kits, Cage, Traps,	15	150,000.00	1	22.50

		vials, test tubes, stationary and postage etc.				
9	Sentinel Lab	Strengthening	14	260,000.00	1	36.40
10	HQ Lab	Strengthening	1	260,000.00	1	2.60
		Pathologist/Virologist/Microbiologist (Contractual)	1	60,000.00	12	7.20
		Computer Operator	2	12,000.00	12	2.88
		Lab Attendant	2	7,000.00	12	1.68
		Helper	1	7,000.00	12	0.84
		Sweeper	1	7,000.00	12	0.84
		Equipments (Elisa Reader with accessories)	3	700,000.00	1	21.00
		Real time RTPCR with accessories	2	3,500,000.00	1	70.00
		Electronic Digital Balance with accessories	2	110,000.00	1	2.20
		Moderation of Lab premises with furniture - HQ	1	3,160,000.00	1	31.60
11	Workshops	State Level - Interdepartmental with Agriculture, etc.	1	1,500,000.00	1	15.00
12	Grant to Medical College	Human Resource Support to BRD Medical College, Gorkhapur				968.37
13	Grant to Fisheries Department - UP	Biological Control of Larvae				39.20
Total						8,104.93

For the above purpose Rs. 8104.93 Lakhs was proposed, out of which GOI approved Rs. 439.20 Lakhs (ROP-FMR Code-F.1.3, its subheads and B.22.6) for the following activities accordingly.

FMR Code	Activities	Budget Approved (Rs. in Lakhs)
F.1.3.a	Strengthening of Sentinel sites which will include Diagnostics and Case Management,	58.00
F1.3.b	IEC/BCC specific to J.E. in endemic areas	60.00
F.1.3.c	Capacity Building	95.00
F.1.3.d	Monitoring and supervision	10.00
F.1.3.e	Procurement of Insecticides (Technical Malathion)	25.00
F.1.3.f	Fogging Machine	132.00
F.1.3.g	Operational costs for malathion fogging (Diesal & Petrol)	20.00
B.22.6	Biological Control of Larvae	39.20
	Sub – Total	439.20

Proposal of Pilot Project for Prevention and Control of JE/AES in District Gorakhpur and Kushinagar by Mass Homeopathic Drug Administration (MHDA)

Japanese Encephalitis/AES is one of the major killer diseases wide spread in the State and hyperendemic in all the four districts of Gorakhpur Division i.e. Gorakhpur, Kushinagar, Deoria and Maharajganj. The reported JE/AES cases & deaths in Gorakhpur Division in year

2010 were 2851 and 390 respectively & in year 2011 reported cases and deaths were 2989 and 471. Various majors are being taken for prevention and control of JE/AES in the State.

An alternative method for prevention and control of JE/AES i.e. Mass Homeopathic Drug Administration is also a tested major. In American Journal of Infectious Disease vol. 6 (2): 24-28, 2010 an article on “Decreased Intensity of Japanese Encephalitis Virus Infection in Chick Chorioallantoic Membrane under Influence of Ultradiluted Belladonna Extract” concludes, “we may claim that ultradiluted Belladonna 3630200 have potential role in diminishing JE Virus infection on CAM. The probable mechanism of action of these ultradiluted preparations appeared to be due to glycosidase inhibitor action of calystengines present in Belladonna.”

Mass Homeopathic Drug Administration has also been well tested & implemented in Andhra Pradesh for prevention and control of JE/AES.

Taking the same strategy as best practice of the State of AP we are submitting a proposal of Rs.769.09 Lakhs as pilot project for prevention and control of JE/AES in district Gorkhampur (Rs.406.43 Lakhs) and Kushinagar (Rs.362.66 Lakhs) by Mass Homeopathic Drug Administration (MHDA) under NVBDCP for kind consideration and approval. ***This proposal is not approved by GOI.(ROP-FMR Code-F.1.3)***

Proposal for Contractual Appointment at B.R.D. Medical College, Gorkhampur

In present, B.R.D.Medical College, gorkhampur is treating most of the JE/AES cases and facing problems to provide proper care to JE/AES patients, due to unavailability of staff nurses and support staffs.

In this context, a proposal of Rs. 31.08 Lakhs for contractual appointments of 20 staff nurses and 10 supporting staffs was submitted to GOI. (Ref.: letter no. Memo/BRG/MC-12/EC-1, dated 17th September 2012 & D.O. letter no. SPMU/NP/2012-13/1447 dated 19th September 2012)

For this purpose, GOI approved Rs. 21.35 Lakhs under RCH Flexipool (ROP-FMR Code- B.8.1.1)

4. Filaria

Situational Analysis - Filaria is Endemic in 50 districts of U.P. with present Mf rate of 1.5%. The great challenge is to eliminate Filaria and to bring down Mf rate to less than 1%.

Year	Cases	Mf Positive
2007	5791	637
2008	5134	477
2009	2815	452
2010	2291	412
2011	2109	364

Yearly assessment report for units & clinics national Filaria control programme, Uttar Pradesh - Parasitological Data (Year – 2010)

Sl.	Division	Name of the Units	Number Examined	No. +ve for (Mf) Humans	Human infected (mf) Rate	No. +ve for Disease	Disease Rate Percent
I - Units							
1	Allahabad	Pratapgarh	4540	7	0.15	74	1.63
2		Fatehpur	6639	6	0.09	123	1.85
3	Azamgarh	Azamgarh	7009	9	0.13	86	1.23
4		Ballia	3281	12	0.37	39	1.19
5	Bareilly	Shahjahanpur	4701	1	0.02	102	2.17
6		Pilibhit	2296	0	0.00	32	1.39
7	Basti	Basti	4749	20	0.42	109	2.30
8	Chitrakoot	Banda	3457	10	0.29	63	1.82
9		Hamirpur	3140	0	0.00	129	4.11
10	Devipatan	Gonda	4481	4	0.09	44	0.98
11		Bahraich	7356	7	0.10	52	0.71
12	Faizabad	Faizabad	3393	6	0.18	13	0.38
13		Barabanki	4303	44	1.02	44	1.02
14		Sultanpur	1825	23	1.26	66	3.62
15	Gorakhpur	Gorakhpur	13324	4	0.03	90	0.68
16		Deoria	8491	8	0.09	153	1.80
17	Jhansi	Jalaun	2575	18	0.70	49	1.90
18	Kanpur	Farrukhabad	5147	13	0.25	75	1.46
19	Lucknow	Unnao	3745	25	0.67	29	0.77
20		Hardoi	3634	5	0.14	47	1.29
21		Sitapur	1854	6	0.32	70	3.78
22		Rae-Bareli	4309	0	0.00	41	0.95
23		Kheri	7450	54	0.72	165	2.21
24		RRT Unit Lucknow	4782	25	0.52	131	2.74
25	Mirzapur	Mirzapur	8432	12	0.14	25	0.30
26	Moradabad	Rampur	4531	0	0.00	0	0.00
27	Varanasi	Varanasi	2366	25	1.06	51	2.16
28		Jaunpur	9672	28	0.29	172	1.78
29		Ghazipur	2613	5	0.19	50	1.91
Total			144095	377	0.26	2124	1.47
II - Clinic							
30	Allahabad	Allahabad	4018	23	0.57	64	1.59
31	Kanpur	Kanpur	4693	12	0.26	101	2.15
Total			8711	35	0.40	165	1.89
Grand Total			152806	412	0.27	2291	1.50

**Yearly assessment report for unit's & clinics national Filaria control programme, Uttar Pradesh
- Parasitological Data (Year – 2011)**

Sl.	Division	Name of the Units	Number Examined	No. +ve for (Mf) Humans	Human infected (mf) Rate	No. +ve for Disease	Disease Rate Percent
I - Units							
1	Allahabad	Pratapgarh	3837	2	0.05	80	2.08
2		Fatehpur	6665	6	0.09	21	0.32
3	Azamgarh	Azamgarh	8438	12	0.14	102	1.21
4		Ballia	3678	5	0.14	36	0.98
5	Bareilly	Shahjahanpur	6033	0	0.00	129	2.14
6		Pilibhit	4089	0	0.00	29	0.71
7	Basti	Basti	4827	27	0.56	100	2.07
8	Chitrakoot	Banda	2565	3	0.12	29	1.13
9		Hamirpur	4125	1	0.02	99	2.40
10	Devipatan	Gonda	5573	0	0.00	48	0.86
11		Bahraich	8806	7	0.08	67	0.76
12	Faizabad	Faizabad	3301	15	0.45	19	0.58
13		Barabanki	3805	46	1.21	55	1.45
14		Sultanpur	1701	14	0.82	50	2.94
15	Gorakhpur	Gorakhpur	11304	3	0.03	66	0.58
16		Deoria	8942	8	0.09	161	1.80
17	Jhansi	Jalaun	2887	24	0.83	40	1.39
18	Kanpur	Farrukhabad	5745	8	0.14	70	1.22
19	Lucknow	Unnao	4042	31	0.77	44	1.09
20		Hardoi	2570	1	0.04	129	5.02
21		Sitapur	777	4	0.51	26	3.35
22		Rae-Bareli	4607	2	0.04	40	0.87
23		Kheri	5547	27	0.49	108	1.95
24		RRT Unit Lucknow	4474	34	0.76	108	2.41
25	Mirzapur	Mirzapur	9189	5	0.05	35	0.38
26	Moradabad	Rampur	3216	0	0.00	0	0.00
27	Varanasi	Varanasi	2403	23	0.96	40	1.66
28		Jaunpur	10051	20	0.20	163	1.62
29		Ghazipur	6050	19	0.31	61	1.01
Total			149247	347	0.23	1955	1.31
II - Clinic							
30	Allahabad	Allahabad	3246	10	0.31	73	2.25
31	Kanpur	Kanpur	4266	7	0.16	81	1.90
Total			7512	17	0.23	154	2.05
Grand Total			156759	364	0.23	2109	1.35

Specific Constrains for Implementation of Programme

Apart from disability, management is great challenge to remove the social stigma from the population suffering from disease. Filaria is mainly urban disease & due to rapid urbanization the disease cases are increasing to manifold. No method for detecting parasite at early stage of infection. Resources are inadequate & insufficient due to 29 Filaria Units & 02 Filaria Clinics.

MDA is expected to be successful. Interest in Health Education and Inter-sectoral Co-operation is needed.

Under Filaria Control Programme, MDA Programme is conducted every year on proposed date of 11th November. In the year 2011-12 because of the partial release of funds against the total allocation, the MDA Programme is yet to be conducted, whereas for elimination of

Filaria disease it should be conducted for at least 5 consecutive years. In MDA Programme the administered drugs namely DEC 100 mg and Albendazole 400 mg are also categorized under De-Centralized Commodity procurement by the GOI. If the procurement and supply of these drugs are again made Centralized, it will make a positive impact on MDA Programme.

Objectives

- To progressively reduce & ultimately interrupt the transmission of Lymphatic Filariasis.
- To augment the disability alleviation programme to reduce the suffering of affected person through appropriate home based Morbidity Management.

Target

- Elimination of Filaria by the year 2015 and 80% reduction up to the year 2012 having the base year 2005.
- To cover all eligible population, living in all '51' Lymphatic Filriasis Endemic Districts during MDA.
- To line list the cases of lymphodema in all the districts & augmented home based morbidity management. 02 Hydrocele operations in identified District Hospitals/ CHCs.

The Judicators

- During MDA, percentage of target population achieved.
- Microfilaria rate in Sentinel & Random sites of the Districts.
- Number of L.F. endemic districts with Microfilaria rate less than 1%.
- Number of Hydrocele Operations conducted out of total listed.
- Percentage of Lymphodema cases practicing home based management.

Strategy and Innovation Proposed

- State level Task Force meeting with training workshop at State H.Q.
- Coordination committee meetings at District level.
- Training of Officers, supervisors and Drug distributors.
- Identification of Volunteers/Drug Distributors.
- Composition of Rapid Response Team.
- Preparation at Village & Sub-centre level involving NRHM institutions Village Health & Sanitation Committee and Roji Kalyan Samiti.
- IEC / BCC Activities at all level.

The State has 29 Filaria Control Units & 31 Filaria Clinics. These institutions were implementing the National Filaria Control Programme in the specified area of Urban localities for antilarval operations, detection and treatment. After the World Health Assembly Resolution 1997, the Lymphatic Filariasis has been targeted for elimination. Initially, the Pilot programme was started in selected Districts in which 2 Districts namely Varanasi & Gorakhpur of U.P. were selected. As per National Health Policy- Year 2002 the National goal for elimination for Lymphatic Filariasis has been set for the Year 2015.

Requirement of commodities as per technical norms & considering balance of store, consumption capacity & justifications-

- The total requirement for eligible population of 149406095 in 51 Filaria Endemic Districts of U.P. will be 37,65,00,00 in Nos. of DEC. tablets.
- Total requirement of Albendazole 400 mg tablets will be 149400000 in Nos.

Financial assistance required from GOI/NRHM for following activities

For State level

- State Task Force Meeting with Training Workshop (2 in Nos.) @ Rs 1,00,000.00 per Workshop
- IEC/BCC Activities – Rs 15.00 Lakhs for State H.Q
- MDA Assessment Medical College / ICMR Institute @ Rs 10,000.00 per District

For District level

- District Coordination Committee @ Rs. 14,000 per district
- IEC/BCC @ Rs. 2.50 Lakhs per district
- Training of M.O.s
- Training of Para Medicals @ Rs 50,000 per district
- Night Blood Surveillance @ Rs 47,000 per district
- Mobility POL
- Line listing & Mapping @ Rs 40,000 per district
- Cost of operation of Hydrocele for 3000 operations @ Rs 750.00 per operation
- Cost of home based management of Lymphodema cases @ Rs 50,000 per district
- Training + Honorarium of Drug Distributor @ Rs 50+ Rs 50 per person
- Honorarium of Drug Supervisor - Rs. 125.00 per Supervisor, For 50 districts (200 Supervisors / District) Total 1000 Supervisors

Cash grant for decentralized commodities - Filaria

- DEC 100mg tablets-2700 Lakhs Tablets
- Albendazole 400 mg tablets- 1100 Lakhs Tablets

Budgetary Proposal for Lymphatic Filariasis – 2012-13

FMR Code	Activity	Physical Targets	Proposed Budget (Rs. In Lakhs)	Approved Budget (Rs. in Lakhs)
	Programme Management			
F.1.4.a	District Coordination Committee Meeting	2 meetings in 51 distts. @ Rs 14000/- per distt.	7.14	80.00
	State Task Force, State Technical Advisory Committee meeting	2 in numbers @100000/ each	2.00	
	Printing of forms/ registers, mobility support/ Rapid Response Team	@Rs.120000/- for 51 districts	61.20	

	Linelisting & Mapping	@ Rs 40000/- per distt. x 51 distts.	20.40	
	Cost of operation of Hydrocele & Homebased Morbidity Management	@ Rs 750/- per operation x 3000 operations & Rs 20000/- per distt. for Morbidity Management x 51 distts.	32.70	
F.1.4.b	Microfilaria survey	@ Rs 47000/- per distt. X 51 distts.	23.97	23.00
F.1.4.c	Post MDA assessment by medical colleges (Govt. & private)/ ICMR institutions - to be distributed by state HQ	@ Rs 10000/- per distt. X 51 distts.	5.10	5.10
	Training/Sensitization of district level officers on ELF and drug distributors including peripheral health workers		25.50	30.00
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	@ Rs 2.50 Lakhs/- per distt. and Rs 15.00 Lakhs for State HQ for family register, poster, banner, pamphlets and handbills	142.50	45.00
F.1.4.f	Training/Sensitization and Honorarium of district level officers on ELF and drug distributors including peripheral health workers	Training of MOs & Supervisors @ Rs 50000/- per distt. and Training & Honorarium of Drug Distributors @ Rs 50/- + Rs 50/- for 7,00,000 D.Ds.	700.00	440.00*
	Honorarium of Supervisors for MDA.	Rs 125/- per supervisor x 51 distts. X 200	12.75	
	Sub Total		1,033.26	623.10
	Cash grant for decentralized commodities - Filaria			
1.	DEC 100mg tablets-2700 Lakhs		1,506.00	1100.00*
2.	Albendazole 400 mg tablets- 1100 Lakhs		1,290.00	-
	Sub Total		2,796.00	1100.00
	Total		3,829.26	1723.10

*** The approval is made accordingly the proposals submitted in 1st PIP and supplementary PIP, as per below:**

Lymphatic Filariasis has been targeted for elimination by 2015 and as per the national strategy, Annual Mass Drug Administration (MDA) with DEC100mg and Albendazole 400mg is to be carried out. The programme at present is being implemented in 51 districts of the state. As per revised estimates, Rs.440.00 Lakhs is required for training and payment of honorarium for 4,40,000 Drug Distributors needed for distributing DEC and Albendazole tablets. NVBDCP has allocated Rs.100.00 Lakhs for this purpose in the ROP 2012-13 and it is proposed to meet the short fall of Rs.340.00 Lakhs out of NVBDCP Allocation.

Procurement of DEC 100mg tablets required for MDA 2012 is 27.5crore tablets which amounts to about Rs.1100.00 Lakhs, this also may be met out of NVBDCP Allocation.

5. Kala – Azar

Situational analysis of the Disease - Kala - Azar is endemic in the 10 districts. of eastern U.P. bonding Bihar state. Among them 6 districts are hyper endemic i.e. Kushi Nagar, Deoria, Ballia, Varanasi, Gazipur and St. Ravi Das Nagar. The principles of elimination are anti adult measures and complete treatment of patients. The disease is not detectable at early stage and patients receive incomplete treatment. Incubation period is very long.

Kala Azar is endemic in Eastern districts, the 4 border districts bordering with Bihar are Kushi Nagar, Deoria, Ballia and Varanasi are hyper endemic. The cases are sporadic occurrence in 10 villages, 50 HC in 6 Districts.

Year	Case	Deaths
2007	69	1
2008	26	0
2009	17	1
2010	14	0
2011	11	1

Specific constrains for implementation of programme

- The disease has long incubation period & not easily detectable in early stages. The economical, simple to perform & reliable kits not available.
- The houses of affected population are kucchha.
- Bihar is an endemic state for Kala Azar. Few districts of U.P, bordering Bihar state are affected by the Kala Azar, because of migration of labourers from endemic state to U.P. for livelihood.
- For Kala-Azar affected blocks, I.R.S. of DDT 50% (2 rounds) is being done. Spray wages are given by GOI through NRHM. But last year the spray wages were not released which created pending liabilities, having adverse effect on the programme.

Prioritization of the areas including the criterion of prioritization

6 bordering districts to Bihar- Kushi Nagar, Deoria, Ballia, Varanasi, Ghazipur and Sant Ravidas Nager

Strategy and innovation proposed

- Complete treatment of cases.
- Behaviour Change Communication.
- Vector Control.

Requirement of Logistic for Kala-Azar affected Districts:-

SL	Name of District	Population	Name of Items			
			Rk39	SSG inj	DDT50%	Wages for spray (in Rs.)
1	Varanasi	1,00,000	100	100	15M.T.	4,50,000
2	Gazipur	50,000	75	75	7.5M.T.	2,25,000
3	Kushi Nagar	30,000	75	75	4.5M.T.	1,35,000
4	Deoria	30,000	75	75	4.5M.T.	1,35,000
5	Ballia	1,50,000	100	100	22.5M.T.	6,75,000
6	Bhadohi	50,000	75	75	7.5M.T.	2,25,000
Total			500	500	61.5M.T.	18,45,000

Cash assistance required from centre and unspent balance available with state-

Spray wages	–	Rs. 18.45 Lakhs and Rs. 19.50 Lakhs for last year spray wages pending i.e. total Rs 37.95 Lakhs.
Spray Pumps	-	Rs 1.00 Lakhs
Kala-Azar Survey	-	Rs. 5.00 Lakhs
Kala-Azar Fortnightly Survey	-	Rs. 10.00 Lakhs
Case Search	-	Rs 2.00 Lakhs
Mobility/POL	-	Rs 2.00 Lakhs
Monitoring & Evaluation	-	Rs 2.00 Lakhs
BCC/IEC	-	Rs. 12.00 Lakhs
Training for Spraying	-	Rs. 1.00 Lakhs
Total	-	Rs. 72.95 Lakhs

- **Capacity building:** Training of Health workers & Supervisors in case detection. Training of making solutions of Insecticides & in use of Pumps and in changing nozzle and in doing repair. The M.O.s should also be well conversant.
- **IEC/BCC:** The poor people to be educated that their wages will be compensated in case they are admitted & get Injection outdoors.
- Information, Education & Communication before spraying operations and about precaution to make it successful.

Detail of Kala-Azar Affected Districts

SL	District	Total P.H.C.	Kala-Azar Affected		
			P.H.C.s/ Blocks	Villages	Name of P.H.C.s/ Blocks
1	Deoria	15	1	1	Bankata
2	Kushi Nagar	14	3	3	Kasya, Khawan & Nagwa nagina
3	Ballia	17	2	2	Murli Chhapra & Dubhar
4	Varanasi	8	4	4	Cholapur, Chiraigaon, Horrhua & Kashi Vidya Peeth
5	Gazipur	16	1	1	Gorur
6	St. Ravi Das Nagar	5	1	1	Bhadohi
Total		75	12	12	

Survey Campaign in Kala-Azar Affected Districts

SL	Particulars	Amount per PHC (Rs in Lakhs)	No. of PHCs	Total Amount (in Lakhs)
1	Camp Organisation (tent, furniture etc)	0.60	8	4.80
2	Mobility for Campaign	0.05	8	0.40
3	Contingency	0.50	8	4.00
4	Stationary & Misc. items	0.10	8	0.80
Total				10.00

Drugs, Diagnostic kits and Insecticides required for Kala-Azar

SL	Items	Supply Support
1	RDK for Kala-Azar= 500 kits	GOI supply
2	Inj. SSG = 400	GOI supply
3	DDT - 50% - 61.5 MT	GOI supply

Budget Summary - Kala-Azar

SL	Activities	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
1	Case search	2.00	10.00
2	Kala Azar survey	5.00	
3	Fortnightly survey	10.00	
4	Spray Pumps including repairing of spray pumps	1.00	
5	Operational cost for spray including spray wages	37.95	
6	Mobility/POL	2.00	
7	Monitoring & Evaluation	2.00	
8	Training for spraying	1.00	
9	BCC/IEC	12.00	
Total Kala-Azar		72.95	10.00

For the above propose, GOI approved Rs. 10.00 Lakhs only. (ROP-FMR Code – F.1.5)

Development of critical care unit for the treatment and control of infectious diseases (Dengue, Malaria etc.) in Chhatrapati Sahu ji Maharaj Medical University (CSMMU) Lucknow – (Extension of existing trauma centre)

Malaria and Dengue are vector borne disease and the genesis of the better prevention and control lies in early case detection and treatment. The surveillance of both disease & vector needs to be strengthened with proper diagnosis so that the mortality is reduced to a great extent.

At the peripheral level spread of malaria can be arrested when proper surveillance is done. Case management of Malaria can be handled at PHC/ CHC provided the doctors are trained and anti malarial are available.

