



National Rural Health Mission

State Programme Implementation Plan Uttar Pradesh 2013-14 (Approved)



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

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MANAGEMENT IMPERATIVES

Sl.	Strategic Areas	Issues that need to be addressed
PUBLIC HEALTH PLANNING & FINANCING		
1.	Planning and financing	<ul style="list-style-type: none"> ■ The District Action Plans have been prepared by all the 75 districts based on the Block plans thus addressing the area specific issues of poor health indicators. It is being ensured that there is a 10% annual increase in state health budget over and above the State Share to NRHM resource envelop. The PIP is being compiled including detailed activities for RCH programmes so as to provide comprehensive Maternal, Child, Adolescent Health and Family Planning services. Convergence is being ensured for the activities of inter-related programmes such as-NPCB with SHP, RTI/STI clinics with AFHS clinics and UPSACS, Blood Banks with FRU operationalization, NIDDCP with BSPM etc. ■ Also a detailed plan to ensure quality has been implemented in the districts by formulating quality assurance committees at every level and developing a system of monitoring from State, Division, District and Block.
2.	Management strengthening	<ul style="list-style-type: none"> ■ There is a Senior IAS officer of the rank of Secretary as full time Mission Director of NRHM in the State as well as a full time Finance Controller of Finance Department at SPMU. ■ All the State level activities proposed in State PIP have been included with full consultation with State Programme Officers posted at Medical & Health and Family Welfare Department. For Mainstreaming of AYUSH in NRHM, convergence is being ensured with AYUSH Directorate. Also an Officer of the AYUSH Directorate is being posted at SPMU on deputation so as to ensure linkages at every level to provide appropriate services of Indian System of medicine.
3.	Developing a strong Public Health focus	<ul style="list-style-type: none"> ■ All the key cadre staff is being trained on public health issues to deal with various problems related to public health. ■ Separate public health cadre is under consideration at the level of GoUP.
HUMAN RESOURCES		
4.	HR policies for doctors, nurses paramedical staff and programme management staff	<ul style="list-style-type: none"> ■ For the vacancies of the regular posts of Doctors, recruitment is being done after proper advertisement, but even after selection not many doctors are joining the services as new recruits are expected to serve in the rural areas, for which the congenial atmosphere and appropriate facilities are not available. The Specialists and Lady Doctors have very good

Sl. Strategic Areas	Issues that need to be addressed
	<p>opportunity of getting good emoluments and better facilities in the urban private sectors, which is leading to higher attrition rate. For the contractual staff under NRHM, HR policy is being formulated by IIM, Lucknow.</p>
<p>5. HR Accountability</p>	<ul style="list-style-type: none"> Once the HR policy is finalized and implemented the various issues of HR will be streamlined. Performance Appraisal against benchmarks will be the basis for renewal of contracts/promotions as well as incentives. HR policy will also include special incentives for HR posted in the difficult/high focused areas & also on the basis of performance. Regular facility based monitoring is being done to ensure availability of Quality services for the purpose of delivery, new born care, immunization & FP services.
<p>6. Medical, Nursing and Paramedical Education (new institutions and up-gradation of existing ones)</p>	<ul style="list-style-type: none"> The capacity for training of Medical students, Nurses, ANMs and Para medical staff is to be increased in various institutions conducting the courses. The capacity of ANM/Nursing/Para Medical Staff has been increased tremendously in the private sector during last 4-5 years. Private Medical Colleges have also come up in the State during this period. Efforts are being made to increase the seats of students in Govt. Medical Colleges and at ANMTCs. All the State and Central Medical colleges functional in the State are being utilized as resource centers for various training programmes under CCSP, SNCU, NRC, Quality maternity services, centre of excellence for NSV, State Resource Centre for RNTCP & NPCB etc.
<p>7. Training and capacity building</p>	<ul style="list-style-type: none"> The strengthening of ANM training centers at District level, RFPTCs at Division level and SIHFW at State level is being done to provide good quality of training to the participants. Comprehensive training plan has been prepared by the State Institute, training cell at DGFW and GM training at SPMU. This body is also monitoring the post training outcomes for various training programmes. PPIUCD training is being imparted with the help of HLFPPPT this year.
STRENGTHENING SERVICES	
<p>8. Policies on drugs, procurement system and logistics management</p>	<ul style="list-style-type: none"> The State has formulated its policy to provide free drugs to all the patients attending the OPD of Government facilities for five days. All the indoor patients are being provided free quality medicines in the hospitals. Free Medicines are available right from the districts hospitals up to sub centre level. Under JSSK, all the medicines and consumables are being provided free of

Sl.	Strategic Areas	Issues that need to be addressed
		cost to the patients of normal as well as caesarean deliveries to minimize out of pocket expenditure. EDL has been formulated by DG-MH and generic medicines are available on rate contract. The efforts are being made to setup a dedicated corporation for drug procurement through UPHSSP. Essential drug list is available at the DG-MH website:www.uphealthup@nic.in.
9.	Equipments	<ul style="list-style-type: none"> ■ A gap analysis has been carried out in all the districts to find out the deficiencies of equipments at various levels as per norms and the same has been proposed by the districts in the DAPs. All the equipments are being procured with provision of AMC.
10.	Ambulance Services and Referral Transport	<ul style="list-style-type: none"> ■ Two types of ambulance services are available in the state. Emergency medical transport services (108) are functional in whole of the State with a total number of 988 ambulances to help referral transportation in case of an emergency. All the vehicles are GPS fitted and a control room is there for proper functionality. Another type of ambulance – UP Ambulance Seva has been provided at facility level for dropping back the mother and baby after delivery. Very soon 102 services are also to be started with a call centre in the State.
11.	New infrastructure and Maintenance of buildings; sanitation, water, electricity, laundry, kitchen, facilities for attendants	<ul style="list-style-type: none"> ■ MCH wings at DWH and selected CHCs being constructed since 2012-13 and completion will be ensured by the end of the year 2014. In the same facilities, a proposal of renovations of doctors and staff residences has been included. Also proposal for trauma wings in selected 10 districts has been incorporated. ■ In 500 sub centers, where delivery load is high, proposal for 1 additional labour room has been included. ■ Facility of ASHA ghar in 100 hospitals, where load is high. ■ Proposal for maternity wings in 80 CHCs (30 units with 50 bed and 50 units with 30 beds) has been included. ■ Bio Medical waste management up to block level facilities is being proposed. Also hospital cleaning and upkeep is being addressed this year. ■ 325 new subcenters are to be constructed, where SCs are still functional in rented building. 353 new sub centers under comprehensive village development schemes are to be constructed.
12.	Diagnostics	<ul style="list-style-type: none"> ● The state is already ensuring Review on access, efficacy and adequacy. Mechanism of local decision making and authorization, responsibility and accountability ● Mechanism for assured access at affordable cost

Sl.	Strategic Areas	Issues that need to be addressed
		<ul style="list-style-type: none"> • Placing prescription audit system • Placing PPP mechanism in case of need and linkages with private providers • There is a provision of free diagnostics for pregnant women and sick neonates and children under JSSK.
COMMUNITY INVOLVEMENT		
13.	Patient's feedback and grievance redressal	<ul style="list-style-type: none"> ■ Two call centres (NRHM helpline) with toll free number are functional at State level- At SPMU 1800-180-1900 At DG-MH 1800-180-5145 ■ The calls received from the districts are addressed by the concerning Programme Officers at SPMU and Directorates. Corrective actions are taken by the concerning DG or MD within 7 days. ■ Tahseel Divas is being conducted on first and third Tuesdays and Thana Divas on two fixed days of the month. ■ At the level of Chief Minister of the State regular sessions of Jan Sunwai is being organized.
14.	Community Participation	<ul style="list-style-type: none"> ■ To sensitize and empower the VHSNC members a detailed proposal of orientation programme is being included. To strengthen and support ASHAs a proposal of ASHA strengthening and monitoring is being included this year, which comprises of State and Regional ASHA Facilitators and Block Community Process Managers. In remaining 58 districts 1 Facilitator on 20 ASHAs is proposed this year (17 districts already have such Facilitators). Proposal for Community Monitoring is being included.
15.	IEC/BCC	<ul style="list-style-type: none"> ■ There is defined BCC strategy in the state, according to which various IEC/BCC activities are being under taken and plan. ■ Plan for effective coverage of vulnerable, under served and high risk area population to bring about behaviour change to achieve good health indicators. ■ Strong emphasis on local role models and access to IPC at community level
CONVERGENCE, COORDINATION & REGULATION		
16.	Inter Sectoral convergence	<ul style="list-style-type: none"> ■ Good convergence is being maintained with WCD, PRI, Education, SSA & RD Departments. ■ With the help of ICDS functionaries, acutely mal-nourished children are being identified and are being treated at NRCs. Promotion of exclusive breast feeding and timely complimentary feeding is being done with the help of ICDS,

Sl.	Strategic Areas	Issues that need to be addressed
		<p>Health, NGOs and Community.</p> <ul style="list-style-type: none"> Convergence is being ensured in programmes like-VHND, BSPM, VHNSC, RI, BSGY & SABALA. For PIP formulation convergence being ensured with all partner departments & Developmental Partners.
17.	NGO/ Civil Society	<ul style="list-style-type: none"> Proposal for Community Monitoring is being included in this year PIP which will be done with support of PFI and UPHSSP.
18.	Private Public Partnership (PPP)	<ul style="list-style-type: none"> Accreditation of private hospitals to provide sterilization and IUCD services. Social franchise through voucher scheme and merry gold health networking is being proposed. 108 ambulance services in partnership with GVK-EMRI have been launched in the state. New proposed ALS and BLS will also be operationalize in PPP mode.
19.	Regulation of services in the private sector	<ul style="list-style-type: none"> UPHSSP has been assigned to understand, review, revise and finalize the clinical establishment act at the State level. To ensure quality of services, Quality Assurance Cell has been established at State and District level. Appropriate check lists have been developed and detailed plan of monitoring from State, Division and District has been finalized. Field visits have already started from the State, Division and Districts.
MONITORING & SUPERVISION		
20.	Strengthening data capturing, validity / triangulation	<ul style="list-style-type: none"> The state has formulated a strategy for birth and death registration under Civil Registration System. A detailed proposal is being included this year. Strengthening data capturing, validity / triangulation-With the introduction of Facility based reporting under HMIS, more and more emphasis will now be on improvement of data, quality of health indicators which includes indicators like registration of births and deaths under Civil Registration System (CRS); capturing of births in private institutions. Government of India has upgraded the skills of State data Managers by providing training on tools like-SAS VDD which has really helped in making usage of data available through various sources viz. AHS, NFHS, DLHS, HMIS so as to establish reliability of health data prior to actual use in planning and decision making. Data triangulation mechanisms are proposed to be used in year 2013-14 to increase reliability on HMIS data, revealing unique findings and providing a clearer understanding of the problem.
21.	Supportive Supervision	<ul style="list-style-type: none"> For supportive supervision, monitoring and evaluation in year 2012-13 system has been developed to monitor various

Sl. Strategic Areas	Issues that need to be addressed
	<p>schemes from different levels i.e. State, Division, District and Block levels. For the purpose of monitoring checklists have been developed in consensus with NHSRC. The detailed guidelines have been disseminated to the divisions and districts for monitoring purposes and check lists have been specifically prepared to be used by different levels of officers.</p>
<p>22. Monitoring and Review</p>	<ul style="list-style-type: none"> ■ Regular meetings of State/ District Health Societies are being convened under the chairmanship of DM in which the progress of schemes is also being reviewed and instructions are given to the concerned officers to take corrective actions whenever required so as to implement the scheme successfully with good outcomes. ■ At the State Head Quarter regular review meetings are being conducted by the Mission Director/Principal Secretary-M & H of concerned district officials, Divisional PM/DPM units as well as of the State level officers of the Directorates, SIHFW and SPMU. ■ In the Executive Committee Meetings being conducted almost every month regular physical and financial review of the schemes is being done and instructions for corrective action issued. ■ The HMIS data is being regularly reviewed by the State Programme Officers for improvement of the schemes and better data uploading wherever there is fault in the data.
<p>23. Quality assurance</p>	<ul style="list-style-type: none"> ■ State Quality Assurance cell at State level has been formed. Establishment of Divisional and District QAC is under process.
<p>24. Surveillance</p>	<ul style="list-style-type: none"> ■ Integrated Disease Surveillance programme is being implemented in the state for various communicable diseases. State level unit is being strengthened, so as to tracking of services and evaluation activities. ■ Maternal death audit system is present and programme will be effectively implemented in next year.
<p>25. Leveraging technology</p>	<ul style="list-style-type: none"> ■ In the year 2013-14, ICT based tools are being introduced in many areas. It is felt that programmes can only be planned and monitored in better way if we use these tools to have real time data during the implementation phase of any programme. This year Resource Mapping Management System for Health facilities in Uttar Pradesh is being proposed which will use geo-database on Google Earth. This will help in quick decision making while planning for resources. All MMUs, ambulances are fitted with GPS devices to have real time data on

Sl. Strategic Areas	Issues that need to be addressed
	<p>movement of vehicles. This year CUG phones are being given to all ASHAs, ANMs and MOICs so as to have better communication among health functionaries in entire state. IVRS based interventions like mobile kunji, mSakhi etc. are being proposed to promote Inter Personnel Communication/ BCC among ASHAs, ANMs relating to ANCs, HBNC etc. In recently launched Bal Swasthya Guarantee Yojna Scheme, IVRS based application is being proposed to have real time data using mobile phones.</p>

RCH FLEXIBLE POOL

CHAPTER-A.1: MATERNAL HEALTH

1)- PROGRESS ON KEY MH INDICATORS OF STATE

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

Indicators (in %)	DLHS-III	CES(2009)	HMIS(2011-12)	HMIS (2012-13) up to Nov, 2012
Any ANC	64.4	71.6	97.24	61.70
3+ANC	21.9	38.2	75.24	46.57
Registration within 12 weeks	25.1		54.62	33.68
Full ANC	2.8	12.4	92.82	55.41
Ins. Delivery.	24.5	62.1	43.44	25.67
Safe Delivery (Home by SBA)	30.1	64.1	15.74	8.45
Home Delivery	74.5	N.A	27.46	16.28
% of C-sections out of total reported institutional deliveries				
At Public	6.8	N.A	3.23	2.29
At Private	13.8	N.A	0.72	1.35
% of anaemic women out of total registered pregnancies	56.6	N.A	10.49	9.91
% of severely anaemic women out of total anaemic pregnant women	N.A	N.A	16.49	12.40

ACHIEVEMENTS

Activity	Up to 2011-12 (cumulative)	In financial year 2012-13 (till Nov, 2012)
No. of fully functional FRUs	141	151
No. of fully functional 24X7 PHCs	841	1001
No. of Blood bank licensed and functional	195(105 Pvt.+90Govt. Hospitals, Medical colleges and Army Hospitals)	85
No. of Blood Bank non functional due to any reason	-----	0
No. of Blood Storage Units licensed and functional	140	4
No. of Blood Storage Units non functional due to any reason	129	0
No. of VHNDs held	839176	485880
No. Trained in LSAS	104	28
No. Trained in BeMOC	116	53
No. Trained in EmOC	77	15
No. Trained in SBA	1278	63
No. Trained in MTP	52	19
No. Trained in RTI/STI	325	19
No. of Maternal Deaths reported	760	420
No. of Maternal Deaths reviewed	551	365

2)- JANANI SURAKSHA YOJNA

A. Home deliveries:

- Estimated live births for 2013-14 are around 51 Lakhs in UP (population of UP taken 2000 Lakhs and CBR is 25.5 per 1000 population) as per census and AHS 2010 data.
- Under JSY for home deliveries (no. Of BPL Beneficiaries fulfilling the criteria for payment are very low) therefore target for BPL Home deliveries by skilled attendant is kept at 15000.

B. Institutional deliveries:

- The target of institutional deliveries has been reduced as suggested by GOI. The budget has been calculated for the target 25.00 Lakhs for the year 2013-14. The ratio of urban/rural deliveries has been maintained as planned by the districts (89% rural and 11% urban deliveries)

C. Budgetary estimates:

The revised Budget for JSY is Rs. 47124.00 Lakhs inclusive of 5% administrative costs. 1% administrative budget will be spent on state level IEC/BCC activities under maternal health and strengthening of maternal health cell at SPMU and JSY cell at directorate of family welfare.

A total budgetary proposal for JSY for the year 2013-14 is as below:

Sl.	Budget Head	Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget (Rs. Lakhs)
A	Home deliveries	Beneficiary	15000	500.00	75.00
B	Institutional deliveries		2500000		
	Rural (89%)	Beneficiary	2225000	1400.00	31150.00
	Urban (11%)	Beneficiary	275000	1000.00	2750.00
	C-sections in Private Accredited centres	Beneficiary	15000	1500.00	225.00
C	Administrative Expenses (5%)	NA	-		2244.00
D	Incentives to ASHA (80%)	Beneficiary	1780000	600.00	10680.00
	Sub Total		2515000		47124.00

For the above purpose, a total budget of Rs 47124.00 Lakhs is approved by GOI (ROP-FMR Code- A.1.4 and its sub heads)

3)- JANANI SHISHU SURAKSHA KARYAKRAM

A. **Free drugs and consumables-** A budget of Rs. 11125.00 Lakhs for 4000000 PWs is being proposed for the year 2013-14, which includes outreach support for additional 15 Lakhs ANCs. **Accordingly, GOI approved the same amount for this purpose(ROP-FMR Code-A.1.7.1)**

B. **Free diagnostics** - For the year 2013-14, the State has proposed to cover 2500000 PWs through VHNDs and facilities based services and provide them with free basic investigations. It is proposed that rapid diagnostic test kits will be used for VHNDs and

diagnostic equipments will also be provided from this budget. **A budget of Rs. 2500.00 Lakhs was proposed @Rs.100/- for 25 Lakhs PW to cover the cost of rapid diagnostic test kits and diagnostic equipments, which is approved by GOI(ROP-FMR Code-A.1.7.2).**

C. Free diet- A budget of Rs. 5548.30 Lakhs has been proposed for 1816840 beneficiaries, in which provision of free diet @Rs.100/beneficiary/day is also included for DWHs. **Accordingly, GOI approved the same amount for this purpose(ROP-FMR Code-A.1.7.4)**

D. Free drop back - A budget of Rs. 3370.28 Lakhs has been proposed for 1348112 beneficiaries. This year 102 & 108 ambulance services are being operationalize fully. Therefore it is believed that referral transport will be provided to more number of beneficiaries. This target has been kept for calculation purposes. **Accordingly, GOI approved the same amount for this purpose(ROP-FMR Code-A.1.7.5)**

4)- OPERATIONALIZATION OF COMPREHENSIVE ABORTION CARE(CAC) SERVICES

- Safe abortion care services are planned to be strengthened in all the districts this year.
- Procurement of 866 kits of EVA/MVA was proposed @ Rs 2500.00 per kit and is booked under procurement head, **which is approved by GOI (ROP-FMR Code-B.16.1.1.2).**
- Activities and budget has been planned to promote proper functioning of District Level Committees (DLCs)-
 - Regular inspection and reviews to register new facilities and
 - Monitor quality of services in all registered sites
 - Strengthen record keeping and reporting from all the service sites to DLCs and from DLCs to the state level is planned to be undertaken this year.
- State level reviews will be conducted jointly with all MH interventions planned under FMR A.1.6.1. **A budget of Rs. 22.50 Lakhs was proposed for operationalization of CAC services for the year 2013-14 as per below, out of which GOI approved Rs. 15.00 Lakhs only (ROP-FMR Code-A.1.1.3) for quarterly meeting of DLC with certified service providers.**

Sl.	Operationalization of CAC services	Quantity / Target	Unit Cost (Rs)	Frequency	Budget (Rs. Lakhs)
1	Strengthening of District level Committees (Contingency support for DLCs, Printing of facility log books, Printing of certification booklet, consent forms, Forms A/B/C & 1/2/3, Inspection forms for DLCs, Facility Reporting system to be institutionalized)-	75	10000.00	1	7.50
2	Quarterly meeting of DLC with certified service providers	75	5000.00	4	15.00
3	State level reviews will be done with comprehensive MH review				-
	Sub Total				22.50

5)- MATERNAL DEATH REVIEW

From this year close monitoring will be done for implementation of maternal death reporting and review programme.

Old Activities

1. It is estimated that at least 80% deaths will be reported and 60% will be audited by block teams and facilities. Rs 300.00 per audit has been planned as last year.
2. Quarterly reviews and media workshops will be conducted at quarterly basis at each division to spread messages for maternal death reporting from all quarters. For this Rs 25000.00 per quarterly review per division (total Rs. 1.00 Lakh per division) has been proposed.
3. Districts will conduct one day orientation of MDR teams from each facility and conduct monthly reviews for which Rs 25000.00 per district per year has been planned.
4. Contingency support at block level is proposed for printing of formats etc. @ Rs 1000.00 per block.
5. Audits by independent Audit teams have been planned in high focus 20 districts under 5 divisions with MMR > 400 per Lakh live births. Rs 3000.00 per team is budgeted for each review visit. An 80% of total expected 6980 maternal deaths i.e. 5584 maternal deaths is expected to be done by them.

New Activities

6. Incentive for primary informers for reporting a maternal death has been increased to Rs. 200.00 per case. This activity is budgeted under ASHA incentives.
7. Orientation of Primary Informers (ASHA/AWW/PRI & others) with appeal to Pradhans is proposed at each block level by MOICs and DCMs. Budget has been planned @ Rs 50.00 per person. Number has been decided based on number of functional ASHAs x 3 in the districts for ease of calculation.
8. Support for analysis of data and dissemination will be provided by UNICEF and BMGF. Therefore, no budgetary proposal made for this activity.

The budgetary proposal for Rs. 441.55 Lakhs for maternal death reviews for the year 2013-14 is as below:

Sl.	Activities	Quantity/ target	Unit Cost	Total amount (Rs. In Lakhs)
1	Budget for CBMDR @ Rs. 300.00/MDR for 60% of Maternal deaths	11560	300	34.68
2	Rs.1000/- for printing format per block for 820 blocks	820	1000	8.20
3	Orientation of primary informers (ASHA,AWW,PRI, others)@ Rs.150* no. of ASHA in the district	386259	50	193.13
4	4 quarterly review meetings at districts @ Rs 25000.00 /year (Orientation cum reviews)	75	25000	18.75

5	4 quarterly reviews at divisional level @ Rs.25000.00 /review	18	100000	18.00
6	Budget for Independent evaluation team (FOR Districts of 5 divisions with high MMR) @No. of Maternal Death*80 % *Rs.3000/- in Lakhs	5584	3000	167.52
7	Orientation of Independent evaluation teams (40 persons)	40	1	1.27
Sub Total				441.55

To fulfil the above objectives, GOI approved Rs. 441.55 Lakhs for the year 2013-14 (ROP-FMR Code-A.1.5)

Pilot Project in 5 High MMR Divisions (20 districts)

Division	District	Expected Maternal death in District in year	Budget for Independent evaluation team (FOR Districts of 5 divisions with high MMR) @No. of Maternal Death*80 % *Rs.3000/- in Lakhs
Allahbad	Allahabad	700	16.80
	Fatehpur	278	6.67
	Kaushambi	202	4.85
	Pratapgarh	400	9.60
Bareilly	Budaun	437	10.49
	Bareilly	553	13.27
	Pilibhit	230	5.52
	Shahjhanpur	374	8.98
Basti	Basti	280	6.72
	Sant Kabir Nagar	220	5.28
	Siddhrathnagar	280	6.72
Gonda	Bahraich	434	10.42
	Balrampur	323	7.75
	Gonda	416	9.98
	Shrawasti	198	4.75
Faizabad	AmbedkarNagar	273	6.55
	Amethi	350	8.40
	Barabanki	398	9.55
	Faizabad	312	7.49
	Sultanpur	322	7.73
TOTAL		6980	167.52

Budget Details of Orientation of Independent Evaluators

Sl.	Activities	Target/ Quantity	Unit Cost	Total Budget (in Rs.)
1	Participants	40	1000	40000.00
2	Food	45	150	6750.00
3	FTA	20+20	1000X20+2000X20	60000.00
4	Material	40	500	20000.00
Sub Total				126750.00 (i.e.1.27 Lakhs)

6)- MATERNAL HEALTH REVIEW WORKSHOPS/MEETINGS

For the year 2013-14, State has proposed 9 review workshops/meetings at various levels, in which 4 quarterly review workshops/meetings would be organized at state level, 4 Zonal review workshops/meetings at 4 zones and 1 national level review workshop/meeting at state level. **For this purpose an amount of Rs. 25.00 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.1.6.1)**

7)- HUMAN RESOURCE

Under Maternal Health programme, human resource is being proposed at various levels for the year 2013-14. The details about human resource along with budgetary proposal are given under **Human Resource Chapter**.

8)- TRAINING

Under Maternal Health programme, trainings are being proposed at various levels for the year 2013-14. The detailed plan of trainings along with budgetary proposal is given under **Training Chapter**. Further, it also is being proposed that:

- MTP training under MTP act is proposed to be given to MBBS doctors by attachment to PPOT of district level facility. It is proposed that 100 doctors will be trained and certified by DLCs this year. No additional budget has been planned for this activity.

5 days training of 90 doctors and nurses has been planned on CAC/MMA/MVA/EVA under training plan (FMRA.9.3.4.2) by SIHFW.

9)- IEC/BCC ACTIVITIES

Under Maternal Health, to carry out IEC/BCC activities a budget of Rs. 1766.39 Lakhs is being proposed for the year 2013-14. Out of which a budget of Rs 637.50 Lakhs is proposed for printing of 3750000 “Safe Motherhood booklets”. Further 2 campaigns (Chance Kyo Lena Hai and Chaar Gaanth) are also being proposed to promote maternal health services in the state. Additionally there are some other activities like wall writing 10x 8sq ft @ Rs. 10.00 psf at Block level. One wall painting at each block in 820 Blocks and on 16000 govt Subcenters on ANC, PNC and stay of 48 hours in hospital, which will be met from VHNSC Untied Fund. Further, Rs.232.80 Lakhs is also proposed for hoardings 4 per district and 2 per block, size 20x10 sq. Ft. of 300 GSM. (JSY/JSSK), which will be met from 1% JSY Administrative budget. **Detailed IEC/BCC activities given in Mission Flexi pool under IEC/BCC Chapter.**

10)- PROCUREMENT

Procurement of equipments, drugs and consumables under maternal health programmes is as below:

A - Equipment for MH					
Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget (In Lakhs)	Remarks
1.	MVA/EVA for safe abortion services.	866	2500.00	21.65	Approved
2.	Establishment of new Sub Centres.	1000	-----	450.00	Budget for furniture and equipments (pending)
Sub Total				471.65	

Thus, a total budget of Rs. 471.65 Lakhs was proposed for the procurement of equipments for Maternal Health, out of which GOI approved only Rs. 21.65 Lakhs(ROP-FMR Code-B.16.1.1.2) for the year 2013-14.

B Drugs and supplies for MH					
Sl.	Name of essential drugs	Requirement of drugs for the FY 2013-14			Remarks
		Quantity	Unit Cost (Rs.)	Total amount (Rs. In Lakhs)	
1.	Drugs for safe abortion	25000	200.00	50.00	Approved
2	RTI/STI Drugs	75		1259.09	Approved
3	RPR Kits	75		22.66	Approved
Sub Total				1331.75	

Thus, a total budget of Rs. 1331.75 Lakhs was proposed for the procurement of drugs under Maternal Health. GOI approved the same amount for the year 2013-14(ROP-FMR Code-B.16.2.1.1; B.16.2.1.2 and B.16.2.1.4).

CONSOLIDATED BUDGET SHEET – MATERNAL HEALTH – 2013-2014

FMR Code	Budget Head	Proposed for 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.1.1.3	Operationalise Safe abortion services at health facilities	No.of Site	75	30000.00	22.50	15.00	@Rs.20000/site
A.1.4.	Janani Suraksha Yojana / JSY						
A.1.4.1	Home deliveries	Beneficiary	15000	500.00	75.00	75.00	
A.1.4.2	Institutional deliveries						
A.1.4.2.a	Rural	Beneficiary	2225000	1400.00	31150.00	31150.00	89% of total institutional delivery
A.1.4.2.b	Urban	Beneficiary	275000	1000.00	2750.00	2750.00	11% of total institutional delivery
A.1.4.2.c	C-sections		15000	1500.00	225.00	225.00	
A.1.4.3	Administrative Expenses	No. of Units	76		2244.00	2244.00	5% of total JSY budget(4% district and 1% state)
A.1.4.4	Incentives to ASHA	Beneficiary	1780000	600.00	10680.00	10680.00	80% of institutional rural delivery by ASHA
A.1.5	Maternal Death Review (both in institutions and community)	No.of cases	19268		441.55	441.55	Detailed annexure attached.
A.1.6.1	Maternal Health Review Workshops /Meetings	No.	9	-	25.00	25.00	National/Regional/State Workshops and meetings
A.1.7	JSSK- Janani Shishu Surakhsha Karyakram						
A.1.7.1	Drugs and consumables	Beneficiary	4000000		11125.00	11125.00	100% of institutional deliveries Rs. 350 for normal (24.30 Lakhs) & Rs.1600 for C-Section deliveries(0.70 Lakhs)+ 15 Lakhs ANCs@Rs. 100/
A.1.7.2	Diagnostic	Beneficiary	2500000	100.00	2500.00	2500.00	Rs. 100/- for 25 Lakhs PWs to cover to cover the cost of rapid diagnostic test kits.
A.1.7.4	Diet (3 days for Normal Delivery and 7 days for Caesarean)	Beneficiary	1816840		5548.30	5548.30	80% of the institutional deliveries at L-2 & L-3, @Rs. 300/- for Normal Delivery at L-2 & L-3 + @Rs.700/- for C Section Delivery at L-3

FMR Code	Budget Head	Proposed for 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.1.7.5	Free Referral Transport	Beneficiary	1348112	250.00	3370.28	3370.28	60% of the institutional deliveries at L-2 & L-3, @Rs. 250
Sub-total Maternal Health (excluding JSY)					23032.63	23025.13	
Sub-total JSY					47124.00	47124.00	
	Human Resources						
A.8.1.1.1	ANMs						
A.8.1.1.1.f	Sub Centres	No.	6760	132000.00	8923.20	3722.40	
A.8.1.1.1.h	Others	No.	1000	-	600.00	-	1000 New Sub Centres proposed to be established based on census 2011. ANM salary for 6 months @Rs. 10000/month.
A.8.1.1.2	Staff Nurses						Staff Nurse @18000/- month
A.8.1.1.2.b	FRUs	No.	658	216000.00	1421.28	3536.28	For L-3 Units
A.8.1.1.2.c	Non FRU SDH/ CHC	No.	968	216000.00	2090.88		For CHC
A.8.1.1.2.d	24 X 7 PHC	No.	1319	216000.00	2849.04		For 24*7 PHC
A.8.1.1.2.e	Non- 24 X 7 PHCs	No.	55	216000.00	118.80		
A.8.1.1.2.g	Others	No.	-		50.00	-	Staff Nurses - Azamgarh Court Cases (High Court Judgement)
A.8.1.5	Medical Officers						
A.8.1.5.2	FRUs	No.	152	480000.00	729.60	302.40	LMO at DWH-FRU
A.8.1.5.3	Non FRU SDH/ CHC	No.	231	480000.00	1108.80	-	
A.8.1.5.4	24 X 7 PHC	No.	296	480000.00	1420.80	639.36	LMO at unit having delivery more than 100/Month
A.8.1.5.5	Non- 24 X 7 PHCs/ APHCs	No.	52	480000.00	249.60	-	
Sub Total					19562.00	8200.44	
A.8.1.10	Other Incentives Schemes (Pl.Specify)						
A.8.1.10.1	FRU operationalization- Any surgeon/gynaecologist/anaesthetist on administrative posts at district level (govt sector)	No	3201	1500.00	48.02	24.00	Performance of LSCS at CHC FRU
A.8.1.10.2	FRU operationalization- Any	No	2887	1500.00	43.31	21.50	Performing LSCS at a CHC FRU

FMR Code	Budget Head	Proposed for 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
	surgeon/gynaecologist/anaesthetist posted at functional CHC FRU performing LSCS there(govt sector)						other than the place of posting
A.8.1.10.3	FRU operationalization- On call surgeon/gynaecologist/anaesthetist from private sector	No	5487	2000.00	109.74	109.74	LSCS at any FRU where no regular specialist of that speciality is posted or is on leave
A.8.1.10.4	FRU operationalization- LSCS by EMOC/LSAS trained doctors at CHCs	No	2114	500.00	10.57	10.57	LSCS
A.8.1.10.5	ANM- Full ANC/ tracking of severe anaemia	No	2221	10000.00	222.14	6.00	Quality care- 80% of expected PW registered and 80% of registered women getting 4 ANC checkups and HB measured at least once
Sub Total					433.78	171.81	
A.9.3	Maternal Health Training						
A.9.3.1	Skilled Attendance at Birth / SBA						
A.9.3.1.1	Setting up of SBA Training Centres	Batch	72	25000.00	18.00	18.00	For SBA Site
A.9.3.1.2	TOT for SBA	Batch	15	150000.00	22.50	22.50	State Level
A.9.3.1.4	Training of Staff Nurses in SBA	Batch	450	103300.00	464.85	464.85	Staff Nurses, ANMs & LHVs(4 person/batch)
A.9.3.2	EmOC Training						
A.9.3.2.1	Setting up of EmOC Training Centres	Batch	2	780000.00	15.60	15.60	Centre Running Cost and Site Strengthening cost
A.9.3.2.2	TOT for EmOC	Batch	10	70000.00	7.00	7.00	
A.9.3.2.3	Training of Medical Officers in EmOC	Batch	4	1200000.00	48.00	48.00	
A.9.3.3	Life saving Anaesthesia skills training						
A.9.3.3.1	Setting up of Life saving Anaesthesia skills Training Centres	Unit	5	100000.00	5.00	5.00	
A.9.3.3.3	Training of Medical Officers in life saving Anaesthesia skills	Batch	10	720000.00	72.00	72.00	
A.9.3.4	Safe abortion services training						
A.9.3.4.1	TOT on safe abortion services	Batch	2	100000.00	2.00	2.00	State Level

FMR Code	Budget Head	Proposed for 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.9.3.4.2	Training of Medical Officers in safe abortion	Batch	20	52000.00	10.40	10.40	State Level
A.9.3.5	RTI / STI Training						
A.9.3.5.2	Training of laboratory technicians in RTI/STI	Batch	2	107000.00	2.14	2.14	
A.9.3.5.3	Training of Medical Officers in RTI/STI	Batch	105	72660.00	76.29	76.29	
A.9.3.6	BEmOC training for MOs/LMOs	Batch	51	-	96.00	96.00	
Sub Total					839.79	839.79	
Total - RCH Flexible Pool					90952.20	79361.17	
MISSION FLEXIBLE POOL							
B1.1.3.5.6	Maternal Death Audit Information	No.of deaths	20901	200.00	41.80	20.90	
B.10.2.1	BCC/IEC activities for MH						
B.10.2.1.1	Mass media	No.	2	-	495.98	-	Approval accorded as per remark under budget head ROP-FMR Code-B.16.
B.10.2.1.2	Mid-media	No.	4	-	1270.41	-	
Sub Total					1766.39	20.90	
B16.1.1	Procurement of equipment: MH						
B16.1.1.2	MVA /EVA for Safe Abortion services	No.	866	2500.00	21.65	21.65	
B16.1.1.3.1	Establishment of New Sub Centres with funitures and equipments	No.	1000	-	450.00	-	Not Approved
Sub Total					471.65	21.65	
B.16.2.1	Drugs & supplies for MH						
B.16.2.1.1	RTI /STI drugs and consumables	No.	75		1259.09	1259.09	
B.16.2.1.2	Drugs for Safe Abortion	No.	25000	200.00	50.00	50.00	
B.16.2.1.4	RPR Kits	No.	75	-	22.66	22.66	
Sub Total					1331.75	1331.75	
Total - Mission Flexible Pool					3611.59	3569.79	
TOTAL - MATERNAL HEALTH					94563.79	82930.96	

CHAPTER-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)	5100000
Estimated number of children under 5 years (14.5 % of 19.96 crore)	28900000

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	50/1000LB (AHS 2010-11)	50/1000LB (AHS 2011-12)	Constant
Infant Mortality Rate	69 SRS 2007	67 SRS 2008	63 SRS 2009	61 SRS 2010	57 SRS 2011	Decreasing
Under Five Mortality		125.6/1000 LB NFHS-II	112.3/1000 LB NFHS-III	94/1000 LB AHS 2010-11	73 SRS 2011	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 years breastfed (within 1 hr after birth)	15.4	7.2	15.6
Children (6-9 months) Complementary 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 2012-13	51
Achievement - IMR (SRS 2011)	57

Infant mortality rate has been declining very slowly and the State is committed to meet our MDG Goals, hence 2013-14 is being celebrated as a year of ***Navjat Shishu Suraksha Varsh***. For this, more emphasis is being given to strengthen facilities, services and capacity building of health staffs working at the delivery points to prevent the neonatal morbidity and subsequently reduction in neonatal deaths.