Similarly, case management of Dengue can also be attempted at district level/ sub district level hospitals which are equipped with trained man power and necessary equipments. It has been seen over the years that Dengue is a self limiting disease, does not require much hospitalization however the severe form of Dengue i.e. DHF may require hospitalization based on the fall in platelets count. As per GOI guidelines no DHF case is to be admitted unless platelet count falls below 50,000 per cubic millimeter. In such cases also if electrolyte balance is maintained, patients improve significantly. It has also been observed that only 1 – 2% of critically sick Dengue patients require blood/ platelet transfusion. Hence we need to train the clinicians and also strengthen districts/ sub districts hospitals.

Nowhere in the country, we have established critical care units for management of Malaria and Dengue hence the proposal of development of critical care unit for the treatment and control of infectious disease (Dengue, malaria etc.) Chhatrapati Sahu ji Maharaj Medical University (CSMMU) Lucknow – (Extension of existing trauma centre) does not stand technical scrutiny hence not required to be developed at present.

This proposal was submitted in Supplementary PIP.

D.4. NATIONAL LEPROSY ERADICATION PROGRAMME

During 12th Five Year Plan under NLEP the main thrust areas are:

- Sustaining leprosy elimination at state level.
- Achieving elimination of leprosy in all the districts
- Reduction in Gr.-II disability through prevention of disability (POD) and Reconstructive Surgery of disabled persons affected by leprosy.

Objectives for the year 2012-17

- Improved Early Case Detection
- Improved Case Management
- Reduced stigma
- Sustained development of leprosy expertise
- Research supported evidence based programme practices
- Improved monitoring, supervision and evaluation system
- Increased participation of persons affected by leprosy in society and programme activities
- Ensured Programme Management

Situation Analysis: Functional Integration of leprosy services has been accomplished in the state. Elimination of leprosy has been achieved in 51 districts by the end of December 2011. 20 Districts have PR 1 to 2. District Bahraich has PR more than 2 per 10,000 population. There is a need to strengthen voluntary reporting by encouraging family contact examination by health staff and sensitization of ASHAs. Management of reaction and neuritis needs to be improved by improving skills of voluntary muscle testing (VMT) and sensory testing (ST) and maintaining stocks of Prednisolone at health facilities. Complacency among programme managers & staff has set in after achieving elimination at state level. Programme review and monitoring needs strengthening at all levels.

Performance under NLEP

Indicators	2006-07	2007-08	2008-09	2009-10	2010-11
No. of new cases detected (ANCDR)	32413 (17.0)	31028 (15.9)	27577 (13.8)	27473 (13.4)	25509 (12.52)
No. of cases on record at year end (PR)	18104 (0.95)	18254 (0.94)	16206 (0.81)	16484 (0.81)	15719 (0.77)
No. of Grade II disability among new cases (%)	374 (1.15)	471 (1.52)	555 (2.01)	594 (2.16)	645 (2.53)
Treatment Completion Rate	89.73	91.32	91.26	92.81	93.1
Re-constructive Surgery conducted	816	610	476	405	190

Prevalence Rate of Leprosy in districts

Prevalence Rate	Period wise detail of Districts					
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12 (Dec11)
< 1	36	39	52	51	56	51
1 – 2	34	31	19	20	13	20
2 – 5	0	0	0	1	2	1
> 5	0	0	0	0	0	0

Prevalence Rate of Leprosy in Blocks

Prevalence Rate	March 2006	March 2007	March 2008	March 2009	March 2010	March 2011
< 1	310	427	438	506	555	652
>1- 2	415	354	354	268	222	191
>2- 5	87	32	32	31	29	30

Projected targets for ANCDR, PR, Grade 2 Disability, TCR, RCS(2012-17)

Indicators	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
No. of new cases detected (ANCDR)	25509 (12.52)	25000 (12.26)	30000 (14.71)	28000 (13.73)	25000 (12.26)	22000 (10.79)	20000 (9.81)
No. of cases on record at year end (PR)	15719 (0.77)	18000 (0.88)	21000 (1.03)	18000 (0.88)	17000 (0.83)	16000 (0.78)	15000 (0.73)
No. of Grade II disability among new cases (%)	645 (2.53)	650 (2.6)	750 (2.5)	600 (2.14)	500 (2.00)	400 (1.6)	300 (1.2)
Treatment Completion Rate	93.1	92.0	93.0	94.0	95.0	95.0	95.0
Re-constructive Surgery conducted	190	200	500	600	700	800	900

Projected targets for District level elimination i.e PR less than 1 per 10,000 popn.

Prevalence Rate	Period wise detail of Districts						
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
< 1	56	59	60	65	69	72	75
1 - 2	13	12	15	10	7	3	0
2 - 5	2	1	0	0	0	0	0
> 5	0	0	0	0	0	0	0

Financial requirement:

Year	2012-13	2013-14	2014-15	2015-16	2016-17	Total
Proposed budget in Lakhs Rupees	956	715	715	715	715	3816

Activities Planned:

1. For improved early case detection-

- Performance based incentive to ASHA, sensitisation of ASHAs** - Rs 100 for every new case referred by ASHA. Rs 200 for timely completion of PB case treatment and Rs 400 for timely completion of MB case treatment
- Special activities for high endemic pockets-** Awareness and Active Case Detection Campaign in 147 high endemic blocks having ANCDR more than 20 in 35 high endemic districts.

2. For improved case management-

- Strengthening of disability prevention by providing MCR footwear, aids appliances, supportive medicines, lab reagents and printing of recording and reporting formats** - Medical rehabilitation of disabled persons by facilitating

reconstructive surgery at tertiary institutions and payment of allowance for loss of wages due to hospitalization is planned. Procurement of MCR foot-wears, aids & appliances will be undertaken at the District level as per needs assessment of disabled leprosy affected persons in the district.

Need based assistance shall be provided to inmates of 72 Leprosy colonies in the state. Screening Camps shall be organized in districts and persons fit for RCS shall be referred to nearest tertiary leprosy care centres of the state. Also in these camps counselling and self care kits, MCR footwear etc. for prevention of disability shall be provided.

Names of recognized institutes conducting RCS

- JALMA Institute, Agra- (JALMA has not undertaken any surgeries in last 2 years on account of the renovation of their Operation theatre.
- TLM Hospital, Naini , Allahabad
- TLM Hospital, Motinagar, Faizabad
- PMR Dept. CSMU Medical College, Lucknow

Expected Number of patients to be undergoing RCS in 2012-13 is 500

- 3. Urban Leprosy Control** - 52 Urban localities have been covered under the Urban Leprosy Control programme. The urban areas identified are categorized as Townships (40) Medium Cities – I (2), Medium City II (8) and Mega City (2).

Initiatives included shall be involving non-governmental hospitals- ISI, Industrial, Military, Missionary private hospitals etc. in leprosy case referral and management by providing training to service providers, MDT drugs and then monitoring and supervision of their work.

Activities shall also include collection of reports from these urban centres and defaulter retrieval and family contact examination of patients of urban areas.

- a. **MDT drugs** shall be distributed from the State Store in Barabanki to all districts.
- b. **NGOs** shall participate in providing care to the persons affected by leprosy.

- **For stigma reduction** – Mass Media, Outdoor Media, Rural Media and Advocacy measures shall be undertaken for creating awareness and reducing stigma attached to leprosy.
- **For development of Leprosy Expertise sustained-** - 2 days refresher training of 3750 MOs and 6480 Health workers at District level. 2 Day Training of 375 District Nucleus team members, 5 days' training of 20 Lab. Technicians and 10 Day Training in physiotherapy to 75 Health staff , one from each district (including Physiotherapy Technicians and NMS) is planned at The Leprosy Mission Training Centre at Naini, Allahabad is planned.
- **For Research supported evidence based programme practices** state shall follow guidelines issued by GOI.

- **For improved Monitoring, Supervision and Evaluation system** travel cost shall be paid to staff for supervisory visits and periodic review meetings shall be held at district and state head quarters on regular basis. Office shall be maintained at State and District headquarters for planning, implementation, supervision and monitoring of all programme activities and provision for stationery and equipments shall be maintained. Vehicle availability is to be ensured and budget for POL is to be provided. In absence of vehicle funds may be utilized for hiring of vehicle.
- **Increased participation of persons affected by Leprosy in Society**-One member from the local leprosy Disabled Persons Organisations (DPO) may be included to encourage increased participation of persons affected by leprosy in planning as well as in programme implementation in each of the following Committees:
 - i) Village Health, Sanitation & Nutrition committee
 - ii) PHC Health Monitoring and Planning committee
 - iii) Block Health Monitoring and Planning committee
 - iv) District Health Monitoring and Planning committee
 - v) State Health Monitoring and Planning committee
- **Programme Management ensured-**
Contractual Manpower- All contractual staff at state and district level shall be retained in 2012-13.
- I. **Additionality Funds from NRHM -**
 - (i) For purchase of Computers, printers and UPS for keeping record of patients District Nucleus staff in districts.
 - (ii) For purchase of Computers, Printer and Photocopier for State Leprosy Cell.

NRHM Additionality in Annual Plan	Responsibility	Details	Rates	Budget (in Rs.)
i) Computers, Printer, UPS for 75 Districts	DHS	75	50000	600000
ii) Computers, Printer, UPS for SLO Office	SHS	2	50000	600000
iii) Training to 1 District Nucleus member in computer application	DHS	75	2500	30000
iv) Photocopier	SHS	1	150000	150000
				1380000

II. WHO, ILEP, ICMR and Other Organizations-

ILEP organizations supporting NLEP in the state are **NLRF (The Netherlands Leprosy Relief Foundation)** and **TLM (The Leprosy Mission)**. These organizations shall provide technical support to the District Nucleus in all aspects of NLEP Programme management with special emphasis on decentralized planning, implementation, monitoring and supervision. Training of two batches of untrained District Leprosy Officers and Two Days Decentralized Training and Management Workshop for District Nucleus shall be conducted in six batches by ILEP. Also promotion of Self Care at community level and in leprosy colonies shall be undertaken. Social economic rehabilitation of persons affected by leprosy shall also be supported by NLR in the form of vocational training, payment of school fees and purchase of books, stationery etc. TLM Hospitals shall conduct reconstructive surgeries free of cost for disabled persons affected by leprosy and provide training facilities for different categories of health staff at their training center.

WHO shall provide MDT drugs to state through GOI and a State Co-ordinator for technical support to NLEP in the state.

PROPOSED BUDGET FOR NLEP UTTAR PRADESH 2012-13

SL.	NLEP Component	Responsibility	Details	Rates	Activity-wise Budget in Rs.	Total in Rs. State/ District	Budget for component
1	1. Objective : Improved Early Case Detection Activities : Sensitisation of ASHAs for leprosy case referral and payment of incentive for case detection and timely treatment completion. Active Search Campaign in 147 high endemic rural blocks in 35 Districts.						
	1.1 Sensitization of ASHAs and incentive for new case detection and treatment						
	i) ASHA Sensitization of 806 Rural Blocks @ Rs 1000 per Block	DHS	806	1000	806000		
	ii) ASHA Services-Incentive (For estimated 1000 MB and 1600 PB patients)	DHS					
			1000	500	500000		
			1600	300	480000	1786000	
	1.2 Special activities in 34 high endemic districts in 147 blocks (ANCDR more than 20 per lakh popn.) Activities : Active house to house search by Health staff and village volunteers/ ASHA under supervision of CMO, District Nucleus and CHC MO						
	i) Active Search Campaign						
	a) Active search activity in 3,12,92,846 popn.	DHS			15646423		
	b) Capacity building of staff	DHS			992250		
	c) Awareness drive @ Rs15000 per block	DHS	147	15000	2205000		
	d) Enhanced - monitoring and supervision –						
	(d1)CMO for 35 district @ Rs15000	DHS	35	15000	525000		
	(d2)1 MO per Block @ Rs 3000 for whole Block	DHS	147	3000	441000		
	(d3) 1 HS @ Rs 1500 per 15000 Population	DHS			3129285		
	(d4) DLO / Dy DLO Rs. 2000 Per block	DHS	147	2000	294000		
	(d5) District Nucleus NMS/NMA/HE/PTT @ Rs1500 per block	DHS	147	1500	220500		
	e) Validation of MB and child cases @ Rs1000 per block	DHS	147	1000	147000		
	f) Printing of Formats @ Rs75 per 3000 popn.	DHS			782325	24382783	24382783
2	2 Objective: Improved Case Management Activities : Provide diagnostic, therapeutic, referral services, aids -appliances, MCR footwear and RCS allowance to patients. Reimburse RCS cost to Medical College(CSSMU). Provide care to cured leprosy affected persons						
	2. 1. Improve DPMR Services						
	i) MCR				715000		
	ii) Aids Appliances @ Rs 500 per block	DHS	873	500	436500		
	iii) Referral Services including transportation for Screening camp / District Hospital etc. @	DHS	873	500	436500		

	Rs500 per Block						
	iv) Need based assistance to Leprosy colonies in 29 Districts (72 Leprosy Colonies) with 2149 PAL inmates @ Rs500 per PAL	DHS	2149	500	1074500		
	v) Screening Camps @ Rs 1000 per block	DHS	873	1000	873000		
	vi) Welfare allowance for RCS patients @ Rs 5000 for 500 patients	DHS	500	5000	2500000		
	vii) Reimbursement to institutions for RCS	DHS	100	5000	500000	6535500	
	2.2 Urban Leprosy Control						
	i)Township	DHS	40	26300	1052000		
	ii)Medium city –I	DHS	2	35300	70600		
	iii)Medium city –II	DHS	8	58200	465600		
	iv)Metro city	DHS	1	116500	116500		
	v) Mega city	DHS	1	120500	120500	1825200	
	2.3 MDT Supply Management						
	MDT received free of cost from CLD					0	
	2.4 Procurement of Materials & Supplies						
	i)Supportive Drugs & dressing materials	DHS	873	4000	3492000		
	ii)Laboratory reagents and equipments @ Rs 2000 per District	DHS	75	2000	150000		
	iii)Printing works	DHS	873	1600	1396800	5038800	
	2.5 NGO Services						
	i) Gramya Vikas Sansthan,Lucknow (Mohammadi Tahsil, Kheri)	SHS		396000	396000		
	ii) Jawahar Lal Nehru Sewa Sansthan, Deoria (Bhatni & Bhulouni Block)	SHS		620000	620000		
	iii) Mahila Avam Bal Vikas Samiti, Naini Lar, Deoria (Kopa & Ghosi Block, Mau)	SHS		450000	450000		
	iv)Maksad, Chandan Couki, Paliyakalan, Kheri (Palia Tehsil, Kheri)	SHS		400000	400000		
	v) Nehru Youya Chetana Kendra, Deoria (Deoria & Baharaj Bajar Block Deoria)	SHS		502000	502000		
	vi) Poorvanchal Sewa Sansthan, Deoria (Dasai Deoria, Kasiya Block Deoria)	SHS		700000	700000		
	vii) Sanjay Gandhi Sewa Sansthan, Deoria (Rudrapur, Gouri Bazar, Deoria)	SHS		700000	700000		
	viii) Swargiya Lal Bhadur Shastri Sewa Kusht Sewa Ashram, Azamgarh (Tarwa Firozpur Block)	SHS		432000	432000		
	ix) Tripurari Sewa Avam Shiksha	SHS		450000	450000		

	Sansthan, Goura Deoria (Brahmpur, Sardar Nagar Block, Gorakhpur)						
	x) Trinity Association for Social Service, St. Kabir Nagar (Brijmanganj & Noutanwa Block, Mahrajganj)	SHS		450000	450000	5100000	18499500
3	3 Objective : Stigma reduced						
	3.1 Behavioural Change Communication						
	i) Mass Media (TV, Radio, Press etc.) @ Rs 2000 per Block	DHS	873	2000	1746000		
	ii) Outdoor Media (Posters, Banners, Kiosk, Hoardings, Display boards, Miking etc.) @ Rs 2000 per Block	DHS	873	2000	1746000		
	iii) Rural Media (Folk shows etc.) @ Rs 3000 per Rural Block	DHS	806	3000	2418000		
	iv) Advocacy meeting	DHS	75	5000	375000	6285000	6285000
4	4 Objective : Development of Leprosy Expertise sustained Activities: Training of District Nucleus Teams						
	4.1 District level training						
	i) Medical Officer(2 days) 3750 @ Rs 23350 per batch of 30 MOs (125 Batches)	DHS	125	23350	2918750		
	ii) Health Supervisor/ Health Worker (2 days) 6480 @ Rs 20350 per batch of 30 HS / HW (216 batches)	DHS	216	20350	4395600		
	iii) Training for District Nucleus Teams- 375 District Nucleus members from 75 districts at Training Centre TLM, Naini Allahabad Training Cost Rs. 405000	DHS			405000		
	iv) Physiotherapy Training for 12 days PTT/ NMS (1 per district) at Training Centre TLM, Naini Allahabad training cost Rs. 3,60,000 (TA Rs 2000 & DA @ Rs400 per day)	DHS	75	11600	870000		
	v) Of Lab. Technician 5 days (25 LT) at Training Centre TLM, Naini Allahabad Rs 50000 Training Cost (TA Rs 2000 & DA @ Rs400 per day)	DHS	25	6000	150000	8739350	8739350
5	5 Objective: Research supported evidence based programme practices. Activities: Support operational researches undertaken by GOI						
	Researches are financed by GOI					0	0

6	6 Objective : Monitoring, Supervision and Evaluation system improved Activities : Periodic review meetings at State, District and Block levels and supervisory visits						
	6.1 Review Meetings & Supervisory visits						
	i) District level supervision						
	a) District / Block level Review meetings (Monthly)	DHS	75	12000	900000		
	b) Mobility Support-Vehicle hiring, POL and Maintenance for District Nucleus Team	DHS	75	150000	11250000		
	c) Travel cost for NLEP Staff of District for 2353 NLEP staff	DHS	2353	5000	11765000		
	d) Travel cost for staff at District HQ Contractual driver @ Rs 1000 per month	DHS	38	12000	456000	24371000	
	ii) State level supervision						
	a) State level Review meetings (Quarterly)	SHS	4	50000	200000		
	b) Mobility Support-Vehicle hiring, POL and Maintenance for SLO office	SHS	2	200000	400000		
	c) Travel cost for staff at SLO Office	SHS		150000	150000	750000	25121000
7	7. Objective : Increased participation of persons affected by Leprosy in Society Activities : One member from the local leprosy Disabled Persons Organisations (DPO) may be included to encourage increased participation of persons affected by leprosy in planning as well as in programme implementation in each of the following Committees: i) Village Health, Sanitation & Nutrition committee ii) PHC Health Monitoring and Planning committee iii) Block Health Monitoring and Planning committee iv) District Health Monitoring and Planning committee v) State Health Monitoring and Planning committee						
	0						
8	8. Objective : Programme Management ensured Activities: Maintain contractual staff at SLO Office and at District Nucleus Office.						
	8.1. Office Operation & Maintenance						
	i) District Leprosy Officer Office Operation & Maintenance						
	a) Rent, Telephone, Electricity, P&T charges, Miscellaneous		75	35000	2625000		
	b) DLO Office Consumables e.g. Stationery Items, Pen drive, CD etc.	DHS	75	30000	2250000		
	c) Contractual Drivers 38 for District Nucleus @ Rs 11000 per month	DHS	38	132000	5016000	9891000	
	ii) State Leprosy Officer Office Operation & Maintenance						
	a) SLO Office operation, Telephone, Broadband, Pen drive, Equipment Maintenance, Postal charges etc.	SHS	1	150000	150000		

	b) SLO Office Consumables - Stationery	SHS	1	100000	100000		
	c) Contractual BFO Cum Admin. Officer @ Rs 18000 monthly + Service & other taxes at 20.3 % (Rs 3654)	SHS	1	21654	259848		
	d) DEO @ Rs15000 monthly+ Service & other taxes at 20.3 % (Rs 3030)	SHS	1	18030	216360		
	e) One Driver @ Rs 10000 monthly + Service & other taxes at 20.3 % (Rs 2030)	SHS	1	12030	144360		
	f) Peon @ Rs 7000 monthly+ Service & other taxes at 20.3 % (Rs 1421)	SHS	1	8421	101052	971620	10862620
	Budget for District						88854633
	Budget for State HQ						6821620
	GRAND TOTAL						95676253
	Rupees Nine Crores Fifty Six Lakhs Seventy Six Thousand Two Hundred and Fifty Three						

Approved Budget Summary for NLEP

FMR Code	NLEP Component	Amount Approved (Rs. in Lakhs)
G.1.1	ASHA Services- Incentive	5.00
	(For estimated 1000 MB and 1600 PB patients)	4.80
	ASHA Sensitization of 806 Rural Blocks @ Rs 1000 per Block	4.03
G 1.2	Specific -plan for High Endemic Districts	135.93
G.2	Improved Case Management	-
		17.80
G.2.1	DPMR Services, (MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS)	4.36
		16.25
		2.50
		2.37
G.2.2	Urban Leprosy Control, (Mega city - 0 , Medium city (1) -3 , Med. City (2)- 1 Township -19)	0.70
		4.65
		10.52
G 2.3	Material & Supplies	
G 2.3 i	Supportive drugs, lab. reagents & equipments and printing works	37.44
G 2.4	NGO - SET Scheme	50.00
G 3	Stigma Reduced	-
G 3.1	Mass media, Outdoor media, Rural media, Advocacy media	36.00
G 4.	Development of Leprosy Expertise sustained	-
G 4.1	Training of new MO	-
G 4.2	Refresher training of MO	50.00
G 4.3	Training to New H.S/H.W.	64.80
G 4.4	Other training -Physiotherapist	0.90
G 4.5	Training to Lab. Tech.	0.30
G 4.6	Management training for District Nucleus Team	3.88
G 5.	Monitoring, Supervision and Evaluation System improved	-
G 5.1	Travel Cost and Review Meeting	-
G 5.1 i	travel expenses - Contractual Staff at State level	1.00
G 5.1 ii	travel expenses - Contractual Staff at District level	10.80
G 5.1 iii	Review meetings	1.00
G 5.2	Office Operation & Maintenance	-
G 5.2 i	Office operation - State Cell	0.38
G 5.2 ii	Office operation - District Cell	12.96

G 5.2 iii	Office equipment maint. State	0.30
G 5.3	Consumables	-
G 5.3 i	State Cell	0.28
G 5.3 ii	District Cell	10.08
G 5.4	Vehicle Hiring and POL	-
G 5.4 i	State Cell	1.70
G 5.4 ii	District Cell	54.00
G 6.	Programme Management ensured	-
G 6.1	Contractual Staff at State level	-
G 6.1 i	SMO	5.77
G 6.1 ii	BFO cum Admn. Officer	-
G 6.1 iii	Admn. Asstt.	-
G 6.1 iv	DEO	2.16
G 6.1 v	Driver	1.44
G 6.2	Contractual Staff at District level	-
G 6.2 i	Driver	45.60
G 6.2 ii	Contractual Staff in selected States, NMS	-
G 7.	Others	-
G 7.1	Travel expenses for regular staff for specific programme / training need, awards etc	6.00
Total		605.70

NRHM Additionalities

In NLEP for the year 2012-13, under NRHM additionalities the following activities/ Component has been approved in ROP but due to calculation/typing error in PIP only Rs. 13.80 Lakhs has been sanctioned under NRHM. Though the budgetary requirement is Rs. 41.875 Lakhs (Copy of ROP attached)-

NLEP Component	Unit	Details	Rates	Activity-wise budget (in Rs.)	Approved Amount (in Rs.)	Difference (in Rs.)
i) Computers, Printer, UPS for District	DHS	75	50000	3750000.00	1380000.00 (ROP-FMR Code- B. 22.6)	2807500.00
ii) Training to 1 District Nucleus member in computer application	DHS	75	2500	187500.00		
iii) Computers, Printer, UPS for SLO Office	SHS	2	50000	100000.00		
iv) Photocopier for SLO Office	SHS	1	150000	150000.00		
Total Amount (A)				4187500.00		

As per discussion held on 11.07.2012 with Gol team it is agreed upon to send a proposal of the left out budget of Rs. 28.075 Lakhs in supplementary PIP 2012-13. In the light of above fact it is requested to approve the difference i.e. Rs. 28.075 Lakhs under NRHM additionality for NLEP for year 2012-13.

In NLEP in PIP 2012-13 a budget of Rs.1.01052 Lakhs was proposed but has not been approved. In the interest of the programme a proposal for a peon for the office of State Leprosy Officer as follows is being submitted for the approval under NRHM additionality for year 2012-13.

NLEP Component	Details	Rates	Activity-wise budget (in Rs.)
Peon @ Rs 7000 monthly + Service & other taxes at 20.3 % (Rs 1421) in State HQ	1	8421.00	101052.00
Total Amount (B)			101052.00
Grand Total (A + B)			2908552.00

For the above proposed activities of NLEP under NRHM additionality, GOI approved Rs.28.40 Lakhs only. (ROP-FMR Code- B.22.4). (Proposed in Supplementary PIP).

D.5. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

A. Background - India was first country to launch the National Programme for Control of Blindness in 1976. The goal of the programme was to reduce the prevalence of blindness. Out of the total estimated 45 million blind people (3/60) in the world, 7 million are in India and 1.85 million in Uttar Pradesh. This is due to the large population base and increased life expectancy. Every year 0.3% of the population, which means about 5.5 Lakh blind persons, are added to the total blind population. Out of 5.5 Lakhs total blind 3.5 Lakhs become blind every year due to cataract.

As the number of cataract patient is reducing because of clearance of backlog, blindness due to degenerative diseases like diabetes and glaucoma and injuries related corneal opacities are increasing. The programme has to tackle emerging challenges.

B. Goal - Prevalence rate of blindness in Uttar Pradesh is 1.0% (Survey-2004). Goal of the programme is to reduce prevalence rate of blindness to -

- 0.5% by the end of 2012 and

- 0.3% by the end of year 2020

C. Activities to achieve goal:

I. Main Activities

- Cataract Surgery.
- School Eye Screening.
- Eye banking for keratoplasty to treat Corneal Blindness.

II. Innovations taken up in last years:

- Management of diseases other than Cataract (Diabetic Retinopathy, Glaucoma management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery and treatment of Childhood blindness)

D. Situational Analysis:

1. Infrastructure-

Sl	Items	No.
1	Eye Surgeon in District	All
2	Blocks with inadequate eye care services	Nil
3	Block PHC/CHC equipments (NPCB GOI norms)	735
4	Upgraded block PHC/CHC equipments(i.e refraction Services available) (NPCB GOI norms)	Operative equipments at 187 CHC (IOL Centres) and refractive services at 735 PHC/CHC.
5	Vision Centres	255 established in Govt. sector. at PHCs/CHCs
6	District Hospital- facilities for eye surgery available	72
7	No. of District Hospitals with dedicated Eye O.T.	47
8	Sub District Hospitals	15
9	No of Sub District Hospitals where Cataract Surgeries undertaken	15
10	Medical Colleges	19(10 Govt.+ 9 Pvt.)
11	Central Ophthalmic Mobile Unit	9
12	District Ophthalmic Mobile Unit	60
11	Eye Bank	19
12	Eye Donation Centres	1
13	PMOA(Para medical ophthalmic assistant) Training	3 at Govt. Medical colleges and 86 in Pvt Schools
14	PMOA Posted	936

15	Eye Surgeon	350 (in Govt. Sector)
16	Blind schools	4 (At Gorakhpur, Saharanpur, Lucknow and Banda)
17	NGO Associated with NPCB	26 recognized at state level and 106 at district level.
18	Number of Eye Surgeons Trained under NPCB (2011-12)	9

2. Programme-

The component wise status of programme-

Sl.	Intervention	Targets	Achievement till Jan-12	Expected achievement by Mar-12	Remarks
1	Cataract Operation	770000	426359 (421423-IOL)	7,70000 Lakhs	<ul style="list-style-type: none"> Delayed procedural exercise for purchase of IOL. The targets will be achieved till March as most of the cases are operated in winters.
2	School eye Screening	33,00,000	1527175	33,00,000	<ul style="list-style-type: none"> Expecting better results than targeted as the activity has been linked up with School health scheme (Ashirvad)
3	Free Spectacles for Poor Children	70000	16921	70000	<ul style="list-style-type: none"> Less availability of manpower for screening of school children.
4	Corneal Collection	700	414	700	<ul style="list-style-type: none"> Due to lack of public awareness.
5	Vision Centre	50	25	25	
6	Eye donation Centre	5	0	5	<ul style="list-style-type: none"> After full functioning of eye banks it will take off gradually. Lack of response from the field.

E. Target for 2012-13:

Sl.	Activity	Target for 2012-13	Budget Requirements for 2012-13 (Rs. In Lakhs)	
			Cataract Operation @ 750*513000 (old rates constant from years)	Cataract Operation @1250 (New Proposed rates @1250 *513000)
1	Cataract Operations	10.26 Lakhs with 98% IOL operations (50% by Govt + NGO sector)	3847.50	6412.50
2	School Eye Screening	50 Lakhs Children of aged 8-14 years & free Distribution of 1.00 lakh spectacles to poor children	200.00	200.00
3	Corneal Blindness	Target of 1500 eye pair collection and 1500 Corneal transplantation	58.50	58.50
4	Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)	Treatment of 17,000 patients	170.00	255.00
Total			4,276.00	6926.00

F. Activity wise situation of the programme-

1. Cataract Surgery - As the survey conducted in 2004 by Govt. of India 62% of blindness is due to cataract. Estimated 3.5 cataract cases are added every year. So to reduce cataract blindness our targets and achievements for last 3 years are mentioned below :

Sl.	Year	Target (In Lakhs)	Cataract Surgical Rate Achieved per Lakh population	Achievements (in Lakhs)	% Achievement against total Annual Target	% Achievement of IOL Operations against total Cataract Operations
1	2007-08	5.50	317	5.97	108.64%	93.66%
2	2008-09	7.14	371	6.81	95.51%	96.59%
3	2009-10	7.14	400	7.31	102.50%	98.38%
4	2010-11	7.14	400	7.67	107.54%	98.60%
5	2011-12	7.70	475	7.70 (aimed)	55.37% (till Jan. 12)	98.84%

Strategies to Achieve the Targets of 2012-2013

- Primary Screening by ASHA, MPW to identify with visual impediments.
- Case selection by eye surgeon at screening camps, base & Distt Hospital.
- Transportation of Cataract Blind to base hospital for IOL Surgery, free for all.
- Follow up of operated cases carrying out refraction and providing best corrected glasses.
- Training of eye surgeons in IOL, SICS and Phaco.
- Promotion of NGO's those are good in technical skills
- Extended I.E.C. Programme by Electronic media, Print media and Local Agencies, AIR & National Channels to approach rural and remote area supported by local IEC.

Budget Requirement-

- Targets for cataract operation in the year 2012-13 is 10.26 Lakhs, out of which 50% will be operated in hospitals owned by govt. / NGO sector (5.13 Lakhs) and 50% will be operated in private sector hospitals (5.13 Lakhs). As GOI provides Rs.750/- for an operation in govt /NGO owned hospital, the total requirement is (Rs.750 X 513000 Cat.Opr.=3847.50Lakhs); now state is proposing to increase this amount to Rs. 1250.00 for an operation, so that quality eye services like lenses improvement, proper medicines and better transportation services can be provide. Hence the budgetary provision for this is Rs.1250*513000=6412.50 Lakhs)
- This year 10 operating centres (New District & CHCs) will be provided a new microscope. The cost of a microscope is 6.00 Lakhs each. Therefore for purchase of 10 microscopes we require 60 Lakhs.
- 10 Good performing District Hospitals will be provided Phacoemulsification Machines. The cost of a Phacomachine is 15.00 Lakhs each; therefore for purchase of 10 Phacomachine, we will require Rs. 150.00 Lakhs.

Sl.	Activity	Unit cost (in Rs)	Target	Total cost (in Lakhs)	New proposed (Unit Cost in Rs.)	Total Cost (in Lakhs)
1	Cataract Surgery by govt. and NGO sector	750	5.13	3847.50	1250	6412.50
2	Phacoemulsification Machines	1500000	10	150.00		150.00
3	Operating Microscope	600000	10	60.00		60.00
4	Flash Autoclave	250000	50	125.00		125.00
5	Auto Refractometer	300000	24	72.00		72.00
Total				4254.50		6819.50

2. School Eye Screening

It is estimated that 5-7% of School going children aged 8-14 yrs have problems with their eye sight effecting their participation and learning at school. This can be corrected by a pair of spectacles.

All school having children in the age group of 8 -14 years are expected to undertake eye screening activities. It is proposed that this activity will be under taken by ASHA/ MPW (Male) and primary school teachers trained for the purpose and Optometrists under school health programme under NRHM. These workers will be trained for under taking screening process and making referral for refraction to block PHCs. District Health Society will supply the refractive glass to needy students.

Target for 2012-13

- a. Screening of 50 Lakhs Children of aged 8-14 years
- b. Free Distribution of 1 lakh spectacles to poor children @ Rs 200 each in year 2012-13.

Strategies to Achieve the Targets of 2012-13:

- Training of ASHA, MPWs and school teachers at primary level.
- Suspected refractive error children referred to PHC/CHC/NGO Hospitals/ trained Optometrist for proper refraction and will provide free spectacles to poor children.
- Involvement of NGO's in Screening of Children having low Vision for non school going children..
- Development of 100 vision centres at PHC/CHC level each in every 75 district and in NGO/PVT sector with the equipment & furniture and fixture in the year 2012-13 so that in next 3 years all block health facility will have a vision centre. The concept of vision centre arises from fact that one time provision of equipments and supportive material hardly ever gets replaced resulting into non functional facility. It is proposed:
- The training will be completed by June and screening programme by Sep. 2012. School wise report will be generated by ASHA depicting name of school, no of children screened, No of children with defective vision referred to PHC.
- Through local IEC all schools will have wall painting/writing in relation to eye screening programme.
- The training of ASHA for eye screening is already included in regular ASHA training programme by NRHM.

Budget Requirement for year 2012-13

- For replacement of obsolete and non functional equipments / material at vision centre state requires Rs. 62,500 each for 100 vision centres thus a total of Rs.62.50 Lakhs.
- For providing free spectacles to 1.00 Lakh students with rate of Rs 200 each, total amount required is Rs 200.00 Lakhs. Thus the **total amount required is Rs 250.00 Lakhs for this activity.**

Sl.	Activity	Unit cost (in Rs)	Targets	Total cost (in Lakhs)
1	Replacing obsolete and non functional equipments / material - 100 vision centres	62500	100	62.50
2	Providing free spectacles	200	100000	200.00
Total				262.50

3. Corneal Blindness

The prevalence of corneal blindness is about 1% of total blindness. There are about 18000 people in need of corneal transplant. The lack of corneal donation and functional institutions are major bottlenecks to address corneal blindness.

Target for 2012-13

- Target of 1500 eye collection and 1500 Corneal Transplantation in the year 2012-13 is targeted
- Collection of Donated eye & providing Keratoplasty Services in all Medical Colleges and registered Eye Banks.

Strategies to Achieve the Targets of 2012-13

- Primary eye care medicines will be available at PHC/CHC level.
- 19 Eye Banks are already registered till 2011-2012 and 10 eye banks will be registered in 2012-2013.

Budget Requirements for year 2012-13

- Among all 19 registered eye banks 5 eye banks have received the grant of Rs.10.00-15.00 Lakhs and rest 13 will require non recurring grant. But in the year 2012-13 we can provide assistance to only 2 eye banks, Rs.15.00 Lakhs /per bank (Revised rates). Therefore we require Rs. 30.00 Lakhs for this purpose.
- 5 eye Donation centres will be provided, Rs.1.00 lakh each for eye collection and preservation (non recurring grant). Thus Rs.5.00 Lakhs will be required for this purpose and Rs.1.00 lakh will be required for recurring GIA to Eye Donation Centre.
- 1500 eye pair collection and banking will required Rs.22.50 Lakhs (Rs.1500 each pair).

Sl.	Activity	Unit cost (in Rs)	Targets	Total cost (in Lakhs)
1	Assistance to eye banks	1500000	2	30.00
2	Eye collection and preservation at eye donation centre	100000	5	5.00
3	Recurring GIA to Eye Donation Centre.		1	1.00
4	Eye pair collection and banking	1500	1500	22.50
5	Total			58.50

Thus, total amount required for this activity is Rs. 58.50 Lakhs.

4. Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aids, etc.):

About 16% of total blindness is due to diabetes, glaucoma and other above mentioned disease. Currently there is no mechanism to address this category of blind persons which is gradually increasing. It is proposed to setup screening clinic in every district hospital and treatment centre at every divisional hospital and medical colleges. Equipment for diagnosis diabetes related problem by Govt. of UP. Only indirect ophthalmoscopes are required to undertake screening process for both diseases diabetic retinopathy and other posterior segment disorders.

Strategies to achieve targets:

- All known diabetics to be examined by eye surgeon /ophthalmic assistant.
- Tonometry, fundoscopy and indirect ophthalmoscope will be done at weekly clinic at all district hospitals.
- Medical Management of diabetic retinopathy and surgical management of glaucoma at divisional level hospital.
- For surgical intervention patients referred to Tertiary centres (medical colleges and NGO hospitals) for diabetic retinopathy, Glaucoma and other eye diseases.
- For operation of equipments optometrist should trained at medical colleges by state govt.
- Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Financial requirement

- For the treatment of diseases other than cataract state require Rs. 255.00 Lakhs for 17000 patients as per below:

Sl.	Activity	Unit cost (in Rs)	Targets	Total cost (in Lakhs)
1	Other than Cataract, corneal blindness and refractive errors	1500.00	17,000	255.00
Total				255.00

Total amount required is Rs. 255.00 Lakhs for this activity.

G. Human Resource:

1. Strengthening of State Cell of Blindness Control Programme

GOI has recommended staff and financial norms for strengthening State Cell of NPCB at Directorate. Fund for this activity is available. With the integration of the State Health Society NRHM, the strengthening component will be integrated with the State Programme Cell. The fund requirement for 2012-13 -is as under:

Sl.	Staffs	Monthly Rate	Annual Requirement (In Rs.)	Other Charges (Service Tax+ TDS 12.3%)
A.	1 Budget & Finance Officer	25,000.00	300,000.00	36,900.00
	2 Administrative Assistant/ Statistical Assistant	15,000.00	180,000.00	22,140.00
	3 Data Entry Operator	15,000.00	180,000.00	22,140.00
	4 Peon	7,000.00	84,000.00	10,332.00
Sub-Total			744,000.00	91,512.00
B.	1 TA/DA to Staff	8,000.00	96,000.00	
	2 POL and Vehicle Maintenance	15,000.00	180,000.00	
	3 Stationery & Consumables	8,000.00	96,000.00	
	4 Hiring Of Vehicles	8,000.00	96,000.00	
	5 Contingency and Other expenses	12,000.00	116,488.00	
	6 Monthly Review Meeting	15,000.00	180,000.00	
Sub-Total			764,488.00	
Total			1,600,000.00	

2. Strengthening Eye Banks

Sl.	Staffs	Nos.	Monthly Rate	Annual Requirement (In Rs. Lakhs)
1	Eye donation counsellors	19	15000.00	34.20
Total				34.20

H. INFRASTRUCTURE

In the year 2012-13 following new Centres will be added for eye care services.

Sl.	Level	Infrastructure to developed in 2011-12	Funds required
1	Up gradation of 2 NGO Hospitals	2 NGO hospitals will be provided non-recurring grant of Rs. 30.00 Lakhs for the strengthening /up-gradation of their Hospital.	60.00 Lakhs.

I. TRAININGS

Target for year 2012-13

- Training of PMOA (Paramedical Ophthalmic assistant/Optometrists) to be conducted by State in Refraction & instrumentation on 4 training centres namely–Satguru Eye Hospital Chitrakoot, M.P/U.P. (Govt. of India Recognized Centre).
- Training of Staff Nurses in Ophthalmic O.T. and Ward Management at – Satguru Eye Hospital Chitrakoot, M.P/U.P.(Govt. of India Recognized Centre).

Budget Requirement

Sl.	No. of Trainees	Name of Training	Duration	Cost (in Lakhs)
1	200 PMOA's	Refraction & Instrument Management	5 Days	10.00
2	150 Staff Nurses (2 from each district)	O.T. & Ward Management	4 Weeks	13.00
Total				23.00

Thus, total budget required for above purpose is Rs. 23.00 Lakhs

BUDGET SUMMARY NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS(NPCB)

FMR Code	Details	Physical Target	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
H	*Recurring Grant-in aid			
H.1.1	For Free Cataract Operation schemes as per financial norms@ Rs.750/- per case	513000	3,847.50	1332.38
H.1.2	Other Eye Diseases@ Rs. 1000/-	17000	170.00	170.00
H.1.3	School Eye Screening Programme@ Rs.200/- per case	100000	200.00	200.00
H.1.4	Blindness Survey	-	-	-
H.1.5	Private Practitioners @as per NGO norms	-	-	-
H.1.6	Management of State Health Society/District Health Societies			
	State Health Society (salary , review meeting, hiring of vehicle and Other Activities & Contingency)	1	14.00	14.00
	Distt. Health Society Remuneration (salary , review meeting, hiring of vehicle and Other Activities & Contingency)	75	150.00	Not approved
H.1.7	Recurring GIA to Eye Donation Centres @ Rs.1000/- per pair	100	1.00	1.00
H.1.8	Eye Ball Collection and Eye Bank @ Rs.1500/- per pair	1500	22.50	22.50
	Eye Ball Collection@ Rs.1500/-	-	-	-
H.1.9	Training PMOA & Staff Nurses	350	23.00	15.00
H.1.10	IEC			
	State level - World Glucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme	1	10.00	3.00
	District level -World Glucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme	75	75.00	75.00
H.1.11	Procurement of Ophthalmic Equipment			
	10 Pheco Machines 10 District Hospitals and other big hospitals @ 15.00 Lakhs each. (15Lakhs X 10=150 Lakhs)	10	150.00	150.00
	10 Operating Microscopes (Newly Created District Hospitals and CHCs @ 6.00 Lakhs each. (6 Lakhs X 10=60Lakhs)	10	60.00	60.00
	Flash Autoclaves for 50 operating centres in State @ -2.50 Lakhs.(2.50 X 50= 125 Lakhs)	50	125.00	125.00
	Auto refractometers – 24 @ 3.00 Lakhs	24	72.00	72.00
H.1.12	Maintenance of Ophthalmic Equipments			
	Repair and maintenance of Ophthalmic Equipments at District Hospitals-75, Sub-district hospitals-16.	91	91.00	91.00
H.2	Non-Recurring Grant-in-aid			
H.2.1	For RIO (new) @ Rs.60 lakh	0		
H.2.2	For Medical College@ Rs.40 lakh	0		
H.2.3	For vision Centre @ Rs.50000/-	100	50.00	50.00
H.2.4	For Eye Bank @ Rs.15 lakh	2	30.00	15.00
H.2.5	For Eye Donation Centre @ Rs.1 lakh	5	5.00	5.00
H.2.6	For NGOs @ Rs.30 lakh	2	60.00	30.00
H.2.7	For Eye Wards and Eye OTS @ Rs.75 lakh	-		
H.2.8	For Mobile Ophthalmic Units with tele-network @ Rs.60 lakh	-		-
H.2.9	Grant-in-aid for strengthening of Distt. Hospitals @ Rs.20 lakh	-		-
H.2.10	Grant-in-aid for strengthening of Sub Divisional. Hospitals@ Rs.5 lakh	-		-
H.3	Contractual Manpower			
H.3.1	Ophthalmic Surgeon@ Rs.25000/- p.m	-		
H.3.2	Ophthalmic Assistant @ Rs.8000/- p.m	-		-
H.3.3	Eye Donation Counsellors @ Rs.10000/- p.m.	19	22.80	22.80
			5,178.80	2453.68

*the unutilized funds in any of the above said recurring components may be used in any other recurring component.