At the community level, trained ASHAs are being involved for home based newborn care. The trained ASHAs are paying home visits 6/7 times to each of the mothers up to 42 days after delivery, so as to provide care to the mother and neonate and accordingly action is being suggested by ASHA including referral services

PRIORITIES TO REDUCE NEONATAL DEATHS

1)- FACILITY BASED INTERVENTIONS

- ☐ **Sick New Born Care Units (SNCUs)**- In the state, institutional deliveries are increasing at various facilities. Sometimes, there is a need of emergency care of the neonates. To reduce the neo-natal and peri-natal deaths, all facilities of level-III type should have sick new born care unit.
- ☐ **New Born Stabilization Units(NBSUs)**- At level -3 health facilities, where there is no SNCUs, 4 bedded NBSU has been established to stabilize sick neonates and to work as referral unit for level-2 and level-1 facilities.
- ☐ **New Born Care Corners(NBCCs)**- In each labour room of L-3 and L-2 facilities, New Born Care Corners have been established to prevent birth asphyxia, hypothermia and infections. The staff members working in the labour rooms have been trained in NSSK and Equipment handling skills. This year onwards L-1 facilities (PHCs/Accredited sub centres) will be strengthened and NBCC will be established along with NSSK and equipment handling trainings.
- ☐ **Nutrition Rehabilitation Centres (NRCs)**- To manage Severe Acute Malnutrition (SAM) cases, 26 NRCs (including 5 in Medical Colleges) have been established and made operational by March 2013. Additionally 22 NRCs have been proposed for establishing in the District Male Hospitals during the year 2013-14.

District wise details of all above functional units are shown in the following table:

2)- STATUS OF SNCU, NBSU, NBCC AND NRCS IN THE STATE

Sl.	Name of Districts	SNCUs	NBSUs	NBCCs	NRCS
1	Agra	1	2	20	0
2	Aligarh	2	1	13	1
3	Allahabad	1	4	18	1
4	Ambedkarnagar	0	3	21	0
5	Amethi	0	1	15	0
6	Amroha	0	0	1	0
7	Aurayya	0	0	8	0
8	Azamgarh	1	1	25	0
9	Baghpat	0	2	4	0
10	Bahraich	1	1	23	0
11	Balia	0	1	22	0
12	Balrampur	0	1	10	0
13	Banda	1	0	8	1
14	Barabanki	0	1	16	0
15	Bareilly	0	2	15	0
16	Basti	1	0	17	0
17	Bhadohi	0	2	8	0
18	Bijnor	0	1	17	0
19	Budaun	0	1	17	0
20	Buland Shahar	1	0	17	0
21	Chandauli	0	3	15	0
22	Chitrakoot	0	0	8	1
23	Deoria	0	1	18	0
24	Etah	0	0	9	0
25	Etawah	1	1	7	0
26	Faizabad	1	2	19	0
27	Farrukhabad	0	2	6	0
28	Fatehpur	0	2	18	0
29	Ferojabad	0	3	9	1
30	G.B. Nagar	0	1	7	0
31	Ghaziabad	0	2	5	0
32	Ghazipur	0	2	16	0
33	Gonda	0	2	15	1
34	Gorakhpur	1	3	28	1
35	Hamirpur	0	2	7	0
36	Hapur	0	0	0	0
37	Hardoi	0	2	19	1
38	Hathrus	0	2	5	0
39	Jalaun	0	1	12	0
40	Jaunpur	0	3	28	0
41	Jhansi	1	1	16	1
42	Kannauj	0	2	8	1
43	Kanpur Dehat	0	1	9	0
44	Kanpur Nagar	1	3	12	1
45	Kasganj	0	0	8	0
46	Kaushambi	0	2	10	0
47	Kushi Nagar	0	0	20	0
48	Lakhimpur Khiri	1	1	29	1

49	Lalitpur	1	0	12	7
50	Lucknow	3	12	12	0
51	Maharajganj	0	1	13	1
52	Mahoba	0	1	6	0
53	Mainpuri	0	1	11	0
54	Mathura	0	2	12	0
55	Mau	0	1	21	0
56	Meerut	2	3	9	0
57	Mirzapur	1	1	23	0
58	Moradabad	1	0	9	0
59	Muzaffarnagar	0	1	9	0
60	Pilibhit	0	1	16	1
61	Pratapgarh	1	2	18	1
62	Raibareilly	0	2	12	1
63	Rampur	0	1	7	0
64	Saharanpur	1	0	15	0
65	Sambhal	0	0	9	0
66	Sant Kabir Nagar	0	1	8	0
67	Sarwasthi	0	0	7	0
68	Shahjahanpur	1	1	13	1
69	Shamli	0	0	0	0
70	Siddharth Nagar	0	2	13	0
71	Sitapur	0	1	25	0
72	Sonbhadra	0	1	22	1
73	Sultanpur	0	2	12	0
74	Unnao	0	2	15	1
75	Varanasi	1	3	9	0
Total		27	110	996	26

3)- PRIORITIES/TARGET FOR THE YEAR 2013-14

- ❑ **Sick New Born Care Units (SNCUs)-** In the year 2012-13, 27 SNCUs are to be established and made functional. Till March 2013, 15 SNCUs have been made functional and 12 are under progress. Hence, GOI has approved for HR for 15 SNCUs only and operational cost alongwith running cost approved for 27 SNCUs (**ROP-FMR Code-A.2.2.1**).
- ❑ **New Born Stabilization Units(NBSUs)-** Upto March 2013, 92 NBSUs were functional and for 2013-14, all the FRUs will have NBSU, where there is no SNCU. Therefore, the target of 117 units has been kept.
- ❑ **New Born Care Corners(NBCCs)-** Upto March 2013, 996 NBCCs have been established in all labour rooms of DWH, CHCs and PHCs. This year the accredited centres will also be covered. For the year 2013-14, the target is 1430 units.
- ❑ **Nutrition Rehabilitation Centres (NRCs)-** Upto March 2013, 26 NRCs have to made functional, out of which 24NRCs are functional this year. GOI has approved 22 new NRCs in High Priority Districts (ROP-FMR Code-A.2.5)

4)- HUMAN RESOURCE

- ❑ **Sick New Born Care Units (SNCUs)** - At present, 27 SNCUs in district women hospitals are fully functional in the state. At district level SNCU, there is provision of 3 paediatricians (MD/DCH) and 6 staff nurses for each. At medical colleges, there is provision of 8 staff nurses for each medical college. Further, there is also a provision of 2 Ward Aya and 2 Safai Karmchari at each SNCU.
- ❑ **New Born Stabilization Units(NBSUs)**- The doctor and the staff working in hospitals will manage the NBSU. They are being trained for F-IMNCI and NSSK.
- ❑ **New Born Care Corners (NBCCs)**- The doctor and the staff working in hospitals will manage the NBCC. They are being trained for NSSK and equipment handling.

Under Child Health programme, human resource is being proposed at various levels for the year 2013-14. The details about human resource along with budgetary proposal are given under Human Resource Chapter.

5)- TRAININGS

Under Child Health programme, various trainings are being proposed at different levels for the year 2013-14. The detailed plan of training along with budgetary proposal is given under Training Chapter. The present status of trainings under child health programme is as below:

- ❑ **NSSK Training** - All the staff posted at delivery points are trained for Navjat Shishu Suraksha Karyakram (2 days NSSK). In Year 2010-11 and Year 2012-13 MO/Staff Nurse/ANMs posted at L-2 & L-3 has been trained as given table below. In year 2011-2012 training could not be conducted. This training is in progress to achieve the remaining target of Year 2012-13. This year Level -1 delivery point has been identified and all the ANMs working at L-1 Sub centres and PHCs (30,000 Population) will be covered under this training.

2 Days NSSK Training						
Year	Target	Achievement				
		MOs	Staff Nurse	ANMs	Total	%
2010-11	3385	853	859	1218	2930	86.6
2012-13	4993	787	859	1346	2992	59.9
TOTAL	8378	1640	1718	2564	5922	70.7

- ❑ **Essential Newborn Care Equipment Training** - All the staff trained for NSSK working at delivery points has been provided one day equipment handling training for use and maintenance of equipments.

The TOT has been conducted at Jawahar Lal Medical College Aligarh with the support of UNICEF. ANMs Staff Nurses and MOs posted at L-2 & L3 level have given One Day

Equipment handling training for proper use and maintenance of equipment in NBCC and NBSU. The progress is given below:

1 Day Equipment Handling Training						
Year	Target	Achievement				
		MOs	Staff Nurse	ANMs	Total	%
2012-13	7267	918	839	1259	2992	41.2
TOTAL	7267	918	839	1259	2992	41.2

The Training is in progress to achieve the target of 2012-13.

- ❑ 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 sick newborn babies. 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. Till date, the achievement against the target is given below.

Sl.	Target up to March 2013	Achievement up to March 2013	%	Remarks
1	1742	588	33.8	Training is under progress this year also. The detail list of participants is available on website www.upnrhm.gov.in

- ❑ Status of IMNCI Plus for Medical Officers (Physicians Training)**-The IMNCI Plus or CCSP training is also being provided to Medical officers posted at CHC/PHC to support the trained ASHAs and ANMs/LHVs.

Sl.	Target up to March 2013	Achievement up to March 2013	%	Remarks
1	2083	607	29.1	Training is under progress this year also. The detail list of participants is available on website www.upnrhm.gov.in

- ❑ IMNCI plus (CCSP) Training for ASHA/ANMs/LHVs** -To reduce IMR, 10 days skill development training of Integrated Management of Neonatal and Childhood Illness is being provided to ANMs/LHVs/ASHAs as per GOI approved plan. The physical progress of the trainings is given below:

Sl.	Target up to March 2013	Achievement up to March 2013	%	Remarks
1	124362	47583	38.3	Due to unavailability of module progress is slow.

- ❑ Home Based Newborn Care (Community Based Intervention)** - IMNCI Plus (10 days CCSP Training) training is being conducted in all the 75 Districts. In the year 2012-13, the

trained ASHAs in IMNCI Plus (CCSP) 36 Districts of 1st and 2nd phase were taken. ASHAs were given Rs 250.00 per child as incentive after providing following services

1. Ensuring Birth Registration
2. Ensuring BCG & Zero dose Polio
3. Ensuring recording of Birth Weight
4. Conducting 6/7 Post Natal visits for Mothers & Neonates and ensuring baby alive up to 42 days.

Up to March 2013 about 50,000 ASHAs are trained and in the Year 2013-14 about 15,000 ASHAs will be trained. An incentive of Rs.250.00 per child for 12 months to already trained ASHAs and for those ASHAs **who will be trained in 2013-14 the incentive is for 9 months only. An amount of Rs. 4507.31 Lakhs was proposed, which is approved by GOI (ROP-FMR Code- B1.1.3.2.1)**

6)- HBNC DRUG KITS

Provision of HBNC drug kits is to ensure availability of some of the basis medicines at the level of ASHAs like Syrup Paracetamole, Syrup Cotrimoxazole and Gention Violet, so that she can provide basic community care to the new borns. These drug kits are provided to trained ASHAs, who have undergone IMNCI Plus (CCSP) training or module VI-VII trainings.

For the year 2013-14, for 64905 new HBNC kits an amount of Rs. 843.77 Lakhs was proposed, which is approved by GOI(ROP-FMR Code- B1.1.2.4) and further for replenishment, for 32148 HBNC kits, Rs. 96.44 Lakhs was proposed, which is approved by GOI(ROP-FMR Code- B 16.2.5.2).

7)- PRINTING OF FORMATS

Home Based New Care (HBNC) Formats- For the year 2013-14, it was proposed that for the post natal visits 59691 nos. ASHAs are to be given reporting formats, **for which Rs 43.35 Lakhs was proposed, which is pending (ROP-FMR Code-9.5.5.2.d).**

CCSP (IMNCI+Plus) Modules- For the year 2013-14, printing of modules of CCSP (IMNCI +Plus) - ANM/LHV/ASHA and printing of job aids and tools (20000 nos.) were proposed, **for which Rs.119.65 Lakhs was proposed, which is pending (ROP-FMR Code- 9.5.5.2.e)**

8)- INFANT YOUNG CHILD FEEDING (IYCF)

It is established that 13% IMR can be reduced only by exclusive breast feeding and if timely complementary feeding initiated, then 6% deaths under 5 may be reduced. Hence, to create awareness and promote IYCF practices, World Breast Feeding week is celebrated every year from 1st to 7th August, for this funds were asked but GoI has not approved and kept it as pending.

As per GOI operational guidelines for IYCF practices, an amount of Rs. 149.16 Lakhs will be again proposed to GOI.

The key features of IYCF as per operational guidelines of GoI are as follows:

- 1) Development of state plan of action and its release during breastfeeding week
- 2) Breastfeeding week celebration across 75 districts and 820 Blocks
- 3) Orientation of CMOs on the IMS Act
- 4) Skill based training on IYCF in 10 high priority districts using existing master trainers available in the state
- 5) IEC and communication activities during breastfeeding week and in institutions

In last year (2012-13) the training plan was not included in PIP but as per GoI operational guidelines, 10 high priority districts have been selected for IYCF training on BPNI Module in phased manner (3 Days Trg. for M.O and 7 days Trg. for S.N. and others). **In the year 2013-14, to celebrate of breastfeeding week and IEC/BCC in all the districts along with state level, an amount of Rs.119.20 Lakhs was proposed, which is pending (ROP-FMR Code- A.2.4).**

9)- MANAGEMENT OF DIARRHOEA

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 Zinc 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 14 days old 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.

Development partners like Micronutrient Initiative are providing active support in this programme. In 2011, GOUP had issued a detailed guideline of treatment protocol and implementation strategy of childhood diarrhoea and shared with Health and ICDS counterparts. The guidelines emphasize on capacity building of functionaries (MO/ICs, ANM, Supervisors, ASHA, AWWs) of departments, timely procurement and usage of supply, intensive monitoring and promoting use of Zinc and ORS for treatment of Diarrhoea. The state and district plan of diarrhoea have taken these components into consideration while estimating budget for 2012-13.

For this purpose, Rs. 273.34 Lakhs was proposed in RCH Flexible pool for state and district level activities, for which approval is pending(ROP-FMR Code-A.2.6) and Rs. 825.10 Lakhs was proposed for procurement of Zinc and ORS for diarrhoea programme under Mission Flexible Pool in procurement head, which is approved by GOI(ROP-FMR Code-B.16.2.2.1).

10)- BAL SWASTHYA POSHAN MAH (BSPM)

Vitamin A supplementation programme in UP is in line with GOI policy of ensuring 9 Doses of Vitamin-A supplementation for children between 9 months to 59 months age group. The strategy for administering Vitamin A is to provide first dose along with the measles in the age

group of 9 months- 12 months. 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 – UP is implementing biannual strategy in the form of biannual Bal Swasthya Poshan (BSPM). 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 sector is 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.

The program has been scaled up since December 2006 across the entire state and is implemented jointly by Directorate of Family Welfare and ICDS with support of development partners mainly UNICEF and Micronutrient Initiative. During the biannual rounds, 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.

The BSPM programme focuses on strengthening joint Health and ICDS planning and review meetings, streamlining logistics and ensuring monitoring during the rounds. The district and state PIP budget has been proposed accordingly

The continuation and success of the programme in recent years has been affected by interrupted supplies. The coverage has been on decline since last 1.5 years due to supply bottlenecks.

For this purpose, Rs. 192.37 Lakhs was proposed in RCH Flexible pool for state and district level activities, for which approval is pending (ROP-FMR Code-A.2.7) and Rs. 546.94 Lakhs for procurement of Vitamin A for diarrhoea programme under Mission Flexible Pool in procurement head, which is approved by GOI (ROP-FMR Code- B.16.2.2.2).

11)- IEC/BCC ACTIVITIES

Under Child Health, to carry out IEC/BCC activities a budget of Rs. 18.69 Lakhs is being proposed for the year 2013-14. **Details of IEC/BCC activities given in Mission Flexi pool under IEC/BCC Chapter.**

12)- PROCUREMENT

Under Child Health Programme, a total budget of Rs. 200.52 Lakhs was proposed for the procurement of equipments and Rs. 1415.13 Lakhs was proposed for the procurement of drugs and supplies. **Details of these items are given in Procurement Chapter in Mission Flexi pool.**

CONSOLIDATED BUDGET SHEET – CHILD HEALTH – 2013-2014

FMR Code	Budget Head	Proposed 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.2.2.1	SNCU	No.of Facility	27	300000.00	81.00	210.00	Continued activity. Rs.210 lakhs is approved as operational cost for sanctioned units (that is proposed in B16.1.2.2 and B.16.2.2.4). As per reports only 15 SNCUs are functional for which operational cost 10 lakh each is given=150 lakhs. For other 12 units that are yet to operationalise operational cost of Rs. 5 lakh for 6 months is given=60 lakhs.
A.2.4	Infant and Young Child Feeding/IYCF	Programs	92		119.20		Approval Pending
A.2.5	Care of Sick Children and Severe Malnutrition (e.g. NRCs, CDNCs etc.)	Facility	60		470.56	332.60	Continued activity. Approved for 26 operational units @ Rs.7.8 lakhs per units =Rs. 202.8 lakhs. 22 New units approved in high priority districts Rs. 2 lakhs as establishment cost and Rs.3.9 lakhs as recurring costs approved=Rs.129.8
A.2.6	Management of diarrhoea & ARI & micronutrient malnutrition	No.of Children	2895759		273.34	-	Approval Pending
A.2.7	Other strategies/activities-BSPM	No.	6775		192.37	-	Approval Pending
A.2.10	JSSK (for Sick neonates upto 30 days)						
A.2.10.3	Free Referral Transport	No.of newborn	140510	250.00	351.27	351.28	
Sub-total Child Health					1487.75	893.88	
A.8	Human Resources						
A.8.1.1.2.f	SNCU/ NBSU/NRC etc	No.	412		743.04	316.80	Approved for 27 SNCUs, 8 Staff Nurses per SNCU i.e. 216 Staff Nurses @ Rs.16500/m =213.84 lakhs. For 26 NRCs, 4 Staff Nurse each i.e. 104 Staff Nurses @ Rs.16500/m for 6 months = Rs. 102.96 lakhs. Total approval for 316.8 lakhs. For 22 new NRCs that are being approved, the

FMR Code	Budget Head	Proposed 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
							Salary may be proposed in Supplementary PIP as establishment has been done. Approval is being granted for six months only
A.8.1.3.5.d	Specialists for CH (Paediatrician etc) in SNCU,NBSU,NRC	No.	57	600000.00	342.00	164.16	Approved for 19 SNCUs (7 already operational & 12 yet to be made operational), 3 Pediatrician each i.e. 57 Pediatricians @ Rs.48000/m is approved. Hence Medical Officers are not approved in A.8.1.5.7 Approval is being granted for six months
A.8.1.5.7	MOs for SNCU/ NBSU/NRC etc	No.	58	480000.00	195.60	-	Medical Officers are not approved as State has proposed for Pediatricians for SNCUs in A.8.1.3.5.d
A.8.1.5.8	Other MOs	No.	23	480000.00	110.40	10.80	Approved for existing 5 MO @ Rs.36000/m. Approval is being granted for six months only
A.8.1.7.5.4	Nutritionist	No.	60		93.96	23.40	Approved for existing 26 Feeding Demonstrator/Nutritionist @ Rs.15000/m. Approval is being granted for six months only
A.8.1.11.f	Support Staff for Health Facilities	No.	86	-	140.00	14.04	Approved for 26 care takers and 26 cooks.
Sub-total- Human Resources					1625.00	529.20	
A.9	TRAINING						
A.9.5.1.1	TOT on IMNCI (pre-service and in-service)	Batch	14	-	39.91	39.91	
A.9.5.1.2	IMNCI Training for ANMs / LHVs	Batch	714		1910.59	1910.59	
A.9.5.2	F-IMNCI Training						
A.9.5.2.2	F-IMNCI Training for Medical Officers	Trainee	484	-	64.89	64.89	
A.9.5.2.3	F-IMNCI Training for Staff Nurses	Trainee	388	-	51.89	51.89	
A.9.5.5.1	NSSK Training						-
A.9.5.5.1.2	NSSK Training for Medical Officers	Batch	233		171.56	171.56	
A.9.5.5.2	Other Child Health training						-
A.9.5.5.2.a	10 Days CCSP- Physician Training (TOT on IMNCI Plus) (pre-service and in-service) - Physician At State	No.of trainee	578		138.88	138.88	

FMR Code	Budget Head	Proposed 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
	Level (Med.College)						
A.9.5.5.2.b	SNCU Equipment handling training-FBNC	Batch	23	-	27.09	27.09	
A.9.5.5.2.c	Printing of training modules of NSSK	No.	4697	-	1.50	1.50	
A.9.5.5.2.d	Printing of Formats (No.of ASHAs for Incentive*3 format)	No.	59691	-	43.35	-	Approval pended
A.9.5.5.2.e	Printing of training module of CCSP-ANM/LHV/ASHA and printing of set of job aids and tools	No.	20000		119.65	-	Approval pended
Sub-total Training					2569.30	2406.31	-
Total-RCH Flexipool					5682.06	3829.39	
	.						
MISSION FLEXIBLE POOL							
B1.1.2.3	Procurement of ASHA HBNC Kit						-
B1.1.2.4	New Kits	ASHA	64905	1300.00	843.77	843.77	
B1.1.2.5	Replenishment	ASHA	32148	300.00	96.44	-	Approved under (B 16.2.5.2).
Sub Total					940.21	843.77	
B1.1.3.2	Incentive under CH (HBNC)						-
B1.1.3.2.1	Incentive for ASHAs for VI & VII module trained/CCSP trained ASHA	No.of newborn	1802923	250.00	4507.31	4507.31	
Sub Total					4507.31	4507.31	
B.10.2.2.1	Mass media	No.	4125	-	18.69	-	Approval as per remark under budget head B.10
Sub Total					18.69	-	
B16.1.2	Procurement of equipment: CH						-
B16.1.2.1	Procurement of equipments for NRC	Units	58		25.02	-	Approved* in A.2.5
B16.1.2.2	Procurement of equipments for SNCU	Units	27	650000.00	175.50	-	Approval Pended
Sub Total					200.52	-	
B.16.2.2	Drugs & supplies for CH						-
B.16.2.2.1	Zinc and ORS for Childhood Diarrhoea Programme	No.	54804337	-	825.10	825.10	
B.16.2.2.2	Procurement of drugs under child	No.	936974	-	546.94	546.94	

FMR Code	Budget Head	Proposed 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
	health (Vitamin A for BSPM)						
B.16.2.2.3	Drugs & Consumables for NRC		55		29.59	-	Approved* in A.2.5
B.16.2.2.4	Drugs & Consumables for SNCU		27	50000.00	13.50	-	Approved* in A.2.2. Additional costs for drugs to be derived from JSSK
	Sub Total				1415.13	1372.04	
	HBNC Kits - Replenishment						
B.16.2.5.2	OPD		-		-	96.44	Replenishment of kits @ Rs. 300 for 32148 kits.
	Sub Total				-	96.44	
	Total-Mission Flexipool				7081.86	6819.55	
	.						
	TOTAL - CHILD HEALTH				9651.16	9225.86	

CHAPTER-A.3: FAMILY PLANNING

1)- BACKGROUND

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 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 method has increased from 9% in 1998-99 to 12% in 2005-06.

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 providing limiting method of family planning. State Family Planning performance is as follows in last few years.

State Family Planning Performance

Methods	2009-10	2010-2011	2011-12	2012-13(Up to Dec.)
Vasectomy	10276	8199	8658	4961
Tubectomy	410121	371237	310185	125480
Total Limiting	420397	379436	318843	130441
IUCD	1522226	1543354	1390745	926066
MTP	78588	77602	70285	43153
C C users	974716	812348	811852	798697
OP users	692972	343058	245990	299920
Total Spacing	3268502	2776362	2374975	2936473

2)- FAMILY PLANNING MANAGEMENT ACTIVITIES

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. UP being a large state min 2 batches will be required for review meetings. **Therefore, a budget of Rs 1.00 Lakhs was proposed for this activity in year 2013-14, which is approved by GOI (ROP-FMR Code-A.3.5.4.1).**

Orientation Workshops on technical manuals of FP viz. standards, QA, FDS approach, SOP for camps, Family Planning Indemnity Scheme etc.

In view of frequent transfers and change of district functionaries it is important to conduct dissemination workshop 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 (Rs.18.75 Lakhs for district workshops @ Rs.25,000/- per workshop per district; Rs. 2.00 Lakhs for state workshops@ Rs. 0.50 Lakh for 04 batches). **Thus, a total budget of Rs. 20.75 Lakhs will be required for this activity during the year 2013 – 2014, which is approved by GOI (ROP-FMR Code-A.3.1.1)**

3)- TERMINAL/LIMITING METHOD (PROVIDING STERILIZATION SERVICES IN DISTRICTS)

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

The two fixed day services “under fixed day sterilization services” (ligation/abdominal Tubectomy) will be continued at all district women hospitals/ combined hospital/ PPCs and CHCs having either a surgeon or gynaecologist or an LMO. Preferably, Tuesdays and Fridays would be fixed for such services. However, any other day may be fixed as per suitability in consultation with the CMO. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. A separate register would be maintained to record number of sterilizations conducted on fixed days, including the details of clients and the surgeon conducting the sterilization.

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

Provision of fixed day NSV services at each District Male Hospital/ Combined Hospital and FRUs will continue. Any day may be fixed in consultation with the CMO. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. In case of non availability of the service providers; efforts would be made to train them for NSV at the earliest.

Number of Female Sterilization camps in districts

In order to achieve the target of sterilization, each district organizes sterilization camps at block or tehsil level 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 funds for Female sterilization camps. **Thus, to organize 12294 camps during the year 2013 – 2014, a budgetary requirement of Rs.245.88 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-A.3.1.2) and additionally, a budget of Rs. 122.94 Lakhs will also proposed for mobility of surgeon teams @ Rs 1000/team, which is approved by GOI(ROP-FMR Code-A.3.3).**

Number of NSV camps in districts

Besides providing NSV services on regular basis, it is proposed that each district hospital will organize at least 2-12 NSV camps per year depending on their performance & client load. A total no of 945 NSV cams are proposed this year. For organizing each NSV, Rs.3500.00 are

admissible to districts. **Thus, an amount of Rs.33.08 Lakhs @ Rs.3500/- per sterilization was proposed for the year 2013-2014, which is approved by GOI(ROP-FMR Code-A.3.1.3).**

Compensation for Sterilization (Female)

Female sterilization has declined this year. Till December 2013, around 1.25 Lakhs sterilizations were performed. Now with the availability of trained providers, it is expected that in the year 2013 -14 around 4.83 Lakhs sterilizations would be performed. Out of this 4.65 Lakhs cases are expected from public sector which will be compensated @ Rs 1000 and 0.18 Lakh cases are expected from private sectors to be compensated at @Rs 1500. **An amount of Rs.4927.78 Lakhs was proposed for this activity for the year 2013-2014, which is approved by GOI(ROP-FMR Code-A.3.1.4)**

Compensation for Sterilization NSV (male)

Up to December 2013, a total of 4961 male sterilizations have been performed. However, considering that this year all four centres of excellence for NSV are established and have started working, and work load is generated through them, therefore it is now estimated that in the year 2013 -14 around 16296 sterilizations would be performed. **An amount of Rs. 244.44 Lakhs @ Rs.1500/- per sterilization was proposed for the year 2013 -14, which is approved by GOI (ROP-FMR Code-A.3.1.5)**

4)- ACCREDITATION OF PRIVATE CENTRE'S/NGOS FOR STERILIZATION SERVICES

There are certain hindrances because of which private nursing's homes and centre's have not been accredited. For that we proposed a budget of Rs.1.0 Lakh for organizing a state level workshop in 2 batches at state to address the issues in Accreditation of Private Centers/nursing homes to increase the Sterilization Services in the State. Also at district level we are proposing 01 workshop per district with private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. So for State and District level workshop **an amount of Rs.8.50 Lakhs was proposed for the year 2013 -14, which is approved by GOI(ROP-FMR Code-A.3.1.6).**

5)- PLANS FOR POST PARTUM STERILIZATION

Deployment of Family Welfare Counsellors

Taking the opportunity of large no. of institutional delivery under JSY scheme the Family Planning counsellors are being deployed. They will have the opportunity to reach all the mothers and they will counsel the women and address their concern for small family norms. They will also counsel for adaptation of Post Partum family planning methods. It is proposed to deploy 01 F.W Counsellor at all those facility where more than 150 deliveries are being done in a month. No of counsellor will be required is 435. **Accordingly, a budget of Rs. 548.10 Lakhs was proposed for honoraria of 435 counsellors for the year 2013-14, out of which GOI**

approved Rs. 161.82 Lakhs only for 290 counsellors @Rs.9300/month for 6 months (ROP-FMR Code-A.8.1.7.5.1).

6)- SPACING METHOD

Expected numbers of cases of IUD insertion are 1435044 for which budget of Rs.287.00 @Rs.20 is required. This year fixed days for services are being proposed at L1 Centre's (1563) @ Rs.5000 per year to meet logistic supply's to organize these fix days. **This way a budget of Rs 364.85 Lakhs was proposed for the year 2013-14. For this purpose, GOI approved Rs. 399.67 Lakhs with the comment that “ Rs.46.89 lakhs @ Rs.3000/ facility/ year for 1563 facilities, Rs.286.70 lakhs for 1433481 IUCD insertions (@ Rs.20 each), and Rs. 66.09 lakhs @ Rs.75/- for 88114 beneficiaries shifted from A.3.2.3” (ROP-FMR Code-A.3.2.2)**

7)- PERFORMANCE BASED REWARDS TO INSTITUTIONS AND PROVIDERS

Performance based rewards to Institutions and Providers for FP Performance at State and District level - To encourage the service providers and for better community mobilization for family planning services it is proposed to give performance based rewards to the facility, service provider, ANM, ASHA. This year we propose to give away these rewards at Divisional level.