D.6. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Objectives –

1. To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases, and
2. To achieve and maintain detection of at least 70% of such cases in the population

Section-A – General Information about the State		
1	State Population (in lakh- <i>projected population for next year</i>)	203173943
2	Number of districts in the State	75
3	Urban population	471.2141
4	Tribal population	47.028
5	Hilly population	11.02
6	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums, etc.)	17.39

- No. of districts without DTC: 7
- No. of districts that submitted annual action plans, which have been consolidated in this state plan: 75

Organization of services in the state:

Sl.	Name of the District	Projected Population (in Lakhs)	Please indicate number of TUs of each type		Please indicate no. of DMCs of each type in the district		
			Govt	NGO	Public Sector*	NGO	Private Sector^
1	Bareilly	43.50	9	0	43	1	3
2	Budaun	30.92	6	0	31	0	4
3	J.P. Nagar	19.00	4	0	15	2	0
4	Hardoi	41.78	8	0	40	0	0
5	Rampur	23.29	5	0	22	0	0
6	Pilibhit	19.87	4	0	20	0	0
7	Shahjahanpur	31.35	6	0	22	0	0
8	Gorakhpur	46.50	9	0	41	3	0
9	Auraiya	14.50	3	0	14	0	0
10	Banda	18.32	4	0	18	0	0
11	Etawah	16.48	4	0	16	0	0
12	Hamirpur	12.60	2	0	12	0	0
13	Jalaun	17.60	4	0	18	0	0
14	Kannauj	17.04	4	0	18	0	0
15	Ramabai Nagar	19.15	4	0	19	0	0
16	Kanpur Nagar	45.75	9	0	36	3	0
17	Kaushambi	16.20	2	1	16	3	0
18	Mahoba	8.71	3	0	16	0	0
19	Siddharth Nagar	24.64	4	0	22	0	0
20	Balrampur	21.07	4	0	21	1	0
21	Panchsheel Nagar	14.00	3	0	11	0	0
22	Hathras	16.12	3	0	16	0	0
23	Kanshiram Nagar	15.05	3	0	9	0	0
24	Jaunpur	47.29	10	0	43	3	0
25	Ghaziabad	32.00	6	0	29	6	8
26	Etah	18.76	4	0	16	1	0
27	Bulandshahr	31.10	7	0	33	0	0
28	Gautam Budh Nagar	16.00	3	0	10	2	1
29	Aligarh	36.00	7	0	32	0	1
30	Mathura	25.40	5	0	24	6	0
31	Mainpur	19.25	4	0	18	0	0
32	Jhansi	21.48	4	0	17	2	0

33	Firozabad	25.16	5	0	22	0	0
34	Agra	44.42	8	0	37	3	0
35	Chitakoot	9.67	3	0	9	0	0
36	Lalitpur	12.00	3	0	0	0	0
37	Baghpat	14.32	3	0	11	1	3
38	Bijnor	38.00	7	0	29	1	0
39	Gonda	33.43	6	0	30	1	0
40	Meerut	36.29	7	0	30	7	0
41	Moradabad	30.06	6	0	23	3	1
42	Muzaffarnagar	28.88	6	0	23	1	0
43	Saharanpur	34.43	7	0	27	2	0
44	Bheem nagar	20.65	4	0	15	3	0
45	PrabudhNagar	14.68	3	0	12	0	0
46	Deoria	33.02	6	0	31	0	0
47	Pratapgarh	33.20	7	0	29	0	0
48	Ghazipur	37.00	7	0	30	0	0
49	Sant Ravidas Nagar	16.34	3	0	16	3	0
50	Ballia	34.43	6	0	30	0	0
51	Raebareli	25.10	5	0	22	0	0
52	Faizabad	25.22	5	0	24	0	0
53	Sultanpur	25.03	5	0	40	0	0
54	Azamgarh	47.77	9	0	40	0	0
55	Ambedkar nagar	24.51	5	0	24	0	0
56	Barabanki	32.58	6	0	29	0	1
57	Basti	25.00	5	0	24	0	0
58	Fatehpur	28.40	5	0	24	1	0
59	Sant Kabir Nagar	17.00	3	0	16	0	0
60	CSM Nagar	23.63	4	0	20	0	0
61	Allahabad	60.64	12	0	40	6	0
62	Mirzapur	25.50	6	0	23	0	1
63	Maharajganj	26.32	5	0	24	1	0
64	Mau	23.00	4	0	19	1	0
65	Bahraich	32.95	6	0	29	2	0
66	Khushinagar	34.96	7	0	34	0	0
67	Chandauli	19.82	4	0	19	0	0
68	Farrokabad	19.00	4	0	16	0	0
69	Kheri	38.69	7	0	36	0	0
70	Lucknow	46.00	9	0	35	10	0
71	Sonbhadra	18.00	6	1	19	5	0
72	Sitapur	43.73	7	1	39	1	0
73	Varanasi	38.06	7	0	30	13	0
74	Unnao	33.21	6	0	27	0	0
75	Shrawasti	10.64	2	0	10	0	0
Total		2021.46	398	3	1785	98	23

*Public Sector includes Medical Colleges, Govt. health department, other Govt. department and PSUs i.e. as defined in PMR report
^ Similarly, Private Sector includes Private Medical College, Private Practitioners, Private Clinics/Nursing Homes and Corporate sector

RNTCP performance indicators:

Important: Please give the performance for the last 4 quarters i.e. October 2010 to September 2011)

Name of the District (also indicate if it is notified hilly or tribal district)	Total number of patients put on treatment*	Annualised total case detection rate (per lakh pop.)	No of new smear positive cases put on treatment *	Annualised New smear positive case detection rate (per lakh pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year		Proportion of TB patients tested for HIV	No. of MDR TB suspects identified and subjects to C/DST of sputum	No. of MDR TB cases diagnosed & put on treatment
						Annualized NSP case detection rate	Cure rate			
Bareilly	6758	155	2865	66	85	80	86	1	0	0
Budaun	5535	168	2780	84	0	0	0	0	0	0
J.P. Nagar	2535	133	1451	76	86	88	89	397	0	0
Hardoi	7300	178	3371	82	0	0	0	0	0	0
Rampur	3975	171	1665	71	0	0	0	0	0	0
Pilibhit	2535	128	1269	64	0	0	0	0	0	0
Shahjahanpur	3660	115	2074	65	0	0	0	0	0	0
Gorakhpur	3802	82	2721	58	0	0	0	0	0	0
Auraiya	2053	146	1109	79	0	0	0	0	0	0
Banda	2164	118	1014	55	92	95	90	0.63	0	0
Etawah	2663	162	1154	70	85.5	0	0	1876	8	0
Hamirpur	1578	125	833	66	0	0	0	0	0	0
Jalaun	2484	141	1016	58	0	0	0	0	0	0
Kannauj	1958	115	1001	59	0	0	0	0	0	0
Ramabai Nagar	2263	118	1389	73	0	0	0	0	0	0
Kanpur Nagar	7391	162	3129	68	0	0	0	0	0	0
Kaushambi	3189	197	1365	84	0	0	0	0	0	0
Mahoba	1395	160	838	96	92	95	90	0.63	0	0
Siddharth Nagar	2453	100	1371	56	0	0	0	0	0	0
Balrampur	2479	118	1178	56	0	0	0	0	0	0
Panchsheel Nagar	0	0	0	0	0	0	0	0	0	0
Hathras	1592	99	1014	63	0	0	0	0	0	0
Kanshiram Nagar	1630	108	962	64	0	0	0	0	0	0
Jaunpur	5963	126	8745	185	0	0	0	0	0	0
Ghaziabad	11337	283	4373	109	0	0	0	0	0	0
Etah	3111	166	1597	85	0	70	85	0	0	0
Bulandshahr	7423	218	2948	86	0	0	0	0	0	0
Gautam Budh Nagar	3845	214	1360	76	0	0	0	0	0	0
Aligarh	6533	181	2836	79	0	0	0	0	0	0
Mathura	3113	123	1516	60	0	0	0	0	0	0

Mainpuri	1915	100	959	50	0	0	0	0	0	0
Jhansi	2680	125	1239	58	0	0	0	0	0	0
Firozabad	3991	161	1524	62	0	0	0	0	0	0
Agra	8733	197	3226	73	0	0	0	0	0	0
Chitakoot	1244	129	615	64	0	0	0	0	0	0
Lalitpur	1272	106	788	66	0	0	0	0	0	0
Baghpat	1803	128	861	61	87.6	78	89	251	4	0
Bijnor	4239	112	2602	69	85	80	85	136	0	0
Gonda	5018	150	1998	60	86.91	0	0	0	0	0
Meerut	6651	183	2956	81	90	85	90	0	0	0
Moradabad	3674	124	2254	76	0	0	0	0	0	0
Muzaffarnagar	4500	156	2104	73	0	0	0	0	0	0
Saharanpur	5270	153	2476	72	0	0	0	0	0	0
Bheem nagar	2597	126	1613	78	0	0	0	0	0	0
PrabudhNagar	2063	141	956	65	0	0	0	0	0	0
Deoria	2811	85	1649	50	0	0	0	0	0	0
Pratapgarh	4195	126	1946	59	0	0	0	0	0	0
Ghazipur	2955	80	1842	50	0	0	0	0	0	0
Sant Ravidas Nagar	3060	187	1285	79	90.33	0	0	0	0	0
Ballia	3520	102	1996	58	0	0	0	0	0	0
Raebareli	3914	156	1447	58	80	77	85	y	0	0
Faizabad	3337	132	1587	63	0	0	0	0	0	0
Sultanpur	2375	95	1330	53	0	0	0	361	0	0
Azamgarh	4745	99	2308	48	0	0	0	0	0	0
Ambedkar nagar	2133	87	1391	57	0	0	0	0	0	0
Barabanki	5975	190	2687	85	0	0	0	0	0	0
Basti	3463	139	1534	61	0	0	0	0	0	0
Fatehpur	3412	120	1709	60	81.23	0	0	0	0	0
Sant Kabir Nagar	2279	134	959	56	0	0	0	0	0	0
CSM Nagar	2740	116	1431	61	0	0	0	0	0	0
Allahabad	7789	128	3322	55	83	70	85	2672	0	0
Mirzapur	3642	143	1680	66	90.5	75	92	1.01	0	0
Maharajganj	2031	75	1273	47	0	0	0	0	0	0
Mau	2087	92	1076	47	83	95	85	237	0	0
Bahraich	5288	160	2136	65	86.4	71	85	0	0	0
Khushinagar	3271	94	2235	64	0	0	0	0	0	0
Chandauli	1821	92	1059	53	0	0	0	0	0	0
Khushinagar	2510	132	1115	59	0	0	0	0	0	0

Kheri	5351	138	2408	62	0	0	0	0	0	0
Lucknow	7099	154	2856	62	0	0	0	0	0	0
Sonbhadra	1704	96	956	54	0	0	0	0	0	0
Sitapur	7453	170	2764	63	80.7	70	85	9.3	12	0
Varanasi	5554	146	2278	60	86.61	67	90	4	71	0
Unnao	4827	145	2053	62	87.79	0	0	0	0	0
Shrawasti	1028	97	650	61	0	0	0	0	0	0
Total	280736	139	138077	68						

** Patients put on treatment under DOTS regimens only are to be included.*

Section B – List Priority areas at the State level for achieving the objectives planned:

Sl.	Priority areas	Activity planned under each priority area
1-	Early identification of all infectious cases of TB	1 a) Improve integration with general health system and leverage field staff for home based case finding, improve communication and outreach 1 b) Screening clinically and socially vulnerable groups for TB 1 c) Catch patients already diagnosed through better notification from all sources, better referral for treatment
2-	To maintain 90% success rate for all new and 85% for re-treatment cases	2 a) Promptly and appropriately treating TB 2 b) Making DOTS more patient friendly- more community DOT, better monitoring through Information Technology 2 c) Improving partnerships between public and private sector
3-	To scale-up treatment of Drug Resistant TB Cases	3 a) To achieve complete geographical coverage by end of 2012 3 b) Strengthening of reference labs 3 c) Improved drug management system
4-	To achieve decreased morbidity and mortality of HIV associated TB	4 a) Early, rapid TB diagnosis with high sensitivity tests for HIV-infected TB patients 4 b) CPT/ART for all HIV-infected TB patients 4 c) Full training coverage on intensified TB-HIV package, joint field visits of STC/UPSACS
5-	To improve outcomes of TB care in the private sector	5 a) Include lab. & pharmacies to detect patients at earliest points of care 5 b) Increase involvement of private medical colleges 5 c) Move from sensitization model to output-based contracting of services

Priority Districts for Supervision and Monitoring by State during the next year

Sl.	District	Reason for inclusion in priority list
1-	Ambedkar Nagar	Low suspect examination rate
2-	Azamgarh	Low suspect examination rate
3-	Ballia	Low suspect examination rate
4-	Balrampur	Low suspect examination rate
5-	Chandauli	Low suspect examination rate
6-	Deoria	Low suspect examination rate
7-	Gonda	Low suspect examination rate
8-	Ghazipur	Low suspect examination & treatment success rate
9-	Jaunpur	Low suspect examination rate
10-	Kushinagar	Low suspect examination rate
11-	Mainpuri	Low suspect examination rate
12-	Maharajgunj	Low suspect examination rate
13-	Raebareli	Low suspect examination & treatment success rate
14-	Sonbhadra	Low suspect examination rate
15-	Shrawasti	Low suspect examination rate
16-	Sultanpur	Low suspect examination rate
17-	Kanpur Nagar	Low treatment success rate, Proposed DOTS-Plus Site & Proposed C & DST lab
18-	Chitrakoot	Low treatment success rate
19-	Siddhartha Nagar	Low treatment success rate
20-	Allahabad, Jhansi, Gorakhpur, Meerut, Etawah, Varanasi, Aligarh, GB Nagar	Districts with proposed DOTS Plus Sites

Section C – Consolidated Plan for Performance and Expenditure under each head, including estimates submitted by all districts, and the requirements at the State Level

1. Civil Works (FMR Code- I.1)

Activity	No. required as per the norms in the state	No. already upgraded/ present in the state	No. planned to be upgraded during next financial year	PI provide justification if an increase is planned in excess of norms (use separate sheet if required)	Estimated Expenditure on the activity	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(F)
State TB Office	1	1	0	NA	75000	3Q2012
STDC	2	1	1	Being a big state with 75 Districts, 2 STDCs are justified, one at Agra already established, 2nd at Lucknow proposed in PIP 2012-13	20075000	1Q2013
IRL	2	2		NA	150000	3Q2012
DOTS Plus Site	20	2	6	NA	6150000	1Q2013
SDS	4	4		NA	300000	3Q2012
Up-gradation Of District Drug Stores For Storing SLDs	75	24	51	NA	1530000	3Q2012
DTCs	75	68	7	Kanpur Nagar(DTC Demolished), Prabudh Nagar, Panchsheel Nagar, Kanshiram Nagar, Bheem Nagar, CSM Nagar, Baghpat	3106000	3Q2012
TUs	421	397	18		1146100	
DMCs	2021	1810	123		5500000	
				Total	38032100	

To conduct this activity, an amount of Rs. 380.32 Lakhs was proposed, out of which GOI approved Rs.186.57 Lakhs(ROP-FMR Code-I.1)

2. Laboratory Materials (FMR Code- I.2)

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year (in Rupees)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Purchase of Lab Materials by Districts	30321900	19268128	31936705	35171040	Committed liabilities of Rs 2551647 between April 2011 to Sep 2011
Lab materials for EQA activity at STDC (eg. Lab consumables for trainings, preparation of Panel slides etc)	3047000	150000	2250000	1670536	Culture & DST services to be initiated both at IRL Agra and Lucknow
Lab materials & consumables for Culture/ DST activity at IRL and other Accredited Culture & DST labs in Govt. sector including Medical Colleges					
Total				36841576	

To conduct this activity, an amount of Rs. 368.41 Lakhs was proposed, out of which GOI approved Rs.294.73 Lakhs(80%)(ROP-FMR Code-I.2)

3. Honorarium (FMR Code- I.3)

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT providers (both tribal and non tribal districts)	5688760	16655702	58242032	24000000	Majority of DOT Providers are community volunteers
Honorarium for DOT providers of Cat IV patients	NA	0	325000	1545500	UP to scale-up PMDT services in 24 Districts by March 2012 & in all districts by Dec 2012
Actual Fares for Public transport to MDR TB patients (on DOTS-Plus Treatment) and 1 attendant for travel to DTC/DOTS Plus site/IRL for follow up examination.	NA	0	0	1257000	
Total				26802500	

To conduct this activity, an amount of Rs. 268.02 Lakhs was proposed, out of which GOI approved Rs.214.42 Lakhs(ROP-FMR Code-I.3)

No. presently involved in RNTCP		Additional enrolment proposed for the next fin. year
Community volunteers in all the districts*	32120	4000

* These community volunteers are other than salaried employees of Central/State government and are involved in provision of DOT e.g. Anganwadi workers, trained dais, village health guides, ASHA, other volunteers, etc.

Annual Action Plan Format Advocacy, Communication and Social Mobilization (ACSM) for RNTCP (FMR Code- I.4)

- 1) Information on previous year's Annual Action Plan
 - a) Budget proposed in last Annual Action Plan: ...Rs. 25716419
 - b) Amount released by the state:Nil.....
 - c) Amount Spent by the district-Nil.....

Permissible budget as per norm:17338985

- 2) Budget for next financial year for the district as per action plan detailed below: 16643997

Program Challenges to be tackled by ACSM during the Year 2012-13	WHY	For WHOM	WHAT		When				By WHOM	Monitoring and Evaluation		Budget
	ACSM Objective	Target Audience	ACSM Activities		Time Frame							
Based on existing TB indicators and analysis of communication challenges <i>(Maximum 3 Challenges)</i>	Desired behavior or action (make SMART: specific, measurable, achievable, realistic & time bound objectives)		Activities	Media/ Material Required	Q 1	Q 2	Q 3	Q 4	Key implementer and RNTCP officer responsible for supervision	Outputs; Evidence that the activities have been done	Outcomes: Evidence that it has been effective	Total expenditure for the activity during the financial year
Challenge 1. Low Case Detection												
Advocacy Activities												
To improve TB suspect examination	To Gain administrative commitment	Health administrators and system authorities	Present and highlight issues	Power Point Presentation , focused &	X	X	X	X	State TB cell	Minutes of the meeting.	1) Action taken as per the discussion	No budget

	for making TB a priority in the system	1) MD-NRHM 2) State IEC Bureau 3) State Information Dept. 4) Civil Society (GFR9 partners) 5) PS, DG, STO, SIECO & consultants	affecting program effectiveness and outcome	brisk information of facts & figures	1	1	1	1	State TB Cell	Minutes and action taken	mentioned in the minutes. 2) Increase in TB suspects Examination per lakh population.	10,000/-
	Formation of State level ACSM strategy To sensitize legislative assembly members in RNTCP.	MLAs of Uttar Pradesh assembly	Regular meeting with members Sensitization workshop during assembly sessions	PowerPoint Presentation , update PowerPoint Presentation , handouts & reference material		1	1		State TB Cell	Report of the workshop, photographs	State specific ACSM strategy developed & implemented 1)MLAs sensitized in RNTCP	50,000*2 =1,00,000/-
	Formation of State ACSM Quality Support Group (SAQSG)	All group members, as per CTD guidelines.	Regular meeting with members	PowerPoint Presentation and updates	1	1	1	1	State TB Cell	Minutes and action taken	Quality of TB treatment services improved	25,000/-
Social Mobilization activities												
			State Level sensitization workshop for DHEO's & NGO's	Power Point Presentation	0	0	1 (in three batches)	0	State TB Cell	Photographs and workshop report, participation list	Trainings to all district/ block level health educators	50,000*3= 1,50,000/-
			1) Identifying unreach area in TB services. 2) Planning of activities for identified areas. 3)Implementin g planned activities.	Quarterly report, gap areas	1	1	1	1	State TB Cell & District	1)Line listing of resources & poor referral areas, TB patients (irregular, defaulters etc) 2)Name &	TB services reaches to identified areas, as per plan	1,00,000*2 = 2,00,000/-

										number of activities conducted with participant/ activity details		
Challenge 2: Improve Case Holding												
Advocacy Activities												
Maintain treatment adherence	To sensitize corporate / private hospital bodies (ESI, Railways, PSU) in RNTCP	Participants from ESI, Railways & PSUs	1)TB Sensitization Sessions 2)Plan for involvement	PowerPoint Presentation & Action Plan	0	1	0	0	State TB cell	Participant list, report & Action Plan	Involvement of the participating organizations in RNTCP	1,00,000/-
	To obtain commitment from Rural Health Care Providers in TB Care Control To sensitize media for regular coverage and improved reporting.	Select trained RHCP representatives from project Axshya districts	State level follow up Workshop	Power Point Presentation , review and action plan	0	1	0	1	State TB Cell	Photographs and report of the workshop, participant list	Improvement in case referral	75,000*2= 1,50,000/-
		Media personnel	Sessions at the Media Houses	PowerPoint Presentation and Patient Testimonies	0	1	0	1	State TB Cell	Photographs and Session Reports	Increase in the number of TB stories covered by media	Cost is planned in challenge 1
Social Mobilization												
Reduce initial defaulters, maintain treatment adherence & achieving Universal Access	To empower community to avail TB treatment services. World TB Day Observation	Cured patients, civil society representative & system	Formation of TB forums at local and district level	Patient Charter(local languages)	1	1	1	1	State TB cell	Number of TB forums formed and meetings held	TB related information reaches to every community	
		General Public	1) WTBD function with	Annual update,	0	0	0	1	State TB cell	Photographs ,	Increase in community	

			State level officials 2) Rally 3) Felicitating best DMC, inaugurating the ACSM produced material and announcing State Ambassador for TB control program 4) Press conference 5) TB forum information to public	display material for rally, signature campaign, memento, hard boards for display of messages,						Newspaper Cuttings, participant list	awareness	
Communication activities												
Reduce initial defaulters	To Increase awareness in general population about TB, its symptoms, free diagnosis and treatment services; and the need to adhere to complete course of treatment	Community	Counseling by DOT Providers / LT to the patient at the start of the treatment	Posters, flip books, counseling folders & treatment algorithm, etc explaining ill effects of incomplete treatment	1	1	1	1	State TB cell	Copies of the poster	Reduction in initial defaulters	3,00,000/-
Total Budget												17643997
State Budget : 1000000 + District Budget 16643997												

To conduct this activity, an amount of Rs. 176.44 Lakhs was proposed, out of which GOI approved Rs.100.00 Lakhs(ROP-FMR Code-I.4)

5. Equipment Maintenance (FMR Code –I.5)

Item	No. actually present in the state	Amount actually spent in the last 4 quarters	Amount Proposed for Maintenance during current financial yr.	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Computer (maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	75	1501918	2015203	3917001	Committed liabilities of Rs 1378001 between April 2011 to Sep 2011
Binocular Microscopes (RNTCP)	2132	1873465	2584756	3168000	
STDC/ IRL Equipment	1	0	0	750000	Approx. cost of equipment Rs 5000000
Any Other (pl. specify)					
TOTAL				7835001	

To conduct this activity, an amount of Rs. 78.35 Lakhs was proposed, out of which GOI approved Rs.61.68 Lakhs (ROP-FMR Code-I.5)

6. Training (FMR Code – I.6)

Activity	No. in the state	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	Q1	Q2	Q3	Q4	(d)	(e)	
Training of DTOs (at National level)	71	8	8	0	0	0	800000	200000	
Training of MO-TCs	393	232	40	40	40	40	0	3220000	
Training of MOs (Govt + Non-Govt)	7926	4406	506	887	970	545	4192260	4080142	
Training of LTs of DMCs- Govt + Non Govt	1708	1372	45	124	142	76	942995	781302	
Training of MPWs	14161	8025	535	1057	828	764	1141290	1290002	
	6378	2675	341	460	399	370		571982	
Training of MPHS, pharmacists, nursing staff, BEO etc	53745	22917	2259	2905	3479	3071	4760805	2640602	
	7497	1071	365	439	441	474		909830	
Training of Community Volunteers	2561	800	186	346	357	529	992570	338445	
Training of Pvt Practitioners	4062	2062	389	513	484	474	237500	1285820	
Other trainings #	1235	843	259	193	237	277	2446650	911082	
Re- training of MOs	5204	2964	667	694	611	641	1193690	552915	
Re- Training of LTs of DMCs	1199	474	139	120	110	115	793150	150720	

Re- Training of MPWs	656	415	119	110	143	251	514900	187322	
Re- Training of MPHS, pharmacists, nursing staff, BEO	173	10	19	59	127	25	150420	45520	
Re- Training of CVs	8438	4014	795	1112	826	762	833350	552862	
Re-training of Pvt Practitioners	1473	110	51	75	46	32	242600	146720	
TB/HIV Training of MO-TCs and MOs	1442	263	51	1	31	1	0	63300	Training expenditure is exceeding the norms as All District have Budgeted their PMDT Trainings & several update trainings are also required; Training norms for State NRHM are higher than prescribed RNTCP norms
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc	5138	1206	25	92	76	25	0	112720	
TB/HIV Training of STS	108	52	16	0	1	0	0	45880	
Training of MOs and Para medicals in DOTS Plus for management of MDR TB	8936	154	1507	2527	2722	2477	2500000	5763660	
Provision for Update Training at Various Levels #	2832	236	170	350	340	326	481620	620160	
Review Meetings at State Level							400000	400000	
Any Other Training Activity (Training on Drug management & logistics, MIS, Finance management)								6497888	
							TOTAL	31368874	

To conduct this activity, an amount of Rs. 313.69 Lakhs was proposed, out of which GOI approved Rs.200.00 Lakhs (ROP-FMR Code-I.6)