This will help to enhance the acceptance of program in the community along with motivation of the service providers and boosting up their performance level. For this purpose, **an amount of Rs.36.40 Lakhs was proposed for the year 2013 -14, out of which GOI approved Rs.12.13 Lakhs only (ROP-FMR Code-A.3.5.2) with the comment that “State level: Rs. 0.88 lakh (Rs.30000 for 1st, Rs. 20000 for 2nd and Rs. 15000 for 3rd position for best performing tubectomy surgeon at district and Rs.20000/- for the best performing NSV surgeon, Rs.2000/- for best SN and Rs.1000/- for best ANM). Division level: Rs. 11.25 lakh @ Rs. 62500/- per division (Rs.20000 for 1st, Rs. 15000 for 2nd and Rs. 10000 for 3rd position for best performing tubectomy surgeon at each division, Rs. 15,000 for best performing NSV surgeon, and Rs.2000/- for best SN and Rs.500/- for best ANM)”.**

8)- INCENTIVES FOR ASHA

For promoting permanent method of FP after only 02 children-@Rs 1000 per case for 13268 cases, a budget of Rs 132.68 Lakhs was proposed for the year 2013-14 but GOI approved Rs. 750.00 Lakhs for 75000 beneficiaries @ Rs. 1000 per case under Mission Flexible Pool (ROP-FMR Code-B1.1.3.3.1). Additionally, GOI also approved two more incentives of Rs. 1000.00 Lakhs under Family planning (a). For ensuring spacing for 2 years after marriage for 1.00 lakh beneficiaries @ Rs.500/- each (ROP-FMR Code-B1.1.3.3.2) and (b). For ensuring spacing for 3 years between 2 children for 1.00 lakh beneficiaries @ Rs.500/- each(ROP-FMR Code-B1.1.3.3.3).

9)- SOCIAL MARKETING OF CONTRACEPTIVES

Social Marketing is being implemented in the 71 districts of the state with USAID support. Under this, Condom promotion and OCPs is being made available through conventional and unconventional retail outlets and Community based Depot (CBD) holders.

10)- OTHER STRATEGIES/ACTIVITIES

Under this head, state has proposed two strategies/activities for the year 2013-14. These strategies were: (1) Orientation of district nodal officers for change in FP Beema Policy and (2) Family Planning Indeminty Scheme. **For these activities, an amount of Rs. 212.50 Lakhs was proposed, which is approved by GOI. (ROP-FMR Code- A.3.5.4.2 & A.3.5.4.3)**

11)- HUMAN RESOURCE

Under Family Planning Programme, human resource is being proposed at various levels for the year 2013-14. For this purpose, an amount of Rs. 2147.46 Lakhs was proposed, out of which GOI approved Rs.161.82 Lakhs only. **The details about human resource along with budgetary proposal are given under Human Resource Chapter.**

12)- TRAINING

Under Family Planning Programme, various trainings are being proposed for the year 2013-14. For Clinical Family Planning Trainings, SIFPSA has been designated as nodal agency. The requirement of funds for NSV, Laparoscopic, Abdominal Tubectomy, IUCD Training, PPIUCD for Medical Officer training and FWC training for the year 2013-14 for meeting the set objectives will be required. For these trainings state proposed a **total sum of Rs.461.05 Lakhs was proposed for the year 2013-14, against which GOI approved 1067.17 Lakhs. The detailed plan of training along with budget proposal is given under Training Chapter.**

13)- IEC/BCC ACTIVITIES

Under Family Planning Programme, Child Health, three IEC/BCC campaign are proposed for the year 2013-14. These campaign are developed by (1) UNFA/USAID “Khushi Ka Mantra” (2)“PPIUCD” by SIFPSA and (3) Bill Melinda gates Foundation “Ek Teen Do”. IEC/BCC Activities under Family Planning are proposed in order to promote Spacing and small family norm, demand generation for IUCD/PPIUCD and other Spacing methods. **A sum of Rs. 1179.77 Lakhs has been proposed for IEC Campaign on Family Planning. Details of IEC/BCC activities given in Mission Flexi pool under IEC/BCC Chapter.**

☐ ‘World Population Day’ celebration

For this activity, state have proposed a **budget of Rs.159.00 Lakhs for the year 2013-14, which is approved by GOI(ROP-FMR Code-A.3.5.3)**

14)- PROCUREMENT

Under Family Planning Programme, followings are to be procured for the year 2013-14.

- ❑ **Procurement of Drugs/Materials** - In this head state has been planned to procure –IUD Kits, NSV Kits and Minilap kits of **total sum Rs.119.04 Lakhs was proposed in year 2013-14, which is approved by GOI(ROP-FMR Code- B.16.1.3 and its sub heads).** Details of these items are given in Procurement Chapter in Mission Flexi pool
- ❑ **Maintenance Of Laparoscopes’ and AMC Cost-** State has approx. 1500 laparoscopes out of which 20% expected to need repairing, etc. At average rate of Rs.40000 per unit, **an amount of Rs. 120.00 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs.90.00 Lakhs @Rs.30000 each (ROP-FMR Code-A.3.4).**

15)- PPP ACTIVITIES UNDER FAMILY PLANNING

- ❑ **Clinical Outreach Model for strengthening Sterilization Services** - Almost all sterilization services are provided by the government sector. However there still is an unmet need that exists compounded with a serious need for quality of care. In order to supplement a state government’s efforts to provide quality family planning (FP) services. We propose to take the help of **Marie Stopes India (MS India)** on the same model as they are helping Govt. of Rajasthan.

MS India’s clinical outreach model is a combination of Marie Stopes International’s (MSI) mobile clinical service delivery team approach, quality improvement team approach and mobile community outreach worker approach.

The partnership with the government happens in two ways:

- I. Logistics and demand generation support’s India’s team provides logistics and demand generation to the government technical team to conduct sterilizations with quality of care on sterilization days.**
- II. Service provision along with logistics support: MS India’s Clinical Outreach Team (COT) conducts the procedures too in facilities which do not have the requisite providers, especially in remote areas.**

On the predetermined days MSIndia’s team not only provides the logistics support as above, but also the services. In addition to the points above, the support includes:

- Setting up the facility especially the operation theatre
- Provide all the equipment, consumables and medicines
- Arrange post-operative hardware like beds, mattresses, quilts, pillows etc.
- Complete all documentation as per the government norms
- Provide the financial compensation to the clients and the motivators upfront as per GoI norms
- Provide ambulance as per requirements.
- Completed documents will then be presented to concerns district CMO for reimbursement as per Govt. norms i.e. Rs 1500 per case in case of any complication Marie Stopes will treat the patient on their own cost. All these facts will be included in the form of MOU between State Govt. and Marie Stopes. **Hence, No additional expenditure/budget will be required for the same activity.**

CONSOLIDATED BUDGET SHEET - FAMILY PLANNING – 2013-2014

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.3.1	Terminal/Limiting Methods						
A.3.1.1	Orientation workshop, dissemination of manuals on FP standards & quality assurance of sterilisation services, fixed day planning meeting	Workshop	76	-	20.75	20.75	Rs. 25000 for District level and Rs. 2.00 Lakhs for State level
A.3.1.2	Female sterilisation camps	Camps	12294	2000.00	245.88	245.88	1000 for Client transportation+500 IEC + 500 Camp arrangement
A.3.1.3	NSV camps	Camps	945	3500.00	33.08	33.08	Camps in a year
A.3.1.4	Compensation for female sterilisation	Beneficiary	483719	-	4927.78	4927.78	465601 cases @Rs.1000 and 18118 cases @Rs.1500 from private nursing homes
A.3.1.5	Compensation for male sterilization/NSV Acceptance	Beneficiary	16296	1500.00	244.44	244.44	
A.3.1.6	Accreditation of private providers to provide sterilisation services	No. of case	77	-	8.50	8.50	For orientation of private providers regarding FP and JSK schemes (2 batches at state level @Rs. 50000/each and for districts @Rs. 10000/)
Sub Total					5480.43	5480.43	
A.3.2	Spacing Methods						
A.3.2.1	IUD camps	Camps	-	-	-		Organising once a week fix day services for IUCDs rather than camps. Hence budgetary provision has not been made.
A.3.2.2	IUD services at health facilities (including fixed day services at SHC and PHC)	No.of days	1435044		364.85	399.67	This year fixed days for services are being proposed at L1 Centres (1563) @ Rs. 5000 per year to organize these fix days (Daries/tents, etc.)+ Consumables @Rs. 20 for 1433481 proposed copper-T insertions
A.3.2.2.1	PPIUCD services	No.of case	36792	-	-		5% to 10% of total institutional deliveries are proposed to be covered by PP Contraception (IUCD/Ligation)

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.3.2.3	Accreditation of private providers to provide IUD insertion services	Beneficiary	88114	75.00	66.09		Approved (Shifted to A.3.2.2)
A.3.2.4	Social Marketing of contraceptives (including delivery of contraceptive by ASHA at door step)	No.of ASHA	100919	-	-		
A.3.2.5	Contraceptive Update seminars	Seminar	75	-	-		Budgeted at FMR Code 3.1.1
Sub Total					430.94	399.67	
A.3.3	POL for Family Planning/ Others (including additional mobility support to surgeon's team if req)	No.of Camp	12294	1000.00	122.94	122.94	
A.3.4	Repairs of Laparoscopes	No.of Lapro.	300	40000.00	120.00	90.00	State has approx. 1500 laparoscopes out of which 20% expected to need repairing, etc. at average rate of Rs.30000 per unit.
Sub Total					242.94	212.94	
A.3.5	Other strategies/activities						
A.3.5.1	Monitor progress and quality,QAC meetings /review of sterilization failures etc.	Meetings	4940		18.92	-	Rs. 9.00 Lakhs for Monthly QAC/Review meetings (900 meetings (75x12)@Rs.1000/meeting); Rs. 6.19 Lakhs for Follow-up of IUD trained ANMs(3,870 Nos.); Rs.1.46 Lakhs for Follow-up of Minilap service provider trainees (65 Nos.) & Rs. 2.26 Follow-up laparoscopic induction trainees (105 Nos.)
A.3.5.2	Performance rewards	No.of Unit	840		36.40	12.13	State level: Rs.0.88 lakh (Rs.30,000 for 1 st , Rs. 20,000 for 2 nd and Rs.15,000 for 3 rd position for best performing tubectomy surgeon at district and Rs.20,000/- for the best performing NSV surgeon, Rs.2000/- for best SN and Rs.1000/- for best ANM). Division level: Rs. 11.25 lakh @ Rs. 62,500/- per division (Rs.20,000 for 1 st , Rs. 15,000 for 2 nd and Rs. 10,000 for 3 rd position for best performing tubectomy surgeon at each

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
							division, Rs.15,000 for best performing NSV surgeon, and Rs.2000/- for best SN and Rs.500/- for best ANM).
A.3.5.3	World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities	Programs	896		159.00	159.00	At state level Rs. 2.00 Lakhs, Rs.1.00 Lakh per district and Rs.10000 per block
A.3.5.4	Other strategies/ activities						
A.3.5.4.1	Review Meetings-State level	No.	2	50000.00	1.00	1.00	2 Batches @Rs. 50000/each
A.3.5.4.2	Orientation of district nodal officers for change in FP Beema Policy	No.	76	-	9.50	9.50	To orient all the nodal officers about changed FP Beema Policy and for that orientation at state level in 3 batches(Rs. 2.00 Lakhs) and orientation at district level (Rs.10000 per district)is being proposed .
A.3.5.4.3	Family Planning Indemnity Scheme (FPIS)	No.	-	-	203.00	203.00	As directed by GOI letter no. N-23011/68/2011 (Policy) (Pt.) dated 13-02-2013
Sub Total					427.82	384.63	
Sub-Total (FP Programme)					6582.13	6477.67	
A.8.1.7.5	Human Resources						
A.8.1.7.5.1	RMNCH/FP Counsellors	No.	435	126000.00	548.10	161.82	Approved for existing 290 RMNCH counsellors @ Rs.9300/m.
Sub Total					548.10	161.82	
A.9.6	Family Planning Training						
A.9.6.1	Laparoscopic Sterilisation Training						
A.9.6.1.1	TOT on laparoscopic sterilisation	Batch	6	46400.00	2.78	2.78	6 Batches - Cost for Accommodation and TA of the participants is not included
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)	Batch	21	98840.00	20.76	14.96	21 batches. In the unit cost, budget for accommodation and TA of the participants is not included. This service provider trainings will be in coordination with SIFPSA
A.9.6.2	Minilap Training						

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.9.6.2.1	TOT on Minilap	Batch	3	46400.00	1.39	1.39	3 batches- Cost for Accommodation and TA of the participants is not included
A.9.6.2.2	Minilap training for medical officers	Batch	13	98840.00	12.85	9.26	13 Batches. Training of staff nurses is also included. In the unit cost, budget for accommodation and TA of the participants is not included. Trainings will be done in coordination with SIFPSA
A.9.6.3	Non-Scalpel Vasectomy (NSV) Training						
A.9.6.3.2	NSV Training of medical officers	Batch	32	-	26.04	10.43	32 batches of induction trainings, Hon. For surgeon and staff at 4 medical colleges functioning as satellite centres and COE+ Recurring cost and publicity of NSV camp date. These trainings will be conducted in coordination with SIFPSA
A.9.6.4	IUD Insertion						
A.9.6.4.1	TOT for IUD insertion	Batch	5	90900.00	4.55	4.55	5 Batches
A.9.6.4.2	Training of MOs.in IUD insertion	Batch	215	84690.00	182.08	182.08	215 batches for 645 Mos and 1505 staff nurses in 43 districts. These trainings will be conducted in coordination with SIFPSA
A.9.6.4.4	Training of ANMs / LHV's in IUD insertion	Batch	344	55200.00	189.89	189.89	344 batches for 3440 ANMs in 43 districts. These trainings will be conducted in coordination with SIFPSA
A.9.6.6	Other family planning training						
	Second Year Budget for capacity building for health providers by HLFPPPT					637.83	
A.9.6.7	PPIUCD insertion training	No.	46	-	20.71	14.00	46 Batches (41 Batches for M.Os. And SNs @Rs.47085/. & TOT 5 batches @Rs. 28110). TA & Accommodation for trainees is not included
Sub Total					461.05	1067.17	
Total - RCH Flexible Pool					7591.28	7706.66	

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
MISSION FLEXIBLE POOL							
B1.1.3.3	Incentive for FP(PPIUCD/others)						
B1.1.3.3.1	Incentive for ASHA @ Rs. 1000 if a couple adopts permanent methods after 02 children	No	13268	1000.00	132.68	750.00	2-3% of total Sterilization target
B1.1.3.3.2	Spacing for 2 years after marriage					500.00	New Incentive- for ensuring spacing for 2 years after marriage. Budgeted for 1.00 lakh beneficiary @ Rs.500/- each.
B1.1.3.3.3	Spacing for 3 years between 2 children					500.00	New incentive - for ensuring spacing for 3 years between 2 children. Budgeted for 1.00 lakh beneficiary @ Rs.500/- each.
Sub Total					132.68	1750.00	
B.10.2.3	BCC/IEC activities for FP			-			
B.10.2.3.1	Mass media	No.	3	-	708.54	-	Approval accorded as per remark under budget head ROP-FMR Code-B.16.
B.10.2.3.2	Mid-media	No.	3	-	451.23	-	
B.10.5.3.2	Printing of training modules for Laparoscopic, Minilap and IUCD Trainings	No.	-	-	20.00	-	
Sub Total					1179.77	-	
B16.1.3	Procurement of equipment: FP						
B16.1.3.1	NSV kits	No.	547	1000.00	5.47	5.47	
B16.1.3.2	IUCD kits	No.	5337	2000.00	106.74	106.74	
B16.1.3.3	Minilap kits	No.	273	2500.00	6.83	6.83	
Sub Total					119.04	119.04	
Total - Mission Flexible Pool					1431.49	1869.04	
TOTAL - FAMILY PLANNING					9022.77	9575.70	

CHAPTER-A.4: ADOLESCENT REPRODUCTIVE & SEXUAL HEALTH (ARSH)

1)- ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

- **Establishing AFHS clinics** - A proposal to establish 36 AFHS clinics at Divisional Head-Quarter level has been approved in Second Supplementary PIP for the year 2012-13. These clinics are being established in premises of District Male and Female Hospitals and provide services (9AM-4PM), so that adolescents may reach there and get solution for their queries. One Counsellor is being recruited at each clinic@Rs.12000/month honoraria. Training of the Counsellors will be conducted by SIHFW, Indira Nagar, Lucknow. To maintain the downward linkages, it is being proposed to establish one AFHS clinic in 2 identified CHCs of these districts in the year 2013-14, where youth of the city will have an easy access. **For this purpose, Rs. 27.00 Lakhs was proposed, which is approved by GOI(ROP-FMR-A.4.1.3).**

It was proposed to give base salary of Rs. 10000/month to all the counsellors with a mobility support of about Rs. 4000/month/counsellor, as an incentive and mobility to visit one school of the vicinity per day for 20 days in the month, which has not been approved. Hence this proposal is again being sent to GOI for reconsideration. **An honoraria of Rs.12000 per month for 36 counsellors for 6 months is approved wide letter no.10/231/2013-NRHM-1 dated 19th July 2013 but GOI has not approved counsellors at CHC level.**

- **ARSH Training** - To identify, diagnose and treat various diseases of adolescent age group which includes RTI/STI as well, ANMs, LHVs & Medical Officers are being trained under ARSH. The training was started in 2010 – 2011. 25 State level trainers and monitors and 55 Regional level trainers have been trained for the purpose. A total of 1619 MOs and 2068 ANMs/LHVs have been trained up to March, 2012. One batch of 26 Medical Officers has been trained in the Year 2012-13 to replace the trainers transferred/retired. A total number of 800 medical officers and 6390 ANMs/LHVs were proposed to be trained in the year 2012-13. The trainings could be started late, but presently the training of MOs is being at RFPTCs and ANMs/HVs at DTCs from January, 2013 onwards. In the 2013-14, it has been proposed to train 6950 ANMs/LHVs at DTCs. For this purpose, **Rs. 159.75 Lakhs was proposed for the year 2013-14, which is approved by GOI (ROP-FMR Code-A.9.7.4)**
- **Menstrual Hygiene** - In school going adolescent girls, problems during menstrual period and lack of knowledge constraints school attendance and possibly contribute to infections related to issues of personal hygiene. Hence, the scheme of Menstrual Hygiene is being implemented in 16 identified districts of the State, where Weekly Iron Folic Acid and bi-annual de-worming tablet is also being provided to the non school going Adolescent Girls by ASHAs in the rural areas in addition to provision of subsidized sanitary napkins by GoI. The same is being proposed in the year 2013-14.

Sl.	Particulars	No./Unit	Rate in Rs.	Total Amount in Rs.
1	One day planning and sensitization of MO 2nd of block and block HEO/BPM along with district officials on Menstrual hygiene (in first quarter of financial year)	16	5000.00	80000.00
2	One day Review and Refresher meeting of MO 2nd of block and block HEO/BPM along with district officials on Menstrual hygiene (in third quarter of financial year)	16	5000.00	80000.00
3	Reporting register for district and block	204	30.00	6120.00
4	Reporting register at ASHA level	38294	30.00	1148820.00
5	Storage/Almirah	204	5000.00	1020000.00
6	Flex/Banners (two per block)	204	500.00	204000.00
Total Activity Cost :-				2539940.00

To conduct the above activities, GOI approved Rs. 25.39 Lakhs (ROP-FMR Code- A.4.3.2)

SABLA scheme - To address the issue of anaemia in adolescent age group weekly IFA and bi-annual De-worming tablets is being provided for non school going girls covered by ICDS department in 22 districts under SABLA scheme. ANM & HV/ AYUSH lady doctor address issues of health, personal hygiene and nutrition arising in adolescent age group during monthly meeting organized by ASHA for Kishoris with support of AWW.

Procurement

Under ARSH Programme, a total budget of Rs. 23.80 Lakhs is being proposed for the procurement of equipments for AFHS Clinics and repair/replacement of equipments for BSGY teams **out of which GOI approved Rs.5.40 Lakhs only (ROP-FMR Code- B16.1.6.1)**. Further, to procure IFA and Deworming tablets under Menstrual Hygiene and Sabla, an amount of Rs. 185.32 Lakhs was proposed for IFA and Rs.61.77 Lakhs for albendazole. GOI has approved an amount of Rs. 678.62 Lakhs for IFA for all the adolescents under BSGY, Menstrual Hygiene and Sabla. Similarly an amount of Rs. 205.68 Lakhs has been approved for albendazole tablets to all the three schemes enumerated above. **(ROP-FMR Code- B.16.2.6.1 and B.16.2.6.2). This will be for a total of 9062890 beneficiaries.**

2)- RASHTRIYA BAL SWASTHYA KARYAKRAM (BSGY-UTTAR PRADESH)

An expanded scheme for School Health Programme has been launched to cover health examination, treatment and referral of all the children aged 2-19 years in the rural areas of the State. The scheme is being implemented **in a phased manner** with initially covering school going children of all the Government Schools from classes-1 to 10 in **first phase**. The health examination is being conducted through a dedicated medical team consisting of 1 Doctor, 1 Female Nursing Staff and 1 Paramedical personnel. Two such teams are being recruited on contract in each block to visit pre decided school as per micro plan prepared at block level. Health card is being issued for each child with his/her photograph on it. Height, weight, vision and general examination of each child will be done with a focus on 3 Ds-Disease, Deficiency and Disability. Every child will be provided with bi annual de-worming tablets and weekly/bi weekly IFA tablets/syrup to prevent anaemia.

In the second phase all the school children of Govt. schools up to class-12 and Govt. aided Schools like-Madarasas, Sanskrit Schools, Schools of informal education etc. will be covered under the scheme along with children below 6 years of age attending Anganwadi Schools. As per GoI guidelines, the children of six weeks onwards will also be screened for birth defects, diseases, deficiencies and disabilities (4Ds) by ANMs/ASHAs and Anganwadi workers. These children will be referred to District Early Intervention Centres (DEICs), which has to be established at district level hospitals in each district. Since it is a cumbersome process, the state has proposed to establish one DEIC in one district of each division depending upon the availability of land and feasibility of functionality. One paediatrician, one medical officer, one dentist, one audiologist, one optometrist, nutritionist and counsellors will make the core team for DEIC. In this way, it is being proposed to construct, establish and Operationalise 18 DEICs in the state in the 1st phase.

It was planned to start the scheme in November, 2012 and to reach about 1 Lakh schools and about 2 crore children in the year 2012-13, but due to late start, the first visit to the schools will be extended up to April-May, 2013. It is planned to cover about 3 crore children in the year 2013-14 with various facilities. The progress of the scheme is as below:-

Sl.	Activity	Timelines	Progress (31 March 2013)
1	Convergence meeting at State level	31.07.2012	Held on 26.07.2012
2	Convergence meeting at District level under Chairmanship of District Magistrate	15.10.2012	Completed in all the districts.
3	Enlisting School wise, block wise number of registered students at the District level	30.10.2012	Received from all the districts
4	Selection of Medical teams and their placement at block level.	31.12.2012	Selection completed in 69 districts. A total of 1408 teams are in position against a target of 1640.
5	State level orientation workshop with Technical Sessions on the Implementation of the Scheme, Anaemia-causes, symptoms, prevention and treatment, Malnutrition, other deficiencies, FLE and Menstrual Hygiene etc.	31.12.2012	Organized on 31.01.2013 with participation from all the ADs, CMOs, Nodal Officer-BSGY, Partner Departments, NGOs, DPs, 600 newly recruited doctors under BSGY.
6	Orientation meeting at District level	30.11.2012	Completed in all the districts.
7	Orientation meetings at Block level	30.11.2012	Completed in 70 districts.
8	Devp. of Trg. module for Medical Teams and TOT at State level	15.10.2012	Module developed, TOT Completed in 3 batches on 8, 10 & 12 October, 2012.
9	Training of Medical teams at District level	15.01.2013	Completed in 70 districts. In remaining under progress.
10	Devp. of Trg. module for teachers and TOT at State level.	31.12.2012	Module developed, TOT Completed in 4 batches on 13, 14, 18 & 19 December, 2012.
12	Training of Teachers at BRC	31.01.2013	80552 teachers trained in 70 districts.
13	Visit to the schools starts	From January onwards	Launched on 31.01.2013. As on 31 st March 50873 schools are covered and 2771350 children were examined and 144664 referred.

IVRS System for BSGY

To have real time reporting system, it is proposed to make use of IT and IT enabled tools under BSGY. It is proposed to implement the best technology options available for using ICT for Daily Monitoring Framework. The DMS primarily consists of the following steps:

- 1) An automated call shall be generated to Head-Master or the nodal teacher in-charge in each school.
- 2) Head Master or the teacher in-Charge will punch the relevant information on the keypad of his/her mobile.
- 3) The information is passed on to the Daily Monitoring Framework.
- 4) The analysis reports are made available on Internet Portal
- 5) SMSs will be sent to concerned CMO's, MOIC's, DPM, Divisional PM, DM's & Program Officers at state level
- 6) Emails will also be sent to concerned CMO's, MOIC's, DPM, Divisional PM, DM's & Program Officers, Mission Director at state level

The Daily Monitoring System would use the following technologies:

- ❖ Telephony Cluster (with IVRS and outbound dialling)
- ❖ SMS Gateway (supporting incoming and outgoing messages)
- ❖ Daily Monitoring Portal Framework (A Web Based Software Platform with Disaster Recovery Mechanisms)
- ❖ Call Center (7 seats) for the project to handle information requirements of the stakeholders
- ❖ Tier-III Data-centre and Disaster Recovery Site as part of Disaster Recovery Mechanisms

The functionalities/features of the DMS will be flexible and will have provision for multiple tries for contacting head master/teacher, will have provision for teacher to inform that he/she is on leave, to receive automated call to report data in case IVRS call is missed by any teacher. Call centre support will be there so that changed numbers, information on change of nodal teacher may be updated. The DMS will be designed to schedule the visit of Medical team to each school for 15 days. Based on the daily data received, provision for reports generation shall be provided on the portal.

Questions under BSGY to be asked from primary & upper primary school teachers are as follows:

1. Doctors Team reached to School as per visit schedule.
2. How many students attended by team of doctors.
3. Team comprises of how many members.
4. How many students referred to PHC or CHC.

All the question would ask from School Teachers hence training will not be required and quantity is only 1640. It is proposed that on the existing portal of mid day Meal or ICDS, BSGY reporting shall be added on the same portal.

Costing: For each data item, Rs.1.50 is expected to be paid to service provider. Approximately, 300 visits are expected by 1640 teams. **Total expected fund requirement for this activity was Rs.35.00 Lakhs in the first year, but GOI has not approved this activity (ROP-FMR Code-A.4.2.5.5)**

Annexure-III: Anganwadi School (Requirement of IFA Bottles and Albendazole Tablets)

Sl.	Name of District	No. of Blocks in District	No. of Agan Wadi Schools	No. of 2-6 Yrs. Children in AW School	No. of IFA Bottles required in 2013-14 (2 bottles/child)	No. of Albendazole tablets required in 13-14 (2 Tabs/child)
1	2	3	4	5	6	7
1	Division:- Agra	43	9597	239925	239925	479850
1	Agra	15	2904	72600	72600	145200
2	Firozabad	9	2550	63750	63750	127500
3	Mainpuri	9	1780	44500	44500	89000
4	Mathura	10	2363	59075	59075	118150
2	Division:- Alligarh	34	9060	226500	226500	453000
1	Aligarh	12	3039	75975	75975	151950
2	Etah	8	1864	46600	46600	93200
3	Hathras	7	1712	42800	42800	85600
4	Kasganj	7	2445	61125	61125	122250
3	Division:- Allahabad	58	10732	268300	268300	536600
1	Allahabad	20	3961	99025	99025	198050
2	Fatehpur	13	1775	44375	44375	88750
3	Kaushambhi	8	1749	43725	43725	87450
4	Pratapgarh	17	3247	81175	81175	162350
4	Division:- Ahamgarh	48	10077	251925	251925	503850
1	Ahamgarh	22	5588	139700	139700	279400
2	Ballia	17	2879	71975	71975	143950
3	Mau	9	1610	40250	40250	80500
5	Division:- Bareilly	52	10109	252725	252725	505450
1	Bareilly	15	2742	68550	68550	137100
2	Budaun	15	2937	73425	73425	146850
3	Pilibhit	7	1517	37925	37925	75850
4	Shajahanpur	15	2913	72825	72825	145650
6	Division:- Basti	37	5579	139475	139475	278950
1	Basti	14	2144	53600	53600	107200
2	Santkabir Ngr	9	1669	41725	41725	83450
3	Siddharth Ngr	14	1766	44150	44150	88300
7	Division:- Chitrakoot	24	4748	118700	118700	237400
1	Banda	8	1504	37600	37600	75200
2	Chitrakoot	5	959	23975	23975	47950
3	Hamirpur	7	1500	37500	37500	75000
4	Mahoba	4	785	19625	19625	39250
8	Division:- Devipatan	44	8018	200450	200450	400900
1	Bahraich	14	3094	77350	77350	154700
2	Balrampur	9	1855	46375	46375	92750
3	Gonda	16	2144	53600	53600	107200
4	Srawasti	5	925	23125	23125	46250
9	Division:- Faizabad	64	12269	306725	306725	613450
1	Ambedkarnagar	9	2548	63700	63700	127400
2	Amethi	16	2069	51725	51725	103450
3	Barabanki	15	2734	68350	68350	136700
4	Faizabad	11	2407	60175	60175	120350
5	Sultanpur	13	2511	62775	62775	125550
10	Division:- Gorakhpur	61	13835	345875	345875	691750
1	Deoria	16	2760	69000	69000	138000
2	Gorakhpur	19	3808	95200	95200	190400
3	Kushinagar	14	4134	103350	103350	206700
4	Maharajanjan	12	3133	78325	78325	156650

Sl.	Name of District	No. of Blocks in District	No. of Agan Wadi Schools	No. of 2-6 Yrs. Children in AW School	No. of IFA Bottles required in 2013-14 (2 bottles/child)	No. of Albendazole tablets required in 13-14 (2 Tabs/child)
11	Division:- Jhansi	23	3674	91850	91850	183700
1	Jalaun	9	1432	35800	35800	71600
2	Jhansi	8	1260	31500	31500	63000
3	Lalitpur	6	982	24550	24550	49100
12	Division:- Kanpur	50	9813	245325	245325	490650
1	Auraiya	7	1579	39475	39475	78950
2	Etawa	8	1565	39125	39125	78250
3	Farrukhabad	7	1442	36050	36050	72100
4	Kannoj	8	1591	39775	39775	79550
5	Kanpur Dehat	10	1502	37550	37550	75100
6	Kanpur Nagar	10	2134	53350	53350	106700
13	Division:- Lucknow	92	16777	419425	419425	838850
1	Hardoi	19	3454	86350	86350	172700
2	L.Kheri	15	3458	86450	86450	172900
3	Lucknow	8	1997	49925	49925	99850
4	Raebarely	15	2312	57800	57800	115600
5	Sitapur	19	4242	106050	106050	212100
6	Unnao	16	1314	32850	32850	65700
14	Division:- Meerut	46	10420	260500	260500	521000
1	Baghpat	6	1014	25350	25350	50700
2	Bulandshahr	16	4054	101350	101350	202700
3	GB Nagar	4	1247	31175	31175	62350
4	Ghaziabad	4	1054	26350	26350	52700
5	Hapur	4	988	24700	24700	49400
6	Meerut	12	2063	51575	51575	103150
15	Division:- Moradabad	39	10483	262075	262075	524150
1	Amroha	6	1041	26025	26025	52050
2	Bijnor	11	2200	55000	55000	110000
3	Moradabad	8	2742	68550	68550	137100
4	Rampur	6	2700	67500	67500	135000
5	Sambhal	8	1800	45000	45000	90000
16	Division:- Saharanpur	25	6652	166300	166300	332600
1	Mujafarnagar	9	2541	63525	63525	127050
2	Saharanpur	11	3410	85250	85250	170500
3	Shamli	5	701	17525	17525	35050
17	Division:- Varanasi	54	12133	303325	303325	606650
1	Chandauli	9	623	15575	15575	31150
2	Gazipur	16	4118	102950	102950	205900
3	Jaunpur	21	5321	133025	133025	266050
4	Varanasi	8	2071	51775	51775	103550
18	Division:- Vindhyachal	26	6819	170475	170475	340950
1	Bhadohi	6	1483	37075	37075	74150
2	Mirzapur	12	2668	66700	66700	133400
3	Sonebhadra	8	2668	66700	66700	133400
Total		820	170,795	4269875	4269875	8539750

**Budget Summary Sheet for Drugs & Supplies under School Health Programme
(Children Screened at AWCs & Primary Schools)**

Sl.	Particulars	Physical target	Unit cost per tablet in Rs.	No.of tablets	Budget Rs. In Lakhs	Added budget for buffer stock	Total Budget Proposed (in Lakhs)
1	Procurement of IFA Tablets for Primary School Children	10766401	0.12	52	671.82	134.36	806.19
2	Procurement of Albendazole Tablets for Primary School Children	10766401	1.00	2	215.33	21.53	236.86
3	IFA Syrup of 200 ml for Aganwadi Children	4269875	20.00	1	853.98	0.00	853.98
4	Deworming Tablets for Aganwadi Children	4269875	1.00	2	85.40	0.00	85.40
5	First Aid box in new schools (Govt.+ Govt.Aided) *	66167	250.00	1	165.42	0.00	165.42
6	Replenishment of First aid box medicines in old schools *	98400	200.00	1	196.80	0.00	196.80
7	Medicine cost for Medical team *	164567	500.00	1	822.84	0.00	822.84
Total :-					3011.58	602.32	3613.89

For the primary school children, buffer stock has not been approved. An amount of Rs. 671.82 Lakhs for IFA and Rs.215.33 Lakhs for Albendazole tablets has been approved. For Aganwadi schools, an amount of Rs. 853.98 Lakhs for IFA Syrup and Rs.85.40 Lakhs for Albendazole has been approved (ROP-FMR Code- B.16.2.7).

Instead of medicine costs per school proposed, an amount of Rs.36000/team for the whole year has been approved totalling to Rs.590.00 Lakhs and further; the budget for First Aid boxes in schools has not been approved. (ROP-FMR Code- B.16.2.7)

District Early Intervention Centres (DEICs)

Initially the State Proposes to establish DEIC at 18 District level Hospitals (One in each division) depending upon the availability of space. Preference will be given to Dist. Male Hospital/DWH /CMO office/ANMTC/any other Dist .level Health premises. The budgetary proposal for these DEICs for 2013-14 is as below:

Budget Head	Units	Total no. of Units	Rate indicated by GOI (Rs. /unit)	Rate proposed under HR Section 2013-14 (Rs. /unit)	Cost for 1 Unit (Rs. In Lakhs)	Total (Rs. in Lakhs)	Remarks
A. Early Intervention centre							
Civil work	1	18	2500000		25.00	450.00	
Equipment for DEIC							
Hearing							

Budget Head	Units	Total no. of Units	Rate indicated by GOI (Rs. /unit)	Rate proposed under HR Section 2013-14 (Rs. /unit)	Cost for 1 Unit (Rs. In Lakhs)	Total (Rs. in Lakhs)	Remarks
OAE	1	18	400000		4.00	72.00	
ABER Screening	1	18	800000		8.00	144.00	
Pure tone audiometer	1	18	243000		2.43	43.74	
Speech & Language							
Com Deall	1	18	7000		0.07	1.26	
Vision							
Charts & toys	2	36	2000		0.04	0.72	
Lea symbol	1	18	20000		0.20	3.60	
Retinoscope	1	18	18000		0.18	3.24	
Ophthalmoscope	1	18	10000		0.10	1.80	
Gross Motor assessment and intervention	1	18	10000		0.10	1.80	
Bolster,	2	36					
Small roll,	2	36					
Therapy mat	6	108					
Therapy ball toys	1	18					
Alberta Infant Motor Scale	1	18	15000		0.15	2.70	
Fine motor assessment & intervention							
Small toys, Wooden blocks (10) Stacking toys, Drawing books (4 Sets)	4 sets	72	2000		0.08	1.44	
<i>Cognitive assessment and intervention</i>							
Denver set (Original)	1	18	40000		0.40	7.20	
DASII Kit with Manual	1	18	15000		0.15	2.70	
Toys	4 sets	72	5000		0.20	3.60	
Sub Total Equipment :-					16.10	289.80	
Human resource for DIEC							
Paediatrician	1 for 3 months	18	50000		1.50	27.00	
Dentist	1 for 3 months	18	35000	38000	1.14	20.52	
MO general	1 for 3 months	18	35000	40000	1.05	21.60	
SN	2 for 3 months	36	15000	18000	0.45	19.44	
Physiotherapist	1 for 3 months	18	25000	13500	0.75	7.29	
Audiologist & speech therapist	1 for 3 months	18	25000		0.75	13.50	
Psychologist	1 for 3 months	18	20000		0.60	10.80	
Optometrist	1 for 3 months	18	20000	13500	0.60	7.29	
Early interventionist cum special educator	1 for 3 months	18	15000		0.45	8.10	
Social worker	1 for 3 months	18	25000		0.75	13.50	
Lab technician	2 for 3	36	15000	13500	0.45	14.58	

Budget Head	Units	Total no. of Units	Rate indicated by GOI (Rs. /unit)	Rate proposed under HR Section 2013-14 (Rs. /unit)	Cost for 1 Unit (Rs. In Lakhs)	Total (Rs. in Lakhs)	Remarks
	months						
Dental technician	1 for 3 months	18	15000	13500	0.45	7.29	
Manager	1 for 3 months	18	30000		0.90	16.20	
Data entry operator	1 for 3 months	18	15000	11000	0.45	8.10	
Honorarium for Paediatric ECO, ENT specialist, Ortho-paediatrician, Ophthalmologist, Psychiatrics	Visit by Specialist twice a week	900	3000		1.50	27.00	50 visits per district in a year.
Subtotal HR for DEIC :-					11.79	222.21	
Training							
15 day trg.of DEIC staffs	8	18	15000		0.15	2.70	
Recurrent cost							
Printing & Stationery	3	18	10000		0.30	1.80	For 3 months to each 18 DEICs
Running cost/ contingency/TA DA	3	18	30000		0.90	5.40	For 3 months to each 18 DEICs
Procurement of computer	2	36	50000		1.00	18.00	2 Computer for each DEICs
Total DEIC :-					2.35	27.90	
Grand Total:-					55.24	989.91	
Note:- The State is not proposing any Mobile Medical team with DEIC, as it is essential to establish the centre and make it functional. More over the state has proposed to expand the strength of medical teams at block level by adding one MO and One Pharmacist to each existing team.							

For the above activities, GOI approved Rs. 450.00 Lakhs for 18 DEICs @ Rs. 25.00 Lakhs per DEIC and shifted to Mission Flexible Pool (ROP-FMR Code-B 5.12.) with remarks that “Civil construction to be only initiated if space is available. GOI has put condition that the State follows DEIC Layout plan and RBSK guidelines. No spillover is anticipated”, **but the budget approval has been missed out in ROP and further the proposal is again being represented to GOI for reconsideration.**

3)- HUMAN RESOURCE

Under ARSH Programme, human resource is being proposed at various levels for the year 2013-14. **The details about human resource along with budgetary proposal are given under Human Resource chapter.** There are few gaps in approvals and actual numbers sanctioned for the scheme. The proposal is again being represented to GOI for reconsideration.

4)- TRAINING

Under ARSH Programme, various trainings are being proposed at various levels for the year 2013-14. **The detailed plan of training along with budgetary proposal is given under Training Chapter.**

5)- IEC/BCC ACTIVITIES

Under ARSH Programme, to carry out IEC/BCC activities a budget of Rs. 40.79 Lakhs was proposed for the year 2013-14 and for School Health Programme, an amount of Rs.502.96 Lakhs was proposed. **Details of these activities are given in Mission Flexi pool under IEC/BCC Chapter.**

6)- PROCUREMENT

Under ARSH/SH Programme, a total budget of Rs. 23.80 Lakhs was proposed for the procurement of equipments, Rs. 247.09 Lakhs was proposed for the procurement of drugs and supplies for WIFS and Rs. 3410.02 Lakhs was proposed for the procurement of drugs and supplies for School Health Programme. **Details of these items are given in Procurement Chapter in Mission Flexi pool.**

CONSOLIDATED BUDGET SHEET – ARSH & SCHOOL HEALTH – 2013-2014

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.4.1	Adolescent health services						
A.4.1.1	Disseminate ARSH guidelines.	No.of Clinics	100	100.00	0.100	0.100	Detailed Guidelines will be given to all 72 AFHS Clinics, 18 Divisional PMU & 10 at State level.
A.4.1.3	Establishment of new clinics at CHC/PHC level	No.of Clinics	36	75000.00	27.00	27.00	Only One time expenditure cost for New Clinics
A.4.1.4	Operating expenses for existing clinics	No.of Clinics	72	30000.00	21.60	18.90	Includes Operational cost of 36 new clinics being proposed at CHC level in yr.2013-14 & 36 old clinics at Divisional Districts.
A.4.1.5	Outreach activities including peer educators		-	-	-	-	
A.4.1.6.1	State level orientation /Dissemination Meeting	No. of Batch	2	84000.00	1.68	1.68	About 150 participants (72 Counsellors, 18 Divisional Ads & 18 Divisional PMs, 18 District nodal officers and 13 State level officers in 2 batches)
A.4.1.6.2	State level administrative /review/monitoring, etc. expenses	No.	5	50000.00	2.50	2.50	4 Quarterly review meetings (@Rs.0.50 Lakhs) and other State level administrative expenses (Rs.0.50 Lakhs).
Sub Total					52.88	50.18	
A.4.2	School Health programme						
A.4.2.1	Prepare and disseminate guidelines for School Health Programme.	No.of Schools	13050	75.00	9.79	9.79	10 Per District, 15 per Block & 1500 for State.
A.4.2.2	Prepare detailed operational plan for School Health Programme across districts (cost of plan meeting should be kept)	No.of meetings	895	1000.00	8.95	41.00	One meeting at each block & One at District level (820+75=895)
A.4.2.3	Mobility support	No.of vehicles	820	360000.00	2952.00	2460.00	One Vehicle for every block @Rs.30000/- per month
A.4.2.4	Referral support	No.of	803500	250.00	2008.75	-	Approval Pended.

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
		children					
A.4.2.5	Other strategies for school health						
A.4.2.5.1	Treatment of very sick children	Blocks	820	25000.00	205.00	-	Approval Pended.
A.4.2.5.2	Administrative cost at district level	No.of block	820	10000.00	82.00	-	Rs. 10000 per block . 50% will be at district level (Ads, Communication, Administrative Exp. & Meeting etc.) & 50% at block level(For various Administrative Expenses)
A.4.2.5.3	Administrative cost at State level	No.	1	-	25.00	-	Dissemination Workshops, Review Meetings, Feedback workshops, monitoring visits & other administrative expenses like separate BSGY data cell at DFW and SPMU.
A.4.2.5.4	Half yearly review meeting at division	No.of participant	3830	1500.00	57.45	-	3280 Medical team Doctors, 75 Nodal officers, 375 District officials (CMO/BSA/DIOS/DPO-ICDS/DPM) & 100 Divisional Officers (Unit cost includes TA as per actual, Per diem, Food, Stationary etc.)
A.4.2.5.5	IVRS System for monitoring of Medical tam visit, No. of children examined & No. of children referred through UPDESCO (MDM Model)	No.	492000	-	35.00	-	4 data per day @Rs. 1.50/data for 1640 teams*300 days (Rs.29.52) and remaining for state level expenses for IVRS for schools and AWC both As in Uttar Pradesh, most of the AWCs are functional in primary schools premises.
A.4.2.5.6	Convergence Meeting at Block level	No.of meetings	1640	2500.00	41.00	-	Approval shifted to A 4.2.2 (2 meetings at each 820 blocks [Twice in a year])
A.4.2.5.7	Establishment of District Early Intervention Centres(DEICs)	No.	18	-	989.91	-	State Proposes to establish DEICs at 18 District level Hospitals (One in each division) depending upon the availability of space. Preference will be given to Dist. Male Hospital/DWH /CMO office/ANMTC/any other Dist.level Health Premises.
A.4.3	Other strategies/activities						
A.4.3.1	Mobility support for ARSH/ICTC counsellors	No.of field visits	17280	200.00	34.56		For visit to the schools @ Rs. 200 per visit * 5 days a week

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.4.3.2	Menstrual Hygiene	No. of District	16		13.15	25.39	For Register, Sensitization/Planning meeting & Review meetings.
A.4.3.3	WIFS activity		-	-	-	-	-
Sub Total					6462.56	2586.37	
A.8.1.7.4	Human Resource -School health teams (Exclusively for SH)						
A.8.1.7.4.a	MOs	No.	3280		9702.00	6302.00	Rs. 6302 lakhs is approved for 244 existing MBBS for 12 months, 576 newly recruited MBBS for 6 months @ Rs 36000 per month; 520 existing BDS for 12 months @ Rs 35000 per month; 714 existing AYUSH MO for 12 months and 926 newly recruited AYUSH MO for 6 months @ Rs 24000 per month.
A.8.1.7.4.b	LTs	No.	390	-	568.62	444.79	Rs 444.79 lakhs is approved for 312 existing physiotherapists @ Rs 11880 per month for 12 months. No New Physiotherapist to be recruited. Conditionality 18 Physiotherapist to be redeployed at one each per DEIC once the 18 DEIC is made operational. Paramedics (dental hygienist/ physiotherapist) to be multi tasking in mobile health teams for Anganwadis.
A.8.1.7.4.c	Dental Technicians	No.	200	-	257.58	167.09	Rs 167.09 lakhs is approved for 118 existing dental technicians. Conditionality 18 Dental Technicians to be redeployed in 18 DEICs once the DEICs are made operational. Paramedics (dental hygienist/ physiotherapist) to be multi tasking in mobile health teams for Anganwadis.
A.8.1.7.4.d	Ophthalmic Assistants	No.	1050	-	1644.30	1387.68	Rs 1387.88 lakhs is approved for 980 existing ophthalmic assistants @ Rs 11880 per month for 12 months. No new position is recommended. Conditionality Ophthalmic assistants are only to be part of Mobile Health Teams for School. 18 Ophthalmic assistants to be redeployed in 18 DEIC once the DEICs are made

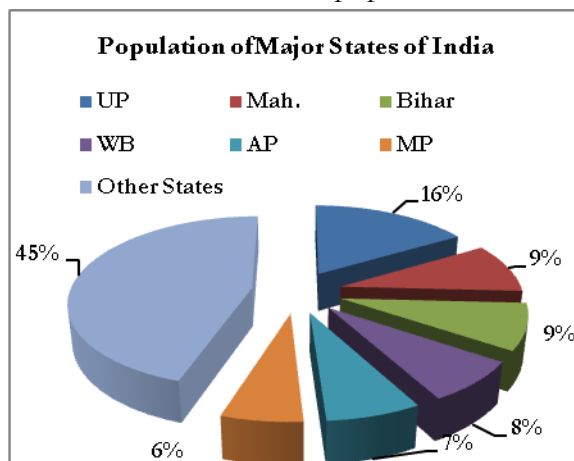
FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
A.8.1.7.4.e	Staff Nurse	No.	1100	-	2176.20	1811.70	Approved for 915 existing SNs as per RBSK @ 16500 for 12 months.
A.8.1.7.4.f	Pharmacists	No.	1640		1328.40	-	Pharmacist @13500/- month (salaries proposed for 6 months for all pharmacists)
A.8.1.7.4.g	ANMs	No.	540	-	678.48	727.80	Rs 727.8 lakhs is approved for 488 existing ANMs as per RBSK @ 10000 for 12 months. 273 new ANMs as per RBSK @ Rs 10000 per months for 6 months.
	Other HR						
A.8.1.7.5.2	ARSH Counsellors	No.	72	120000.00	86.40	25.92	Approved for existing 36 ARSH counsellors @ Rs.12000/m. Approval for six months only
Sub Total					16441.98	10866.98	
	Training						
A.9.7.4	ARSH training for ANMs/LHVs	No.of batch	225	71000.00	159.75	159.75	90 ANM/LHVs in 3 batches of 30 each in all 75 Districts.
A.9.7.6.3	SHP training						
A.9.7.6.3.1	Training of teams – technical and managerial	No. of Batch	274	-	62.07	-	Approval pending.
A.9.7.6.3.2	Training of Nodal teachers	No. of Batch	2205	-	368.30	82.00	66167 New Govt.+Aided Schools (upto 12th) 30 participants/ batch (cost per batch is Rs. 14300.00) and Printing of modules (70642 in no. @ Rs. 75/ per module for trainees (1 for 66167 Nodal teacher, 5 for each block, 5 for each district)
A.9.7.6.3.3	One day orientation for programme managers/ MO	No.of participants	7500	150.00	11.25		Approval pending
A.9.7.6.3.5	Training/Refresher -ANM	Batch	820	20000.00	164.00		Approval pending.
Sub Total					765.37	241.75	
Total - RCH Flexible Pool					23722.79	13695.10	
MISSION FLEXIBLE POOL							
B.10.2.4.2	IEC/BCC activities for ARSH	No.	77356	-	40.79	-	Approval accorded as per remark under budget

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
	(Mid-Media)						head ROP-FMR Code-B.16.
B.10.2.5	IEC/BCC activities for School Health		1		502.96	-	
B.10.5.2	Printing of WIFS cards etc	Children	4668477	5.00	233.42	233.42	For New enrolled children under SHP (BSGY)
Sub Total					777.17	233.42	
B16.1.6	Equipments for ARSH/ School Health						
B16.1.6.1	Equipments for ARSH Clinics	No.of Clinics	240	-	15.60	5.40	Rs. 5.40 Lakhs for Equipments for 36 New clinics at CHC @Rs. 30000/ clinic
B16.1.6.2	Equipments for School Health Screening (weighing scale, Height measurement scale and Snellens' Charts)	No	1640	500.00	8.20	-	Approval Pending.
Sub Total					23.80	5.40	
B.16.2.6	Drugs & supplies for WIFS						
B.16.2.6.1	IFA	No.	3088638	6.00	185.32	678.62	Approved* for 9062890 targeted beneficiaries @Rs. 0.12 per tablet (including buffer)
B.16.2.6.2	Albendazole	No.	3088638	2.00	61.77	205.68	Approved* for 9062890 targeted beneficiaries @Rs. 1.00per tablet (including buffer)
B.16.2.7	Drugs & supplies for SHP	No. of Children	20339870		3410.02	2416.92	Approved* - Rs. 887.15 lakhs for 52 weeks IFA (Blue) and biannual Albendazole for 10766401 students in primary schools and RS939.37 lakhs for IFA (syrup) anf aldendazole for 4269872 anganwadi children and Rs 590 lakhs for medicines of mobile health teams (@ Rs 18000 for first time and twice refill @ Rs 9000) for 1640 (820X2) mobile health teams. Medicine kit is not approved.
Sub Total					3657.11	3301.22	
Total - Mission Flexible Pool					4458.08	3540.04	
TOTAL – ARSH & SCHOOL HEALTH					28180.87	17235.14	

CHAPTER-A.5: URBAN RCH

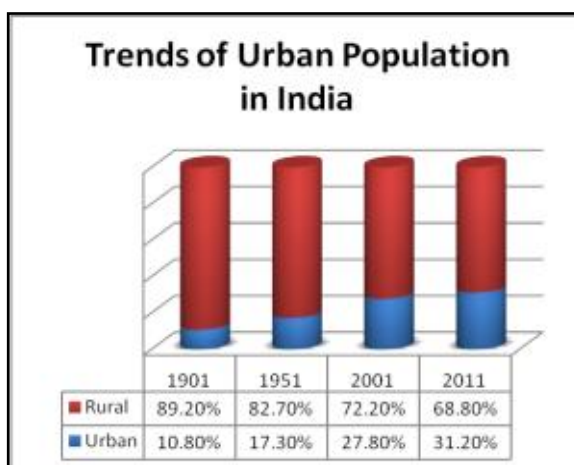
1)- BACKGROUND

Of all the States and Union Territories of India, Uttar Pradesh is the most populous state with 199.6 million people and Lakshadweep the least populated with 64,429 people. The contribution of Uttar Pradesh (UP) to the total population of the country is 16.5% followed by Maharashtra (9.3%), Bihar (8.6%), West Bengal (7.6%), Andhra Pradesh (7.0%) and Madhya Pradesh (6.0). The combined contribution of these six most populous States in the country accounts for 55% to the country's population. The country's headcount is almost equal to the combined population of the United States of America (USA), Indonesia, Brazil, Pakistan, Bangladesh and Japan - all put together.



It has been noticed in 2011 that the absolute increase in population is more in urban areas than in rural areas. The current Rural – Urban distribution is 68.84% & 31.16%.

Level of urbanization has increased from 27.81% in 2001 to 31.16% in 2011. The proportion of rural population declined from 72.19% to 68.84% over this period. Between 2001 and 2011, the population of the country increased by 181.4 million (17.58 %), of which in rural areas the increase was of 90.4 million (12.1 %) and for urban areas the increase was 91.0 million (31.8 %). This spurt in population of urban areas in the country could be attributed to:



- **Migration**
- **Natural increase and**
- **Inclusion of new areas under 'Urban'**

2)- URBAN POPULATION SCENARIO OF UTTAR PRADESH

State Details	2011
Population of State	199581477
Urban Population	44470455
Urban Slum population ** Data from SUDA (2003-04)	11998485
Cities/ towns with a population of 10 Lakhs plus (Projected population 2011 as per decadal growth)	7
Cities/ towns with a population of 50,000 plus (Projected population 2011 as per decadal growth)	129

The growing migration from rural to urban areas over the past few years has thrown up challenges for the state to cautiously handle. Mushrooming and unrelenting growth of slums having concentration of poor and the vulnerable communities are dotting the urban cities and towns. Challenges to provide adequate basic urban facilities and quality health services are seeking considered attention and response from the providers and in respect of the health requirements, the health department is mandated and committed to provide.

Growing Urban Poverty in Uttar Pradesh

- Uttar Pradesh, the most populous state of India, is also urbanizing rapidly.
- Urban population of Uttar Pradesh will increase from 4.4 crore in 2011 to 6.7 crore in 2026 (*Census, 2011 population, Projections, 2001-26*)
- An estimated 1.17 crore comprising 30.6 percent of the state's urban population is poor (*Poverty Estimates 2004-2005 and 1999-2000*)
- Uttar Pradesh houses the largest number of urban poor in a single state.
- Public Health efforts in UP need to take care of an estimated:
 - 340,000 annual pregnancies among urban poor (*Based on NFHS-3 reanalysis by wealth quintiles*)
 - 3.3 Lakhs annual births among urban poor (*Based on CBR 28.2 for urban poor population in UP and 1.17 crore urban poor population*)
 - 11.7 Lakhs children under-5 among urban poor (*Based on NFHS-3 reanalysis by wealth quintiles*)

Urban poor suffer much poorer health status and access to healthcare, leading to -

- Lower access to institutional deliveries
- Lower coverage of immunization
- Higher infant mortality
- Higher prevalence of child under-nutrition
- Higher prevalence of infectious diseases on account of unhygienic living environment
- Lower access to housing, safe water supply & sanitation

The health indicators for the urban poor are much worse than the rural and even urban, hence focused targeting is needed to impact the health parameters.

3)- KEY HEATH INDICATORS FOR URBAN POOR IN STATE FROM NFHS-3 (2005-06)

Health Indicators	Urban Poor	Urban Non Poor	Urban	Rural	State Total
Total fertility rate (children per woman)	4.25	2.5	2.95	4.13	3.82
Neonatal Mortality	50.0	35.5	40.7	49.4	47.6
Infant Mortality	86.2	51.9	64.2	74.8	72.7
Under-5 Mortality	110.1	66.1	82.4	100.0	96.4

Health Indicators	Urban Poor	Urban Non Poor	Urban	Rural	State Total
Maternal Health					
Mothers who had at least 3 antenatal care visits (%)	20.7	53.2	42.1	22.5	26.6
Mothers who consumed IFA for 90 days or more (%)	5.7	22.0	16.4	6.8	8.8
Mothers who received complete ANC ² (%)	1.8	12.0	8.4	2.4	4.1
Births assisted by doctor/ nurse/ LHV/ ANM/other health personnel (%)	23.6	64.8	50.0	21.5	27.2
Anaemia among Women age 15-49 with anaemia (%)	55.3	46.4	48.7	50.3	49.9
Child Health & Survival					
Children completely immunized (%)	15.3	42.9	33.0	20.8	23.0
Children receiving measles immunization (%)	29.6	60.2	49.3	35.0	37.7
Children left out from UIP (Children not receiving DPT 1) (%)	58.2	27.8	38.7	45.7	44.3
Children under 3 years breastfed within one hour of birth (%)	4.6	11.0	8.9	7.0	7.3
Children age 0-5 months exclusively breastfed (%)	34.0	31.4	32.4	55.8	51.5
Children age 6-9 months receiving solid or semi-solid food and breast milk (%)	42.9	53.0	49.5	44.9	46.1
Children who are stunted (%)	63.5	42.4	50.2	58.0	56.8
Children who are underweight (%)	48.5	27.1	34.9	44.1	42.4
Children with anaemia (%)	77.6	68.1	71.4	74.6	73.9
Access to Health Service					
Children under age six living in enumeration areas covered by an AWC (%)	24.9	32.9	30.0	88.2	76.2
Women who had at least one contact with a health worker in the last three months (%)	13.6	6.4	8.2	18.5	15.9

Goals and Objectives

To improve the health status of the urban poor by provisioning of quality Primary Health Care services and decentralized health facilities it is pertinent to ensure one urban health post (UHP) per 50,000 populations having urban slum of 20000-30000 population in the city. Therefore, plan for the current year will continue to focus on the following target population:

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

Primary Urban Health Facilities in the State

Facilities Funded by State Budget – State funded 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	-
TypeIII	28	DG (FW) U.P.	Functional	-

Solutions and Prioritized Strategies

Therefore, in the current year's plan newer aspects and strategies are being included, which are expected to yield predictable benefits to the communities. Moreover, the state health services are being geared up to align with the proposed urban health program. For improving the efficacy and reach of public health services in urban areas, the following strategies will be adopted during the year:

- Strengthening the existing capacities of **State Urban Health Cell** functional in Directorate of Family Welfare, UP to manage the expanding role of the cell.
- Sustaining existing 231 Urban Health Posts in state during year 2013-14.
- Introduce **Urban Social Health Activist (USHA)** in select cities to propagate and promote health care in urban areas.
- Organize **Urban Health & Nutrition Days** in identified cities for convergence of nutrition and primary health care at locations in the vicinity of urban poor habitations.
- **Sensitization workshops on Urban Health Challenges** at state and regional levels,
- Carry out **assessment of urban public health facilities** on identified parameters in 48 districts to assess the adequacy of infrastructure, equipment, man-power, systems and health services in order to improve availability and reach of quality health services in urban areas.
- Carry out **City Health Planning** in few cities/ towns for effective planning, deployment/ redeployment/ strengthening of public health facilities while specifically focusing on urban poor population.
- Develop **IEC strategy for urban areas**, which would help in strategically providing relevant, necessary and timely information/ awareness regarding the presence, availability and range of public health services for the target population.
- Develop a **grievance reporting, recording and redressal system** for improving health services
- Develop an **urban centric family planning advocacy strategy**.

- Develop, field test and **establish public private partnership** initiatives for addressing gaps in health care and related service provisioning in urban areas.
- Involve Health of the Urban Poor (HUP) Program for sourcing technical assistance in terms of urban health with focus on vulnerable urban poor population, in view of their experience, exposure and capacities for guiding urban health programs in EAG states of India and at the national level.

4)- HUMAN RESOURCE FOR URBAN HEALTH

A- Budget for 8 BMCs in Lucknow in 2013-14

Facility/Office	Head	Activity	No. of Units	Amount (In Rs.)	Pool
Bal Mahila Chikitsalay evam prasuti grah	Human Resource	1 Gynaecologist at each BMC @ 50000/ month for 12 months	8	4800000.00	RCH Flexi Pool
		Paediatrician @ 50000/ month for 12 months	4	2400000.00	RCH Flexi Pool
		1 Staff Nurse at each BMC @ 18000/ month for 12 months	8	1728000.00	RCH Flexi Pool
		2 Ward Ayah at each BMC @ 6500/month for 12 months	8	1248000.00	RCH Flexi Pool
		2 Sweeper / Sweepers at each BMC @ 5000/month for12 months	8	960000.00	RCH Flexi Pool
Total			11136000.00		

The above proposed staff for 8 BMCs in Lucknow is not approved by GOI(ROP-FMR Code-A.5.2.2; A.5.2.5; A.5.2.11 and A.5.2.12).

B. Budget for Urban Health Post 231 (131 Old + 100 New established in 2012-13)

RCH Flexi Pool									NRHM Flexi Pool				
Sl.	District	Total Existing UHPs under NRHM	Rent @ 7000 per month per centre for 12 months	HR (01 MO, 01 SN, 01 ANM, 01 Sweeper cum chowkidar, at each centre for proper functioning of UHP				(Telephone bill @ 1000/month/centre, Electricity bill @ 1000/month/centre & contingency @ 1000/month/centre) for the 12	Sub Total (RCH Flexipool)	IEC activity (Rs. 15000/- per UHP)	Drug & Consumables @ 13000 per month for 12 months	Sub Total (Mission Flexipool)	Total Amount (In Rs.)
				Medical Officer @ 40000 per month for 12 months	Staff Nurse @ 18000 per month for 12 months	ANM @ 11000 per month for12 months	Sweeper cum chowkidar @ 5000 per month for 12 months						
1	2	3	4	5	6	7	8	9	A	1	2	B	=(A+B)
1	Saharanpur	8	672000	3840000	1728000	1056000	480000	288000	8064000	120000	1248000	1368000	9432000
2	Muzaffarnagar	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
3	Shamli (Prabhudh Nagar)	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
4	Bijnor	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
5	Moradabad	13	1092000	6240000	2808000	1716000	780000	468000	13104000	195000	2028000	2223000	15327000
6	Sambhal (Beemnagar)	0	-	-	-	-	-	-	-	-	-	-	-
7	Rampur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
8	Amroha (Jyotiba Phule Nagar)	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
9	Meerut	11	924000	5280000	2376000	1452000	660000	396000	11088000	165000	1716000	1881000	12969000
10	Baghpat	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
11	Ghaziabad	10	840000	4800000	2160000	1320000	600000	360000	10080000	150000	1560000	1710000	11790000
12	Hapur (Panchsheel	0	-	-	-	-	-	-	-	-	-	-	-

	Nagar)												
13	Noida (Gautam Buddha Nagar)	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
14	Bulandshahar	4	336000	1920000	864000	528000	240000	144000	4032000	60000	624000	684000	4716000
15	Aligarh	7	588000	3360000	1512000	924000	420000	252000	7056000	105000	1092000	1197000	8253000
16	Hathras (Mahamaya Nagar)	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
17	Mathura	4	336000	1920000	864000	528000	240000	144000	4032000	60000	624000	684000	4716000
18	Agra	9	756000	4320000	1944000	1188000	540000	324000	9072000	135000	1404000	1539000	10611000
19	Firozabad	4	336000	1920000	864000	528000	240000	144000	4032000	60000	624000	684000	4716000
20	Mainpuri	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
21	Budaun	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
22	Bareilly	5	420000	2400000	1080000	660000	300000	180000	5040000	75000	780000	855000	5895000
23	Pilibhit	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
24	Shahjahanpur	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
25	Kheri	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
26	Sitapur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
27	Hardoi	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
28	Unnao	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
29	Rae Bareli	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
30	Lucknow	24	2016000	11520000	5184000	3168000	1440000	864000	24192000	360000	3744000	4104000	28296000
31	Farrukhabad	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
32	Kannauj	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
33	Etawah	6	504000	2880000	1296000	792000	360000	216000	6048000	90000	936000	1026000	7074000
34	Auraiya	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
35	Kanpur Dehat	0	-	-	-	-	-	-	-	-	-	-	-
36	Kanpur Nagar	13	1092000	6240000	2808000	1716000	780000	468000	13104000	195000	2028000	2223000	15327000
37	Jalaun	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
38	Jhansi	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
39	Lalitpur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000

40	Hamirpur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
41	Mahoba	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
42	Banda	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
43	Chitrakoot	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
44	Fatehpur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
45	Pratapgarh	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
46	Kaushambi	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
47	Allahabad	7	588000	3360000	1512000	924000	420000	252000	7056000	105000	1092000	1197000	8253000
48	Barabanki	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
49	Faizabad	5	420000	2400000	1080000	660000	300000	180000	5040000	75000	780000	855000	5895000
50	Ambedkar Nagar (Akbarpur)	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
51	Sultanpur	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
52	Amethi (CSM Nagar)	0	-	-	-	-	-	-	-	-	-	-	-
53	Bahraich	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
54	Shrawasti	0	-	-	-	-	-	-	-	-	-	-	-
55	Balrampur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
56	Gonda	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
57	Siddharthnagar (Navgarh)	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
58	Basti	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
59	Sant Kabir Nagar (Khalilabad)	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
60	Mahrajganj	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
61	Gorakhpur	8	672000	3840000	1728000	1056000	480000	288000	8064000	120000	1248000	1368000	9432000
62	Kushinagar	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
63	Deoria	3	252000	1440000	648000	396000	180000	108000	3024000	45000	468000	513000	3537000
64	Azamgarh	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
65	Mau	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
66	Ballia	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
67	Jaunpur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000

68	Ghazipur	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
69	Chandauli	0	-	-	-	-	-	-	-	-	-	-	-
70	Varanasi	9	756000	4320000	1944000	1188000	540000	324000	9072000	135000	1404000	1539000	10611000
71	Bhadohi (Sant Ravidas Nagar)	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
72	Mirzapur	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
73	Sonbhadra	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
74	Etah	1	84000	480000	216000	132000	60000	36000	1008000	15000	156000	171000	1179000
75	Kasganj (Kanshiram Nagar)	2	168000	960000	432000	264000	120000	72000	2016000	30000	312000	342000	2358000
Total		231	19404000	110880000	49896000	30492000	13860000	8316000	232848000	3465000	36036000	39501000	272349000

To implement urban health activities in 231 UHPs, GOI approved the budget with following details under RCH Flexipool:

- Operating expenses for 231 UHPs @Rs.10000/month (which includes rent @ 7000/month/ centre , Telephone bill @ 1000/month/centre, Electricity bill @ 1000/month/centre & contingency @ 1000/month/centre for the 12 month)=Rs.277.20 Lakhs(ROP-FMR Code-A.5.3),
- Salaries of 231 MOs@Rs.36000/month for 6 months=498.96 Lakhs(ROP-FMR Code-A.5.2.1),
- Salaries of 231 Staff Nurse @Rs.16500/month for 6months=Rs.228.69 Lakhs(ROP-FMR Code-A.5.2.5),
- Salaries of 231 ANMs @Rs. 9900/month for 6 months=137.21 Lakhs(ROP-FMR Code-A.5.2.4) and
- Salaries of 231 support staffs (Sweeper cum chowkidar) @Rs.4950/month for 6 months=Rs.68.61 Lakhs(ROP-FMR Code-A.5.2.12)

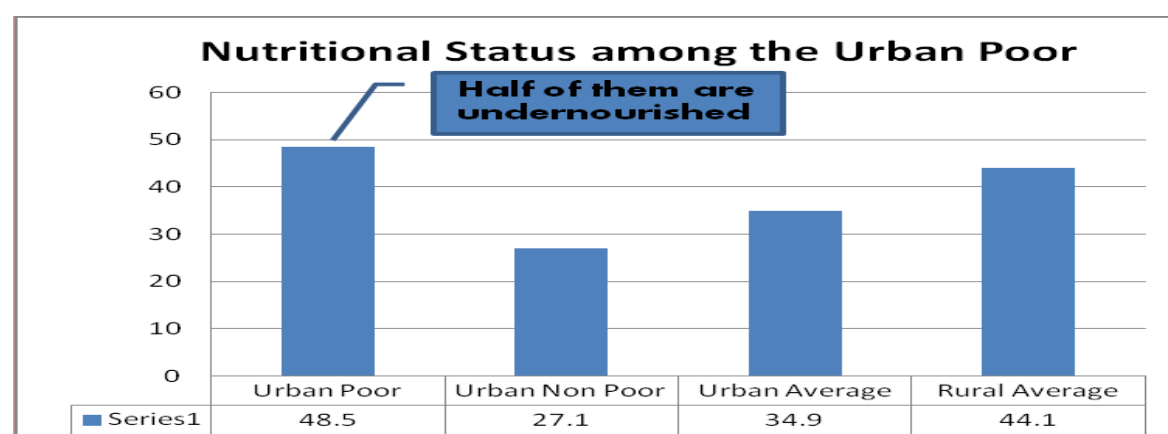
Further, under Mission Flexipool, GOI approved the budget with following details:

- The budget proposed (Rs.34.65 Lakhs) for IEC/BCC activities for Urban Health is not approved (ROP-FMR Code- B.10.5.3.1).
- For the drugs and consumables, GOI approval pended (ROP-FMR Code-B.16.2.8).