7. Vehicle Maintenance (FMR Code – I.7)

Type of Vehicle	Number permissible as per the norms in the state	Number actually present	Amount spent on POL and Maintenance in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
Four Wheelers	77	19	1872954	400000	2375000	Committed liabilities of Rs 2093149 between April 2011 to Sep 2011
Two Wheelers	397	379	3193275	10320000	9925000	
TOTAL					14393149	

To conduct this activity, an amount of Rs. 143.93 Lakhs was proposed, out of which GOI approved Rs.94.31 Lakhs. (ROP-FMR Code-I.7)

8. Vehicle Hiring*(FMR Code – I.8)

Hiring of Four Wheeler	Number permissible as per the norms in the state	Number actually requiring hired vehicles	Amount spent in the prev. 4 qtrs	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
For STC/ STDC	2	2	225000	1125000	450000	Committed liabilities of Rs 1424091 between April 2011 to Sep 2011
For DTO	56	59	8363313	38674680	15724091	
For MO-TC	397	397			25383299	
TOTAL					42981481	

* Vehicle Hiring permissible only where RNTCP vehicles have not been provided

To conduct this activity, an amount of Rs. 429.81 Lakhs was proposed, out of which GOI approved Rs.221.58 Lakhs(ROP-FMR Code-I.8)

9. NGO/ PP Support (FMR Code – I.9) NGO/ PP Support: (New schemes w.e.f. 01-10-2008)

Activity	No. of currently involved in RNTCP	Additional enrolment planned for this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
ACSM Scheme: TB advocacy, communication, and social mobilization	48	85	1912765	6791500	15762015	
SC Scheme: Sputum Collection Centre/s	26	124	455000	3405000	8920000	
Transport Scheme: Sputum Pick-Up and Transport Service	15	80	88000	1272000	3086000	
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)	93	66	3166050	9445000	21243000	
LT Scheme: Strengthening RNTCP diagnostic services	3	13	0	450000	1745000	
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services	0	11	0	0	956000	
Adherence scheme: Promoting treatment adherence	51	106	788165	3735000	8390000	
Slum Scheme: Improving TB control in	9	46	0	1600000	4410000	

Urban Slums						
Tuberculosis Unit Model	2	7	314400	1182400	4386800	
TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)	2	12	0	250000	1450000	
TOTAL					70348815	
Committed liabilities from April 2011 to Sep 2011					6613948	
Grand total of funds Requested					76962763	

To conduct this activity, an amount of Rs.769.63 Lakhs was proposed, out of which GOI approved Rs.300.00 Lakhs(ROP-FMR Code-I.9)

10. Miscellaneous (FMR Code – I.10)

Activity* e.g. TA/DA, Stationary, etc	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
Travel expenses of STO	700000	74822		1500000	Procurement of logistics for sputum collection & transport for PMDT, packaging of SLD PWBs, Transportation of SLDs
For IRL Lucknow			500000		
For STDC Agra			500000		
SDS			1700000		
Preparatory activities for DOTS Plus			1000000		
State Level			1500000	1500000	
District Level	30321900	10918597	14186763	30570505	
TOTAL				33570505	

To conduct this activity, an amount of Rs. 335.71 Lakhs was proposed, out of which GOI approved Rs.256.56 Lakhs (80%) (ROP-FMR Code-I.10)

11. Contractual Services (FMR Code – I.11)

Category of Staff	No. permissible as per the norms in the state	No. actually present in the state	No. planned to be additionally hired during this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current fin. year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
Communication Facilitator	15	0	20		279984600	300000	
APO	1	1	0			504000	
TB HIV coordinator	1	0	1			441000	
Urban TB coordinators	6	2	4			1512000	
DPS Sr. MO	20	1	14			5400000	
MO STC	2	0	2			756000	

DPS SA	20	2	13			2700000	
Micro IRL	2	2	0			1008000	
Sr LT IRL	2	2	0			378000	
IEC Officer	1	1	0			226800	
State Accountant	2	2	0			453600	
Secretarial Asst	1	1	0			107100	
Pharmacist	4	4	0			604800	
Store Assist SDS	4	2	2			403200	
DEO STC	1	1	0			126000	
DEO IRL	2	0	2			252000	
Driver STC	1	0	1			88200	
MO DTC	12	1	11	167183909		4636800	
DEO Distt	75	68	7			8797500	
PT Acnt	75	56	19			3105000	
LT distt.	803	711	101			94191900	
STLS	401	357	44			66405600	
STS	400	364	34			66240000	
TBHV	244	201	65			29133600	
Sr. DOTS PLUS & TB-HIV supervisor	75	0	75			13500000	
TOTAL						301271100	
Committed liabilities from April 2011 to Sep 2011						27632182	
GRAND TOTAL						328903282	

To conduct this activity, an amount of Rs. 3289.03 Lakhs was proposed, out of which GOI approved Rs.3286.03 Lakhs. (ROP-FMR Code-I.11)

12. Printing (FMR Code – I.12)

Activity	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
Printing-State level:*	30321900			1548289	Quarterly perf. Reports to all Distt., PMDT recording/ reporting formats
Printing- Distt. Level:*	30321900	7558325	15548644	29041537	Committed liabilities of Rs 267926 between April 2011 to Sep 2011

* Please specify items to be printed in this column

To conduct this activity, an amount of Rs. 305.90 Lakhs was proposed, out of which GOI approved Rs.183.54 Lakhs(60%)(ROP-FMR Code-I.12)

13. Research and Studies (excluding OR in Medical Colleges) (FMR Code – I.13)

Any Operational Research projects planned - Yes
 Estimated Total Budget: Rs. 2000000.00

To conduct this activity, an amount of Rs. 20.00 Lakhs was proposed, out of which GOI approved Rs.10.00 Lakhs(50%)(ROP-FMR Code-I.13)

14. Medical Colleges (FMR Code – I.14)

Activity	Amount permissible as per norms	Estimated Expenditure for the next financial year(Rs.)			Justification/ remarks
	(a)	(b)			(c)
Contractual Staff: MO-Medical College (Total approved in state 14) STLS in Medical Colleges (Total no in state 2) LT for Medical College (Total no in state 15) TBHV for Medical College (Total no in state 15)		Staff Medical College	Number approved by state		Two pvt. medical Colleges of Bareilly(SRMS & RMCH) have requested HR
		MO	14	5796000	
		STLS	2	331200	
		LT	15	1836000	
		TBHV	15	1728000	
		DEO for ZTF	1	120000	
		Total		9811200	
Research and Studies:Thesis of PG Students Operations Research*		400000 4000000			20 thesis from medical colleges 8 OR projects
Travel Expenses for attending STF/ZTF/NTF meetings		481000			
IEC: Meetings and CME planned		334000			
Equipment Maintenance at Nodal Centres		50000			
Total for medical colleges		15076200			

To conduct this activity, an amount of Rs.150.76 Lakhs was proposed, out of which GOI approved Rs.150.26 Lakhs.(ROP-FMR Code-I.14)

15. Procurement of Vehicles (FMR Code – I.15)

Equipment	No. actually present in the state	No. planned for procurement this year (only if permissible as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
4-wheeler **	0	1	430000	STO has not been provided a govt. vehicle, authorization shall be requested from CTD
2-wheeler	397	151	7675000	Old 2-wheelers need to be replaced
		Total	8105000.00	

** Only if authorized in writing by the Central TB Division.

To conduct this activity, an amount of Rs. 81.05 Lakhs was proposed, out of which GOI approved Rs.75.50 Lakhs. (ROP-FMR Code-I.15)

16. Procurement of Equipments (FMR Code – I.16)

Equipment	No. actually present in the state	No. planned for this year (only as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
Office Equipment (Computer, modem, scanner, printer, UPS etc.)	68	55	3937500.00	Computer systems are eligible for condemnation as they are more than 8 yrs. Old; 13 computers for DOTS Plus Site
TOTAL			3937500.00	

To conduct this activity, an amount of Rs. 39.38 Lakhs was proposed, out of which GOI approved Rs.39.38 Lakhs. (ROP-FMR Code-I.16)

Section D: Summary of proposed budget for the state –

Category of Expenditure	Budget Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)
1. Civil works	380.32	186.57
2. Laboratory materials	368.42	294.73
3. Honorarium	268.03	214.42
4. IEC/ Publicity	176.44	100.00
5. Equipment maintenance	78.35	61.68
6. Training	313.69	200.00
7. Vehicle maintenance	143.93	94.31
8. Vehicle hiring	429.81	221.58
9. NGO/PP support	769.63	300.00
10. Miscellaneous	335.71	256.56
11. Contractual services	3,289.03	3,286.03
12. Printing	305.90	183.54
13. Research and studies	20.00	10.00
14. Medical Colleges	150.76	150.26
15. Procurement –vehicles	81.05	75.50
16. Procurement – equipment	39.38	39.38
Grand Total	7,150.44	5,674.56

- **Additionality Funds from NRHM**-Details of the activities with justification for which Additionality Funds are proposed to be sought.

SL	Activity/ Item	No. planned for this year	Expenditure planned for next Financial Year (Rs)
1	Generators for IRL(125 kv)	2	4000000
2	Electricity Expenses for IRL STDC Agra		1200000
3	Installation of IRL equipment at STDC, Agra		100000
4	Generators for SDS	4	800000
5	Vehicle hiring for IRL Lucknow & Agra to conduct OSE visits to districts		300000
6	Civil works in IRL Agra		4140000
TOTAL			10540000

For the above proposed activities of RNTCP under NRHM addionality, GOI approved Rs.89.40 Lakhs only. (ROP-FMR Code- B.22.4)

D.7. NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS

Fluorosis is caused by excess contents of fluoride in drinking water which may lead to disability. The Fluorosis is prevalent in Uttar Pradesh in about 12 Districts in which the survey conducted, reflected high content of fluorine in drinking water. Out of this Districts Unnao, Raebareli, Pratapgarh and Firozabad have been covered and granted funds under the programme. The remaining 8 districts namely Varanasi, Kannauj, Farrukhabad, Sonbhadra, Hardoi, Mathura, Agra, and Fatehpur need to be covered under the programme for which a proposal is being prepared for approval during the financial year 2012-13.

A- FOR NEWLY SELECTED EIGHT DISTRICTS

Sl.	Activity	Rate	Number of Districts	Total Amount (Rs.)
1	Man Power			
	a- Consultant (1)	7.50 Lakhs/ District	8	6000000.00
	b- Field Investigators (3) for 6 months			
2	Lab Equipments (Non Recurring)	7.0 Lakhs/ District	8	5600000.00
3	Recurring Expenditure for Laboratory Diagnosis Facilities including Salary of Lab Technician @ Rs. 10000/Month	3.50 Lakhs/ District	8	2800000.00
4	Training of Medical & Paramedical District Level	3.00 Lakhs/ District	8	2400000.00
5	One Coordination meeting at District level	1.00 Lakh/ District	8	800000.00
6	Medical Management of Fluorosis cases including Treatment, Surgery and Rehabilitation	16.60 Lakhs/ District	8	13280000.00
7	Health Education and Publicity	3.50 Lakhs/ District	8	2800000.00
Total				33680000.00

B- FOR EXISTING SELECTED FOUR DISTRICTS

Sl.	Activity	Rate	Number of Districts	Total Amount (Rs.)
1	Man Power - 1 Consultant	5.00 Lakhs/ District	4	2000000.00
2	Recurring Expenditure for Laboratory Diagnosis Facilities including Salary of Lab Technicians @ Rs. 10000/Month	3.50 Lakhs/ District	4	1400000.00
3	One Coordination meeting at District level	1.00 Lakhs/ District	4	400000.00
4	Medical Management of Fluorosis cases including Treatment, Surgery and Rehabilitation	17.00 Lakhs/ District	4	6800000.00
5	Health Education and Publicity	1.50 Lakhs/ District	4	600000.00
Total				11200000.00
Grand Total (A+B)				44880000.00

D.8. NATIONAL PROGRAMME FOR PREVENTION, CONTROL & TREATMENT OF COMMUNICABLE DISEASES

Scenario - The scenario of communicable diseases in UP last 7 years is shown in the table below:

Diseases	Year							
		2005	2006	2007	2008	2009	2010	2011
Diahorria	Cases	26610	11611	17151	21278	13863	9186	5202
	Deaths	210	67	197	326	170	58	36
Gastro	Cases	984	612	1264	998	1139	1216	1008
	Deaths	36	6	15	32	17	7	4
Cholera	Cases	2	0	6	0	0	0	0
	Deaths	0	0	0	0	0	0	0
Jaundice	Cases	314	309	301	141	121	51	66
	Deaths	7	3	2	10	6	1	3
Measeles	Cases	2512	1384	2170	2023	1089	1419	1211
	Deaths	99	65	87	47	22	48	20
Chicken Pox	Cases	797	1577	713	5144	4872	1345	1262
	Deaths	0	3	2	9	7	4	3
Meningitis	Cases	20	5	9	2	1	26	43
	Deaths	7	0	2	0	0	2	5
Kala-azar	Cases	73	84	69	35	17	14	10
	Deaths	2	0	1	0	1	1	1
Chikungunia	Cases	0	5	4	11	0	5	3
	Deaths	0	0	0	0	0	0	0
Dengue	Cases	121	639	132	51	168	960	155
	Deaths	4	14	2	2	2	8	5
H1N1	Cases	0	0	0	0	871	384	57
	Deaths	0	0	0	0	17	24	0

Observations derived from the above table are as below -

- The deaths due to Diarrhoea/Gastro is a blot on the face of Medical and Health department of UP in the era of advanced medical management.
- The figures of incidence and deaths are highly underreported as there is absolute lack of surveillance and public awareness as far as communicable diseases are concerned.
- Lack of sufficient stock of medicines at peripheral treating centres/sub centres.
- Prompt diagnosis and rapid response by the health department is negligible, because of inadequate resources.
- Unavailability of pure drinking water, bad sanitary conditions and poor participating attitude of the community in overcoming these conditions.
- Lack of health education, personal hygiene and dirty habitat of the community.

Suggestions/Solutions by the department of Communicable Diseases -

- Safe drinking water must be made available at all levels by propagating use of chlorine tablets and bleaching powder.
- To ensure the supply, availability and buffer stock of medicines pertaining to communicable diseases (with special reference of the area concerned).
- Activation and mobilization of rapid response teams to even the least affected areas.
- Early diagnosis, prompt response in the shape of treatments must be ensured at the level of basic health workers up to the Medical Officer In-charge of the PHC's.

Training/Capacity building –

- Training and education of ASHA, AWW, ANM, BHW at the PHC level.
- Training of Paramedical staff at the block level.
- Training of Medical Officers at the District Head Quarters.
- Training of Additional CMO's (Communicable diseases) at the State Head Quarter.
- Involvement of village health and sanitation committee to ensure sanitation hygiene response of community and safe drinking water supply by regular orientation to committee.
- Continuing medical awareness to traditional healers of the villages.
- Involvement of AYUSH in early diagnosis & case management.

IEC/BCC –

- Organization of workshops of different type of medical and paramedical personnel at division level.
- Advocacy meetings of community leaders, opinion leaders and religious leaders.
- Display of Wall hangings/writings of key messages at public places (Panchayat Ghar, Schools, sub centres and other Govt. Building etc.).
- Group meetings of village functionaries at regular interval.
- Inter-sectoral meetings at different levels to ensure participation of functionaries at regular interval (monthly/ fortnightly).

Budgetary requirement for Prevention, Control and Treatment of Communicable Diseases - 2012-13

Treatment of Disease		No. of patient	Treatment cost per patient	Total Cost
	Gastro & Dia.	20000	2,000.00	40,000,000.00
	Jaundice	500	1,200.00	600,000.00
	Measles	2200	1,000.00	2,200,000.00
	Chicken Pox	2500	800.00	2,000,000.00
Total		25200	5,000.00	44,800,000.00
IEC/BCC	Group Meeting (50 participants in each meeting)	2000	1,000.00	2,000,000.00
	Educational Materials	100000	150.00	15,000,000.00
	Advocacy Meeting	1000	5,000.00	5,000,000.00
Total		103000	6,150.00	22,000,000.00
Training	MO's	1000	2,000.00	2,000,000.00
	Para-medicals	1000	1,000.00	1,000,000.00
	Traditional healers (50 persons per batch)	375	3,000.00	1,125,000.00
	ASHA/AWW/ANM/BHW (50 persons per batch)	2000	2,000.00	4,000,000.00
Total		4375	8,000.00	8,125,000.00
Disinfectants (prevention) - As per WHO specifications	Bleaching powder (MT)	500	17,600.00	8,800,000.00
	Chlorine Tablet (Strip)	120000000	1.5 per tablet	180,000,000.00
Total		120000500	17,600.00	188,800,000.00
Grand Total		120133075	36,750.00	263,725,000.00

D.9. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

A. Introduction - National Programme for Prevention and Control of Deafness is newly introduced Programme which has been launched to prevent hearing impairments found in children. The burden of deafness is relatively high in India with respect to world scenario.

As per estimate prevalence of severe to profound hearing loss is 291 per Lakh population (NSSO, 2001). 26.4 million of children in India are suffering from hearing loss which adversely effect their educational performance during their studies. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

In the 2006-07 two district Barabanki and Gorakhpur and in 2008-09 Varanasi, Banda and Lucknow have been brought under coverage of the programme. During the year 2009-10 three new districts namely Agra, Saharanpur and Moradabad have been taken under the programme.

The programme is launched to prevent the avoidable hearing loss and to medically rehabilitate hearing impaired, and action is in progress to sensitize the ENT Surgeon, other Medical and Para Medical Personnels as well as Health Workers. We propose to include seven more districts viz Mau, Mirzapur, Pratapgarh, Raibarely, Muzaffarnagar, Shahjahanpur and Allahabad under the programme in 2012-13. About ten to twelve uncovered districts would be added each year subsequently during the Twelfth five year plan to widely cover the state under the programme by the end of Twelfth Five Year Programme.

B. Previous years GOI sanctions & current status - A total of Rs One Crore Forty Seven Lakh Seventy Eight Thousand One Hundred (Rs 1,47,78,100.00) has been released by GOI over previous years viz. Rs 19.00 lakh during 2006-07 , Rs. 17.70 lakhs during 2007-08, Rs. 73.431 lakh during 2008-09 and Rs 37.65 lakh during 2009-10 towards various components of this programme for the eight districts mentioned above. Initially 100% was released by the government and subsequently 75% and 50% of the proposed amount was released by the GOI.

Table of GOI fund releases in previous years for NPPCD in U. P.

Component	No	Amount released till now	Utilized amount till year 11-12	Committed amount in year11-12	Uncommitted unspent in year11-12
District Hospital Capacity building	8 district	53,20,000.00	976315.00	42,20,000.00	12,36,85.00
CHC/PHC Capacity Building	8 district	36,64,000.00	384548.00	18,02,000.00	14,77,452.00
Screening camp	2 district	2,00,000.00	Nil	Nil	2,00,000.00
Contractual manpower	8 district	5,40,000.00	Nil	Nil	5,40,000.00
Hearing aid	2 district	4,86,600.00	Nil	Nil	4,86,600.00
Training	8 district	45,57,500.00	32410.00	2,38,050.00	42,87,040.00
Contingency	HQ	10,000.00	Nil	Nil	10,000.00
Other Receipt (Additionalities under NRHM)	HQ	4,22,000.00	Nil	Nil	4,22,000.00
Bank Interest	HQ	12,33,718.00	Nil	Nil	12,33,718.00
Total		1,64,33,818.00	13,93,273.00	62,60,050.00	87,80,495.00

From the GOI releases Rs. Thirteen Lakh Ninety three Thousand Two hundred seventy three (Rs13,93,273.00) was utilized in previous years and Rs One Crore Thirty three Lakh Eighty four Thousand Eight Hundred Twenty seven (Rs1,33,84,827.00) remained as Unspent balance. Since ROP of PIP2011-12 did not mention release of any budget for 2011-12, we could not spend any amount till GOI approval dt 11.1.2012 for “utilization of unspent balances” was received in Jan 2011. Subsequently Rs 62,60,050.00 is in the process of being utilized in 2011-12. Rest amount Rs 71,24,777.00 and bank interest Rs12,33,718.00 needs to be revalidated / adjusted for activities as mentioned in PIP for 2012-13. An amount of Rs Four Lakh Twenty Two Thousand (Rs422000) from Mission Flexipool (Additionalities under NRHM acct.) is also Unspent.

C. Situation Analysis

- The burden of deafness is disproportionately high in Indian context and requires immediate action. NSSO estimated prevalence of 291 per Lakhs population of severe to profound hearing loss.
- Severe and profound loss of hearing adversely affects the physical and economic progress and productivity.
- Over all high prevalence i.e. 6.3 % in Indian population, as per WHO estimates.
- Of the 2.97crore 0-6 yr children in UP (census 2011), it is estimated that about 18.7 lakh suffer from hearing impairments, which is of a magnitude and nature that it hinders their acquisition of communication skills and academic capabilities.
- There is inadequate existing health resources related to hearing and speech in terms of manpower and infrastructure.

Over 50 % of the causes of hearing impairment are preventable including hearing loss caused by infections of the ear (ASOM, CSOM), Secretary Otitis Media, Traumatic, Rubella deafness and Noise induced hearing loss and Ototoxicity, 30 % of deafness, through not preventable is treatable and curable. Thus a total 80 % of all deafness is avoidable by medical or surgical methods while other patients can be rehabilitated with the use of hearing aid and speech & hearing therapy.

The Common causes leading to all degrees of hearing loss are:

Sl.	Disease	% of population suffering
1-	Ear Wax	15.9 %
2-	Chronic Suppurative Otitis Medical	5.2 %
3-	Serious Otitis Media	3 %
4-	Dry perforation	0.5 %
5-	Congenital Deafness	0.2 %
6-	Non infectious & other unknown causes (Presbycausis, NIHL, Ototoxicity)	10.3 %

D. Objectives of the programme

1. To prevent the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To medically rehabilitate persons of all groups, suffering with deafness.
4. To strengthen the existing inter-sectoral linkage for continuity of the rehabilitation programme for persons with deafness.

5. To develop institutional capacity for ear care services by providing support for equipments and material and training personnel.

Long term objective: To prevent and control major causes of hearing impairment and deafness, so as to reduce the total disease burden by 25 % of the existing by the end of twelfth five year plan.

E. District in the project

- Year 2006-2007- Gorakhpur & Barabanki
- Year 2008-2009- Banda, Varansi and Lucknow.
- Year 2009-2010- Agra, Saharanpur and Moradabad (included)
- In Twelfth Five Year Plan we propose to add seven uncovered district under the programme in year 2012-13 and ten to twelve districts each year subsequently. In year 2012-13 Proposed District to be added are -Mau, Mirzapur, Pratapgarh, Raibarely, Muzaffarnagar, Shahjahanpur and Allahabad.