5)- OUTREACH ACTIVITIES

A. Introducing Urban Health & Nutrition Day

Under Reproductive & Child Health –II (RCH-II) and National Rural Health Mission (NRHM), the Anganwadi Center (AWC) has been identified as a hub for service provision and also as a platform for promoting inter-sectoral convergence. Village Health and Nutrition Day (VHND) which is being organized once every month at the AWC, acts as an interface between the community and the health system. VHND has contributed significantly in bringing about the much needed behavioral changes in the community leading to better health outcomes in the rural areas. In urban areas, no such mechanism is available and the situation is alarming as per the following data:



Source: Re-analysis of NFHS-3 (2005-06) by Wealth Index

On the lines of VHND, Urban Health and Nutrition Day (UHND) can be attempted to cover the urban population (especially slums) which face health care challenges. It is envisaged that UHND will prove to be an effective platform for providing first-contact primary health care.

The Urban Health and Nutrition Day (UHND) needs to be organized once every month at a fixed facility and at the fixed date and time at the AWCs in the urban areas. UHND is also to be seen as a platform for interfacing between the community and the health system through the front line workers such as ANM, ASHA and Aanganwadi workers.

Promoting public-private partnerships, where suitable stakeholders support health rights of urban poor population, can address inadequacies such as shortage of human resources, AWCs etc. Keeping this in mind, HUP (Health of the Urban Poor Program) will provide technical assistance for introducing UHND in the urban areas, on the lines of VHND.

UHND would serve as a common platform to deliver maternal, child health care and nutrition services to the urban poor. It would help in delivering health care services at the doorsteps of the unserved and underserved urban population thereby facilitate improvement in nutritional and health status of the urban poor in selected districts of the state.

Budget for UHND in a Pilot District		
Sl.	Component	Amount
1	Tentage, logistics and awareness creation etc at per AWC/ per session	1500.00
2	Piloting in 100 Urban AWW centers	150000.00
Total Budget for 12 months		1800000.00

B. Introducing Urban Social Health Activist (USHA)

The Government of India has launched National Rural Health Mission (NRHM) to address the health needs of rural population, especially the vulnerable section of the society. To complement the work of ANM, ASHA (the Accredited Social Health Activist) is filling the gaps in the health care delivery system. She is a volunteer who acts as a bridge between the community and the available health care system. She is working towards catalyzing behavioral change in rural and tribal areas of the state. ASHA is contributing towards enhancing quality of life with focus on health nutrition, sanitation, drinking water etc. However, the urban poor population has been devoid of the beneficial arrangement like ASHA.

Urban population, unlike the rural population, is highly heterogeneous. It therefore masks the health condition of the urban poor. The informal or often illegal status of low income urban clusters results in public authorities not having any mandate to collect data on urban poor population. This often reflects in health service plans, which usually over-look community needs leading to ineffective outreach and weak referral system which limits the access of urban poor to health care services. Social exclusion and lack of information and assistance at the secondary and tertiary hospitals makes them unfamiliar to the modern environment of hospitals, thus restricting their access. Therefore, **USHA** can be introduced to cover the urban population (especially slums) which faces frequent and wide-spread challenges of health care where USHA can prove to be an effective mechanism for providing first-contact for primary health care.

USHA may be proposed on the lines of ASHA under NRHM, covering about 1000-2,500 beneficiaries, between 200-500 households based on spatial consideration, preferably co-located at the Urban Health Post or Anganwadi Centre functional for the slum dwellers, for first point of contact at the door steps. She would remain in charge of their respective allocated area and serve as an effective and demand-generating link between the health facility (Urban Primary Health Centre/ UHP) and the urban slum populations. Wherever possible the existing community workers under other schemes like JNNURM, SJSRY etc. may be co-opted under this mechanism through the principle of convergence. An USHA mentoring system on the lines of NRHM may be put in place involving dedicated community level volunteers/ professionals preferably through the local NGO at the U-PHC/ UHP level, for supporting and coordinating the activities of the USHA.

Incentives to USHA

For the services rendered, the USHA would receive a performance based incentive. For this purpose a revolving fund would be kept at the U-PHC which would be replenished from time to time. The rates of incentive will be similar to those applicable to ASHA as provided under NRHM for the state -

Sl.	Activity	Proposed Incentive per month (Rs)	Relevant budget line item
1	Organization of outreach sessions	200	A.5.4
2	Organization of monthly meeting of MAS	100	A.5.5 (B.1.1.3.5)
3	Attend monthly meeting at U-PHC	50	A.5.5 (B.1.1.3.5)
4	Organize Health & Nutrition day in collaboration with AWW	100	A.5.5 (B.1.1.3.5)
5	Organize community meeting for strengthening preventive and promotive aspects	50 per meeting (200 upper limit)	A.5.5 (B.1.1.3.5)
6	Provide support to Baseline survey and filling up of family Health Register	5 per Household (once a year)	A.5.1
7	Maintain records as per the desired norms like Household Registers, Meeting Minutes, Outreach Camps registers	50	A.5.4
8	Additional Immunization incentives for achieving complete immunization in among the children in her area of responsibility	Rs. 5 per child	A.2.9
9	Incentives/compensation in built in national schemes for ASHA under JSY, RNTCP, NVBDCP, Sterilization etc. any other National programme	Similar norms would be applicable for USHA	A.1.4.4 (JSY) A.3.2.4 (FP)

Plan for roll out

A non-government partnership has proposed to undertake this activity in eleven cities of Uttar Pradesh. Urban Health Initiative (UHI) has been working for last 3 years in eleven cities and has developed very successful model of Urban USHA in eleven cities. UHI works with Peer Educators (PE), each covering a slum population of 2,000. These Peer Educators have undergone 8 rounds of training on Maternal Child Health and Family Planning and can be adopted in those 9 cities proposed in this note where UHI is working. Further, UHI will be requested to support two additional cities i.e. Ghaziabad and Meerut in selecting and training Peer Educators. Rational for adopting UHI Peer Educators as USHA is as follows:

- These Peer Educators have been selected based on the same criteria enunciated in the NUHM plans i.e. most of them are residents of the slum, married, literate and chosen through a rigorous community driven process.
- They have been trained by UHI in eight modules includes sessions on Maternal and Child Health, Family Planning, interpersonal communication, area mapping, listing of households and maintaining records.
- They are already working in slum areas of nine cities of Uttar Pradesh under UHI project, enjoy excellent rapport with the community and local stakeholders, have been making home visits in their areas for last 2-3 years and have met with each woman in their area and linked these women to RCH services at the AWCs, UHPs and District Women's Hospital. Enjoying excellent rapport in the community.

- UHI is paying an honorarium to these workers and has an existing mechanism of supervision that will help ensure monitoring these USHAs and ensuring performance of envisaged roles.
- UHI is willing to provide Technical Assistance for selection and training of similar workers in two additional cities i.e. Ghaziabad and Meerut

State can provide the exiting incentives in built in various programs to these USHA (Peer Educators) for mobilization of beneficiaries in urban areas under NRHM and improve the coverage of urban poor.

No. of Peer Educators hired by UHI –Uttar Pradesh

Sl.	City	City Population	MWRA (16.4% of tot pop)	Slum Pop	% slum Population	# Slum	No. of Peer Educators
		2011	2011	2012	2012	2012	
1	Agra	1746467	286421	933615	53.5	387	406
2	Aligarh	909559	149168	714884	78.6	188	342
3	Allahabad	1216719	199542	656015	53.9	292	317
4	Gorakhpur	692519	113573	417536	60.3	156	206
5	Bareilly	979933	160709	313732	32.0	90	90
6	Kanpur	2920067	478891	669567	22.9	449	176
7	Lucknow	2901474	475842	1295176	44.6	787	90
8	Moradabad	889810	145929	419808	47.2	88	85
9	Varanasi	1435113	235359	476566	33.2	217	84
10	Meerut	1424908	233685	672858	47.2	187*	(336) Non UHI Area
11	Ghaziabad	2358525	386798	194178	8.2	82**	(98) Non UHI Area
Total		17475094	2865915	6763935	38.7	2,923	2230

*Meerut City Situational Analysis, 2009, UHRC

**50 listed slums and 32 unlisted slums, total population of listed slums is 194,178, CMO Ghaziabad

Oxfam estimate 2008

() in non UHI area Social Mobilizer has to be identified

- Slum Population for Agra, Aligarh, Allahabad, Gorakhpur, Bareilly and Farrukhabad is taken from the UHI house listing
- Slum population for Kanpur, Mathura, Moradabad and Varanasi is the population updated from the DUDA lists and UHI

Number of slum and slum population estimate for Lucknow from Oxfam 2005.

Proposed Budget for New Innovation of USHA for selected 11 big Cities having Urban Slums

Sl	Activity	Target	Unit Cost	Frequency	Budget
1	8 days Trainings of Urban ASHA	2400 (80 batches of 30 Each)	136650	1	10932000
2	Stationary	2400	500	1	1200000
3	Incentive for compilation & updating the records	2400	500	1	1200000

4	IEC (Handbills, Stickers, Posters)	2400	2000	1	4800000
5	Contingency	2400	1000	1	2400000
Total					20532000
Incentives to USHA		Extra Budget not required but inbuilt in various programme as per norms to the ASHA worker			

Under the urban health programme, the budget proposed (Rs.223.32 Lakhs) for outreach activities under heads (A &B) is not approved by GOI (ROP-FMR Code-A.5.4)

1. Consultation Workshop on Urban health Challenges

The state government intends to organise a two day national consultation to deliberate and share experiences on different urban health programs/ initiatives across the country. The event will provide a platform for government representatives, program implementers, donors, academic organisations, private sectors, researchers etc to discussion the focus areas in urban health, sharing of successful models/ strategies and discussions on the challenges way forward.

The state government would immensely gain from the proceedings and inputs from the consultation, which would be applied in the state to strengthen health programming in urban areas.

Sl.	Line Items	Unit Cost	Units	Total
Consultation on Urban Health Challenges - National Level				
1	(250 Participants for 2 days, 200 Outstation Participants)			
2	Air-fare 30 persons (to & fro @ 15,000 per person), including Airport Transfers	15000	30	450000
3	Accommodation 200 Persons (2 Nights @Rs. 5500/ per person/ night)	11000	200	2200000
4	Lunch Expenses @ 1100per person for 50 persons based in Delhi for 2 days	2200	50	110000
5	Stationary Expenses- 250 persons(@ Rs. 500 per person	500	250	125000
6	Kiosks and other logistics (lump-Sum)	100000	1	100000
7	Vehicle (5Vehicles per day* 3 days, @ Rs. 2000. vehicle/ day)	6000	5	30000
8	Miscellaneous Expenses (Lumpsum)	100000	1	100000
9	Photo/ Videographer @ Rs. 50000 / day	50000	2	100000
Total (a)				3215000
Budget for regional level sharing and consultation event on Urban Health Challenges (each regional Workshop would cover 15-20 Districts)				
1	Hiring of Venue	20000	1	20000
2	Lunch and Refreshment	500	80	40000
3	Honorarium to resource person	10000	2	20000
4	Logistic Support (Banners, Audio- Visual aid, etc)	20,000	1	20000
5	Resource Material (Handouts, Brouchers, Folders etc)	500	80	40000
6	Travel Cost (TA/DA) of Participants	3000	75	225000
7	Local taxi support (3 Vehicles per/ day* 3 days @ Rs. 2000/ vehicle/ day)	6000	3	18000
8	Communication, Stationary, Courier etc (Lumpsum)	20000	1	20000
Total				403000
Total (b) (Budget for 4 Regional Workshops)				1612000
Grand Total (a + b)				4827000

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.2)

2. Assessment of State Urban Public Health Facilities

The state has been operating Urban Health Centers (UHC), Urban Family Welfare Centers (FWC) and Post Partum Centers (PPCs) in urban areas and at the sub district level in addition to the district hospitals. Currently there are a total 485 health facilities (DH-75, 134 UHP under state Gov., UFWC-45 including 231 Urban Health Posts – NRHM supported) in the state and another 150 are being proposed in this PIP of 2013-14.

In order to ensure better health care services through the infrastructure, the state will carry-out an assessment of the Urban Health Facilities in remaining 48 districts of Uttar Pradesh, since HUP has already conducted Health Facility Assessment in 27 districts. HUP will support the department in sharing and further contextualizing the assessment formats and system available with them, which will facilitate the health facility assessment in remaining 48 districts of UP.

Under the overall guidance of Director General H&FW, GoUP, this exercise will be carried out which will provide inputs to the state and the city/ district levels to generate productive information in order to improve delivery and quality of urban health services at the city level. Specifically, information will be generated pertaining to the following;

- Human resource,
- Infrastructure
- Equipment,
- Drugs
- Services,
- Coverage and system of referral etc.

The information generated and analyzed is expected to provide inputs in preparing the city specific health plans taking into consideration the urban poor population. This will also provide inputs to strengthen the primary level services being offered by UHPs, FWCs and PPCs so as to reduce the load on the secondary and tertiary level health services.

Health of the Urban Poor (HUP) Program, functioning as a technical support agency under an agreement between governments of USA and India and supporting national and state governments in their efforts to strengthen urban health will prepare the state for the launch of the proposed Urban Health Mission.

Budget for Health Facility Assessment in 48 districts:

Particulars	Person days	Rate	Amount
A. Professional Cost- Honorarium			
Principal Investigator	21	1000	21000
Investigators	21	500	10500
Sub Total of A			31500
B. Orientation Training for manpower on Questionnaire (2 day)			
Venue	2	2,000	4000
Lunch and Refreshment	40	350	14000
Honorarium to Resource Person	4	1000	4000
Logistic support	14	200	2800
Resource Material	20	200	4000
Sub Total of B			28800

C. Travel Cost			
Principal Investigator	21	1200	25200
Investigators	21	800	16800
Local Travel (if any)	42	200	8400
Sub Total of C			50400
D. DATA ENTRY			
Data entry Operator	15	1000	15000
E. Printing of interview schedules	350	20	7000
F. Communication, Stationery, courier etc.		Lump Sum	20000
Total (A to F) for 1 District			152700
No. Of Districts			48
Grand Total for the State			7329600

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.3)

3. City Health Planning

Provision for assured primary health services of defined quality in urban areas has emerged as a priority intervention in view of the increasing urbanization and growth of low income population/ slums in the cities. The focus till now had been to develop a rural health care system having three tier health delivery structures. While on the other hand, no specific efforts had been made to create a well targeted health service delivery structure in urban areas especially for the slum dwellers. This is obvious from the falling health indicators pertaining to urban poor, which are even worse than rural. It therefore, becomes all the more pertinent to adequately plan and equip before embarking upon an effective and efficient health service provisioning/ system for urban areas.

Therefore, to reach out to people living in urban area it is necessary to carry-out situational analysis of the city. The situational analysis would entail –

- **Listing and Mapping** - Mapping of all health care facilities (public and private) and slums (listed and unlisted)
- **Baseline Survey** - The baseline survey is required to determine the nature and magnitude of health issues of the city population, especially of the urban poor. The baseline, therefore, should adequately cover sub-population of the city:
 - **Slum**
 - **Vulnerable**
 - **Migrants**

For appropriate identification of the **vulnerable** it is proposed to adapt the **Field-tested strategy to effectively identify and reach the most vulnerable** (to be provided by Health of the Urban Poor – HUP to NRHM-UP) to suit the local contexts. This strategy would be systematically adapted through guided assessment methods which should include a definite sequence of selection procedures to guarantee authentic consideration of the most vulnerable communities and households in the current local contexts and then field-tested in select pockets of urban poor in the city. The process would consider demographic, economic and other social parameters as layers for screening in the process of identifying the vulnerable poor.

- **Health Facility Assessment** (*as per separate sub-chapter*)

- **Secondary data review of the city (from DLHS, AHS, NSSO, etc.)**
- **Stakeholders Consultation**

This process will identify and engage several stakeholders at the city levels (Health, DUDA, WCD, development partners, UP Jal Nigam / Jal Sansthan and community etc). Health of the Urban Poor (HUP) program, with its wide and proven experience in the urban health sector across EAG states, would provide technical assistance in the process of preparing the City Health Plan.

Budget for City Health Planning in 14 Districts:

Sl.	Component	Amount
1	Constitution of City Planning teams (inter-departmental) and holding a initial meeting	25000
2	Obtaining base maps from relevant departments in the city (ULB, JNNURM/RAY, ICDS, Health, etc.) and meeting for triangulation and listing (not including cost of “purchasing” maps, as these need to be procured from city administration)	25000
3	Obtaining secondary data pertaining to the city and analysing for situation analysis (services of a consultant)	200000
4	FGDs with communities, link workers and service providers in the city	500000
5	Series of stakeholder and planning consolidation meetings (6 meetings @ Rs.25,000 per meeting)	150000
6	Additional expenses on stationery, procurement of maps/data, etc.	100000
Total		1000000
Grand TOTAL for 14 Districts		14000000

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.4)

4. Grievance Reporting, Recording and Re-dressal System

During the year the department would undertake to develop a system for compiling intelligence through a demonstrated model, from the target communities to address any shortfall, failure or negligence in service provisioning of health services in urban areas. Since usage of mobile among the unidentified urban poor/ rural migrants, urban destitute etc. is substantial; therefore, mobile-linked web solutions could be a viable model for M&E.

Process - This exercise would evolve a technical architecture and steer a pilot initiative in selected cities for bringing digital interface with the urban poor and the vulnerable sections. The proposed technological initiatives would lend mobile-interfaced web solutions to Grievance reporting, registration & redressal.

Highlight of this initiative would be to roll-out an ICT-based grievance redressal system with demonstrated efficacy – and document results.

Tracking & quantification of service delivery could also be attempted on a pilot basis which would add programmatic value in qualitative terms such as reach of the services and concerned timeliness etc.

Perceived outputs

- A comprehensive review of existing M&E system pertaining specifically to health services for urban poor;
- An ICT-based M&E model with sound principles of replication;

Budget for Grievance Reporting, Recording and Redressal System

Sl.	Particulars	Amount (Rs.)
1	Sector expert (60 days @ Rs. 5,000/- per day)	300000
2	IT Expert (45 days @ Rs. 4,000/- per day)	180000
3	Research Associate - 2 nos. (2 months @ Rs. 15,000/- per month)	60000
4	Gender Expert (5 days @ Rs. 5,000)	25000
5	Social Exclusion Expert (5 days @ Rs. 5,000)	25000
6	Out of pocket expenses	
	- Outstation travel (Rs.2500/- per day for 12 days)	30000
	- Local travel, communication, printing of questionnaires etc. (lumpsum)	20000
7	Printing of report (100 copies @ Rs. 200/- per report)	20000
8	Miscellaneous	20000
Total		680000

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.6)

6)- STRENGTHENING URBAN RCH CENTERS AND 8 BMCS IN LUCKNOW

Facility/ Office	Head	Activity	No. of Units	Amount (In Rs.)
Urban RCH Head Quarter	Human Resource	01 Sr. Computer Operator @ 17000/ month for 12 months	1	204000
		01Office Assistant @ 8500/month for 12 months	1	102000
		01Store Keeper (NRHM + Urban RCH) @ 12000/month for 12 months	1	144000
		01Sweeper @ 5000/ month for 12 months	1	60000
		01 Office Peon @ 7000/month for 12 months	1	84000
		02 Dak Runner @ 7000/month for12 months	2	168000
		01 Chowkidar @ 7000/month for 12 months	1	84000
	Miscellaneous	Telephone with internet connection @ 3000/month for 12 months	1	36000
		Contingency for OPD Slips, Referral Cards etc. @ 5000/month for 12 months	1	60000
		Supervision Monitoring & Evaluation @ 5000/month for 12 months	1	60000
		Recurring Expenses (Rent, Consumables, Electricity, Telephone	1	180000
		Strengthening of RCH Meeting Hall	1	200000
Bal Mahila Chikitsalayevam prasuti grah		Anaesthetist at each BMC on call basis @ 2000/call maximum 100 calls per month for 12 months	100	2400000

01 Data Assistant at each BMC @ 11000/ month for 12 months	8	1056000
Referral Transport (Ambulances support) with operational cost/POL, drivers and maintenance cost (Lumpsum Rs. 25000/month) #	8	# Provision for one ambulance for each BMC would be made through state.
Mis. (Contingency & stationary for computer etc.) @ 3000/month for 12 months \$	8	\$ Provision would be made from JSY administrative cost
Rogi Kalyan Samity @ 1,00,000	8	^Reflected in procurement head
Untied grant @ 50000	8	
Annual Maintenance Grant @ 100000	8	
Generator 15 KVA (Silent) Kirloskar Make (RC)^	8	
Generator 15 KVA (Silent) Kirloskar Make (RC)^ VAT 13.5%	8	
Freight Charges@ 5% of original Cost^	8	
Installation Charges (one Time)^	8	
Total		4838000

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.8)

7)- STRENGTHENING OF THE STATE URBAN CELL UNDER DIRECTORATE OF FAMILY WELFARE

Under NRHM, institutional mechanisms are available to supervise and monitor mission work at various levels. At the first tier facility, monthly monitoring of key processes and outcomes is being compiled by the District Health Society (DHS). DHS sends its report to State Urban RCH Cell, Directorate of Family Welfare UP and SPMU NRHM on monthly basis, which in turn compiles it and sends it to State Government. This monitoring mechanism is being utilized for urban health also.

During the course of implementation of the Urban RCH components the Urban Health Cell at Directorate of Family Welfare has experienced gaps in accessing necessary information regarding operations of UHPs in terms of quality of data, its completeness, frequency and promptness. These gaps have impeded effective program monitoring, management and informed data driven policy decisions. Also, the capacities available with the Urban RCH Cell to generate, analyze and use data for decision making, needs strengthening. Strengthening theses capacities will help in improving monitoring and implementation of urban health activities in the state. HUP provides technical assistance and coordinates between the Urban Health Cell and SPMU on various aspects.

HUP would provide technical assistance and will coordinate between the Urban RCH division, Family Welfare Directorate of UP and Urban Health Cell 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 RCH Cell at Directorate of Family Welfare, Lucknow in 2013-14 is being proposed under Programme Management Chapter, where the operational cost and staffs for urban cell is already proposed.

8)- IEC/BCC ACTIVITIES FOR URBAN AREAS

A. Developing and finalizing the IEC strategy for the urban areas -

Health indicators of people living in slums are poor and the health service sector is dominated by the private operators drawing about 94% of the health care seekers to their facilities and the remaining 6% are accessing public health facilities. Therefore, the department needs to frame aggressive marketing strategies coupled with accessible, friendly and quality health services to draw in more numbers in order to re-establish and counter the non-public sector dominance in the urban health sector. The strategy thus drawn would include a vibrant IEC plan designed specifically to generate demand with the support of existing cadres which would facilitate change in practice and behavior.

During the year, IEC strategies covering urban contexts would be developed, field tested and then applied to cover RCH, adolescent health and adoption of family planning methods that are directly linked to RCH objectives. The IEC plans should especially focus on interpersonal or group communication which would include a description of expected behavior change in different community segments. For effective tracking its implementation, benchmarks and milestones should be developed.

Private sector and NGO partnerships for IEC should also be promoted, particularly where such potential partners with necessary skills, proven experience and credentials in IEC/ BCC are available. **Budget for IEC strategy for the urban areas is given below:**

Sl.	Component	Amount (in Rs.)
1	Developing and finalizing the IEC strategy for the urban areas including Consultant Charges	1000000
Total		1000000

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.5)

B. Urban Centric Family Planning Advocacy Strategy

There are Social factors like reluctance, traditions and socio-cultural beliefs towards large family emerge as the major constraints towards adopting Family Planning methods. However, the following issues are related to the Urban Family Planning program and would require immediate attention

- Ensuring a better quality of services
- Reproductive rights of individuals and couples should be ensured
- Provider's restriction
- Postpartum Family Planning:
- Expanded Basket of Choices

To address these, a specific strategy will be developed for providing family planning services in the urban areas with the support of "Building Leadership Support for Urban Health Program" which is being implemented by Population Foundation of India. Budget for Urban Centric Family Planning Advocacy Strategy is given below:

Sl.	Line item	Sub Total	Total
Ensuring a better quality of life			
1	Positive and effective BCC need to be developed (Budget linked with development of IEC strategy(code: B.5))		
2	At state level TOT for the community Monitoring		
2.1	Assessment for development of community monitoring tool		
	Consultant fees	60000	
	Travel Cost	20000	
	Stationary & Mis	10000	
	Sub Total		90000
2.2	Sharing of Report with eligible group		10000
2.3	3 days Training of The trainers		120000
Reproductive rights of individuals and couples should be ensured			
1	Scheule for Family Planning education sessions		
1.1	At least two meetings of TSG meeting to assess a FP education sessions on the basis of priority		7500
1.2	Consultant fees to develop FP Sessions		60000
1.3	Sessions field testing		15000
Provider's restrictions limit family planning access			
1	Self Address post card for couples		10500
2	Booklets on Family Planning(Budget linked with development of IEC strategy(code: B.5))		
Postpartum Family Planning			
1	Review of Population Policy in light of Urban Family Planning		165000
2	Assessment of local skills, government staffing training needs for FP		
2.1	Consultant fees	60000	
2.2	Travel Cost	20000	
2.3	Stationary & Mis	10000	
	Sub Total		90000
3	A bangle day event		21000
Expanded Basket of Choices			
1	Allocation of new or utilization of available resources(Could be avail through regular Family planning Budget or proposed UHP untied budget)		
2	Review or develop services delivery guidelines		52500
3	Development of training plan & next year activity		30000
	Total		671500

The budget proposed for above activities is not approved by GOI(ROP-FMR Code-A.5.5.7)

Establishing Public-Private Partnership (PPP) Initiatives

Although a number of Urban Health Posts (UHPs) have been sanctioned and opened in the unserved/ underserved urban areas in Uttar Pradesh, still a lot needs to be done as far as service delivery is concerned. A major factor which is adversely affecting the opening of UHPs is the shortage of manpower, especially qualified doctors.

As evident from various studies, India's public sector health system needs major reforms that require involvement from private, government and the social sectors. There is a considerable existing capacity among private providers, (corporate, NGOs, medical practitioners and other agencies) which need to be explored and operationalized. Public Private Partnership (PPP) is one such arrangement which is clearly emerging as a new avenue today and is increasingly being acknowledged by the governments as an area of cooperation for developing a healthy society as a whole. Focusing on activities that can yield quick, encouraging and sustainable results is

required, so that the overall objective of Urban Health Programme could be successfully achieved. Potential private partners for both the tiers should be identified and tapped optimally to improve the quality and standard of health among the urban poor, by capitalizing on the skills of potential partners, encouraging pooling of resources, and supplementing the investment burden on the state government resources deployed in the health sector.

Some possible areas of partnerships that could be planned within UH Program are :

- **Providing primary health care services – management of first tier health facilities for specific vulnerable**
- **Strengthen Routine immunization and nutrition services**
- **Provision of 24 hour maternity services**
- **Diagnostics**
- **Identification, training and management of Link Volunteers for demand generation and BCC**

It is also suggested that the not-for-profit sector may be encouraged for partnerships, in addition to the profit oriented/ profit motivated private sector. HUP (Health of the Urban Poor Program) is the single largest program in the country to provide technical assistance in the field of urban health to central and state governments. HUP under its mandate and proven experience would provide technical support on Public Private Partnerships in the field of urban health.

Details of Urban Health Posts/ Centres in the State

Name of Districts	Urban Health Posts/ Centres			
	Number of UHCs/ UHPs Approved till 2012-13	No. of UHCs/ UHPs operational till date	No. of UHCs/ UHPs proposed (2013-2014)	Average Monthly OPD
1. Agra	9	9	9	450
2. Mainpuri	3	3	3	300
3. Mathura	4	4	4	210
4. Firozabad	4	4	4	612
5. Alligarh	7	7	7	750
6. Etah	1	1	1	-
7. Hathras	1	1	1	483
8. Kasganj	2	2	2	800
9. Allahabad	7	7	7	18,000
10. Fatehpur	1	1	1	59
11. Kaushambi	1	1	1	308
12. Pratapgarh	1	1	1	-
13. Azamgarh	2	2	2	-
14. Ballia	1	1	1	225
15. Mau	2	2	2	650
16. Bareilly	5	5	5	950
17. Badaun	3	3	3	1,200
18. Pilibhit	1	1	1	300
19. Shahjahanpur	3	1	3	NA
20. Basti	2	2	2	450
21. Siddhartha Nagar	1	1	1	330
22. Sant Kabir Nagar	2	2	2	355
23. Banda	1	1	1	550

24. Chitrakoot	1	1	1	145
25. Hamirpur	1	1	1	443
26. Mahoba	2	2	2	700
27. Gonda	2	1	2	120
28. Balrampur	1	1	1	539
29. Bahraich	1	1	1	-
30. Shrawasti	-	-	-	-
31. Ambedkar Nagar	3	3	3	142
32. Amethi (CSM Nagar)	-	-	-	-
33. Barabanki	1	1	1	-
34. Faizabad	5	5	5	250
35. Sultanpur	2	2	2	-
36. Gorakhpur	8	8	8	700
37. Deoria	3	3	3	513
38. Kushinagar	1	1	1	350
39. Maharajganj	1	1	1	123
40. Jalaun	2	2	2	750
41. Jhansi	3	3	3	687
42. Lalitpur	1	1	1	400
43. Auraiya	1	1	1	150
44. Etawah	6	1	6	934
45. Farrukhabad	2	2	2	400
46. Kannauj	3	3	3	300
47. Kanpur Dehat	-	-	-	-
48. Kanpur Nagar	13	13	13	1,956
49. Sitapur	1	1	1	100
50. Hardoi	1	1	1	150
51. Kheri Lakhimpur	2	2	2	1,500
52. Lucknow	24	24	24	575
53. Raibarely	1	1	1	344
54. Unnao	3	3	3	450
55. Baghpat	2	2	2	5,000
56. Bulandshahr	4	4	4	2,500
57. G.B.Nagar	1	1	1	3,000
58. Ghaziabad	10	10	10	5,000
59. Hapur	-	-	-	-
60. Meerut	11	11	11	10,500
61. Amroha (J.P.Nagar)	3	2	3	-
62. Bijnor	1	1	1	-
63. Moradabad	13	13	13	-
64. Rampur	1	1	1	-
65. Sambhal (Bheemgang)	-	-	-	-
66. Prabudhnagar (Shamli)	1	-	1	-
67. Mujaafarnagar	2	2	2	650
68. Saharanpur	8	5	8	760
69. Chandauli	-	-	-	-
70. Ghazipur	2	1	2	547
71. Jaunpur	1	1	1	-
72. Varanasi	9	6	9	175
73. Bhadohi (SRN)	1	1	1	500
74. Mirzapur	1	1	1	-
75. Sonbhadra	1	1	1	412
Total	231	214	231	

CONSOLIDATED BUDGET SHEET – URBAN RCH – 2013-2014

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.5.2	HR for urban health including doctors, ANMs, Lab techs						
A.5.2.1	Doctors/Mos	No.	231	480000.00	1108.80	498.96	One at each UHP
A.5.2.2	Specialist	No.	12	600000.00	72.00	-	Specialists for 8 BMCs at Lucknow
A.5.2.4	ANM	No.	231	132000.00	304.92	137.21	One at each UHP
A.5.2.5	Staff Nurse	No.	239	216000.00	516.24	228.69	231 for urban health post and 8 for BMCs
A.5.2.11	Support staff	No.	16	78000.00	12.48	-	16 for 8 BMCs (female support staff)
A.5.2.12	Others (Sweeper cum Chaukidar)	No.	247	60000.00	148.20	68.61	231 for urban health post and 16 for 8 BMCs
A.5.3	Operating expenses for UHP and UHC	No.	231	120000.00	277.20	277.20	@Rs. 10000 per UHP per month
A.5.4	Outreach activities	No.	-	-	223.32	-	
A.5.5	Other Activities						
A.5.5.1	Family Health Card	Cards	3465000	5.00	173.25	-	15000 card for each UHP
A.5.5.2	National and regional level workshops	No.	5	-	48.27	-	Workshops on urban health challenges
A.5.5.3	Assessment of public health facilities	No.	48	-	73.30	-	In remaining 48 districts
A.5.5.4	City Health Planning -14 Districts	No.	14	-	140.00	-	
A.5.5.5	IEC Strategy for Urban Areas	No.	-	-	10.00	-	
A.5.5.6	Grievance reporting, recording & redressal system	No.	1	-	6.80	-	
A.5.5.7	Urban Centric family planning Advocacy strategy	No.	1	-	6.72	-	
A.5.5.8	Urban RCH Centre in Lucknow and 8 BMCs	No.	9	-	48.38	-	
Total - RCH Flexible Pool					3169.88	1210.67	
MISSION FLEXIBLE POOL							
B.10.2.5	IEC/BCC Activities - Urban RCH		1		128.18	-	Approval accorded as per remark under budget head ROP-FMR Code-B.16.
B.10.5.3.1	IEC/BCC for Urban Health	No.	231	15000.00	34.65	-	Not Approved.
B.16.2.8	Drugs & supplies for UHCs	No.	231	156000.00	360.36	-	Approval pending.
Total - Mission Flexible Pool					523.19	-	
TOTAL - URBAN RCH					3693.07	1210.67	

CHAPTER-A.6: TRIBAL RCH

1)- BACKGROUND

Tribal population of Gond, Kol, Tharu, Buksa, Musahar etc is scattered in few Districts of Uttar Pradesh ie Lakhimpur Khiri, Balrampur, Bahraich, Allahabad, Shravasti, Lucknow, Maharajganj, Bijnor, Kanpurnagar, Pilibhit, Raebareli, Mirzapur, Jhansi, Unnao, Farrukhabad, Gorakhpur and Agra of Uttar Pradesh. A landless community which was traditionally dependent on forest was slowly pushed from the forest areas as forests were nationalized, depleted and land based economy took over. A resource less community found itself on the mercy of landed class which exploited them as bonded labourer for the weeding, harvesting and cleaning the fields.



This project is being focused towards Musahar community, because the Musahar community is among the most backward and economically deprived communities of the country. They have no farms to cultivate and are compelled to survive on eating meat of rats, cats and turtles.

Tribal community's socio-economical status is too pathetic. Their average daily incomes ranges from Rs.40-60 only that too if they get opportunity of regular employment. The status of tribal is so pitiable that they do not even own the land. They stay on the common lands of gram panchayat on the outskirts of the main village. Devoid of electricity, proper roads, water and sanitation tribal basti look like castaway.

Objective- To improve health status & provide opportunity of health services at door step.

2)- PROPOSED STRATEGIES

This intervention will cover entire tribal population of the districts in the State. The community will be covered by providing services through outreach services.

- ☐ **Mobile Team:** In 17 Districts approx. 60 camps will be organized every month. Respective Medical Mobile Units will cover these health camps. Medicines and consumables will be provided by CMOs
- ☐ **Training/orientation of ASHA & SHG:** In order to ensure optimum service intake, health activist like ASHA, Aagan Wadi Workers, other community level organization, such as Self Help Group (SHG) will be brought into fold of this intervention. ASHA, AWW and SHG working the villages of community will given training on the topics related to health

seeking behavior, Inter Personal Communication, health & hygiene and socio-economic issues of tribal community and different health services and scheme of the government by which community can be benefited. For this training module will be developed after consultation with experts of the field. Trained workers will undertake door to door visit to each house of the community and educate them on issues related to health, hygiene, government schemes etc.

- ❑ **Health Profile:** Information related to living standard, health status, health service seeking behavior of the community is currently not available which very crucial for service delivery. In order to have such data it proposes to prepare a “Health Card” of each and every member of the community. Preparation of Health card will be done through Health workers/activist and nominal amount of incentive/mobility support will be given to them.

3)- MONITORING & SUPERVISION

To ensure proper Implementation of this intervention a Monitoring cell will be established under leadership of ACOMO. District PMU (under NRHM) will function as secretariat of this cell. This cell will monitor entire activity of this project and provide necessary feedback to the DHS. As and when any instruction is passed by the DHS, monitoring cell will ensure compliance of the same.

Impact:

- Improvement in health status of Tribal community.
- Awareness Generation among these communities on environmental sanitation, personal hygiene and health service seeking behavior leading to improved health status.
- Increase in intake of health services by these communities.
- Creation of sense of equal opportunity among them in terms of social importance and health services thus bringing them into mainstream of social life.

Expected Outcomes

- Healthy and hygienic living environment of these communities.
- Increase in health service seeking behavior.
- More cultured community in terms of living habits, service seeking behavior.

Tribal RCH- Annexure –I

State/District	Total Population 2011	Estimated ST in 2011	No of Health Camps/month required @ 11 camp at 2000 population
1. Kheri	4013634	47491	24
2. Balrampur	2149066	24714	12
3. Bahraich	3478257	12501	6
4. Allahabad	5959798	5159	3

5.	Shrawasti	1114615	4506	2
6.	Lucknow	4588455	3608	2
7.	Mahrajganj	2665292	3144	2
8.	Bijnor	3683896	2855	1
9.	Kanpur Nagar	4572951	2250	1
10.	Pilibhit	2037225	2220	1
11.	Rae Bareli	3404004	2136	1
12.	Mirzapur	2494533	1535	1
13.	Jhansi	2000755	1227	1
14.	Unnao	3110595	1102	1
15.	Farrukhabad	1887577	1095	1
16.	Gorakhpur	4436275	1057	1
17.	Agra	4380793	1048	1

Proposed budget for 17 Districts of the state are:. Lakhimpur Khiri, Balrampur, Bahraich, Allahabad, Shrawasti, Lucknow, Maharajganj, Bijnor, KanpurNagar, Pilibhit, Raebareli, Mirzapur, Jhansi, Unnao, Farrukhabad, Gorakhpur and Agra to improve Health Status of Tribal Population (Through Outreach services)

Budget Proposal:

Sl.	Activities ¹	Unit	Rate (In Rs.)	Frequency	Amount (in Lakhs)
1	District level Sensitization workshop to Officers (50 participants per Districts)	17	10000	1	1.70
	Subtotal				1.70
2	Training or orientation of ASHA/SHG				
	(2 batch of approx 30 participants in one batch)	17	10000	2	34.00
3	Health Profile Card				
	Printing of Card & Register	120000	15	1	18.00
	Honorarium to BHW for preparing health cards	120000	25	1	30.00
	Compilation & Analysis of Data (Outsource)	17	20000	1	3.40
	Subtotal				85.40
4	IEC/IPC (As per prototype)	17	50000	1	8.50
5	Miscellaneous	17	25000	1	4.25
6	Impact Study	17	15000	1	2.55
	Total				102.40

For this purpose, total amount of Rs. 102.40 Lakhs was proposed, but approval is pended (ROP-FMR Code-A.6.1).

¹ Medicines and other primary health facilities and services will be provided by chief medical officer of respective district.

CHAPTER-A.7: PCPNDT & SEX RATIO

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.

Year	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001	2011
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 ages 0 to 6 years have decreased remarkably at national as well as state level.

Year	India	UP
1991	945	927
2001	927	916
2011	914	899

The 'Civil Registration Data' clearly shows that the sex ratio is declining in most of the commercially viable districts where ultra sonography centers are in abundance indicating a direct correlation. Consequently, strategies will focus on these districts. Near about 4430 centers 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 PCPNDT 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.

- **State PCPNDT Cell** - A PCPNDT cell has been established at the FW Directorate. The following budget is proposed for the continuation of PCPNDT Cell. This budget is being budgeted under programme management chapter.

Sl.	Name of Post	No. of Post	Status
1	Legal Consultant	01	New Post
2	Data Assistant	01	Continue
3	Programme Assistant	01	Continue

- **Divisional Level PCPNDT Cell** - A separate divisional level PCPNDT cell will be established at Divisional Additional Director's office. The following budget is proposed for the establishment of Divisional level PCPNDT Cell:

Sl.	Name of Post	No. of Units	Unit Cost (Rs.)	Total Budget (Rs. In Lakhs)
1	Data Assistants (1 at each division)	18	17000.00	36.72
2	Contingency for the operation of cell	18	20000.00	3.60
3	One time office setup cost	18	100000.00	18.00
Sub Total				58.32

- **District Level PCPNDT Cell-**A separate district level PCPNDT cell will be established at CMO office. This cell will work online data reporting on web portal of PCPNDT on regular basis. The following budget is proposed for the establishment of district level PCPNDT Cell:

Sl.	Name of Post	No. of Units	Unit Cost (Rs.)	Total Budget (Rs. In Lakhs)
1	DEO	75	10000.00	90.00
2	Contingency for the operation of cell	75	20000.00	15.00
3	One time office setup cost	75	50000.00	37.50
Sub Total				142.50

To operationalise PCPNDT cells at divisional and district levels, an amount of Rs.200.82 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.7.1).

- **State Inspection & 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 10 districts, an amount of Rs.1.00 Lakh was budgeted for the year 2013-14, which is approved by GOI(ROP-FMR Code-A.7.2.3).**
- **Divisional level Inspection & 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 :-
 1. Divisional Additional Director, Medical, Health & Family Welfare- Chairman
 2. Authorize officer by District Appropriate Authority/DM Member
 3. District Nodal officer PNDT Member
 4. Judicial member of District Advisory Committee Member

It is estimated that for each division around Rs.30,000/- would be incurred for visit in 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 (from registration/renewal fees). **Accordingly only Rs.5.40 Lakhs was budgeted for the year 2013-14, which is approved by GOI(ROP-FMR Code-A.7.2.3).**

- **Development of Website-** For on line reporting and registration/renewal etc. of ultrasound centers, **a budget of Rs 5.00 Lakhs was proposed for this website, which is approved by GOI(ROP-FMR Code-A.7.2.1).**
- **Trackers for 10 selected district** - Active Trackers is small gadget which tracks the time ultrasonologist has taken to visualize one particular frame giving an idea about chances of sex determination in case that particular frame has been visualized for a longer time. For this purpose, it is proposed to install active trackers in 1000 ultrasound centers of 10 sex declined worse affected districts for which **budgetary provision of Rs. 400.00 Lakhs was made, which is not approved by GOI. (ROP-FMR Code-A.7.2.6).**

- **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. **For this purpose, Rs. 1.00 Lakh is was proposed, which is approved by GOI(ROP-FMR Code-A.7.2.3).**
- **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 budgetary requirement for the various meetings will be Rs 0.90 Lakh.(3 meetings of state supervisory board & 6 meetings of state advisory committee and 12 meetings state appropriate authority-constituted under PCPNDT act at state level). **This activity is not approved by GOI(ROP-FMR Code-A.7.2.5).**
- **State Level Orientation Workshop** - It is proposed that State Level sensitization workshop will be conducted this year involving different stakeholders including government doctors, District Magistrates, DNO and divisional assistants (Clerical staff), NGOs, representative from the legal field, social welfare department, women and child welfare department, women and human right groups, district administration and PRIs. Other participants will be members from IMA, nursing home associations, gynaecologists, radiologists, ultrasonologists and members from FOGSI. **For this purpose Rs. 2.00 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-A.7.2.4).**
- **Gender Sensitization Workshop for 20 High Focus districts** - Considering the state need of Gender Mainstreaming and PC&PNDT Act awareness, it is being proposed under NRHM PIP 2013-14 that one-one day Sensitization Workshop, Project for 20 high focus Districts of U.P. with lowest sex ratio. Detailed proposal is being attached in Annexure -A. **For this purpose, Rs. 19.90 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-A.7.2.7).**
- **State level IEC/BCC Activities** – To create awareness about the decreasing sex ratio and PC&PNDT act to the masses, state proposes to conduct IEC/BCC activities through electronic media (Doordarshan & Akashwani) and advertisement in News Papers at state level. Other IEC activities like print media (wall painting, hoarding, banners, posters, display boards etc.) will be done directly by districts, which are budgeted under IEC activities. **A lump sum provision of Rs. 721.44 Lakhs was made for the year 2013-14. GOI approved the activities as per remarks under budget head of (ROP-FMR Code-B.10).**
- **Training/Capacity Building of Inspection Teams** – In year 2013-14, regarding the processes of inspections and record keeping and filing the cases is being planned. This training will be organized at state level. **For this purpose, Rs. 4.46 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-A.9.9.1) under Training Head.**

▪ **District Level Activities**

- **Orientation of Members of the District Advisory Committee** - 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 meeting of these functionaries. The meetings will be organized at the division level. **For this purpose, Rs. 4.50 Lakhs was proposed (Rs. 25000/division), which is approved by GOI (ROP-FMR Code-A.7.2.8)**
- **District Level Inspection & Monitoring** - Inspection of centers will be done at district level on regular basis. In this activity registration/renewal fees can be utilized.
- **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.

To conduct, the above activity, an amount of Rs.10,000/- would be allocated to each district. **Accordingly, an amount of Rs.7.50 Lakhs was budgeted for 75 districts, which is approved by GOI (ROP-FMR Code-A.7.2.10).**

CONSOLIDATED BUDGET SHEET – PC&PNDT – 2013-2014

FMR Code	Budget Head	Proposed For 2013-14				Budget Approved (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget Proposed (Rs. Lakhs)		
RCH FLEXIBLE POOL							
A.7	PNDT Activities						
A.7.1	Support to PNDT cell	No.	93	-	200.82	200.82	
A.7.3	Mobility support		-	-	-		
A.7.2	Other PNDT activities						
A.7.2.1	Interactive website for PCPNDT with dynamic and static part	No.	1	500000.00	5.00	5.00	
A.7.2.2	Review meetings of district nodal officers at state level	No.	2	50000.00	1.00	1.00	
A.7.2.3	Visit of state inspection and monitoring committees & division level inspection committees	No.	19	-	6.40	6.40	
A.7.2.4	State Level Orientation Workshop	No.	4	50000.00	2.00	2.00	
A.7.2.5	Meetings of state supervisory boards/committees	No.	21	-	0.90	-	Not Approved
A.7.2.6	Trackers for 10 selected district with lowest sex ratio	No.	1000	40000.00	400.00	-	Not Approved
A.7.2.7	Gender Sensitization Workshop for 20 High Focus districts	No.	20		19.90	19.90	
A.7.2.8	Orientation of members of the district advisory committees	No.	18	25000.00	4.50	4.50	
A.7.2.9	District level Inspection & Monitoring		-	-	-	-	
A.7.2.10	District level sensitization workshops	No.	75	10000.00	7.50	7.50	
Sub Total					648.02	247.12	
A.9	Training						
A.9.9.1	PC/PNDT training	Batch	2	-	4.46	4.46	
Sub Total					4.46	4.46	
Total - RCH Flexible Pool					652.48	251.58	
MISSION FLEXIBLE POOL							
B.10	IEC/BCC Activities						
B.10.4	Creating awareness on declining sex ratio issue				721.44	-	Approval accorded as per remark under budget head ROP-FMR Code-B.16.
Total - Mission Flexible Pool					721.44	-	
TOTAL – PC&PNDT					1373.92	251.58	

CHAPTER-A.8: INFRASTRUCTURE & 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** - The state has total 20521 sub centers, 23580 posts of ANMs sanctioned and 4936 posts are lying vacant clearly reflecting on poor ANC coverage and delivery care. The situation is:

- In 45 HFDs- The state has 45 HFDs having 11707 sub centers. Out of 13458 posts sanctioned, 3262 are lying vacant.

As no regular batch of ANMs is getting trained in government ANMTCs, the state has crunch of ANMs. Lately 101 private ANMTCs have been approved by the state government and Indian Nursing Council in the state, which have annual capacity of 4200 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 4936 vacant posts of ANMs to address poor ANC coverage and outreach services.

Contractual additional ANMs on delivery points - Extra support of contractual ANMs for L1 sub centers - 1196 L1 facilities availability of ANM is necessary all 24 hrs to look after women in labour and outreach or delivery care services don't get neglected. 1672 Additional ANMs are required to be placed at L1 delivery points based on their delivery load on contract from NRHM to facilitate outreach as well as delivery and sub center clinic services.

Further 152 contractual ANMs are proposed to be placed at 76 district level facilities @ 2 per facility to facilitate ANC record keeping and MCTS recording.

A total of 6760 contractual ANMs were proposed to be hired on contract in year 2013-14 @ Rs. 11000.00 per month. The increment will be granted based on their outreach/delivery performance on HMIS. GOI approved 6204 ANMs @Rs.10000/month for 6 months (ROP-FMR Code-A.8.1.1.1.F).

Further, 1000 new subcenters are being proposed to be established based on population census of 2011 in this year and there will be need of 1000 ANMs for these centres. **6 months a salary of these 1000 ANMs was booked under HR plan, which is not approved by GOI (ROP-FMR Code-A.8.1.1.1.H).**

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

- **Staff Nurses** - The state proposes at least 3 Staff nurses required to operationalize a 24x7 delivery point and at least 9 Staff nurses required at Functional FRUs. A total of 1319 staff

nurses were proposed to be hired on contract to maintain quality of services at functional L2 delivery points in year 2013-14 @Rs. 18000/- per month **but GOI approved existing 3572 Staff Nurses @Rs.16500/month for 6 months under (ROP-FMR Code-A.8.1.1.2.B/C/D/E).**

- **MBBS lady Doctors** - 1001 functional 24x7 centres in the state get 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. The state will continue to make efforts towards regular deployment of MBBS LMOs through commission but 296 MBBS LMOs are required at on contract @ Rs. 40000 per month but **for the year 2013-14, GOI approved 296 LMOs @Rs.36000/month for 6 months(ROP-FMR Code-A.8.1.5.4)**

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

- **Staff Nurses** - Staff nurses are crucial for proper functioning of L3 delivery points therefore it is proposed that 658 staff nurses will be hired on contract at designated L3 centers this year **but GOI approved existing 3572 Staff Nurses @Rs.16500/month for 6 months under (ROP-FMR Code-A.8.1.1.2.B/C/D/E).**
 - **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 was proposed to hire 152 MBBS LMOs to support quality of services at 161 functional FRUs, **but for the year 2013-14, GOI approved 140 LMOs @Rs. 36000/month for 6 months(ROP-FMR Code-A.8.1.5.2)**
4. **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 number of LSCS and availability of back up support for post operative care.
- Any surgeon/ gynaecologist/ anaesthetist on administrative posts at district level (govt sector) will be encouraged to attend LSCS calls on potential FRU CHC facility and club a supervisory visit with that call. That specialist is proposed to be paid Rs1500.00 per call and be able to use transport provided for supervisory visit. **For this purpose, Rs.48.02 Lakhs was proposed, out of which GOI approved Rs. 24.00 Lakhs only @ Rs 1000 per C section only for those health facilities where there is no OBGYN /EmOC trained doctors. Such incentives should be for facilities below the District Hospital (ROP-FMR Code-A.8.1.10.1).**
 - Any regular surgeon/ gynaecologist /anaesthetist (govt sector) posted at functional FRU performing LSCS there, and is willing to perform at other FRU where no regular or full time contractual specialist of that speciality is available and club a supervisory visit with that call, is proposed to be paid Rs1500.00 per call and be able to use transport provided for supervisory visit. **For this purpose, Rs.43.31 Lakhs was proposed, out of which GOI approved Rs. 21.50 Lakhs only @ Rs 1000 per C-section only if a Govt.**

Specialists visits another Health facility for conducting C section, where there is no OBGYN / EmOC trained doctors are available. Such incentives should be for facilities below the District Hospitals (ROP-FMR Code-A.8.1.10.2).

- On call surgeon/ gynaecologist/ anaesthetist from private sector is proposed to be paid Rs 2000.00 per LSCS if no regular or full time contractual specialist of that speciality is available. **For this purpose, Rs.109.74 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.8.1.10.3).**
 - LSCS by EMOC/LSAS trained doctors at CHCs is proposed to be paid @ Rs 500.00 per LSCS starting from 6th Case during that year. **For this purpose, Rs.10.57 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.8.1.10.4).**
5. **ANM- Full ANC/ tracking of severe anaemia-** All the ANMs who show 80% of expected PW registered and 80% of registered women getting 4 ANC checkups and HB measured at least once on HMIS report, are proposed to be paid incentive of Rs 10,000.00 on Safe motherhood day 2014. **For this purpose, Rs. 224.14 Lakhs was proposed, out of which GOI approved Rs.6.00 Lakhs only (ROP-FMR Code- A.8.1.10.5)** with remarks that “Rs 200 can be given to ASHA if Hb percentage of the severely anemic pregnant women improves by 2 gm. Record of this should be maintained on MCP Card, duly signed by the ANM and MO. RS 6 lakhs approved for this activity. Incentive for ANC and PNC is already built under JSY.”

The proposed and approved budgetary detail for HR at delivery points is given below:

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
1	ANMs					
	For L1 Centres	6760	132000.00	8923.20	3722.40	Approved for existing 6204 NMs @ Rs.10000/m. Approval is being granted for six months.
	For New Centers	1000	-	600.00	-	Not Approved
	Sub Total	7760		9523.20	3722.40	
2	Staff Nurses					
	For L-3 Units	658	216000.00	1421.28	3536.28	Approved existing 3572 SN @ 16500/m. Approval is being granted for six months.
	For 24*7 PHC	1319	216000.00	2849.04		
	For Azamgarh Court Cases	-		50.00	-	Staff Nurses - Azamgarh Court Cases (High Court Judgement)-Approval Pended
	Sub Total	1977		4320.32	3536.28	
3	Medical Officers					
	For L3 Centres	152	480000.00	729.60	302.40	Approved for existing 140 LMO @ Rs.36000/m. Approval is being granted for six months.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
	For L2 Centres	296	480000.00	1420.80	639.36	Approved for 296 LMO @ Rs.36000/m. Approval is being granted for six months.
	Sub Total	448		2150.40	941.76	
4	Specialists					
	Obstetricians and Gynaecologists	192	600000.00	1152.00	172.80	Approved for existing 60 Gynecologists @ Rs.48000/m. Approval is being granted for six months.
	Anaesthetists	128	600000.00	768.00	118.08	Approved for existing 41 Anesthetist @ Rs.48000/m. Approval is being granted for six months.
	Paediatricians	137	600000.00	816.00	43.20	Approved for existing 15 Pediatricians @Rs.48000/m. Approval is being granted for six months.
	Sub Total	457		2736.00	334.08	
5	Other Incentives Schemes					
	FRU operationalization- Any surgeon/ gynaecologist/ anaesthetist on administrative posts at district level (govt sector)	3201	1500.00	48.02	24.00	Rs 24 lakhs Approved @ Rs 1000 per C section only for those health facilities where there is no OBGYN / EmOC trained doctors. Such incentives should be for facilities below the District Hospital.
	FRU operationalization- Any surgeon/ gynaecologist /anaesthetist posted at functional CHC FRU performing LSCS there(govt sector)	2887	1500.00	43.31	21.50	Rs 21.5 lakhs approved @ Rs 1000 per C section only if a Govt. Specialists visits another Health facility for conducting C section, where there is no OBGYN / EmOC trained doctors are available. Such incentives should be for facilities below the District Hospital.
	FRU operationalization- On call surgeon/ gynaecologist/ anaesthetist from private sector	5487	2000.00	109.74	109.74	Approved.
	FRU operationalization- LSCS by EMOC/LSAS	2114	500.00	10.57	10.57	Approved.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
	trained doctors at CHCs					
	ANM- Full ANC/ tracking of severe anaemia	2221	10000.00	222.14	6.00	Rs 200 can be given to ASHA if Hb percentage of the severely anemic pregnant women improves by 2 gm. Record of this should be maintained on MCP Card, duly signed by the ANM and MO. RS 6 lakhs approved for this activity. Incentive for ANC and PNC is already built under JSY.
Sub Total				433.78	171.81	
Total				19163.70	8706.33	

Thus, to deploy human resource under maternal health, a total budgetary provision of Rs. 19163.70 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs.8706.33 Lakhs only.

2)- HUMAN RESOURCE – CHILD HEALTH

Under Child Health Programme, there is requirement of human resource with following budgetary details.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
B Child Health						
1	Staff Nurses	412		743.04	316.80	Approved for 27 SNCUs, 8 Staff Nurses per SNCU i.e. 216 Staff Nurses @ Rs.16500/m =213.84 lakhs. For 26 NRCs, 4 Staff Nurse each i.e. 104 Staff Nurses @ Rs.16500/m for 6 months = Rs. 102.96 lakhs. Total approval for 316.8 lakhs. For 22 new NRCs that are being approved, the Salary may be proposed in Supplementary PIP as establishment has been done. Approval is being granted for six months only
2	Medical Officers- NRCs	58	480000.00	195.60	-	Medical Officers are not approved as State has proposed for Pediatricians for SNCUs in A.8.1.3.5.d
3	Medical Officers	23	480000.00	110.40	10.80	Approved for existing 5 MO @ Rs.36000/m. Approval is being granted for six months
4	Specialists for	57	600000.00	342.00	164.16	Approved for 19 SNCUs (7

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
	CH					already operational & 12 yet to be made operational), 3 Pediatrician each i.e. 57 Pediatricians @ Rs.48000/m is approved. Hence Medical Officers are not approved in A.8.1.5.7 Approval is being granted for six months only
5	Nutritionist-CH	60		93.96	23.40	Approved for existing 26 Feeding Demonstrator/Nutritionist @ Rs.15000/m. Approval is being granted for six months only
6	Support Staff for Health Facilities	86	-	140.00	14.04	Approved for 26 care takers and 26 cooks.
Total				1625.00	529.20	

Thus, to deploy human resource under Child Health, a total budgetary provision of Rs. 1625.00 Lakhs was made for the year 2013-14, out of which GOI approved Rs.529.20 Lakhs only.

3)- HUMAN RESOURCE –FAMILY PLANNING

Under Family Planning Programme, for the year 2013-14, counsellors will be provided in those delivery units, where delivery load is more than 150/month. These counsellors will be contracted @Rs.10500.00/month, in which Rs.500.00 is included as communication support. Further, 556 Staff Nurses @Rs.18000/month and 83 Medical officers @Rs.40000/month, which will be allocated to districts as per actual need of blood banks (maximum 2). The requirement of human resource with budgetary details is as follows:

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
C	Family Planning					
1	Staff Nurses	556	216000.00	1200.96	-	For Blood Bank - Max. 2- Approval Pended
2	Medical Officers	83	480000.00	398.40	-	For Blood Bank upto 2 maximum-Approval Pended
3	Counsellors	435	126000.00	548.10	161.82	Approved for existing 290 RMNCH counsellors @ Rs.9300/m.
Total				2147.46	161.82	

Thus, to deploy human resource under Child Health, a total budgetary provision of Rs. 2147.46 Lakhs was made for the year 2013-14, out of which GOI approved Rs. 161.82 Lakhs only.

4)- HUMAN RESOURCE – ARSH/SCHOOL HEALTH

Under ARSH/School Health Programme, there is requirement of human resource with following budgetary details. Under the programme, the State is proposing to recruit 2 teams per

block with 5 members in each team. Efforts will be made to recruit at least one MBBS Doctor in each block because most of the AWCs are functional in the School premises. Already recruited BDS doctors will be posted in School Going teams where their expertise will be utilized. The team will have dedicated members consisting of one doctor (MBBS/BDS /AYUSH), one nursing staff (GNM/ANM) and one paramedical (Optometrist/ Dental Hygienist/ Physiotherapist /Pharmacist) 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. 40000/ month/BDS@ Rs. 38000/month, while the AYUSH doctors @ Rs. 30000/month. The nursing staff will be hired on contract, for GNMs @ Rs.18000/month & ANMs @ Rs. 11000/month. The paramedics will be taken on contract @ Rs.13500/month.

Further, recruitment of Counsellors for 2012-13 is underway. In year 2013-14, remuneration of counsellors is being proposed @Rs.10000/-per month as basic pays and for mobility support, Rs.200/per visit will be provided. (Approximately for 20 days in a month). The requirement of human resource with budgetary details is as follows:

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
D ARSH/School Health						
1	MOs	3280		9702.00	6302.00	Rs. 6302 lakhs is approved for 244 existing MBBS for 12 months, 576 newly recruited MBBS for 6 months @ Rs 36000 per month; 520 existing BDS for 12 months @ Rs 35000 per month; 714 existing AYUSH MO for 12 months and 926 newly recruited AYUSH MO for 6 months @ Rs 24000 per month.
2	LTs	390	-	568.62	444.79	Rs 444.79 lakhs is approved for 312 existing physiotherapists @ Rs 11880 per month for 12 months. No New Physiotherapist to be recruited. Conditionality 18 Physiotherapist to be redeployed at one each per DEIC once the 18 DEIC is made operational. Paramedics (dental hygienist/ physiotherapist) to be multi tasking in mobile health teams for Anganwadis.
3	Dental Technicians	200	-	257.58	167.09	Rs 167.09 lakhs is approved for 118 existing dental technicians. Conditionality 18 Dental Technicians to be redeployed in 18 DEICs once the DEICs are made

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
						operational. Paramedics (dental hygienist/ physiotherapist) to be multi tasking in mobile health teams for Anganwadis.
4	Ophthalmic Assistants	1050	-	1644.30	1387.68	Rs 1387.88 lakhs is approved for 980 existing ophthalmic assistants @ Rs 11880 per month for 12 months. No new position is recommended. Conditionality Ophthalmic assistants are only to be part of Mobile Health Teams for School. 18 Ophthalmic assistants to be redeployed in 18 DEIC once the DEICs are made
5	Staff Nurse	1100	-	2176.20	1811.70	Approved for 915 existing SNs as per RBSK @ 16500 for 12 months.
6	Pharmacists	1640		1328.40	-	Not approved.
7	ANMs	540	-	678.48	727.80	Rs 727.80 lakhs is approved for 488 existing ANMs as per RBSK @ 10000 for 12 months. 273 new ANMs as per RBSK @ Rs 10000 per months for 6 months.
8	ARSH Counselors	72	120000.00	86.40	25.92	Approved for existing 36 ARSH counsellors @ Rs.12000/m. Approval is being granted for six months only
Total				16441.98	10866.98	

Thus, to deploy human resource under ARSH/School Health, a total budgetary provision of Rs. 16441.98 Lakhs was made for the year 2013-14, out of which GOI approved Rs.10866.98 Lakhs only.

5)- 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.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
1	Assistant Cold Chain Officer at state level	1	40000.00/month	4.80	2.18	@Rs. 36,300.00/month for 6 monthly only
2	Cold chain handlers at state level	5	11000.00/month	6.60	2.97	@Rs.9,900.00/month for 6 monthly only
3	Vaccine Van Driver at state level	2	18000.00/month	4.32	-	Not Approved
4	Vaccine Storekeeper at state level	1	24000.00/month	2.88	-	Not Approved
5	Cold chain handlers at Divisional level	18	11000.00/month	23.76	10.69	@Rs.9,900.00/month for 6 monthly only
6	Technician at Divisional level	9	18000.00/month	19.44	8.91	@Rs.16,500.00/month for 6 monthly only
7	Vaccine Storekeeper at Divisional level	9	24000.00/month	25.92	11.88	@Rs. 22,000.00/month for 6 monthly only
8	Drivers for Van at Divisional level	5	18000.00/month	10.80	4.95	@Rs.16,500.00/month for 6 monthly only
9	Cold chain handlers at District level	75	11000.00/month	99.00	44.55	@Rs. 9,900.00/month for 6 monthly only
10	Technician at District level	12	18000.00/month	25.92	11.88	@Rs. 16,500.00/month for 6 monthly only
Sub Total		137		223.44	98.01	

Thus, to deploy human resource under Routine Immunization, a total budgetary provision of Rs. 223.44 Lakhs was made for the year 2013-14, out of which GOI approved Rs. 98.01 Lakhs only (ROP-FMR Code-A.8.1.7.7).

6)- HUMAN RESOURCE – DENTAL DOCTORS

For the year 2013-14, the state is proposing to deploy dental doctors 382 units on contractual basis. 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. Out of 382 dental units, 182 units having dental chairs and doctors will be placed. Remaining 200 units, budgetary provision for procurement of dental chairs and basic instruments is being made under procurement head.

In the year 2012-13, approval was given for placement of dental doctors in rural areas @ Rs. 35000/- per doctor per month. This year approx. 10% hike in monthly remuneration is being proposed for these doctors.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
1	Dental Surgeons	382	456000.00	1741.92	182.70	Approved for existing 87 Dental Surgeon @ Rs.35000/m. Approval is being granted for six months only with the above mentioned condition.
Sub Total				1741.92	182.70	

Thus, to deploy Dental Doctors, a total budgetary provision of Rs. 1741.92 Lakhs was made for the year 2013-14, out of which GOI approved Rs.182.70 Lakhs only(ROP-FMR Code-A.8.1.3.7 and its sub heads).

7)- HUMAN RESOURCE – PARAMEDICALS

In the state, there are vacancies against sanctioned posts of Lab. Technicians, OT technicians/assistants, Pharmacists, Radiographers/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 2013-14 there is a requirement of following para-medicals staffs to be hired on contractual basis.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
G	Para medicals					
1	Laboratory Technicians	399	162000.00	646.38	255.18	Approved for 358 LTs @ 11880/m Approval is being granted for six months only with the above mentioned condition.
2	OT technicians/ assistants	54	162000.00	87.48	-	New staff- not approved
3	Pharmacist	65	162000.00	105.30	-	
4	Radiographers	180	162000.00	291.60	127.44	Approved for existing 180 Radiographers @ Rs.11800/m. Approval is being granted for six months only
Total				1130.76	382.62	

Thus, to deploy Human Resource-Paramedicals, a total budgetary provision of Rs. 1130.76 Lakhs was made for the year 2013-14, out of which GOI approved Rs.382.62 Lakhs only(ROP-FMR Code-A.8.1.2.1; A.8.1.7.1; A.8.1.7.2 &A.8.1.7.3 and its sub heads).

8)- HUMAN RESOURCE – OTHERS

In the year 2013-14, districts have proposed following human resources. These human resources are pooled here and will be provided to districts as per actual need of the district.

Sl.	Description	Physical Target	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
H	Other Human resource					
1	DEOs	172	132000.00	227.04	81.31	Approved for existing 154 DEOs at DHs @ Rs.8800/m. Approval is being granted for six months only
2	Staff Nurses	968	216000.00	2090.88	-	Please See ROP-FMR Code-A.8.1.1.2 or/and Maternal Health HR table.
	Staff Nurses	55	216000.00	118.80	-	
3	Medical Officers	231	480000.00	1108.80	-	New staff- not approved
	Medical Officers	52	480000.00	249.60	-	New staff- not approved
	Medical Officers	1	480000.00	4.80	-	Not Approved
4	Pathologists	13	600000.00	78.00	-	New staff- not approved
5	Radiologists	27	600000.00	162.00	-	New staff- not approved
6	Surgeons	26	600000.00	156.00	-	New staff- not approved
Total				4195.92	81.31	

Thus, to deploy Human Resource- Others, a total budgetary provision of Rs. 4195.92 Lakhs was made for the year 2013-14, out of which GOI approved Rs.81.31 Lakhs only.

CONSOLIDATED BUDGET SHEET – HUMAN RESOURCE – 2013-2014

Sl.	Description	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)
A	Maternal Health	19163.70	8706.33
B	Child Health	1625.00	529.20
C	Family Planning	2147.46	161.82
D	ARSH/School Health	16441.98	10866.98
E	Routine Immunization	223.44	98.01
F	Dental Surgeons	1741.92	182.70
G	Paramedicals	1130.76	382.62
H	Other Human Resources	4195.92	81.31
Grand Total		46670.18	21008.97

CHAPTER-A.9: 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 (RHFWTCS), 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.