Districts already covered under the programme

Sl.	District	Population Census 2011	Name of Hospital	ENT Surgeons in dist.	Audiologist/ Audio logic Assistant
1	Barabanki	3257983	Dist Hosp Barabanki	1	NIL
2	Gorakhpur	4436275	Dist Hosp Gorakhpur	6	NIL
3	Banda	1799541	Dist Hosp Banda	2	NIL
4	Varanasi	3682194	Dist Hosp Varanasi	4	NIL
5	Lucknow	4588455	Dist Hosp Lucknow	11	NIL
6	Agra	4380793	Dist Hosp Agra	4	NIL
7	Saharanpur	3464228	Dist Hosp Saharanpur	2	NIL
8	Moradabad	4773138	Dist Hosp Moradabad	1	NIL

7 New District proposed for 2012-13.

Sl.	District	Population	No of centres	ENT surg	Audiologist/ Audiologic Assistant
1	Mau	2205170	48	2	Nil
2	Mirzapur	2494533	56	3	Nil
3	Pratapgarh	3173752	93	2	Nil
4	Raibarely	3404004	66	2	Nil
5	Muzaffarnagar	4138605	78	1	Nil
6	Shahjahanpur	3002376	54	3	Nil
7	Allahabad	5959798	93	6	Nil
TOTAL			488	19	

F. Strategy

- Capacity building of District Hospital, Community Health Centre and Primary Health Centre.
- Identification of potential District hospital/ large hospital to provide preventive/screening / curative service on daily basis.
- To provide above services there is need for
 - Strengthening of district hospital in terms of equipment / instrument
 - Sound proof room for audiometry
 - Posting of manpower in adequate number (one ENT specialist and one Audiologist at least at District level)
 - Skill development for service provider and paramedics
 - IEC for dissemination of information about availability of services / site/importance etc.
- Sensitization of service providers and paramedics PHN, MPW, CDPO, AS , ASHA, teachers about NPPCD through training camps.
- Awareness generation in community through NGO, VHSC etc. through sensitization workshop with IEC support.
- Involvement of schools and ICDS for screening of children up to 14 years.

G. Summary of programme

- The existing health infrastructure would be utilized for the project.
- The district will be the nodal point for the actual implementation of the programme. The government and private doctors as well as Audiologists will be involved. The district Hospital would be strengthened with the provision of equipment to enable diagnostic as well as therapeutic and rehabilitation exercise to be carried out here.
- The Primary Health Centre and Community Health Centers will be involved. The doctors here will be given training as well as the basic diagnostic equipment, to enable them to diagnose, treat and refer the patients with hearing and ear diseases.
- The MPWs and the grass root functionaries will be sensitized to the programme and to their specific roles in the programme.
- The School Health system will play a very important role in the programme. The School teachers of the Primary section would be required to conduct a survey based on a questionnaire for primary children. Those found to be positive; will undergo an ear check up by the school health doctor who would have received training in this aspect. The health doctors will be able to identify, treat and refer the children with ear and hearing problems.
- IEC activities would be an important and essential part of the programme.
- Training will be done in the first phase followed by screening and diagnosis in the second phase. Third phase will see the conduct of surgical camps and the provision of rehabilitative services as well as hearing aid provision.
- The ENT department of CSMMU, Lucknow would be the Centre of Excellence which will support the programme in the state with provision of expertise for training as well as patient care and referral.

- The pilot project was started in two district of the state in year 2007-08. (1)-Barabanki, (2)- Gorakhpur. In subsequent years Lucknow, Banda, Varanasi, Agra, Saharanpur and Moradabad added.
- Senior ENT surgeon of involved District Hospital is District Nodal Officer.
- ENT Surgeon of Barabanki, Gorakhpur, Lucknow, Banda & Varanasi have been trained for the programme at MAMC, New Delhi and CSMMU, Lucknow.
- Paediatrician and obstetrician of the district Barabanki, Gorakhpur, Lucknow, Banda & Varanasi given one day training by CSMMU & ENT Surgeon of District and state Nodal Officers.
- Construction of sound Proof Audiometry Room completed in Barabanki, Gorakhpur, Lucknow, Banda & Varanasi.
- Barabanki and Gorakhpur have procured CHC- PHC diagnostic kits.
- Screening camp one per month at district hospital CHC/PHC for early detection and control of deafness would be conducted by district nodal officer and local ENT surgeon after procurement of Audiological equipments and appointment of contractual Audiologists. NGOs would be identified for help in conducting screening camps.
- For Audiometry and other proposed activities services of audiologist / audiologic assistant would be taken on a contractual basis.
- In year 2012-2013 to develop institutional capacity for ear services & same programme will be extended in 7 other districts where ENT surgeon is available.
- Monitoring and auditing of the programme would be done periodically and review shall be done also.

H. Budget requirement for year 2012-13

A- Proposal for Establishment of Office and Staff required for State Nodal Officer at Medical & Health Directorate in 2012-13.

Sl.	State Nodal Officer Staff	Present status	No.	Cost per month	Cost per Year
1	Administrative Officer-1	NIL	1	15,000.00	1,80,000.00
2	Data Entry Operator-1	NIL	1	12,000.00	1,44,000.00
3	Driver-1	NIL	1	7,000.00	84,000.00
4	Peon-1	NIL	1	5,500.00	66,000.00
5	TA/DA for SNO	NIL	1	5,000.00	60,000.00
6	Vehicle –Sturdy & convenient for long route (Tavera/Tata Sumo etc)	NIL	1	One time	8,00,000.00
7	POL	NIL		6,000.00	72,000.00
8	Office Furniture	NIL		One time	1,00,000.00
9	Contingency Office	NIL		5,000.00	60,000.00
10	Office Phone Internet	NIL		5,000.00	60,000.00
11	Desktop Computer, UPS, printer & Scanner	NIL	1	One time	60,000.00
12	20 CPM A3 Size Photocopier	NIL	1	One time	1,75,000.00
13	Lap top Computer	NIL	1	One time	60,000.00
14	Mobile Phone to SNO on rental charge	NIL	1	2,000.00	24,000.00
15	Miscellaneous	NIL	1	Misc.	50,000.00
16	Publicity work	NIL			2,00,000.00
				Total	21,95,000.00

(Total Rupees in words: Twenty-one Lakh, ninety-five thousand only)

Rs Ten Thousand (Rs10,000)remaining as unspent balance of previous year GOI release under NPPCD and *Rs Four Lakh Twenty Two Thousand (Rs422000) from Mission Flexipool (Additionalities under NRHM acct.) from 2011-12.*

B- Proposal for the District Hospital Capacity Building of existing districts (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur, Moradabad) in 2012-13.

Sl.	Items	Rate each	Req No.	Total Amount
1.	Impedance audiometer	2,00,000.00	6	12,00,000.00
2.	OAE analyser	3,00,000.00	3	9,00,000.00
TOTAL				21,00,000.00

(Total= Rs. Twenty One Lakh only)

Rs. One Lakh Twenty three Thousand Six Hundred eighty five (Rs. 1,23,685) remaining as uncommitted balance from DH cap building component in 2011-12.

C- Proposal for IEC, screening camps and Hearing aid of existing districts (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur, Moradabad) in 2012-13

Sl.	Items	Rate each	Req No.	Total Amount
1.	IEC Activities for district per year	2,00,000.00 per dist	8	16,00,000.00
2.	12- Monthly Screening camps per district per year	10,000.00 per camp	12x8	9,60,000.00
3.	Hearing Aid 200 per district per year @2500 per hearing aid	5,00,000.00 per dist	8	40,00,000.00
TOTAL				65,60,000.00

(Total Rs Sixty Five Lakh Sixty Thousand only)

Rupees Six Lakh Eighty Six Thousand Six Hundred only (Rs 6,86,600) remaining as uncommitted unspent balance under this component in 2011-12.

D-Proposal for the existing 8 District Hospital (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur, Moradabad) contractual Staff salary in 2012-13.

Sl.	Name of Post	Remuneration/per month	Required No.	Total Amount per annum
1	Audiometric Assistant	10,000.00	8 X 12 month	9,60,000.00
2	Instructor	10,000.00	8 X 12 month	9,60,000.00
Total Amount				19,20,000.00

(Total Rs. Nineteen Lakh Twenty Thousand only)

Rs. Five Lakh Forty Thousand.(Rs 5,40,000) remaining as uncommitted unspent under this component in 2011-12.

E-Proposal for Establishment of office of District Nodal officer of existing 8 districts (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur and Moradabad) in 2012-13.

Sl.	Name of Post	Rate per Annum	Req No.	Total Amount per annum
1	Honorarium to District Nodal officer @5000per month	60,000.00	8	4,80,000.00
2	Office operation and maintenance of records	60,000.00	8	4,80,000.00
3	Telephone, Fax, Internet, and Postal charges etc.	30,000.00	8	2,40,000.00
4	Vehicle operation and hiring of vehicle	70,000.00	8	5,60,000.00
5	Maintenance of equipments and furniture etc.	30,000.00	8	2,40,000.00
Total				20,00,000.00

(Rs Twenty Lakh Only)

No fund release for this activity in past.

F- Proposed Training expenses of 8 districts at Medical College and district level of existing districts (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur, Moradabad) in 2012-13.

Sl.	Name of Post	Cost per training camp	Req No.	Total Amount
1	Training of ENT surgeon/ Audiologist, at ENT department CSMMU, Lucknow (5/2 days)	87,500.00	1	87,500.00
2	Training of CHC, PHC doctors at District Hospital level (2 day): 2 per district	45,700.00	16	7,31,200.00
3	Training of MPW, ANM, AWS, CDPO etc (1 day): 1 per PHC/CHC	6,600.00	302	19,93,200.00
4	Training of ASHA, (1 day): 60 per district in 6 districts only	3,350.00	3350x60x6	12,06,000.00
5	Training of primary teachers etc: 1 per PHC/CHC	5,375.00	5375x302	16,23,250.00
Total				56,41,150.00

(Total Rs Fifty Six Lakh Forty one Thousand One Hundred Fifty only)

Rs. Forty two Lakh Eighty seven Thousand and Forty (Rs.42,87,040) remaining as uncommitted unspent balance in 2011-12.

G-Proposed Expenditure for 7 new district to be included in year 2012-13.

Sl.	Activities	Cost per District	No of district	Total
A	District Hospital Capacity Building			
1	Sound Proof Room in each district hosp.	2,50,000.00	7	17,50,000.00
2	1 Pure Tone Audiometer, Impedance & 1 OAE analyser /per district. (0.5+ 2.5+ 3.0 lakh)	6,00,000.00	7	42,00,000.00
3	1 Good /Imported ENT Operating Microscope/per district	8,00,000.00	7	56,00,000.00
4	2 set micro drill +handle +burrs complete/per district hospital	50,000.00	7	3,50,000.00
5	2 set ear microsurgery instrument/per district hospital.	20,000.00	7	1,40,000.00
Total		17,20,000.00		1,20,40,000.00
B	CHC PHC KITS @ 10,000/-per kit as per operational guideline	10000 per kit	488 kits	48,80,000.00
C	TRAINING L2-L7 Medical and other Manpower as per operational guideline	862600.00	7	60,38,200.00
D	SCREENING Camp 12 per district/ year @ 10,000/-per camp as per operational guideline	120000.00	7	8,40,000.00
E	HEARING AID @rs2,500X200 per year/district.	500000.00	7	35,00,000.00
F	2 CONTRACTUAL MANPOWER per district@10,000per month salary as per operational guideline	240000.00	7	16,80,000.00
G	Establishment of District Nodal office in each district	250000.00	7	17,50,000.00
H	IEC activities in each district	200000.00	7	14,00,000.00
Grand Total				3,21,28,200.00

(Rs Three Crore Twenty one Lakh Twenty Eight Thousand Two hundred only)

H- Total Grand expenses required for NPPCD Programme in U.P.(Year 2011-12)

Sl.	Activity	For existing Districts	For New District Addition	Total
A	Expenses for Establishment of Office for State Nodal Officer at Medical & Health Directorate	21,95,000.00	0.00	21,95,000.00
B	Expenses for the District Hospital capacity building	21,00,000.00	1,20,40,000.00	1,41,40,000.00
C	Expenses for CHC PHC kits	0.00	48,80,000.00	48,80,000.00
D	Expenses for training of Core trainer and Medical, Para Medical, Health Workers	56,41,150.00	60,38,200.00	1,16,79,350.00
E	Expenses for the District Hospital contractual Staff	19,20,000.00	16,80,000.00	36,00,000.00
F	Expenses for organising Screening Camp	9,60,000.00	8,40,000.00	18,00,000.00
G	Hearing Aid	40,00,000.00	35,00,000.00	75,00,000.00
H	IEC	16,00,000.00	14,00,000.00	30,00,000.00
I	Expenses towards establishment of District Nodal	20,00,000.00	17,50,000.00	37,50,000.00
Grand Total		2,04,16,150.00	3,21,28,200.00	5,25,44,350.00

(Total Rupees Five Crore, Twenty Five Lakh Forty Four Thousand Three Hundred Fifty only.)

GOI has released Rs. 1,47,78,100.00 (Rs. One Crore Forty seven Lakh Seventy eight Thousand and One Hundred) in earlier years out of which Rs. 13,93,273.00(Rs.Thirteen Lakh Ninety Three Thousand Two Hundred Seventy Three) has been utilized before current year and Rs.1,33,84,827.00 (One crore thirty three lakh eighty four thousand eight hundred twenty seven) remained as unspent balance of 2010-11. Total Bank interest Accrued is Rs.12,33,718.00 till date. Rs 62,60,050.00 is in the process of being utilized for various activities in remaining period of 2011-12 .Unspent Funds received from additionalities account of NRHM (flexipool) is Rs 4,22,000.00(Rs Four Lakh Twenty Two Thousand).These (Rs 71,24,777.00 + Rs 12,33,718.00 + Rs 4,22,000.00) may be adjusted for utilization in year 2012-13.

CHAPTER-5: MONITORING AND EVALUATION

1. QUALITY ASSURANCE FOR RCH SERVICES

Background - Quality enhancement in health care has long been recognized as an essential cornerstone for promoting equity and maximizing health gains. With the advent of NRHM in the state of Uttar Pradesh, significant improvement has been made on multiple health indicators and promotional schemes for institutional deliveries have led to tremendous increase in utilization of public health facilities. The state now strives to address the issue of enhancing the quality of health care services rendered through establishment of Quality assurance network at all levels.

In continuation to our quest for delivering high quality health services, it is proposed to establish a Quality Assurance Cell this year which could not be made functional till now. In the year 2012-13 the scope of work of quality assurance cells will be expanded. It would not only help to improve the functioning of the public health facilities but also to strengthen initiation and operationalization of programme interventions.

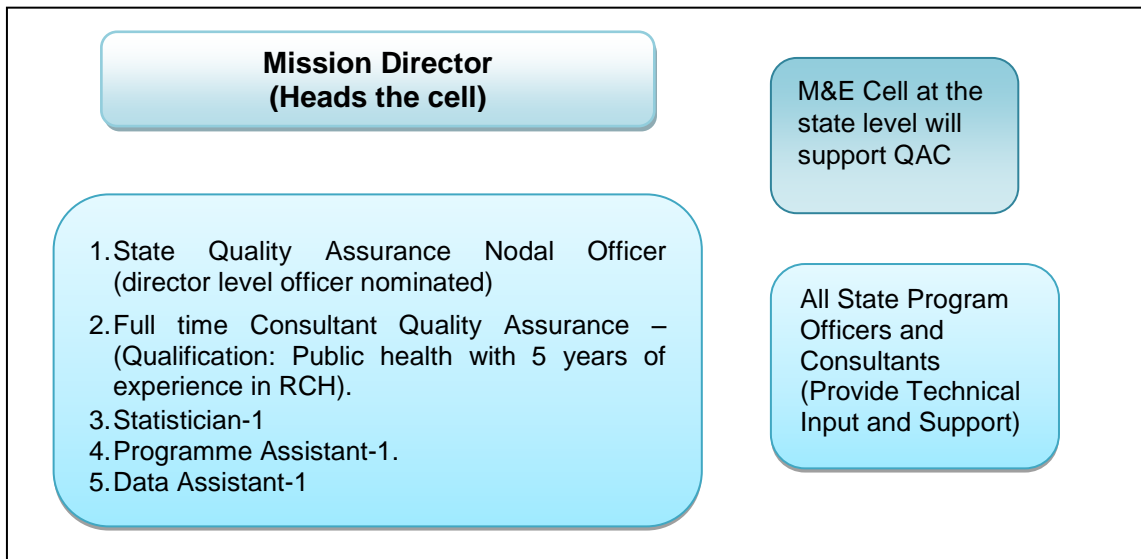
The Quality Assurance Cell would be established **with revised terms of reference and expanded scope of work** at state, division and district level. All the members in the cell would form a committee and would work towards strengthening existing Quality Assurance Committees and also facilitate swift coordination from the State level to the Divisional and District levels. These committees will go through list of minimum standards provided by the state, monitor and identify gaps in the service provision and find short and long term solutions on a priority basis.

Objectives of the Quality Assurance Cell

- To facilitate the improvement of systems and processes of service delivery in the healthcare facilities as per the standard technical protocol to meet the laid down standards (e.g. IPHS/GOI guidelines) as appropriate.
- To establish & develop quality management systems at the hospital level, leading to enhancement in service quality and leading to Quality certifications by the Quality assurance cell.
- To implement & monitor quality of reproductive health services/ MCH services at health facilities and consequently improve service quality by focusing on and addressing the gaps identified during the assessment process.
- To undertake periodic assessment visits through state and district quality assurance cell/ committees using specific tools and based on the gaps identified, to guide the service providers in addressing specific service quality elements and sub-elements.
- To undertake such other GOI / State initiatives entrusted with the QAC from time to time (e.g. MDR, MCTS etc.)

Structure of Quality Assurance Cell

i. Quality Assurance Cell At State Level



In order to assist the State Quality Assurance Cell, a **State Working Group** will be constituted.

ii. The State Working Group will consist of following members / technical experts:

- Members of State QA cell (State Quality Assurance Nodal Officer; Full time Consultant Quality Assurance (Experience in MCH); Full time Statistician, Full time Programme Assistant, Full time data assistant.
- a) Maternal Health expert, b) professionals from medical Colleges, c) development partners. d) any other person of eminence
- Officials from Directorate, Technical Expert and State Program officers and Consultants.
- State Facilitator, NHSRC/SHSRC may be called for technical assistance as and when required.
- Any other experts as nominated by state government
- 2 Members of state Quality assurance working group from other states

The state QA working group will function in 4 groups, one each for RCH, RI, NRHM additionalities and national programmes.

iii. Quality Assurance cell at Division Level

Divisional Program Management Unit will function as divisional Quality Assurance Unit headed by Additional Directors. the functioning of the DivQAC and progress would be reviewed by Divisional Commissioner on quarterly basis. Personnel for (computer operator cum data assistant) has been provided under PCPNDT cell at divisional level will also support this cell.

iv. Quality Assurance cell at District Level

District Magistrate will review the progress of the QAC.

1. CMO - Chairperson
2. DPM – Convenor
3. ACOMO - Member secretary
4. Members:
 - i. CMS (F)/Sr.Gynaecologist and/or Sr.Paediatrician
 - ii. CMS (M)/Sr.Surgeon
 - iii. District Nursing head (Matron female hospital)
 - iv. District RCH officer/FW officer (ACMO/DyCMO)
 - v. District Program officer, TB, Vector Borne, Blindness and leprosy
 - vi. Technical assistant - Two HEIOs (competency on computer)
5. Secretarial assistance –
 - a. Programme Assistant
 - b. Data Entry Operator in DPMUs
6. Special Invitee: Representative from Development Partners in the

All programme officers and consultants part of DHS will provide technical input .

Terms of References

1. For State Quality Assurance Working Group:

- Prepare, adopt and ensure dissemination of SOPs, Guidelines and Manuals for the Facilities.
- The Working Group will meet every month to review the reports being received from the districts. Review the reports of District-level committees received from the regional QAC and present the progress before the state QAC.
- Create a pool of district trainers for disseminating quality assurance concept, tools and methodology at divisional & district level.
- Periodic visit to the district, evaluate the QA in the district using standardised format and give necessary inputs to the divisional / district QA team. Visit both public and private accredited facilities (under PPP schemes) providing various health services in the state to ensure implementation of national standards and provide feedback for consideration during the accreditation renewal process of the facilities.
- Review (desk review / field visit, if required) cases of death / complications following sterilization and cases of conception due to failure of sterilization in the state.
- Review the cases of maternal and infant deaths/any adverse outcomes in maternal, neonatal & child health.
- Review & monitor the quality of trainings under RCH II/National disease control programmes organized at state & district level and undertake follow up of selected sample of trainees during field visits.

2. For State QAC:

It would be ideal to have at least one professional responsible for coordinating the state committee's activities, preparing reports and conducting selective investigations. The JD-FW/JD MCH/ or the DD may be the designated officer responsible for this activity.

- Adapt standard protocols in maternal, neonatal, child health & family planning services as well as for disease control programme implementation in tune with national guidelines.
- Ensure adequate dissemination and monitor the adherence to these standards through a set of quality indicators
- Sensitize & orient the health personnel involved in quality management on the quality protocols & tools. If needed, the SQAC may organize orientation for the members of the DivQAC & DQAC on a periodic basis.
- Formulate strategies with timelines for the Quality Improvement at each level of health institution e.g. Sub Centres, PHCs, RHs, SDHs, District Hospitals, Medical College & private health facilities accredited to the govt. of India PPP schemes as well as for outreach based programmes.
- Planning, controlling, management of the medical staff, demography and bio- statistic, management of research in health care, epidemiology and community health and strategic management.
- Provide technical and managerial guidance to program officers at state and districts on the implementation of measures for improving the quality of maternal, neonatal, child health & family planning (including sterilization services) in the state.
- Develop and recommend a joint field travel plan of officers from GoUP, state health society and District Project Managers (DPMs) for undertaking Quality Assurance visits (for field visits a minimum of four members shall constitute the quorum) to districts at regular intervals using Checklists for reviewing facilities, community based interventions. The scope of visits should include accredited private facilities as well. Share the field visit feedbacks received from teams with all QAC members and recommend concrete measurable corrective actions with timeline for different levels.
- Review the report from cases of adverse outcomes/complications in maternal, neonatal health & child health; maternal, infant & child deaths; deaths & complications following sterilization, cases of conception due to failure of sterilization in the State in the state.
- Implementing infection prevention & bio-medical waste management.
- Meet once every three months and a minimum of half + one members shall constitute the quorum.

3. For Divisional QAC:

- Monitoring of health facilities and guiding the District level teams on development of processing for ensuring quality health care services from that facility.
- Ensuring adherence of treatment protocols on public health management and to ensure delivery of quality health care services focusing more on the medical colleges and district health facilities.
- Ensuring proper functioning of the Hospital Management Information system and will also ensures and monitor the maintenance of the medical records, as prescribed.

- Review the cases of maternal & infant deaths and report from cases of adverse outcomes/complications in maternal, neonatal health & child health.