The SIHFW is contributing a lot in state training activities under NRHM. Several training courses are proposed to be organized at SIHFW level for capacity building including Managerial, Administrative and Financial training for CMOs, CMSs, equivalent & NRHM programme management unit officers, programme based training for medical and paramedical personnel as well as training courses related to Intersectoral conversance. Most of the training courses is ongoing activities from previous year but apart from those activities some new programme has been proposed like Ward management, Infection prevention & Patient care training for nursing staff. In inter sectoral convergence programme training of District Ayurved and Homeopath officers, Principles of GICs, CDPOs of ICDS Department & DDO/PD of Rural development department has been included in the plan.

Apart from state level training activities, SIHFW is implementing various training projects in the field which are -

- Life saving anaesthesia skill training
- Emergency obstetrics care training
- Skill birth attendant training
- RTI/STI training
- ARSH Training
- MTP training

- Skill up gradation (HMIS, Logistic management training & sub centre management training)
- ASHA training

Details of the above & state level training courses has been provided at the end of the chapter including – Categories of training, Details of training sites(SIHFW, Medical Colleges, District Hospitals, RHFWTCs, ANMTCs & Blocks etc.), Duration of training, Number of trainees in one batch, Total batches & Total number Proposed to be trained in year 2013-14, Unit cost for one batch & total estimated cost for each training courses has been prepared & Provided in the form of CTP at the end of the chapter.

Training Plan for 2013-14 - Various kinds of trainings planned for the year 2013-14 are listed below. A comprehensive training plan has been provided below:

Comprehensive Training Plan (CTP) for Year 2013-14 – SIHFW

1)- MATERNAL HEALTH TRAININGS

Under Maternal Health programme, following trainings are being proposed at various levels for the year 2013-14:

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost(Per Batch In Lakhs)	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
Skilled Birth Attendant's training	One of the most crucial objectives of the NRHM is to reduce maternal mortality. SBA Training is one of the important trainings to achieve this objective. This year it will continue with training of 1800 ANMs/SN/LHVs posted at FRU & Accredited Sub Centres. This year it would be run in all districts through training at DWH and DCH.										
Strengthening of SBA Sites				25(DFH/C H /FRUs)		72 units			0.25	18.00	18.00
Training of Trainers(TOT)- Reorientation	CMS(DFH), Gya., Paed., Staff Nurses DivPMs/DPMs (For Monitoring Purpose)	2 Days	1	State Institute of Health & Family Welfare, U.P.	This TOT is for Trainers of District Female Hospitals & FRUs who impart training to Field Operatives	15	30	450	1.5	22.50	22.50
Training of staff Nurse/ ANM/ LHV/ in SBA	ANMs/LHVs/ Staff Nurses	21 Days	72	District Female Hospitals & First Referral Units	It provides knowledge & Skill about safe delivery with introduction of AMTSL Partographs and use of Mag Sulph, Mesoprestrol etc.	450	4	1800	1.033	464.85	464.85
Life Saving Anaesthesia Skills	For Effective functioning of the FRUs C Section delivery at the nearest place of the pregnant women is essential, to this end LSAS training for supporting C Section delivery is very important. This training will continue at 5 Medical Colleges of U.P. this year also with a target of 40 MOs.										

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost(Per Batch In Lakhs)	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
Training of Trainers(TOT)	Anaesthetists	2 Days	5	Medical Colleges of Lucknow, Agra, Meerut, Kanpur & Jhansi	This TOT is for Anaesthetists of District Female Hospitals who will work as Trainers (budget is built in training budget to Medical Colleges)	10	2	20	7.2	72.00	72.00
Life Saving Anaesthesia Skills(Field Training)	MBBS Medical Officers	18 Weeks	5	Medical Colleges of Lucknow, Agra, Meerut, Kanpur, Jhansi	Out of 18 Weeks' 12 Weeks' LSAS Training is provided at respective Medical Colleges & then Trainees are attached to a DFH for practical training for 6 Weeks followed by an exam..	10	4	40			
Strengthening of LSAS Sites	5 Site of LSAS Training		5			5			1	5.00	5.00
Emergency Obstetrics Care (EmOC) Training	For Effective functioning of the FRUs C Section delivery at the nearest place of the pregnant women is essential. To this end EmOC training is very important. This training will continue at 2 Medical Colleges of U.P. this year also with a target of 32 L MOs.										

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost(Per Batch In Lakhs)	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
Training of Medical Officers in EmOC	Gynaecologists	11 Days	4	Medical Colleges decided by FOGSI (such as CMC Vellore, Gandhigram, Surat, Bangalore etc.)	Trainers for Emergency Obstetrics Care & Short Term Emergency Obstetrics Care			10	0.7	7.00	7.00
Field Training	MBBS Medical Officers	16 Weeks	2	Medical Colleges Lucknow, Aligarh have been included	Out of 16 weeks, 6 weeks EmOC Training, 9 weeks practical training in DFH and last week to their respective medical colleges	4	8	32	12	48.00	48.00
Centre Running Cost, Certification, Monitoring	Centre Running Cost-8.4 Lakhs, Monitoring-2 Lakhs, Certification-Rs.10,000 per participant-Total-3.6 Lakhs	For 1 Year	2	Medical Colleges of Lucknow , Aligarh have been included			2		6.8	13.60	13.60
Strengthening of EmOC Sites	2 Sites of EmOC Training		2			2			1	2.00	2.00
Basic Emergency Obstetrics Care training	7 Medical Colleges of U.P.										

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost(Per Batch In Lakhs)	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
(BEmOC)											
Training of Trainers(TOT)	Trainers of Medical Colleges	2 Days	1	SIHFW,U. P.	Training to Trainers of Medical Colleges	1	5	35	2	2.00	2.00
Field Training	Medical Officers of L2 Centres	10	7	7 Medical Colleges of U.P.	10 Days Practical training regarding Maternal and Child Health	50	10	500	1.88	94.00	94.00
MTP using MVA	This Year's MTP Refreshers training plan includes training of 60 service providers from all districts on MTP skills with MVA methods.										
Training of Trainers(TOT)	Pool of Trainers from Dist. Male & Female Hospitals & Training Centres.	5 Days	1	SIHFW in Collaborati on with Female Hospitals	20 trainers are available and 30 new trainers will be trained	2	15	30	2	2.00	2.00
Field Training	Medical Officers(Female)	5 Days	10	District Female Hospitals	Refresher Training with MVA Method	20	3	60	0.52	10.40	10.40
RTI/STI Training	The Medical Officers and Lab Technicians would be provided RTI/STI training. This year it is planned to train 1230 MOs and 60 LTs posted at the function FRUs(Other than the High Prevalence districts).										
Induction Training of Mos	Mos	2 Days		DH/DWH /HQ	In 2013-14 New 41 districts (left over earlier) will be chosen. In which latest knowledge about case Management regarding	105	30	3015	0.7266	76.295	76.295

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost(Per Batch In Lakhs)	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
					RTI/STI would be given to Mos						
RTI/STI Training for LTs	Lab Technicians	2 Days	1	SIHFW/CSMMU	Lab Technicians of CHCs will be trained on RTI/STI at Medical College who will receive knowledge & skill about tests like Wet Mount, Whiff, Gram Strain & RPR Quantitative Slides etc.	2	30	60	1.07	2.14	2.14
SUB TOTAL										839.79	839.79

GOI approved the above mentioned trainings of Maternal Health under ROP-FMR Code-A.9.3 and its sub heads.

2)- SKILL LAB TRAININGS

As per Government of India's operational guidelines for Skill Labs, comprehensive skill labs with skill stations are to be established with the aim of acquisition and up-gradation of skills of health care providers to enhance their capacity to provide good quality RMNCH services. As per operational guidelines, skill labs have to be established at state, division and district levels.

In the next financial year-2013-14, state is proposing 12 skill labs (1 at state level and one each at 11 RHFUTCs). The Lucknow district RHFUTC is located within the campus of SIHFW and the proposed state level skill lab shall be located within this campus. Therefore, the district level skill lab of Lucknow is proposed at Avanti Bai Hospital which is a district level female hospital of Lucknow. As the establishment of skill lab, procurement and recruitment of staff shall be a time consuming process, in the first year (i.e. 2013-14), therefore state is proposing only 6 months salaries for doctors and nurse trainers and 3 batches of training per centre. **For this purpose, Rs 400.12 Lakhs was proposed with following details, which is approved by GOI(ROP-FMR Code-A.9.3.9):**

Sl.	Activities	No of Unit	Budget per Unit as per GOI		Total Budget for 12 Skill Lab for 2013-14 Rs. (In Lakhs)	
			Non recurring	Recurring	Non recurring	Recurring
1	Civil work, Furniture, wood work, Renovation, Electrical work, Power breakup by 5 KVA Genset, Water supply etc.	12		-		-
2	Mannequins & Equipments	12	1500000.00	-	18000000	-
3	Consumable supply	12	-	50000.00	-	6.00
4	Teaching Learning material	12	300000.00	0.00	3600000	-
5	POL for 6 months	12	-	86400.00	-	10.37
6	Maintenance of Equipments	12	-	40000.00	-	4.80
	Sub Total		1800000.00	176400.00	21600000	21.17
7	Salary (1 Doctor) for 6 months	12	-	396000.00		47.52
8	Salary for 3 Nurse Trainers for 6 months	12	-	829500.00	-	99.54
	Sub Total		-	1225500.00	-	147.06
	Grand Total		1800000.00	1401900.00	21600000	168.23
						384.23
9	Training Cost	12		132440.00	-	1589280
	Total Budget Non Recurring +Recurring +Training				40012280 OR Say Rs. 400.12280 Lakhs	

3)- CHILD HEALTH TRAININGS

Under Child Health programme, following trainings are being proposed at various levels for the year 2013-14:

Sl.	Training Details	Unit	Physical Target	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
	IMNCI Training (pre-service and in-service)					CCSP Training
1.	TOT on IMNCI (pre-service and in-service)	No.of batch	14	39.91	39.91	Rs.389600 for 1 batch + Rs.9500 for observation
2.	IMNCI Training for ANMs / LHVs	No.of batch	714	1,910.59	1,910.59	Rs.265450/-batch + Rs.9500/-for observation of 25% batch = (265450*Batches)+(Batches*25%)*9500)
	F-IMNCI Training					
3.	F-IMNCI Training for Medical Officers	No.of trainee	484	64.89	64.89	Rs.214500/- batch+Rs.6750/-for observation of 25%batch (30 batches)
4.	F-IMNCI Training for Staff Nurses	No.of trainee	388	51.89	51.89	Rs.214500/- batch+Rs.6750/-for observation of 25%batch (24 batches)
	Home Based Newborn Care / HBNC		-	-		Included in ASHA VI-VII module
5.	TOT on HBNC		-	-		Included in ASHA VI-VII module
6.	Training on HBNC for ASHA		-	-		Included in ASHA VI-VII module
	Other child health trainings					
7.	NSSK Training					
	NSSK Training for Medical Officers	No.of batch	233	171.56	171.56	(24/batch)@Rs.74000/- batch+Rs.6750/-for observation of 25% batch including M.Os., SNs and ANMs
8.	Other Child Health training					
	10 Days CCSP- Physician Training (TOT on IMNCI Plus) (pre-service and in-service) - Physician At State Level (Med.College)	No.of trainee	578	138.88	138.88	Rs.576300/-batch+Rs.9500/- for observation of 25%batch (24 Batches)
	SNCU Equipment handling training-FBNC	No.of batch	23	27.09	27.09	8 batches of FBNC, supported by UNICEF and 15 batches for observership at Delhi. Cost of observership is Rs.1.806 Lakh per batch by NRHM
9.	Printing of training modules of NSSK	No.	4697	1.50	1.50	
10.	Printing of Formats (No.of ASHAs for Incentive	No.	59691	43.35	Approval Pended	Trained upto March 2012 + Proposed

Sl.	Training Details	Unit	Physical Target	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
	*3 format)					training for ASHA till March 2014.
11.	Printing of training module of CCSP-ANM/LHV/ASHA and printing of set of job aids and tools	No.	20000	119.65	Approval Pended	Printing of Modules serial no. 13,14,15 and 19 and Job Aid tools for 21000 ASHAs
	Sub Total			2569.30	2406.30	

GOI approved the above mentioned trainings of Child Health under ROP-FMR Code-A.9.5 and its sub heads.

4)- FAMILY PLANNING TRAININGS

Under Family Planning programme, following trainings are being proposed at various levels for the year 2013-14:

Sl.	Training Details	Unit	Physical Target	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
	Laparoscopic Sterilisation Training						
1.	TOT on laparoscopic sterilisation	No. of Batches	6	46400.00	2.78	2.78	6 Batches - Cost for accommodation and TA of the participants is not included
2.	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)	No. of Batches	21	98840.00	20.76	14.96	In the unit cost, budget for accommodation and TA of the participants is not included. This service provider trainings will be in coordination with SIFPSA(unit cost revised by GOI)
	Minilap Training						
3.	TOT on Minilap	No. of Batches	3	46400.00	1.39	1.39	3 batches- Cost for Accommodation and TA of the participants is not included
4.	Minilap training for medical officers	No. of Batches	13	98840.00	12.85	9.26	13 Batches. Training of staff nurses is also included. In the unit cost, budget for accommodation and TA of the participants is not included. Trainings will be done in coordination with SIFPSA(unit cost revised by GOI)
	Non-Scalpel Vasectomy (NSV) Training						
5.	NSV Training of medical officers	No. of Batches	32	-	26.04	10.43	This includes 32 batches of induction trainings, Hon. For surgeon and staff at 4 medical colleges

Sl.	Training Details	Unit	Physical Target	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
							functioning as setelite centres and COE+ Recurring cost and publicity of NSV camp date. These trainings will be conducted in coordination with SIFPSA(unit cost revised by GOI)
	IUD Insertion						
6.	TOT for IUD insertion	No. of Batches	5	90900.00	4.55	4.55	5 Batches
7.	Training of Medical officers in IUD insertion	No. of Batches	215	84690.00	182.08	182.08	215 batches for 645 Mos and 1505 staff nurses in 43 districts. These trainings will be conducted in coordination with SIFPSA
8.	Training of ANMs / LHV's in IUD insertion	No. of Batches	344	55200.00	189.89	189.89	344 batches for 3440 ANMs in 43 districts. These trainings will be conducted in coordination with SIFPSA
	Other family planning training		-	-	-		
	Second Year Budget for capacity building for health providers by HLFPPPT	-	-	-	-	637.83	
	PPIUCD insertion training	No. of Batches	46	-	20.71	14.00	46 Batches (41 Batches for M.Os. And SNs @Rs.47085/. & TOT 5 batches @Rs. 28110). TA & Accommodation for trainees is not included. (Batches and unit cost revised by GOI)
	IUCD 375 insertion training		-	-	-		Along with 380 A training
	Training of FP Counselors	No.	435	-	-		At State level
	Training/ orientation on technical manuals	No.	150	-	-		1 Surgeon + 1 CMS at state level
	Sub Total				461.05	1067.17	

GOI approved the above mentioned trainings of Family Planning Programme under ROP-FMR Code-A.9.6 and its sub heads.

5)- ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH/ARSH TRAININGS

Under Adolescent Reproductive and Sexual Health/School Health Programme, following trainings are being proposed at various levels for the year 2013-14:

Sl.	Training Details	Unit	Physical Target	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
1.	ARSH training for ANMs/LHVs	No. of batch	225	71000.00	159.75	159.75	90 ANM/LHVs in 3 batches of 30 each in all 75 Districts.
2.	School Health Training -Training of team – technical and managerial	No. of Batch	274	-	62.07	Approval Pended	There will be Two teams per block with 5 members in each team. Each team will cover the School and AWC in the locality. In each team there will be 2 Doctors, 1 ANM/SN, 1 Pharmacist & 1 Paramedic. (cost of training for one batch is Rs. 20400) and Printing of training modules (8505 in no. @ Rs. 75/ per module for trainees (1 for each Medical team member & 5 for District)
3.	Training of Nodal teachers	No. of Batch	2205	-	368.30	82.00	66167 New Govt.+Aided Schools (upto 12th) 30 participants/ batch (cost per batch is Rs. 14300.00) and Printing of modules (70642 in no. @ Rs. 75/ per module for trainees (1 for 66167 Nodal teacher, 5 for each block, 5 for each district)
4.	One day orientation for programme managers/ MO	No.of participants	7500	150.00	11.25	Approval Pended	On an average 100 Participants per District. Orientation & review- Participants including Medical team members, MOIC, HEO/BPM, BEO, BSA, DIOS, CDPO, DPO, DPMU officers and other Dist. officials
5.	Training/Refresher training -ANM	No. of Batch	820	20000.00	164.00	Approval Pended	This will Include State level training in 4 batches where 3 participants from each district will be trained, District level training where 2 persons from each block

Sl.	Training Details	Unit	Physical Target	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)	Remarks
							will be trained & One batch of 25 ANMs will be trained at block level. ANM in turn will be trained ASHA/AWW as on going process in monthly meetings for which no budget is being proposed.
	Sub Total				765.37	82.00	

GOI approved the above mentioned trainings of ARSH/SHP Programme under ROP-FMR Code-A.9.7 and its sub heads.

6)- PROGRAMME MANAGEMENT TRAININGS

Under this head, various trainings related to programme management and others (like - finance, administration and intersectoral convergence, etc.) were proposed at various levels for the year 2013-14, for which approval is pending:

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
Programme Management Trainings										
Programme Management, Human Resource Development & Capacity Building Training		NRHM is an area which is to be understood in depth by different levels of Health functionaries. Besides this the managerial and administrative skill enhancement of the functionaries is required. To this end the capacity development training will be provided to different health functionaries.								
1. Managerial & Administrative Skill Development training	CMO/ACMO /Dy.CMO	5 Days	1	SIHFW	Training on NRHM related programmes and activities	4	25	100	2.23	8.92
2. Hospital Management Training	MS (Male & Female)	5 Days	1	SIHFW	Giving knowledge and skill about effective management of	4	25	100	2.25	8.92

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
					hospital related services.					
Other Trainings - Related to Programme Management, Finance, Administration and Intersectoral Convergence										
3. Programme Management Training	Senior Medical Officers& Suptt. Of CHCs	5 Days	1	SIHFW	Training on NRHM related programmes and activities.	4	25	100	2.25	8.92
4. Administrative & Financial training for CMS	CMS (Male & Female)	5 Days	1	SIHFW	Administrative & Financial rule & regulations, Office Management etc.	4	25	100	2.25	8.92
5. Monitoring & Evaluation Training for Programmes	CMO/ACMO /DPM(NRHM) Dy. CMO	5 Days	1	SIHFW	There Role & Responsibilities in NRHM Programme - Monitoring & Evaluation HMIS	6	25	150	2.25	13.50
6. Gender Sensitization Training	PNDT Nodal Officers & SMOs	5 Days	1	SIHFW	Gender planning, gender budgeting & knowledge about PCPNDT Act.	4	25	100	2.25	8.92
7. Disaster Management Training	Medical Officers	3 Days	1	SIHFW	Preparedness in Hospitals & PHC/CHC in case of Disasters and to make them aware to prepare village level disaster plan.	4	25	100	1.54	6.16

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
8. Ward Management & Patient Care	Matrons/Sister in charge/ senior Staff Nurses	5 Days	1	SIHFW	To provide knowledge and skill on house keeping, record keeping, infection prevention and public relations. For better functioning of the hospital	5	25	125	1.83	9.15
9. Foundation Training	HEOs	12 Days	1	SIHFW	Training on roles & responsibilities, Govt. Servant conduct rules, financial rules etc	4	25	100	3.76	15.04
10. Monitoring of trainings	Principals / JD of AD office	3Days	1	SIHFW	To sensitize on district training programme under NRHM & their monitoring work	2	25	50	1.54	3.08
11. Training Skill Development	RHFWTC Faculty/ ANMTC Tutors/ DPHN /DHV	5 Days	1	SIHFW	To train on Field Training Methodology and development of trainers' Skill . These trainers will impart training to Basic Health Workers	4	25	100	1.83	7.32
12. NRHM	DAM and	3 Days	1	SIHFW	NRHM Financial	6	25	150	1.54	9.24

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
Financial Management	Account Officers				manual and guidelines					
13. NRHM Financial Management	Block Manager and Data Entry operators	3 Days	11	RHFWTC	NRHM Financial manual and guidelines	66	25	1650	0.56	36.96
14. IEC/BCC Training	In the year 2013-14 different levels of health functionaries involved in communication activities will be trained on 5 day communication package. This training includes all the interventions planned under state BCC strategy. The HIV/AIDS Counselling training will be implemented with the help of U.P. State AIDS Control Society for the counsellors manning ICTCs and PPTCT being run by UPSACS. It would be essentially an update training.									
15. Family welfare Counsellors' Trg.	Family Welfare Counsellors	7 Days	1	SIHFW	The FWC to be appointed at DFH will be given training on Counselling & Communication	5	30	150	2.46	12.30
16. BCC trainings for District Programme Management Units	DPMs/DCMs /HEO & NGO Personnel	5 Days	1	SIHFW	Knowledge about Behavior change communications for implementation of NRHM Programme	6	25	150	2.25	12.12
17. HIV/ AIDS Counselling (Update)	Counsellors of ICTCs/ PPTCTs	3 Days	1	SIHFW	There are new developments in the area of HIV/AIDS. The Counsellors of ICTC/PPTCT would be updated about new developments.	6	25	150	1.54	9.24

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
18. Adolescent Health Training (ARSH)	The Adolescent as age group which is vulnerable to various problems like Anemia, pregnancy, malnutrition for which a large section of health functionaries has to be trained to handle the people in this age group very sensitively. The ARSH training will achieve this goal									
19. Adolescent Health Training (ARSH)	ANM/LHV	3Days	75	District Level Training Centre/facility	Adolescent health component as per GOI module	75x3=225	30	6750	0.71	159.75
Integrated Skill Upgradation Training for Para Medicals	NRHM is an area which is to be understood in depth by different levels of Health functionaries. The IST training will define the roles of different levels of health functionaries to understand their roles under NRHM									
20. Skill Upgradation	Store Keepers & Pharmacists	3 Days	11	RHFWTC	Their Roles & Responsibilities in NRHM and logistic management	44	15	660	0.56	24.64
21. Skill Upgradation	Statistical Officers, ARO & ICC	5 Days	11	RHFWTC	Their Roles & Responsibilities in NRHM, Different formats regarding HMIS	22	25	55	1.4	30.80
22. Foundation of Pharmacists	Pharmacists	12 Days	11	RHFWTC	Focus on their role & responsibilities, NRHM activities, Govt. Servant rules, Office procedure, Financial procedure etc.	55	30	1650	3.76	206.80
Management of Sub Centres	To streamline all the activities of the sub centre by providing knowledge about the new roles & responsibilities and record keeping under NRHM and other National Programmes.									

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
23. TOT	District Level trainers	3 Days	1	SIHFW	Development of Skills for operationalisation of Sub Centres, record keeping,	8	25	184	1.54	12.32
24. Field Training	ANM/ LHV	6 Days	46	District Level	Development of Skills for operationalisation of Sub Centres	184	25	4600	1.4	257.60
Training on Inter Sectoral Convergence	NRHM is an area which is to be understood in depth by other departments, this will help in convergence and Inter Sectoral Coordination. The departments like ICDS, Education, Rural Development & Panchayati Raj will be involved for this purpose.									
25. NRHM Sensitization Training	District Ayurved and Homeopath Officers	5 Days	1	SIHFW	To sensitize the principals of GICs about NRHM activities to propagate the issues in their colleges & civil society	4	25	100	2.25	8.92
26. Family Life Education	Principals & Teachers of GICs (Girls & Boys)	5 Days	1	SIHFW	To sensitize the principals of GICs about NRHM activities to propagate the issues in their colleges & civil society	4	25	100	2.25	8.92
27. Management of Public Health Activities	CDPOs of ICDS	5 Days	1	SIHFW	To sensitize the officers of ICDS , Department about Public Health NRHM	4	25	100	2.25	8.92

Area & Name of Training	Category of Trainees	Duration	No. of Sites	Details of Training Sites	Comments	Total Batches	Number of Trainees /batch	Total Number of Trainees	Unit Cost (Per Batch In Lakhs)	Estimated Budget (in Lakhs)
					related activities					
28. Management of NRHM Programmes	DDO/ PD	3 Days	1	SIHFW	To sensitize the officers of R.D. , Department about Public Health & NRHM related activities	3	25	75	1.54	4.62
29. Pre Services Training -BHW Female					One and half Year Training	40	60	2400	16	480.00
30. TOT of BCPM	BCPM Training	2 days	1	SIHFW	To orient of trainers of 11 RHFWTC	1	50	50	1.97	1.97
31. DCPM Training	DCPM Training	3 days	1	SIHFW	To orient DCPM	2	40	80	2.15	4.30
32. Distance/E-Learning Capacity Building Programme from SIHFW in coordination with NIHFW						1	-	-	-	27.99
Sub Total										1416.26

The budget approval for trainings proposed under Programme Management is pended (ROP-FMR Code-A.9.8.4.1).

7)- CLINICAL ESTABLISHMENT ACT

Under Clinical Establishment Act, various activities are being proposed at state and district levels for the year 2013-14:

a. State Level :

Sl.	Name of Post	Unit	Per Unit	Amount Proposed	Amount Approved
1	State Coordinator	2	50000.00	1200000.00	1200000.00
2	Administrative Assistant cum Data Entry Operator	2	10000.00	240000.00	240000.00
3	Computer and Printer	2 set	50000.00	100000.00	100000.00
4	State Level meetings	6	5000.00	30000.00	30000.00
5	Workshop and Capacity building	12	50000.00	600000.00	600000.00
6	Expenditure for implementation		300000.00	300000.00	300000.00
			Total	2470000.00	2470000.00

b. District level:

Sl.	Name of Post	Unit	Per Unit	Amount Proposed	Amount Approved
1	Coordinator	1	30,000.00	360000.00	360000.00
2	Administrative Assistant cum Data Entry Operator	1	10000.00	120000.00	120000.00
3	Computer and Printer	1 set	50000.00	50000.00	50000.00
4	District Level meeting	6	3000.00	18000.00	18000.00
5	Workshop and Capacity building	5	30000.00	150000.00	150000.00
6	Expenditure for implementation		100000.00	100000.00	100000.00
			Total	798000.00	798000.00

Expenses for 70 districts of the state	Rs. 798000.00 x 70	=Rs. 55860000.00
Total expenses of State and Districts		=Rs. 2470000.00
		=Rs.58330000.00

GOI approved Rs. 24.70 lakhs for State level Activities and Rs. 558.60 Lakhs for District levels for 70 districts @Rs.7.98 Lakh per district. Thus, the total amount approved is Rs.583.30 Lakhs(ROP-FMR Code-A.9.8.4.2)

8)- PC&PNDT TRAININGS

Training/Capacity Building of Inspection Teams – In year 2013-14, regarding the processes of inspections and record keeping and filing the cases is being planned and Inspection teams of the state are not very clear about the process and records to be ceased. Thus, to update inspection teams, this training is being proposed at state level. **For this purpose, Rs. 4.46 Lakhs was proposed, which was approved by GOI(ROP-FMR Code-A.9.9.1).**

9)- STRENGTHENING OF EXISTING TRAINING INSTITUTIONS

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.
- Furnishings of new Class Rooms, Tea Lounge, Recreation Rooms, Reception Lounge, Furniture, Mess Lenin and CTVs for hostels are required.
- 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.

Following key activities are being proposed for strengthening of SIHFW in 2013-14:

SIHFW - Manpower Strengthening & Other Activities		Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. in Lakhs)
SIHFW Manpower Strengthening & other activities	SIHFW UP is working as Collaborating Training Institute (CTI) for the state to conduct & coordinate several clinical training activities as well as management related trainings. Therefore a plan to provide additional human resource to support planning, implementation and monitoring of training activities has been approved under NRHM PIP for last few years. In year 2013-14 same man power support is required.		
	Consultant - Gynaecologist, paediatrician, Public Health (2 each)	45.00	-
	Security Guard & Other support staff - class room, Hostel, Mess Attendant.	35.00	-
	Contingency support - Library, Communication, Transportation & POL	15.00	-
	Monitoring & Evaluation of different training programmes by SIHFW & RHFwTcs	15.00	-
	Training designing related Workshops, Seminars, Review meetings & study tours of NRHM/Directorate/SIHFW officials etc.	35.00	-

SIHFW Strengthening (include Renovation)	For Renovation work of SIHFW under NRHM a total amount sanctioned in different years was Rs. 6.00 crore out of which PACCFED had carried work of Rs. 3.10 crore. This is incomplete and has been under CBI surveillance. Hence the remaining amount is still lying with CHART. If this amount is surrendered an amount of approx Rs. 5.00 crore shall now be required to complete the unfinished task in 2013-14.	500.00	-
Strengthening & Renovation of ANMTC	There are 40 ANMTCs in the state. The capacity of hostels in the ANMTC is limited (aprox. 30 student). Extension of Hostels rooms is essential to fulfil the capacity of sixty students per ANMTCs. 15 more rooms with furniture and linen in the hostels of each ANMTC is required. Therefore a sum of Rs. 75 Lakhs. (15 x5) is required for each ANMTC	3000.00	1000.00 (ROP-FMR Code – A.9.10.1)
Strengthening & Renovation of RHFTWC	In all 11 RHFWTC a new hostel & class room have been constructed in last year. Furnishing & Strengthening of new construction are essential to utilize these facilities. Therefore Rs. 11.00 crore (One Crore for each RHFWTC) in year 2013-14 is required.	1100.00	-
Module preparation & development activity		50.00	50.00 (ROP-FMR Code- A.9.2)
Sub Total		4745.00	1050.00

CONSOLIDATED BUDGET SHEET – TRAINING – 2013-2014

FMR Code	Budget Head	Total Budget Proposed (Rs. Lakhs)	Total Budget Approved (Rs. Lakhs)	Remarks
A.9.1	Strengthening of existing Training Institutions	-		
A.9.2.1	Development/ translation and duplication of training materials	50.00	50.00	
A.9.3	Maternal Health Training	839.78	839.78	
A.9.3.9	Skill Lab Trainings	400.12	400.12	
A.9.5	Child Health Training	2569.31	2406.30	
A.9.6	Family Planning Training	461.05	1067.17	
A.9.7	ARSH & School Health Training	765.37	241.75	
A.9.8	Programme Management Training (e.g. M&E, logistics management, HRD etc.)	1416.26	-	Activity Pended
A.9.8.4.2	Clinical Establishment Act	623.20	583.30	
A.9.9.1	PC/PNDT training	4.46	4.46	
A.9.10.1	Strengthening of Existing Training Institutions/ Nursing School	4745.00	1000.00	
A.9.11.3	Other training and capacity building programmes	27.99	27.99	
Sub-Total Training		11902.54	6620.87	

To conduct the above trainings, an amount of Rs.11902.54 Lakhs was proposed, out of which GOI approved Rs.6620.87 Lakhs only for the year 2013-14(ROP-FMR Code-A.9 and its sub heads).

CHAPTER-A.10: PROGRAMME MANAGEMENT

1)- BACKGROUND

For effective programme management of activities under NRHM the State Programme Management Unit (SPMU) has been established in which Government Doctors designated as General Managers have been deployed as head of various divisions. Also each division has Dy. General Manager; Technical Consultant and Programme Coordinators etc. Most of the staff has been hired on contract, some have been posted on deputation from relevant govt. departments and some staff is on loan basis from SIFPSA. Programme Management Units have also been established at Division, District and Block level PMUs. Apart from different Programme Management Units, SIFPSA HQ, Directorate of Family Welfare, Directorate of Medical Health and Additional Directors (MH and FW) are also involved in effective programme management. Hence, support has to be extended to these units also for their smooth functioning.