4. For District QAC:

- Meet once every month.
- Develop half yearly action plan of district for quality assurance intervention in the facilities (Based on facility wise planning for infrastructure strengthening and strengthening of services at the facility).
- Provide technical and managerial guidance on the implementation of action plan for improving the quality of services in the facilities.
- Monitor the Quality Improvement of programme and track progress based on identified quality indicators at each level e.g. Sub Centres, PHCs, CHCs, District Hospitals and Medical College. Also keep a check whether the facilities are providing the essential service package as per standards and protocols. Also work for implementation of disease control programme service delivery in the state.
- Review the cases of maternal & infant deaths and report from cases of adverse outcomes/complications in maternal, neonatal health & child health.
- Collecting information and processing all cases related to complications following sterilization as well as sterilization failure, and deaths following sterilization for payment of compensation.
- Reviewing all static institutions, i.e. government and accredited private NGOs and selected camps providing sterilization services and safe abortion services, for quality of care as per the standards laid down, and recommending remedial action for institutions not adhering to the standards.
- Conducting medical audits from time to time of maternal & infant deaths and deaths related to sterilization and sending reports to the State QAC office.
- Review & monitor the quality of trainings under RCH II/National disease control programmes organized at state & district level and undertake follow up of selected sample of trainees during field visits.
- Review different facility/community based interventions related to MCH for reducing MMR /IMR.
- Undertake QAC visits and make necessary preparations for visits (help of development partners/resource persons can be taken for organizing these visits) to facilities and use the standardized QA Checklists to conduct the assessment and debriefs the Medical Officer In-charge of the facility with guidance on what actions needs to be taken.
- Compiles findings during the visits at the district level and distributes the District Summary Report and discusses these at the monthly meeting with medical officers. Forward/share the minutes of the monthly QAC meeting and actions to be taken to the concerned officials; divisional and state QAC.
- To address the state level actions, the district has to take the initiation and pursue the state authorities and follow-up.
- Keeps a record of follow-up and actions taken so that these can be reviewed on subsequent visits to the facility.

Strengthening of QACs at all levels

The Steps for institutionalization of QAC-

- The state will nominate a quality assurance nodal officer in the state.(a director level officer)
- The state government will issue a notification for constitution of the State QAC working group and state/divisional/district Quality Assurance committees and its institutional arrangements.
- SOPs, guidelines, comprehensive monitoring tools and manuals will be adapted /prepared by state QA Working group which will be approved by Executive committee of NRHM.
- All the approved standard monitoring formats will be adopted and disseminated to be used for supervisory and monitoring visits by state/divisional/district and sub-district level officers/supervisors.

In addition to above, various human resources are required at state and district level. Following human resources are proposed for the year 2012-13 to institutionalize quality assurance at each level.

For State level -

- Full time Consultant Quality Assurance (1)
- Statistician (1)
- Programme assistant (1)
- Data Assistant (1)

For District level -

- c. District level Programme assistant (72)

The budgetary provision for these human resources is provisioned under Programme Management Chapter.

Budgetary Proposal for Quality Assurance at State Level

Sl.	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
1	A 3 days Workshop for State QAC working group for development/adaptation of SOPs, tools, guidelines and manuals	1	300000	1	3.00
2	State QAC working group meetings quarterly (@ Rs. 3000/quarter x 4)	1	3000	4	0.12
3	State QA Committee review meetings (@ Rs. 5000/ quarter x 4)	1	5000	4	0.20
4	State level orientation on QA for state Program Officers & officers from health directorate	1	50,000	1	0.50
5	State level orientation on QA for district and divisional level teams { 6 batch @ Rs. 50,000 per batch}	6	50,000	1	3.00

6	District level capacity building training of AYUSH doctors on supervision of outreach services and facility strengthening (QA) @ Rs 25000 per district	72	25,000	1	18.00
7	State review mission - Quarterly districts visit by state QA team for monitoring (There will be 4 teams, each team comprising 2 key members of SQAC, 1 of the state nodal officer, 1 representative of development partners). 2 representatives from district health officials (e.g. CS/DS/ ACMO/ District Program officers) will accompany the team. Each team shall visit at least two districts per quarter using standard format. The visit must be for 2 days and try to cover a sample of health facilities and home visits of randomly selected beneficiaries. Budget for (4 persons x2 visits x4 quarters)x 4 teams	32	24000	1	7.68
8	One time Establishment and recurring cost				
	Division level (1,00,000 one time + 2,000 per month contingency)	1	124000	1	1.24
	District level (1,00,000 one time + 5,000 per month contingency)	1	160000	1	1.60
	TOTAL				35.34

Thus, a total budget of Rs 35.34 Lakhs was proposed for the year 2012-13, which is approved by GOI. (ROP-FMR Code-15.2)

2. DISTRICT LEVEL MONITORING AND SUPERVISION FOR QUALITY ASSURANCE

While developing supervision and monitoring plan, optimal utilization of existing resources and avoidance of duplication has to be ensured. Supervision activities will strongly focus on facility operationalization for full range of integrated and quality services. Quality assurance network will be linked to this monitoring plan and SOPs, Manuals, standard monitoring formats for field visits will be developed for all levels by Quality assurance working group and approved by the state government.

The monitoring visits have to be holistically planned to cover all programmes and interventions. Following plan is proposed for regular supervision and monitoring in the districts:

- CMO will be personally responsible for overseeing preparation and implementation of district supervision and monitoring plan.
- A panel of state, district and block level supervisors will be drawn by including all programme officers, personnel vested with supervisory functions including MOs of additional PHCs (irrespective of whatever programme they are responsible for) district and block PMUs, representatives of development partners, members of quality assurance cell, representatives/ nominees of PRIs, NGOs etc.
- All supervisors including members of quality assurance cell will be expected to undertake minimum of 10 visits per month

- The supervisors will visit facility/ service delivery points with a standard check lists provided by district QACs, which will be uniform for entire state and will be used by all categories of supervisors.
- All monitoring formats will be completed and presented to DQAC which will forward the same to DHS for discussion on the next meeting. The report will be forwarded to DG FW and Mission director for information and necessary action.
- Especial emphasis will be given to 20 districts in 5 divisions having MMR more than 400/Lakh live births. State level team will conduct review meetings with the district supervisors to monitor quality of ANC Check-up at sub centres implementation of JSY and JSSK and reporting and review of all maternal deaths at the facilities as well as at the community level.

Mobility Support for Supervision and Monitoring-

- At block level, one vehicle @ Rs 1000.00/ day for 25 days a month per block is being proposed and will be used by MOs/ HEO of the block so that on every day one to two supervisors will undertake supervision activities on VHNDs, school health programme, saloni kishori yojana and any other outreach activities and sub centres. Additional PHCs of the block will be supervised by senior most MO posted in the block. The vehicle use will not be used for administrative purposes, transporting logistics or transfer of patients but will be used exclusively for supervision purposes. The utilization of vehicle will be cross checked with number of duly completed check list submitted by supervisor.
- At the district level all available vehicles will be pooled and tour programme of all the supervisors will be prepared in advance so that all supervisors together can undertake 75 visits a month. Not more than 4 blocks be visited per day. On a particular day a block is visited by only one supervisor as far as possible. A pool of three hired vehicles at district HQ for 25 day a month will ensure adequate mobility for supervisors. One of these three vehicles will be earmarked for visits by staff of DPMUs
- A component of **4 zonal reviews** is proposed in each of second, third and fourth quarters wherein Commissioners and DMs, CMOs, district I/C of RCH programme and PM- PMUs of 10 districts will participate to sensitise on performance gaps and rectification programme. The districts will be so chosen that 2 best performing districts of the zone, 2 modest performing and 6 poor performing districts participate in review meeting. A lump sum provision of Rs 100,000.00 per meeting is proposed (Rs. 10,000.00 for venue charges, Rs, 25000.00 for tea and lunch and Rs. 5000.00 for contingent expenditure, rest for TA as per actuals). Total amount of Rs. 12 Lakhs are proposed for this component.
- For hiring vehicle 75 districts ($25000 \times 3 \times 12 \times 75 = \text{Rs } 675 \text{ Lakhs}$) and 820 block ($25000 \times 12 \times 820 = \text{Rs } 2460 \text{ Lakhs}$) total amount required will be Rs. 3135.00 Lakhs will be required for this component. Wherever functional government vehicle is available, the amount proposed for specific level will be utilized for POL. These vehicles will also be utilized for quality monitoring by QA committee members visit.

Total budget required for strengthened integrated supervision plan is given n following table:

Sl.	Component	Rate	Number	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. in Lakhs)
1	Transport support for block level supervisors	@ Rs. 1000/day for 25 days a month/ block	820 blocks	2460.00	615.00
2	Support for district level monitors	@ Rs. 1000/day for 25 days a month for 3 vehicles / district	75 districts	675.00	168.75
3	Printing of reporting format & supervisors check list	@ Rs. 1Lakh /district	75	75.00	75.00
4	Zonal review workshop by state team	@ Rs. 100,000/ workshop	12	12.00	12.00
5	Monitoring visits of state level officers	@ Rs. 15000/ visit (2 days)	48	7.20	7.20
Sub Total				3229.20	877.95

Thus, a total amount of Rs. 3229.20 Lakhs was proposed for comprehensive supervision plan at district & block level for 2012-13, out of which GOI approved Rs. 877.95 Lakhs. (ROP-FMR Code- B.15.2)

3. DATA ENTRY OPERATORS AT BLOCK LEVEL FOR MOTHER AND CHILD TRACKING SYSTEM

Pregnant Mother and Child Tracking System was started in 2010 under this programme Pregnant Mother and Children are being tracked and services are being provided by ANM with the help of ASHA. Data are being uploaded on MCTS Portal at Block level and then sent to District and State. At District level District Programme Manager (DPM) has been nominated as Nodal Officer for Pregnant Mother and Child Tracking System and he has overall responsibility to sent the data from Block to State but there is no accountable data entry operator for online uploading of data in MCTS portal at Block level although 01 Block Data cum Accountant Assistant has been selected on contractual basis under NRHM but he has lot of work to do at Block level so separate MCTS Data Entry Operator is required at Block level to feed the Mother and Child Tracking Data in MCTS portal on regular basis

Role and responsibility:

1. Collecting the Pregnant Mother and Child Tracing data from ANM on prescribed format
2. Feeding of data on MCTS Portal on regular basis.
3. To provide Work plan one day prior to session to ANM
4. Updating the services in MCTS Portal after each session
5. Provide daily information to District and State about new registration of PW and Children

Qualification: Graduate with 1 year diploma course in Computer application

Selection Process: Will be selected with the approval of DHS

Contract duration: 1 year

Renewal will be done after the approval in State PIP and evaluating the performance of the candidate at District level by Controlling Officer

Honorarium: Monthly honorarium Rs 10,000/- per month per Data Entry Operator

Budget required: There are 820 Blocks and 1 Data Entry Operator is being proposed at each block, thus total budget is = $820 \times 10000 \times 12 = 984.00$ Lakhs

Henceforth, for the above activity, a proposal of Rs. 984.00 Lakhs was submitted, which is approved by GOI (ROP-FMR Code – B.15.3.1). (Proposed in Supplementary PIP).

4. COMPUTERIZATION H-MIS, E-GOVERNANCE AND E-HEALTH

- **Status of HMIS** – In order to capture data for Health Management Information System (HMIS) from facility level, computer systems have already been installed in all 823 blocks CHCs and 128 district hospitals. Presently, monthly consolidated data is being uploaded from all 72 districts on HMIS portal. Apart from this, quarterly FMRs and infrastructure details are also being uploaded on the portal on regular basis. UP has initiated the process of facility based reporting system under HMIS and 18 districts have been identified in the first phase to implement facility based reporting under HMIS. The process of masters' creation is going on at the moment. Training has been imparted to Assistant Research Officers (formerly ICCs) and HMIS operators in the month of November 2011 and February 2012 on operational aspects of facility based reporting system under HMIS. 18 districts selected for implementation of facility based reporting in first phase have been re-trained on the operational aspects of HMIS. District Programme Manager has been designated as the Nodal person for HMIS at district level. The block level user-id and password for selected districts in first phase for facility based reporting have been received from MoHFW on Feb.29, 2012. These districts will start facility based reporting with effect from March 2012.
- **State Level Core Team** – A core team consisting of PRC faculty, members from SPMU, DG-Family Welfare office and SIHFW has already been constituted under the chairmanship of Regional Director, ROHFW Lucknow. Monthly review meetings are being conducted by the core team for checking and validation of HMIS data on regular basis. Facility based reporting from block level and district level hospitals are to be done in financial year 2012-13.
- **Financial System** – In order to strengthen financial system, Tally ERP 9.0 is being implemented at state and district level. District Account Manager (DAM) and District Data and Account Assistants (DDAA) are maintaining data related to financial accounting system at district level. Tally ERP single user software needs to be extended up to Block level. Block data assistants are responsible to maintain the accounts in Tally Software at Block level.

- **Status of MCTS** – The process of online feeding under Mother Child Tracking System was initiated in July 2011 in the State and all 72 districts are updating the database at their end. Regular feedback is given to every district and their achievements on the portal are monitored against monthly targets. Since the programme is running under Mission mode now, e-Mission team at State as well as districts have been formed to monitor the progress made on regular basis. As per the Government of India directions, District Programme Manager has been designated as the Nodal person for MCTS at district level. So far, five training programmes have been conducted at State level and District Immunization Officers, District Programme Managers, Divisional Project Managers and RI Computer Assistants of all districts have been trained on all aspects of data entry, reports generation, and verification of beneficiaries, work plan generation and tracking of services on MCTS portal. Regular feedback is given to all districts regarding achievement of registrations, gaps in the reporting from State.
- **Research Activities** - R&D activities are being proposed by PRC and other Institutions in order to analyse the HMIS/MCTS data and derive important facts.
- **Other Initiatives by UP in the area of Health MIS** –
 - ❑ **Tracking of Janani Suraksha Yojna beneficiaries:** A website has been developed to track the beneficiaries of Janani Suraksha Yojna. Feeding of data is done at block and district level in all 72 districts of UP. In order to make system more transparent, efforts have been made to capture the beneficiary details, cheque details and mobile numbers of ANM and ASHA. As on March 3, 2012, online information of 1406909 JSY beneficiaries is available on the website.
 - ❑ **Online Web based Reporting under NRHM:** Web based reporting system has been introduced with the technical support from SIFPSA to capture the monthly data pertaining to various schemes under NRHM. Feeding of data is done at district level and reports are accessible at District/Division/State level in real time. This system of reporting is functional with effect from August 2011.

Action Plan for HMIS and MCTS

In the first phase of facility based reporting 18 districts have been identified and these districts have initiated facility based data feeding with effect from March 2012. It is proposed that all 75 districts will start facility based reporting on HMIS portal in 2012-13. Five training programmes have already been conducted and this year under PIP, provision of district-based training is also proposed along with the State level trainings.

Under MCTS, in 2012-13 the focus will be on the updating of information available on the MCTS portal on regular basis. In 2011-12, the first objective was to initiate online feeding under MCTS in all districts and UP has successfully achieved its first goal. This year focus will be on initiation of data entry at all facilities though all blocks are regularly feeding data at their level but still there are gaps which are to be addressed this year. Training provisions have been kept at State, Division and District level under MCTS budget.

District Programme Manager has been designated as the Nodal person at District level for HMIS as well as MCTS implementation. State and District level e-Mission teams have been constituted and the progress of achievement under the MCTS programme shall be monitored on monthly basis.

Infrastructure, Human Resources and Internet Requirements

In order to upload data for HMIS, provision is being made for 60 computer operators at state level (DG medical health office, SPMU and support for Monitoring at Govt. Level) and 75 computer operators at district level. As the HMIS, JSY Portal, Web based reporting system portal, Tally ERP and MCTS applications are web-based, therefore internet connection is required at the health units. Provision for internet connection is also being made to access internet through computers installed at these health units. Budget provision is also being made for consumables (toner, paper, CDs etc.) for report printing and data backup.

TRAINING

Training on HMIS, Tally ERP and MCTS will be required at all level in order to enhance data quality of HMIS. The persons included for training are computer operators, Assistant Research Officers (Formerly Investigator-cum-Computers), District Programme Managers / District Community Mobilizers, DDAA, Divisional Project Managers, CMOs-Family Welfare, additional CMOs, Dy. CMOs, Block ICCs, Block Programme Managers, RI Assistants, District Immunization Officers and Block Data Assistants.

Training of State/district/block officials/staff is a huge task. Services of MoHFW resource persons/SIHFW will be taken in the area of HMIS/MCTS trainings/implementation at various levels.

During 2011-12, 5 training programmes on Mother Child Tracking System, 5 Training Programmes on facility based reporting systems under HMIS, 3 training programmes on Web based reporting system and JSY online reporting portal have been conducted at Lucknow. More than 700 participants have been trained in these training programmes. The participants included are District Immunization Officers, Divisional Project Managers, District Programmes Managers, Assistant Research Officers (formerly Investigator cum Computer), HMIS Operators, RI Computer Assistant, District Data cum Account Assistants and District Community Mobilizers. So far, 5 M&E training programmes for CMOs/DPMs of districts have also been conducted this year at SIHFW. More than 150 participants have received training on various aspects of monitoring and evaluation.

Establishment of Help line for JSSK/JSY/New Born Care Queries at State level

There are people at periphery who have queries about availability of medical facilities, specialists or their rights relating to JSY/JSSK and New Born Care. In view of this, Help line operation on Toll free number 1800 180 1900 has been initiated at State level and help line operators have been assigned the task of addressing the queries relating to the specific areas. The help line operators hired is also helping in verification of MCTS/JSY beneficiaries at State level.

Budget for Health MIS

In order to maintain Health MIS up to facility level during 2012-13, a total budget of Rs. **659.59** Lakhs is proposed as detailed in the table below. This will include activities such as printing of Health MIS formats for Health facilities, training on M&E for staff at state, district & block level, provisioning of contractual staff for data uploading, reports printing, generating work-plans, internet access and other recurring expenses including computer consumables etc.

Budget details for Health MIS

Sl.	Major Head	Minor Head	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)	Details	Remarks
1.	Strengthening of M&E / HMIS / Mother & Child Tracking	Salaries of M&E, MIS & Data Entry Consultants	162.00	162.00	Salaries for 60 computer operators at state level, 75 computer operators at District level for HMIS	@10,000 per month for Data Entry Operators/ Computer Operator
		Workshops / Training on M&E	5.00	5.00	Training on M&E at state level.	
		M&E studies	2.50	2.50	R&D activities based on HMIS /MCTS data.	R&D activities are proposed to be done the support from PRC and other Institutions
		Others (specify)	15.00	-	Hiring of IT related services from external agencies in case of any contingency	
		Tally ERP software for block units	131.84	131.84	Tally ERP software to be installed/customized in 820 block units and 4 newly created districts	
		Internet connectivity	120.00	120.00	ILL/Broadband internet connections at state district and block level units.	Rs. @1000.00 per month per computer basis.
		Annual Maintenance	25.00	25.00	Annual maintenance of H/W & equipments which are already procured during 2008-09 and 2009-10.	
		Printing & computer stationery	60.00	60.00	Consumables for computers, printers and	Rs. @400 per month per computer basis.

					computer stationery at state, district and block level.	
		New Computer Systems, Printers, higher capacity UPS, Networking at SPMU	20.00	20.00	New systems, Printers, higher capacity UPS and proper networking at SPMU	
		Others	25.00	-	Provision of wireless internet access for health facilities.	Data cards are proposed for remote health units.
2.	Operationalising HMIS at sub district level	Review of existing registers – to make compatible with National HMIS	10.00	10.00	Review of existing registers / formats and redesign in order to make compatible with national HMIS.	
		Printing of new Registers / Forms	15.00	15.00	Printing of registers / input formats for health units.	
		Training of staff				
		- District Level	2.25	2.25	Training of District/Block Staff	One Training at 75 districts@Rs.3000/=
		- State Level	20.00	20.00		
3.	Other Programmes					
		Web based reporting system between districts and NRHM	5.00	-		
		JSY Beneficiary Tracking System	1.00	1.00		
		Help line Operations	5.00	5.00		
4	Communications	CUG Recurring Cost	35.00	-		
		Total:	659.59	579.59		

For the above purpose, Rs. 659.59 Lakhs was proposed, out of which Rs. 579.59 Lakhs is approved by GOI.(ROP-FMR Code-B.15.3.1.a to B.15.3.1.o).

In addition to the above proposed activities, GOI also approved Rs.15.00 Lakhs for ontingency- NRHM website deveopment/Maintenance, other online applications and for web based reporting system (ROP-FMR Code-B.15.3.1.e) and Rs. 25.00 Lakhs for providing data cards for remote units (ROP-FMR Code-B.15.3.1.k)

5. STRENGTHENING MIS DIVISION

A fundamental requirement of any quality program is well developed Information Systems to ensure monitoring and evaluation of key indicators, and to provide information critical to program planning. The main aim of this function, therefore, would be to strengthen the Information Systems in each of the project sectors. The goal would be establish Information Systems that provide meaningful data in a timely manner for decision making at appropriate levels.

As of now MIS division in NRHM is working on ad-hoc basis and there are only few full time staff. Many programmes are running in State and online feeding is done at district/block level. It is felt that MIS division should have full time staff with following reporting categories:

1. General Manager (MIS) - One
2. Technical Consultant (MIS) - Three
3. Data Analyst - Three
4. Data Entry Operators - Fifteen to twenty (Contractual staff as per requirement)

- **General Manager (MIS)** - This position should be responsible for all activities of NRHM to strengthen Information Systems in the area of health. The upkeep and maintenance of all computer hardware and software shall be the overall responsibility of this position. The person would also explore other areas of IT and technology to push the frontiers of health. S/he would be responsible for generating, verifying and sending all information reported at State level and GoI level.

This position should be headed by somebody who has an in-depth knowledge of computer hardware and software. He/she should have a total experience of minimum 18 years out of which at least 10 years should be in managing Health Information System.

Minimum Qualifications required - At least a Post Graduate with above experience and preferably a degree/diploma in the field of Computer / Information Technology / Management.

Salary Structure Rs. 60,000/- pm + perks as per the other non-medico GMs

- **Technical Consultants (MIS) / Data Analyst** - These positions should be responsible for assessment, analysis, and generation of data required under various schemes. The upkeep and maintenance of computer hardware and software installed at NRHM shall also be ensured.

The Technical Consultant should be an information technologist / computer specialist who has a total minimum experience of about 8 years in this area. The Data Analyst should have a total experience of at least 3-5 years in the field of health.

Minimum Qualification Required -At least a Graduate with above experience and preferably a degree/diploma in the field of computers / information technology. Thorough knowledge of latest software development tools, RDBMS etc

- **Data Entry Operators** - As per the requirement services of data entry operators shall be hired at SPMU level. As per the present load, fifteen to twenty operators are required for regular HMIS, JSY website, MCTS and other schemes related reporting. The budgeting for data entry operators at State level has been done under the budget of HMIS (M&E section).

Budgetary Proposal for strengthening MIS Division (2012-13)

Sl.	Post	Number	Salary/per month (Rs.)	Yearly Amount (Rs.)
1	General Manager (MIS)	1	60000	720000
2	Technical Consultant (MIS)	3	35000	1260000
3	Data Analyst	3	20000	720000
4	Data Entry Operators	20	10000	2400000

Total budget for the above activity was budgeted under Programme Management Chapter in RCH Flexipool but shifted here after approval. GOI approved Rs. 27.00 Lakhs (ROP-FMR Code-B.15.3.1.b) for this purpose.

6. PREGNANT MOTHER AND CHILD TRACKING SYSTEM

Through Mother and Child Tracking System, pregnant woman and children are tracked for ANC and immunization along with the feedback system for the ANM, Asha etc. to ensure that all pregnant women receive their Ante Natal Care Checkups (ANC) and Post Natal Care (PNCs) and further, children receive full immunization. All pregnancies are captured irrespective of place of ANC checkups or the place of delivery. Thus details of all deliveries taking place either at home or in institution is captured irrespective of the fact whether the mother is a JSY beneficiary or not. A 18 digit unique code number is given to each pregnant woman and child.

In UP, online tracking of pregnant mothers was initiated in June'2011 after the training of District Immunization Officers and RI computer assistants at State level. The pace of the activity has been maintained since then. Three more training programmes have been organized at State level for district level officials. As per the directions of Government of India, State level e-Mission team under the chairmanship of Principal Secretary, Medical Health and Family Welfare has been constituted. District level e-Mission team has been formed under the chairmanship of District Magistrate. A Government Order in context of formation of State and district level e-mission team has been issued on January 16, 2012.

UP has started the system of providing monthly feedback to districts with regard to their monthly achievements on MCTS portal and the progress of districts is reviewed at district and state level regularly. UP has also initiated the process of verification of beneficiary mothers at state level by identifying state level verifiers. This year focus is on the generation of work plans and updating the portal at facility level after services are given by service providers. UP has also started using the facility of SMS which is available on the MCTS portal. The budgetary requirement for the year 2012-13 is as follows:

Sl.	Details	Target	Unit Cost (Rs.)	Frequency	Total Budget (Rs.)	Remarks
1	Work Plan Generation	1800000	4.00	1	7200000.00	Rs.4.00 per session for work plan generation has been proposed for 1800000 sessions

2	Review of MCTS activities					
	District e-Mission Meetings	75	4000.00	12	3600000.00	1 meeting / month in 75 districts
	State e-Mission Meetings	1	10000.00	4	40000.00	4 Quarterly meetings at State level
3	Capacity Building of Teams - State, Division & District level	250	2000.00	2	1000000.00	250 State, Divisional and District level officials/ operators to be trained in two batches at State level
4	Capacity Building of Teams - Division & District level	18	20000.00	1	360000.00	DPMs/District Officials to be trained at Divisional level
5	Capacity Building of Teams - District & Block level	75	5000.00	1	375000.00	820 block operators to be trained at district level
6	Others-Contingency	820	10000.00	1	8200000.00	Operational Cost/per block to meet out the gaps in internet charges/ Consumables etc. at block level
Total					2,07,75,000.00	

Thus, total budgetary requirement for this activity was Rs.207.75 Lakhs, out of which Rs. 125.75 Lakhs is approved by GOI.(ROP-FMR Code- B.15.3.1.p to B.15.3.1.v) in Mission Flexi-pool.

7. CUG MOBILE PHONES FOR MO-IC (PHCS) AND ANMS

Under National Rural Health Mission, web based reporting under HMIS has started. Further, reporting on Mother and Child Tracking System as well as online reporting of JSY is being done. To monitor regular on time reporting by the sub-centre ANMs, it is proposed to provide some minimal amount as talk time for mobile phones, which are already available with most of the health workers. MOs-incharge and superintendents of CHCs and PHCs should also be provided with talk time to enable them to remain in communication with ANMs. This Facility will be very beneficial in implementing various mother and child health programme more effectively. In 2011-12, GOI sanctioned an amount of Rs. 270.99 vide letter no.10 (33) /2011-NRHM-1 dated 02-12-2011, which could not be utilized. Further, to initiate this facility again in 2012-13, a proposal of Rs. 270.99 Lakhs is being proposed. The detailed proposal for various categories of the staff is as follows –

Sl.	Activities	Physical Targets	Unit cost (Rs.)	Frequency	Amount Proposed (Rs. In Lakhs)
1	MO-ICs / Superintendants	933	200	12	22.39
2	ANMs	20717	100	12	248.60
Total					270.99

Thus, total of Rs. 270.99 Lakhs was proposed for these activities, out of which GOI approved Rs. 203.24 Lakhs. (ROP-FMR Code- B.15.3.1.x.2 & B.15.3.1.x.3).

Reimbursement to ASHAs for the Purpose of Communication through the CUG Network among ASHAs, ANMs, MOI/Cs, District ASHA In charge and State Officials from ASHA Cell

In the consultative meeting for Supplementary PIP with the Government of India officials led by Director- NRHM, Government of India held on 10th and 11th July-2012 at the State Project

Management Unit-National Rural Health Mission, Uttar Pradesh office in Lucknow, and the following important points were discussed regarding the above mentioned subject-

1. Each ASHA shall be reimbursed communication cost @ Rs. 100 per month in the form of rent only through the CUG Network no hand set will be provided to ASHA.
2. The beneficiaries for the proposed CUG network shall be ASHA themselves apart from the ANM, MOI/C, District and State Officials from the ASHA Cell.
3. The benefits of the proposal shall be as follows-
 - There shall be a dedicated communication network among the ASHA, ANM, Supdt. & MOI/C, District ASHA Nodal Officer and State Officials from the ASHA Cell which will improve day to day communication.
 - It will improve transmission of programmatic messages, information, urgent information regarding any epidemic and natural calamity, information regarding help required in any Maternal and Newborn Health emergency etc.
 - The network is proposed to be linked with the Ambulance network of 108 and 102 in future as well as with the currently operational toll free call centre, (1800-180-1900) established in SPMU-NRHM
 - The communication network shall be utilized to transmit Information, Education and Communication activities.
 - It can be used for communicating with the relevant Community Radio and Television programs requiring live and on the spot communication with the ASHAs, ANMs, MOI/Cs and others associated with the program.
 - The network will serve the purpose of digital diary (photographic evidence) as the mobile set will enable them to get electronic pictures of the various activities.
 - The CUG network shall enable the ASHAs to report the implementation status of the Routine Immunization and the School Health Program on a day to day basis.

Summary of Cost Calculation	
	Rs. in Lakhs
Recurring Cost as already approved by Gol for mobile phone to MoI/C for Year 2012-13	16.79
Service Tax @12.36% of the recurring cost for mobile phone to MOI/C	<u>2.08</u>
Recurring Cost as already approved by Gol for mobile phone to ANMs for Year 2012-13	186.45
Service Tax @12.36 % of the recurring cost for ANMs	<u>23.05</u>
Recurring Cost including Service Tax @12.36% of the recurring cost for Mobile Phone to ASHA	1652.58
Total Cost	1677.71

In the light of the above, it was proposed that a total amount of Rs. 1677.71 Lakhs, which includes cost for CUG network only no hand set will be provided them for 122565 ASHA and 12.5% Service Tax of the recurring cost for MoI/C, ANM and ASHA may be sanctioned as per the above mentioned cost specifications.

For the above purpose, GOI approved Rs. 1677.71 Lakhs accordingly. (ROP-FMR Code- B.15.3.1.x.2 to B.15.3.1.x.2, B.15.3.1.x.3 & B.15.3.1.x.4). In addition to this, Rs. 35.00 Lakhs is also approved by GOI for CUG recurring cost. (B.15.3.1.x.1). (Proposed in Supplementary PIP).

8. CONCURRENT AND THIRD PARTY EVALUATION BY INDEPENDENT AGENCY

Concurrent and third party evaluation by independent agencies is proposed for various NRHM activities. List of studies/ Schemes to be evaluated during FY 2012 -13 as under:-

Sl.	Name of the Study/ Scheme	Proposed Area	Cost of Study (Rs. In Lakhs)
1	Comprehensive Child Survival Programme (CCSP) - New Born Care	17 Districts	34.00
2	Accredited Social Health Activist (ASHA)	15 Districts	26.00
3	Bal Swasthya Poshan Mah (BSPM)	10 Districts	6.50
4	Evaluation of Village Health & Sanitation Committee(VHSC)	10 Districts	4.20
5	Evaluation of Rogi Kalyan Samiti	10 Districts	5.60
6	Evaluation of Janani Suraksha Yojna (JSY) programme	15 Districts	62.76
7	Evaluation of School Health Programme	18 Districts	26.85
8	Immunization programme	18 Districts	25.00
9	Saloni Programme	10 Districts	5.50
10	VHND Programme	10 Districts	4.20
11	Strengthening of Health Facilities (Construction)	18 Districts	36.00
12	RCH Camps (Strilization, IUCD, OCP & CC)	18 Districts	27.00
13	Strengthening of of training Institutions	10 Districts	5.60
14	Evaluation of procurement of equipment/ instruments.	18 Districts	36.00
Total			305.21

For this purpose, an amount of Rs. 305.21 Lakhs was proposed for the year 2012-13, which is approved by GOI.(ROP-FMR Code – B.20)

9. PROPOSAL FOR SUPPORTIVE SUPERVISION, MONITORING AND EVALUATION

Supporting Supervision, Monitoring and Evaluation are the most essential components of any project to keep a track and get the desired outcome. As per discussion held on 11.07.2012 with Gol team a proposal is being submitted for supportive supervision, monitoring and evaluation at different levels of the system i.e. State, Division, District and Block levels. For the purpose, of monitoring checklists are being developed and details guidelines are being prepared for every level of officer. The following norms were observed -

1. The touring Officer/Team will submit Tour Report within 7 days of tour to controlling officer.
2. Action Taken Report will be submitted within one month.
3. Problem solving & over coming gaps within 2 months.
4. The visit will be supportive in nature and not the fault finding one. Visit will be undertaken with pre-structured checklist at every level for objective outcome.

5. The touring Officer/Team will submit Advance Tour Programme to the controlling officer. Any change in the schedule will be mentioned with reason by the touring officer at the time of submission of the tour report.

Budgetary details for Supportive Supervision, Monitoring & Evaluation									
State Level Officials									
Sl.	Designation	Dept	frequency per month	No of days per visit	Budget Required				
					Vehicle	Fooding/ lodging & per diem	Total	Total for 8 months	Rs. in Lakhs
1	MD	NRHM	One- Entire State	2	3000	4500	15000	120000	1.20
2	DG	M & H	One- Entire State	2	3000	4500	15000	120000	1.20
3	DG	FW	One- Entire State	2	3000	4500	15000	120000	1.20
4	AMD	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H				2500			
5	GM (JSSK)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
6	GM (P)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
7	GM (RI)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
8	GM (MH)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
9	GM (CP)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
10	GM (NP)	NRHM	One- allocated 2 Divisions	3	3000	2500	24000	192000	1.92
	JD	M & H/FW				2500			
11	Director	MCH	One- allocated 2 Divisions	3	3000	2500	22500	180000	1.80
	DGM (RI)	NRHM				2000			
12	Director	FP	One- allocated 2 Divisions	3	3000	2500	22500	180000	1.80
	DGM (HR)/DAP	NRHM				2000			
Sub Total								2064000	20.64
one Steno/Prog Assistant every team for 10 teams						1000	12000	96000	0.96
Total								2160000	21.60
11	For other officials-SPMU							1000000	10.00
Total								3160000	31.60
Division Level									0.00
	AD		4 -entire division	2	2500	750	8000	64000	0.64
	DPM					750			0.00
Total for 18 divisions								1152000	11.52
District Level									0.00
1	CMO		8- entire district	1		1500	9000	72000	0.72
2	ACMO		8- entire district	1		1500	9000	72000	0.72
3	ACMO		8- entire	1		1500	9000	72000	0.72

			district						
4	ACMO		8- entire district	1		1500	9000	72000	0.72
5	DPM		8- entire district	1		1500	9000	72000	0.72
6	DCM		15- entire district	1		1500	22500	180000	1.80
7	DAM		4- entire district	1		1500	6000	48000	0.48
Total								588000	5.88
Total for 75 districts								44100000	441.00
Block level									
1	MO I/C		10-entire block	1		1000	8000	64000	0.64
2	BPM/HEO		10-entire block	1		1000	8000	64000	0.64
3	BAO		5-entire block	1		1000	5000	40000	0.40
Total								168000	1.68
Total for 820 blocks								137760000	1377.60
Contingency fund for SPMU								15000000	150.00
Total budget Required for Suportive Supervision in Lacs								201172000	2011.72
1	For unseen events like VVIP. VIP Visits, GoI officials and other dignitary visits for monitoring and inspection of health related programmes								
2	Unscheduled meeting during assembly, CRM, JRM Visits, National level workshop etc.								
3	Only administrative approval is needed, no separate fund is required. It will be met out from the administrative head at SPMU.								
Commitment-									
1. The touring Officer/Team will submit Tour Report within 7 days of tour to controlling officer.									
2. Action Taken Report will be submitted within one month.									
3. Gap filling within 2 months.									
4. The visit will be supportive in nature and not only the fault finding. Visit will be undertaken with structured checklist at every level for objective outcome.									
5. The touring Officer/Team will submit Advance Tour Programme to the controlling officer. Any change in the schedule will be mentioned with reason by the touring officer at the time of submission of the tour report.									

Thus, for the above purpose, Rs. 2011.72 Lakhs was budgeted and proposed for the year 2012-13, out of which GOI approved Rs. 1861.72 Lakhs. (ROP-FMR Code-B.15.3.3). (Proposed in Supplementary PIP)

CHAPTER-6: FINANCIAL MANAGEMENT

Budgeting for various Activities

The budgeting for the various programmes/activities under NRHM has been proposed in accordance with Financial Monitoring Report (FMR) Format. It is affirmed that the Program Management cost has been kept within the ceiling of 6% and the proposals for construction works are within the ceiling of 33% for Uttar Pradesh.

Financial Management Staff

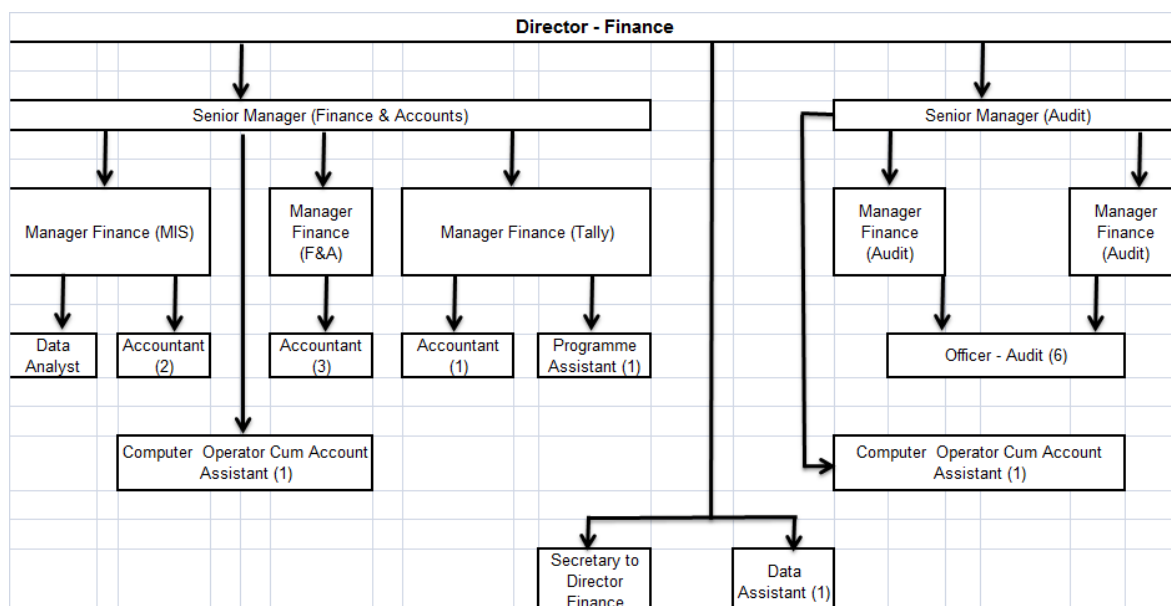
At present following financial management personnel at state level are in position.

Sl.	Name of Post	Approved PIP-2011-12	At present working positions	Remarks, if any
1	Financial Controller/Director Finance	1	1	On deputation from UP Finance Service
2	Sr. Manager Finance	1	-	-
3	Manager Finance	3	2	On deputation
4	Accountant	3	1	On contract basis through Agency
5	Internal Auditors	2	1	Attached from SIFPSA
6	Data Analyst	1	1	On contract basis through Agency
7	Secretary/Stenographer	1	1	Attached from SIFPSA
Total		12	7	

A Financial Management Group manned by professional staff is essential to do centralized processing of fund releases, accounting of expenditure reported by subordinate units and monitoring of utilization certificates and audit arrangements. The present level of staffing pattern as approved in the PIP of 2011-12 is not sufficient to handle the activities of a vast state like Uttar Pradesh which is presently having 75 districts. Secondly, the GoI has decided to implement an Operation Guidelines for Financial Management which can not be thoroughly implemented with the present staffing pattern. Experiences of previous years has made it imperative that there has to have sufficient staff in the financial cell to monitor all activities related to finance and account wing. In the present PIP special emphasis has been given to the creation of an Audit Cell to look after the arrangements of Concurrent & Statutory audit, get the audits conducted as per the guidelines and ensure follow up actions/compliances. Therefore with a view to strengthen the staffing pattern of finance cell an elaborate structure has been suggested keeping in mind number of qualified and experience officials which are well versed in the double entry accounting system and are also comfortable in tally accounting system.

Sl.	Name of Post	Post proposed	Qualifications / Source of Appointment
1	Financial Controller/ Director Finance	1	On deputation from UP Finance Service
2	Sr. Manager Finance	2	Chartered Accountants having experience of 10 years.
3	Manager Finance	5	On deputation from Govt/Semi Govt having minimum experience of ten years as AO/AAO or CA Inter/ICWA Inter with minimum 5 years experience from open market..
4	Accountant	6	B.Com having knowledge of Tally Software & experience of 10 years from open market
5	Internal Auditor/Officer Audit	6	On deputation from Govt/Semi Govt having minimum experience of ten years as auditor or CA Inter/ICWA Inter with minimum 5 years experience of audit from open market
6	Data Analyst	1	Master Degree/ PG Diploma in Computer Science with relevant experience of 5-7 years.
7	Programme Assistant	1	Masters Degree in social science with one year diploma in computer application with relevant experience of min. 5 yrs. Knowledge of Hindi and English typing.
8	Data Assistant	1	BCA/BSC with Computer Science with minimum experience of 5 years.
9	Computer Operator cum Account Assistant	2	Graduate preferably B.Com., good speed in Hindi & English typing, must be proficient in computer (MS word, MS excel, Power point, Internet etc.) with 5 year experience.
10	Personal Secretary	1	Graduate, good speed in Hindi & English typing with short hand, must be proficient in computer (MS word, MS excel, Power point, Internet etc.) with 5 year experience.
Total		26	

To ensure effective Financial Management at state level, we are proposing a well restructured finance wing having separate cell for Account & Finance and Audit under direct monitoring and supervision of professionally skilled chartered accountants and in overall control of Director Finance as per following organogram.



In the year 2012-13, there are 75 posts of DAMs, out of which 43 are in position. Further, out of 75 positions of DDA, 48 are in position. At block level, there are 820 posts of Data Manager cum Accountant, of which 760 are filled. The selection process for filling vacancies will be expected to be filled in next month onwards.

The remuneration of the PMU staff and others has been revised; an increase in remuneration of 10% is proposed conditional on completion of one year of service and satisfactory performance.

Financial Management Training

a). Financial Management Training - TOT

It is proposed to organize Training of Trainers (TOT) on financial management for SPMU/ Directorate/ SIHFW/District Health Officials concerned with the NRHM management at various levels. The training will be conducted with the support of GOI and expert, who have been developed financial management manual for NRHM, for which 15 participants are proposed in one batch and ***this purpose Rs. 0.78 Lakhs was budgeted, which is approved by GOI.(ROP-FMR Code- A.9.9)***

b). Financial Management Training - District Officials

Under NRHM, to built capacity and update of various district level officials (CMO/ ACOMO /CMS-M/F/Dy. CMO and DAMs) on various financial management issues, accounting procedures, internal accounting controls, NRHM balance sheets, NRHM FMIS, compilation of FMIS, UCs under NRHM, practical sessions, NRHM audit and income tax, etc, 2 days training is being proposed.

For this purpose, training will be done in the State Institute of Health and Family Welfare, Uttar Pradesh in 15 batches, having 30 participants in each batch. These participants will be trained by master trainers, as proposed above. ***For this purpose Rs. 15.90 Lakhs was proposed, which is approved by GOI.(ROP-FMR Code- A.9.9).***

Statutory Audit

The Statutory Audit and audited UCs for 2010-11 under progress will be submitted shortly. However, provisional UCs for 2010-11 duly certified statutory auditors has already been submitted to GOI.

Concurrent Audit

Concurrent Audit has been implemented at the State and in all Districts; and all quarterly summary reports received so far have been sent to MoHFW for FY 2010-11. Concurrent Audit of districts for FY 2011-12 is under progress. Appointment of the State Concurrent Auditor for FY 2011-12 is under process.

Implementation of Tally

Tally has been procured and the necessary training has been completed. Tally has now been made operationalised at SHS & DHS level.

Mode of Fund Transfer

Funds are being released electronically to all districts and blocks.

Uploading of FMRs on HMIS Portal

As all of the districts are uploading FMRs on the HMIS portal, in any quarter; few of districts are not doing such uploading. In most cases the delays are attributable to vacant positions of District Accounts Manager. As already mentioned, the vacancies are expected to be filled shortly. Also, the districts are being repeatedly reminded to upload the data on the HMIS portal.

Financial reporting under NRHM

Consolidated FMR for all programmes under NRHM including NDCPs up to 31.12.11 has been submitted. Necessary action would be taken if any clarifications/deficiencies are observed.

MIS

The monthly statement of fund position up to 29.02.2012 has been submitted.

RCH-I Unspent Balance

There is no record of any unspent balance of RCH-I. However, in case any instance of such unspent balance comes to the notice of the state, the state shall take immediate steps to refund such unspent balances.

Key Areas for Priority during 2012-13

Wherever feasible and appropriate, the state has designed interventions directed at disadvantaged population groups identified by the state in the high focus districts / backward areas. Clear action plans for such interventions have been incorporated in this PIP.

Committed and Uncommitted Unspent balances

There are committed unspent balances in respect of the following main activities like civil works, MMUs and Emergency Transport Services. In respect of civil works, the unspent amounts are expected to be completely spent by the first quarter of the next financial year. Actions for operationalising MMUs and Emergency Transport Services are currently at an advanced stage and the unspent amounts are expected to be spent in the near future.

APPROVED BUDGET SUMMARY

Programmes/Schemes	Budget Approved (1st ROP & Supplementary ROP) (Rs. in Lakhs)	Budget Approved under NRHM Additionalities (Rs. in Lakhs)	Total Approved Budget (Rs. in Lakhs)
• RCH Flexipool	1,20,396.90	-	1,20,396.90
• Mission Flexipool	1,86,784.10	-	1,86,784.10
• Routine Immunization & PPI Operational Cost	20,467.78	-	20,467.78
• National Disease Control Programmes			-
National Iodine Deficiency Disorder Control Programme	175.13	-	175.13
Integrated Disease Surveillance Programme	650.80	-	650.80
National Vector Borne Disease Control Program			-
Malaria	135.00	4,261.83	4,396.83
Dengue & Chikungunia	62.00	-	62.00
Japanese Encephalitis / AES	400.00	39.20	439.20
Filaria	1,723.10	-	1,723.10
Kala – Azar	10.00	-	10.00
National Leprosy Eradication Programme	605.70	42.20	647.90
National Programme For Control of Blindness	2,453.68	-	2,453.68
Revised National Tuberculosis Control Programme	5,674.56	89.40	5,763.96
• Direction & Adminstration (Treasury Route)	63,388.00	-	63,388.00
Total	4,02,926.75	4,432.63	4,07,359.38