2)- STRENGTHENING OF STATE PROGRAMME MANAGEMENT SUPPORT UNIT (SPMU)

In the Supplementary ROP dated August, 2012, Govt. of India has accorded approval for establishment of 18 Cells at SPMU level. Recruitment of incumbents in these 18 cells is in pipeline and supposed to be done in a very short span. The summary of various positions under SPMSU is given here under:

FMR Code	Designation	Physical Target (2013-14)			Approval		
		Proposed No.	Unit Cost	Total Amount Proposed (in Lakhs)	Approved Nos.	Unit Cost	Total Amount Approved (In Lakhs)
A.10.1.1	State Programme Manager						
	Additional Mission Director	1	1.25	15.00	1	1.15	6.90
	General Managers						-
	GM-MH				1	1.25	7.50
	GM-CH				1	1.25	7.50
	GM-ARSH				1	1.25	7.50
	GM-RI				1	1.25	7.50
	GM-Urban				1	1.25	7.50
	GM-NP				1	1.25	7.50
	GM- M&E & QA				1	1.25	7.50
	GM-Planning				1	1.25	7.50
	GM-FP				1	1.25	7.50
	GM-EMTS				1	1.25	7.50
	GM-Procurement				1	1.25	7.50
	GM-IEC				1	1.25	7.50
	GM-CP				1	1.25	7.50
	Sub Total	13	1.25	195.00	13		97.50
	Dy. General Managers						-
	DGM-HR/DAP				2	0.80	9.60
	DGM-MH				1	0.80	4.80

FMR Code	Designation	Physical Target (2013-14)			Approval		
		Proposed No.	Unit Cost	Total Amount Proposed (in Lakhs)	Approved Nos.	Unit Cost	Total Amount Approved (In Lakhs)
	DGM-CH				1	0.80	4.80
	DGM-ARSH				1	0.80	4.80
	DGM-RI				1	0.80	4.80
	DGM-Urban				1	0.80	4.80
	DGM-C.D.				1	0.80	4.80
	DGM-NCD				1	0.80	4.80
	DGM- M-E &QA				1	0.80	4.80
	DGM-Planning				1	0.80	4.80
	DGM-FP				1	0.80	4.80
	DGM-EMTS				1	0.80	4.80
	DGM-Procurement				1	0.80	4.80
	DGM-IEC				1	0.80	4.80
	DGM-CP				1	0.80	4.80
	Sub Total	16	0.80	153.60	16		76.80
	NRHM Coordinator	1	0.90	10.80			Not Approved.
	Sub Total:-	31		374.40	30		181.20
A.10. 1.2	State Accounts Manager						
	Manager (Finance)	5	0.41	24.30	5	0.41	12.15
	Finance Manager (Ayush)	1	0.30	3.60			Not Approved.
	Accounts Manager (AYUSH)	1	0.30	3.60			Not Approved.
	Sub Total:-	7		31.50	5		12.15
A.10. 1.3	State Finance Manager						
	Director Finance	1	1.25	15.00	1	1.25	7.50
	Senior Finance Manager	2	0.80	19.20	2	0.80	9.60
	Sub Total:-	3		34.20	3		17.10
A.10. 1.4	State Data Manager						
	Data Analyst	3	0.295	10.62	3	0.295	5.31
	Data Assistants(last 4-5 years)	9	0.25	27.00	9	0.25	15.62 ^{#2}
	Data Assistants (last 1 year)	6	0.206	14.83	3	0.206	
	HMIS Manager	1	0.30	3.60			Not Approved.
	Statistical Assistant	1	0.21	2.47	1	0.21	1.24
	Sub Total:-	20		58.52	16		22.17
A.10. 1.5	Consultants/ Programme Officers (including for MH/CH/FP/ PNDT/ AH including WIFS SHP, MHS etc.)						
	Consultants (Medical)						
	TC-MH				6	0.50	18.00
	TC-CH				2	0.50	6.00
	TC-ARSH				2	0.50	6.00
	TC-RI				2	0.50	6.00
	TC-Urban				1	0.50	3.00
	TC-NP				4	0.50	12.00

² This amount includes salaries of 9 Data Assistants (working since last 4-5 years)@Rs.25000/month and 3 Data Assistants (working since last 1 year)@Rs.20600/month, approved for 6 months but there is calculation error in approval at GOI level. The pended amount has been discussed with GOI officials and assurance given by them for rectifications.

FMR Code	Designation	Physical Target (2013-14)			Approval		
		Proposed No.	Unit Cost	Total Amount Proposed (in Lakhs)	Approved Nos.	Unit Cost	Total Amount Approved (In Lakhs)
	TC-QA				1	0.50	3.00
	TC-FP				1	0.50	3.00
	Sub Total:-	22	0.50	132.00	19		57.00
	Consultants (Non Medical)						
	C-Management				1	0.40	2.40
	C-PIP				1	0.40	2.40
	C-EMTS				1	0.40	2.40
	C-Procurement				1	0.40	2.40
	C-IEC				1	0.40	2.40
	C-CP				2	0.40	4.80
	Sub Total:-	7	0.40	33.60	7		16.80
	Programme Manager	1	0.40	4.80	0	Not Approved.	
	Programme Coordinators						
	PC-Ad/HR/DAP /Legal Cell				2	0.30	3.60
	PC-MH				1	0.30	1.80
	PC-CH				1	0.30	1.80
	PC-ARSH				2	0.30	3.60
	PC-RI				2	0.30	3.60
	PC-Urban				2	0.30	3.60
	PC-NP				2	0.30	3.60
	PC-QA				1	0.30	1.80
	PC-Planning				1	0.30	1.80
	PC-FP				2	0.30	3.60
	PC-EMTS				1	0.30	1.80
	PC-Procurement				1	0.30	1.80
	PC-IEC				1	0.30	1.80
	PC-CP				2	0.30	3.60
	Sub Total:-	21	0.30	75.60	21		37.80
	Total	51		246.00	47		111.60
A.10. 1.6	Programme Assistants						
	Programme Assistants (last 4-5 years)	11	0.25	33.00	11	0.25	16.50
	Programme Assistants (last 1 year)	3	0.206	7.42	3	0.206	3.71
	Sub Total:-	14		40.42	14		20.21
A.10. 1.7	Accountants						
	Accountants(last 4-5 years)	2	0.30	7.08	2	0.30	3.60
	Accountant (last 1 year)	6	0.255	18.36	6	0.255	9.18
	Internal Auditors	6	0.255	18.36	6	0.255	9.18
	Sub Total:-	14		43.80	14		21.96
A.10. 1.8	Data Entry Operators						
	Computer Operator	4	0.10	4.80	4	0.10	2.40
	Data Entry Operator	1	0.11	1.32	Not Approved.		
	Computer operator cum account assistant	2	0.08	1.92	2	0.08	0.96
	Computer Assistant	1	0.19	2.28	Not Approved.		
	Sub Total:-	8		10.32	6		3.36

FMR Code	Designation	Physical Target (2013-14)			Approval		
		Proposed No.	Unit Cost	Total Amount Proposed (in Lakhs)	Approved Nos.	Unit Cost	Total Amount Approved (In Lakhs)
A.10.1.9	Support Staffs						
	Office Assistant	13	0.07	10.92	13	0.06	4.35
	Electrician	1	0.08	0.96	1	0.07	0.41
	Sub Total:-	14		11.88	14		4.76
	Salaries for Staff on Deputation						
	Others						
	HR Specialist	1	0.40	4.80	1	0.40	2.40
	Legal Expert	2	0.40	9.60	1	0.40	2.40
	Staff Officer	2	0.40	9.60	0		-
A.10.1.11	Exe.Engineer -Civil	1	0.80	9.60	1	0.80	4.80
	Architect	1	0.45	5.40	1	0.45	2.70
	Junior Engineer -Civil	4	0.45	21.60	4	0.60	14.40
	Assistant Engineer-Civil	2	0.60	14.40	2	0.45	5.40
	Personal Secretary	3	0.25	9.00			-
	Sub Total:-	16		84.00	10.00		34.80
	Total – A (Contractual Staff for SPMSU/DG-FW)	178		935.04	159.00		429.30
	Total – B (Operational Expenses of SPMSU)			444.00			227.50
	Total – C (Operational Expenses of DG-FW)			100.00			-
	Grand Total (A+B+C)			1479.04			656.80

For the above purposes, an amount of Rs.1479.04 Lakhs was proposed, out of which GOI approved Rs.429.30 Lakhs only for the salaries of contractual staffs of SPMSU/DG-FW(ROP-FMR Code-A.10.1.1 to A.10.1.10 & A.10.1.11.3). For operational expenses of SPMSU, out of Rs.444.00 Lakhs, GOI approved Rs.227.50 Lakhs only(ROP-FMR Code-A.10.1.11.4) and the amount proposed for operational expenses for DG-FW (Rs.100.00 Lakhs) is pending (ROP-FMR Code-A.10.1.11.5).

The detailed cell wise staffing position proposed for the year 2013-14 is being given below:

PROPOSED STAFFING OF VARIOUS CELLS AT SPMU

▪ Mission Director Camp:

Sl.	Post	No	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Staff Officer to Mission Director	1	40000	4.80	Post Graduate. Good knowledge of Hindi/ English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 10 years working experience.	New Proposed
2	PS to Mission Director	1	25000	3.00	Graduate. Good knowledge of Hindi/ English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power	New Proposed

					Point, Internet etc. with minimum 06 years working experience.	
2	NRHM Coordinator	1	90000	10.80	Very Senior, experienced, retired Officer from the same services with experience of working in SPMU at various positions.	New Proposed
Sub Total				18.60		

• NRHM Coordinator at SPMU

Looking at the quantum of work in various sections of SPMU, Directorate of Family Welfare, Directorate of Medical & Health and SIHFW/SIFPSA/UPHSSP etc., a Senior Officer retired from the post of Joint Director Level for establishing convergence with different partner departments.

Hence, it is being proposed to create a position of NRHM Coordinator at SPMU. As per clear instructions given by GoI in ROP for the year 2012-13, for retired persons working on contract, remuneration should not exceed the last pay drawn in the parent department minus the pension and an addition of 20%, an amount of Rs. 90,000.00 per month is being proposed (Last pay drawn Rs. 127000 - Rs. 47000 as pension) as honorarium and facilities provided to GMs. **Hence a budget of Rs. 10.80 Lakhs is being proposed as honoraria for the above post for the year 2013-14, which is not approved by GOI.**

▪ Admn./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 deal with the legal aspects and court cases. Hence, an Admn./HR/DAP & Legal cell is now functional at SPMU, level.

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Additional Mission Director	1	125000 (as per actual)	15.00	Senior PCS Officer on deputation	Already approved
2	DGM(HR/DAP)	2	80000 (as per actual)	19.20	On deputation/ open market	Already approved
3	HR Specialist	1	40000	4.80	MBA/Masters in Social Science/ PGDM with specialization in HR and experience of atleast 05 years in the field of health	Already approved
4	Legal Expert*	1	40000	4.80	Already approved	
5	Programme Coordinators	2	30000	7.20	MBA/MPH/Master Degree in social science	Already approved

					with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	
6	Staff Officer to AMD	1	40000	4.80	Post Graduate. Good knowledge of Hindi/English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 10 years working experience.	
7	PS to AMD	1	25000	3.00	Graduate. Good knowledge of Hindi/English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 06 years working experience	New proposed
Sub Total				58.80		

* Presently one Technical Consultant (Legal) is working in Admn./HR/DAP & Legal Cell at a consolidated salary of Rs. 33,000.00. In the Supplementary ROP 2012-2013, approval of Rs. 40,000.00 (Rupees Forty Thousand Only) has been obtained from GOI for non-clinical Technical Consultants. As the aforementioned personnel is L.L.B and have knowledge of about 12-13 years, it is proposed that salary of Rs. 40,000/- per month may be awarded to Technical Consultant (Legal). Salary may be booked in Admn./Legal cell against the position of Legal Expert.

■ **Construction & Infrastructure Cell under Mission Director:**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Executive Engineer (Civil)	1	80000 (as per actual)	9.60	Preferably on deputation OR retired officers not more than 65 years of age from Central/State Govt./PSU equivalent to Executive Engineer	Already approved
2	Architect	1	45000	5.40	With B.Arch from recognized institution/ university and registered with Council of Architecture, India with 03 year experience	Already approved
3	Assistant Engineer (Civil)	2	60000 (as per actual)	14.40	On deputation from State Govt. OR retired officers not more than 65 years of	Already approved

					age from Central/ State Govt./ PSU equivalent to Assistant Engineer	
4	Junior Engineer (Civil)	4	45000 (as per actual)	21.60	On deputation from State Govt. OR retired officers not more than 65 years of age from Central/State Govt./PSU equivalent to Junior Engineer	Already approved
5	Accountant	1	25500	3.06	B. Com with computer knowledge of tally software with min. 05 years experience in Govt. or Semi Govt. Org./ PSUs	Already approved
6	Data Assistant	1	20600	2.47	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
Sub Total				56.53		

▪ **Maternal Health Cell under GM (MH)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Technical Consultant	6	50000	36.00	MBBS/MBA/MPH/Hospital Management with relevant experience of min. 05 years and knowledge of computer and report writing	Already approved
4	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Data Assistant	1	20600	2.47	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	New proposed
6	Programme Assistant	1	25000	3.0	Already working since last 4-5 years	
7	Computer Operator	1	10000	1.20	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	New proposed
Sub Total				70.87		

▪ **Child Health Cell under GM(CH)**

Sl.	Post	No	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Technical Consultant	2	50000	12.00	MD/DCH/MBBS with relevant experience of min. 05 years and knowledge of computer and report writing	Already approved
4	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	25000	3.00	Already working since last 4-5years	
Sub Total				43.20		

▪ **School Health and Adolescent Health Cell under GM (SHP/ARSH)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000	9.60	On Deputation/ Open market	Already approved
3	Technical Consultant	2	50000	12.00	MBBS with relevant experience of min. 05 years and knowledge of information technology OR on Deputation from State Govt./PSUs	Already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
Sub Total				43.80		

■ **Routine Immunization Cell under GM (RI)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant	2	50000 (as per actual)	12.00	MBBS with relevant experience of min. 05 years and knowledge of information technology OR on Deputation from State Govt./PSUs	Already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	20600	2.47	Already working since last year	
6	Data Assistant	1	25000	3.00	Already working since last 4-5years	
Sub Total				49.27		

■ **MMU and Urban Health Cell under GM (Urban)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant	1	50000 (as per actual)	6.00	MBBS with relevant experience of min. 05 years and knowledge of information technology OR on Deputation from State Govt./PSUs	Already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Computer Operator	1	10000	1.20	Graduate with one year diploma or certificate in computer application with	Already approved

	good knowledge of MS Office and Hindi and English typing
Sub Total	39.00

■ **National Disease Control Programme Cell under GM (NP)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager (1 for Comm. Diseases & 1 for Non Comm. Diseases)	2	80000 (as per actual)	19.20	On Deputation	1 post already approved
3	Consultant (1 for RNTCP, 1 for NVBDCP, 1 for NBCP, 1 for NLEP and 1 for NCD)	5	50000	30.00	MBBS/MPH/MBA/M.Sc. (bio stats.) with min. 05 years experience	04 posts already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	25000	3.00	Already working since last 4-5 years	
6	Statistical Assistant	1	20600	2.47	Graduate with Statistics, one year diploma in computer application desirable	Already approved
Sub Total				76.87		

■ **Monitoring and Evaluation Cell for Quality Assurance under Mission Director**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation/Open Market	New Proposed
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant – State Quality Assurance Cell	1	50000	6.00	Master Degree in Public Health/ MBBS with 05 years experience in MCH	Already approved
4	Consultant –	1	40000	4.80	MBA with min. 08 years	Already

	Management				experience in the field of health sector	approved
5	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
6	Data Analyst	1	29500	3.54	Already working since last 3 years	
7	Computer Operator	1	10000	1.20	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	Already approved
Sub Total				43.74		

■ **Planning Cell under GM (Planning)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation/Open Market	Already approved
3	Consultant (PIP) – Non Medical	1	40000	4.80	Masters in Management/ Social Works/ Social Sciences with relevant experience of min. 5 years and knowledge of Information Communication and Technology	Already approved
4	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	25000	3.00	Already working since last 4-5 years	
6	Data Assistant	1	25000	3.00	Already working since last 4-5 years	
Sub Total				39.00		

■ **Family Planning & PPP Cell under GM (Family Planning)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant	2	50000	12.00	MBBS/MBA/MPH/Hospital Management with relevant experience of min. 05 years and knowledge of computer and report writing	1 post already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	20600	2.47	Already working since last year	
Sub Total				46.27		

■ **AYUSH Cell under Mission Director (As per GoI Guidelines, New Structure is being proposed)**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
AYUSH :						
1	Programme Manager	1	40000	4.80	MBA/Master Degree in Personnel Management/ Management in HR from a reputed AICTE recognized institute with minimum 07 years working experience	-
2	Finance Manager	1	30000	3.60	MBA in Finance from AICTE recognize institute with minimum 03 years experience in a govt. or any other reputed organization in finance management of major programme/ project	-
3	Accounts Manager	1	30000	3.60	MBA Finance/ M.Com/ ICWA (Inter)/CA (Inter) from recognized institute with minimum 03 years experience in govt. or any	-

					other organization in account management. Experience in health sector desirable	
4	Data Assistant	1	20600	2.47	Graduate with Diploma in Computer application or BCA. Knowledge of MS Office package, Tally/ PageMaker etc. with Hindi / English typing with experience of min. 3 years	-
HMIS:						
1	HMIS Manager	1	30000	3.60	M.Sc. Statistics, M.Sc. IT/ MCA from recognized institute with minimum 03 years experience in a govt. or any other org. in information management of any project. Experience within the HMIS domain is desirable.	
2	Data Entry Operator	1	11000	1.32	Graduate with Diploma in Computer application or BCA. Knowledge of MS Office package, PageMaker etc., Hindi/ English typing with 02 years experience	
Sub Total				19.39		

■ **EMTS (108)/Ambulance Service (102) under GM-EMTS**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	15.00	On Deputation from related department.	New proposed
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant	1	40000 (as per actual)	4.80	MBA/MPH/Post Graduate in Social Science with min. 05 years of experience in the field of health OR on Deputation.	Already approved
4	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Data Assistant	1	25000	3.00	Already working since last 4-5 years	
Sub Total				36.00		

■ **Procurement Cell (Logistics, Printing, Services) under GM-Procurement**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	15.00	On Deputation from related department.	New proposed
2	Dy. General Manager	1	80000 (as per actual)	9.60	Preferably on Deputation OR Retired Officers not more than 65 years of age from Central/ State Govt./equivalent to Joint Director or above of relevant field	Already approved
3	Consultant	1	40000 (as per actual)	4.80	B.Com with 10 years of experience in procurement/ Graduate with 15 years exp. in procurement in govt. sector/PSUs/ MBA in logistics/ Material management and procurement/ MPH/ Post Graduate in Social Science with min. 05 years experience OR on Deputation	Already approved
4	Programme Coordinator	1	30000	3.60	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Data Assistant	1	20600	2.47	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
Sub Total				35.47		

■ **IEC Cell under Mission Director**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	New proposed
2	Dy. General Manager	1	80000 (as per actual)	9.60	Preferably on Deputation OR Retired Officers not more than 65 years of age from Central/ State Govt./equivalent to Joint Director or above of	Already approved

					relevant field	
3	Consultant	1	40000 (as per actual)	4.80	Masters in Mass Communication or Journalism with min. 05 years experience in Media or BCC. Desirable qualification MBA etc. OR on Deputation from State Govt./PSUs	Already approved
4	Programme Coordinator	1	30000	3.60	Masters in Mass Communication or Journalism with min. 03 years experience in Mass Media or BCC, Desirable qualification MBA etc.	Already approved
5	Computer Operator	1	10000	1.20	Graduate with one year diploma or certificate in computer application and conversant in coral with good experience in designing	Already approved
Sub Total				34.20		

■ Community Process & Training Cell under GM (CP)

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant (Non Medical)	2	40000	9.60	Masters in Management/ Social Work/ Social Sciences with relevant experience of min. 5 years and knowledge of Information Communication and Technology	Already approved
4	Programme Coordinator	2	30000	7.20	MBA/MPH/Master Degree in social science with one year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	20600	2.47	Already working	
6	State Training Consultant	1	50000	6.00	MBBS/MBA/MPH/Hospital Management with relevant experience of min. 05 years and knowledge of computer and report writing	New proposed

7	Data Assistant (Training)	1	20600	2.47	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	New proposed
Sub Total				52.34		

■ 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 audits. To monitor all activities related to finance and accounts work it is imperative that sufficient staff should be there in the financial cell at SPMU. Hence, the Finance Cell has to be strengthened with officials which are well versed in the double entry accounting system and are also comfortable in tally accounting system.

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Director Finance	1	125000 (as per actual)	15.00	On Deputation from UP Finance and Accounts Services	Already approved
2	Sr. Manager Finance	2	80000 (as per actual)	19.20	Chartered Accountant having min. 10 years of experience preferably in a World Bank Project/ Centrally sponsored scheme	Already approved
3	Manager Finance	5	40500 (as per actual)	24.30	On Deputation from Govt./Semi Govt./Open market having minimum experience of 10 years as AO/AAO OR CA with a min. 02 years experience or CA/Inter/ ICWA Inter with min. 05 years experience (contractual basis)	5 posts already approved. (4 already working, 2 on deputation and 02 from open market)
4	Accountant	5	25500 (as per actual)	15.30	On Deputation from Govt./Semi Govt. having minimum experience of 05 years as Accountant with knowledge of Tally Software & MS Office OR B. Com having knowledge of Tally Software & MS Office with min. exp. of 05 years (on contractual basis)	06 positions already approved
		1	29500	3.54		01 is already working since last 4-5 years
5	Internal Auditor/ Officer (Audit)	6	25500 (as per actual)	18.36	On Deputation from Govt./Semi Govt. having minimum experience of 10 years as Auditor OR CA Inter/ ICWA Inter	Already approved

					with min. 05 years experience of audit (on contractual basis)	
6	Data Analyst (FMR)	1	29500	3.54		Already working since last 4-5 years
7	Programme Assistant	1	25000	3.00		Already working since last 4-5 years
8	Data Assistant	1	20600	2.47	BCA/B.Sc. with computer science with minimum 05 years experience of Tally Software	New proposed
9	PS to Director Finance	1	25000	3.00	Graduate. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. Good knowledge of English/Hindi typing with minimum 05 years experience	New proposed
10	Computer Operators cum Account Assistant	2	8000	1.92	Graduate preferably Commerce, proficient in Hindi and English computer typing, Knowledge of MS Office with min. 05 years experience	Already approved
Sub Total				109.63		
Total				872.98		

■ **Salary of Support Staff**:**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Remarks
1	Office Assistant	13	7000	10.92	Already approved
2	Electrician	1	8000	0.96	Already approved
Sub Total				11.88	
Grand Total (17 Cells + Support Staff Salary)				884.86	

**** Looking at the working hours, high cost of living and a rare nominal wage they are getting i.e. Rs. 5580/- and 6796/- respectively, hike of approx. Rs. 1000/- is being proposed in the salary of support staff i.e. Office Assistant + Electrician.**

Note - Support Staff i.e. Personal Secretary, Data Assistant, Accountant, Data Analyst, Programme Assistant may be hired either from Open Market or through outsourcing agency.

■ **Salary of Existing Contractual Staff of Directorate of Family Welfare provided under NRHM:**

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. in Lakhs)	Remarks
RCH Cell					
1	Programme Assistant	1	25000	3.00	Already working since last 4-5 years
2	Data Assistant	1	25000	3.00	
CCSP/Training Cell					
1	Programme Assistant	1	25000	3.00	
2	Data Assistant	1	25000	3.00	
Routine Immunization Cell					
1	Computer Assistant	1	19000	2.28	
PCPNDT Cell					
1	Legal Consultant	1	40000	4.80	New proposed
2	Programme Assistant	1	25000	3.00	
3	Data Assistant	1	25000	3.00	
JSY Cell					
1	Data Analyst	1	29500	3.54	Already working since last 4-5 years
2	Accountant	1	29500	3.54	
3	Programme Assistant	1	25000	3.00	
4	Data Assistant	1	25000	3.00	
Urban RCH Cell					
1	Programme Assistant	1	25000	3.00	
2	Data Assistant	1	25000	3.00	
School Health & ARSH Cell					
1	Programme Assistant	1	25000	3.00	Already working since last 4-5 years
2	Data cum Account Assistant	1	25000	3.00	
Sub Total		16		50.16	50.16
Grand Total (881.80+50.16)					935.02

This is to be emphasized that the staff working at SPMU and at the level of DG-Family Welfare from the inception of NRHM (shown as already working for the last 4-5 years in the concerned cell) should be continued as they have a vast experience of working in various programmes of NRHM, are well versed with the details of the schemes, mission mode and implementation of the programmes. They are also competent enough for working on computers, maintaining and processing the Govt. files, making power point presentations, bilingual typing etc.

Hence, looking at the experience and dedication of these employees, it is proposed to continue them on the positions as given in the tables above with the proposed hike in salary. All these positions are already approved in the ROP 2012-13.

■ **Operational Expenses for SPMU, NRHM:**

Expenditure Heads	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
• Rent for State PMU	36.00	31.50
• New Telephones/Fax connection and recurring charges etc	15.00	15.00
• Electricity Bill/Gensets POL etc.	40.00	40.00

• Stationary/Photo Copier Bills/AMC etc.	30.00	30.00
• Computer/AMC/Storage Media, etc.	20.00	20.00
• Vehicle Hiring/POL for Local and outstation taxis etc.	100.00	10.00
• Field visit/ meetings at GOI/for officers as per norms(include JRM/CRM visit)	50.00	10.00
• Office Establishment/Electrical Equipments /Networking /Acs/Genset etc. for newly proposed buildings	100.00	50.00
• Library/research/Surveys/Study tours/seminars & workshops	10.00	-
• Contingency Support/impress money/Recurring expenses	18.00	6.00
• Office Maintenance/ repairs etc	15.00	15.00
• Advertisement	10.00	-
Total	444.00	227.50

■ **Operational Expenses for Directorate of Family Welfare, UP:**

Expenditure Heads	Amount (Rs. In Lakhs)
• Telephone/Fax/Mobile Phones/Other Communication methods /maintenance	8.00
• Electricity bills/ Electrician on contract/ AC maintenance/ gensets	10.00
• Stationery/Photocopy/AMC etc.	10.00
• Computer/AMC/CDs/Floppies/Internet etc.	10.00
• Vehicle Hire / POL etc.	15.00
• Field Visits/ Meetings as per norms (including CRM/JRM visit)	10.00
• Office Equipments/ furniture/ painting/ maintenance etc.	10.00
• Library/ research/ surveys/study tours/seminars & workshops	3.00
• Contingency support/ imprest money/ office daily expenditure/ service tax for hiring of contractual staff etc./advertisement	14.00
• Office maintenance – housekeeping, security & gardening	10.00
Total	100.00

For the above purposes, an amount of Rs.1479.04 Lakhs was proposed, out of which GOI approved Rs.429.30 Lakhs only for the salaries of contractual staffs of SPMSU/DG-FW(ROP-FMR Code-A.10.1.1 to A.10.1.10 & A.10.1.11.3). For operational expenses of SPMSU, out of Rs.444.00 Lakhs, GOI approved Rs.227.50 Lakhs only(ROP-FMR Code-A.10.1.11.4) and the amount proposed for operational expenses for DG-FW (Rs.100.00 Lakhs) is pending (ROP-FMR Code-A.10.1.11.5).

3)- STRENGTHENING OF DIVISIONAL PROGRAMME MANAGEMENT UNITS OF SIFPSA

UP being a large state of 75 districts is divided into 18 divisions. UP state needs special arrangement to manage, handhold, supervise and implement programmes. Therefore, Divisional Programme Management Units of SIFPSA, established in 18 divisions are being utilized for management of NRHM programmes and schemes for which operating expenses is being borne by NRHM UP which is approved by GoI in the Record of Proceedings since 2008. These units

have been placed under the Additional Director, Medical Health and Family Welfare, GoUP. Each unit has a Programme Manager who is assisted by an officer responsible for accounting and MIS activities. During current financial year UP state has consolidated and developed 75 district and 18 divisional PIPs for year 2013-14 which will facilitate and fast track implementation of NRHM activities at field level.

Apart from SPMU team, Div PMUs are field level extended team of Mission Director, NRHM. They serve as a first hand information unit of MD, NRHM and SPMU. Div. PMUs are responsible unit for handholding; guiding and day to day monitoring of district level Programmes and supporting District PMUs.

Div. PMUs will be primarily responsible for managing, analysing HMIS data, MCTS data, JSY and web based reporting regularly on monthly basis at divisional level. Regular review of district PMUs would also be done by Div. PMs. Weekly report on key issues would be reported directly to Mission Director's office. Besides, dissemination of information up to district level and work as link unit between Mission Director, SPMU and district units will also give feedback to Mission Director directly for smooth and timely implementation of NRHM schemes.

Divisional units of SIFPSA would be working exclusively for NRHM. All Divisional Project Management Units personnel are having experience in health sector for more than ten years and working solely for NRHM. Therefore in the FY 2013-14, personnel as well as operational costs for divisional PMUs are proposed herein as under:

Budget details of Divisional PMUs for 2013-14

Category	Proposed staff in 2013-14	Salary per month in Rs.	Amount proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
Divisional PMU (SIFPSA Employee)				
Divisional PM	18	80000.00	172.8	81.00
Div. Officer Acc. cum MIS	18	65000.00	140.4	60.48
Office Assistant	18	36000.00	77.76	24.84
Driver	18	36000.00	77.76	24.84
Peon Cum Chaukidar	18	36000.00	77.76	24.84
Audit cum Data Officer New (One for each div.) for 9 Months	18	22000.00	35.64	Not Approved
Operational Expenses	18	150000.00	324	123.66
Sub Total			906.12	339.66
For various administrative issues, monitoring & review meetings, legal issues & cases, various requirements by CBI/CAG teams regarding documents, inter-state/ districts study visits & as per specific requirement of division. Rs. 10.00 Lakhs per division			180.00	Approval Pended
Total			1086.12	339.66

For the above purposes, an amount of Rs.906.12 Lakhs was proposed for the salaries of divisional PMU staffs, out of which GOI approved Rs.339.66 Lakhs only (ROP-FMR Code-A.10.1.11.1). Amount proposed for various administrative issues/expenses of Div.PMUs (Rs.180.00 Lakhs) are pended (ROP-FMR Code-A.10.1.11.5).

Roles and Responsibility Details

DIVISIONAL PROGRAMME MANAGER

Key Responsibilities:	Responsible for building capacities of District Programme Management Unit and mentor them for effective programme implementation in the division. Responsible for monitoring the implementation of interventions and programme and reporting progress to SPMU		
Direct Supervisor:	Additional Director	Functional Reporting:	Regional Monitoring Division at State Programme Management Unit
Direct Reports:	Office Accounts Officer Office Assistant	Indirect Reports:	District Programme Manager

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1.	Administration	<ul style="list-style-type: none"> Administrative in-charge of the Div. PMU office Drawing & disbursing officer for divisional PMU accounts Drawing and Disbursing Officer for Div. PMU accounts All procurement for the office as per financial delegation. Coordinate visits of review missions in division with DPMU Coordinate for smooth conduct of concurrent, internal and external audits Reporting to SPMU Finalization and submission of annual budget for Div. PMU 	<ul style="list-style-type: none"> Timely submission of monthly expenditure reports for Div. PMU expenditure. Appropriately maintained books of accounts Expenditure of Div. PMU is within budget and properly audited. 	<ul style="list-style-type: none"> Additional Director office Div. PMU staff
2	Quality Assurance	<ul style="list-style-type: none"> Coordinate with State Quality Monitors (SQM) for field visits and facility surveys Follow up on action points suggested by the SQM Ensure that guidelines provided are being followed at district and block level Support and coordinate research/ evaluation being conducted in the division 	<ul style="list-style-type: none"> Status reports on follow up action from SQM reports submitted by approved timeline of every month 	<ul style="list-style-type: none"> SQM SPMU CMO Office
3	Capacity Building	<ul style="list-style-type: none"> Initiate the process of implementation plan 	<ul style="list-style-type: none"> Timely preparation of 	<ul style="list-style-type: none"> District Programme

		<p>development at the district level and support the District Programme Manager to ensure timely completion</p> <ul style="list-style-type: none"> • Coordinate with respective Monitoring Division and conduct field level studies to identify gaps for ascertaining intervention requirements and district action plan scope • Identify key areas for strengthening at district and block level & build capacities of personnel and mentor them to bridge these gaps 	<p>localized District Action Plans in division</p> <ul style="list-style-type: none"> • Identify atleast one key area for capacity building in each district 	<p>Manager Monitoring Division for region</p> <ul style="list-style-type: none"> •
4	Monitoring and reporting	<ul style="list-style-type: none"> • Undertake monitoring of interventions implemented in districts of division • Ensure timely submission of reports prepared by District Programme Managers, compile these and submit to Regional Monitoring division at SPMU. • Ensure timely submission of reports prepared by District Programme Managers, compile these and submit to regional Monitoring Division at SPMU • Undertake periodic monitoring of implementation agencies, including NGOs, in line with their implementation plans • Undertake random monitoring in select instances as required • Ensure completion of monitoring progress/ performance reports, in the requisite format on a monthly basis • Ensure completion of field visit reports (random and planned) 	<ul style="list-style-type: none"> • Submit reports to the Monitoring Division of region in the required formats by approved timeline of every month • Submit field visit reports to regional Monitoring Division within 5 days of visit • Submit financial reports by approved timeline of every month • Conduct atleast 2 random visits across the block 	<ul style="list-style-type: none"> • DPM • DAM • Finance division • Respective regional Monitoring Division
5	Liaising and coordinating	<ul style="list-style-type: none"> • Liaise with district level stakeholders to disseminate information and mobilize support for programme activities • Ensure state level officials visit to districts to augment local level coordination. 	<ul style="list-style-type: none"> • Strong working relations with CMO, District Magistrates, members of District Health Society and other stakeholders at district level • Atleast 1 visit 	<ul style="list-style-type: none"> • District level Stakeholders • District Health Society • Monitoring Division of region

			by General Manager in a year	
6.	Convergence	<ul style="list-style-type: none"> Coordinate programming with other development departments in districts of division. Coordinate with development partners (aid agencies, UNICEF, WHO etc. and other NGOs) in the field and ensure convergence of programming. 	<ul style="list-style-type: none"> Report on intersectoral working in field Any funds leveraged from other departments and development partners 	<ul style="list-style-type: none"> SPMU CMOs/ DMs of districts Other department heads Development Partner representatives

ACCOUNTS OFFICER

Key Responsibilities:	Responsible for maintaining books of accounts and managing other finance related aspects at division Responsible for maintaining and updating all the required databases and generating MIS reports		
Direct Supervisor:	Divisional Programme Manager	Functional Reporting:	-

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1	MIS	<ul style="list-style-type: none"> Collate & compile data & prepare reports in prescribed format Maintain an accurate inventory of the assets, equipments & ensure appropriate PMU housekeeping. Undertake day-to-day maintenance of office computers & related accessories. Coordinate logistics for meetings 	<ul style="list-style-type: none"> Timely preparation & submission of reports (5th of every month) Proper management of inventory & good housekeeping Proper maintenance of office equipments Minutes of society meetings 	<ul style="list-style-type: none"> SPMU District PMU
2	Accounts	<ul style="list-style-type: none"> Maintaining accounts and entries related to Divisional PMU office expenses Facilitate preparation of cheques and payment to vendors 	<ul style="list-style-type: none"> Timely preparation and submission of reports 	<ul style="list-style-type: none"> Div. Programme Manager
3	Administration	<ul style="list-style-type: none"> Coordinate with district PMUs, block PMUs and their administrative requirements Coordinate visits of review missions in district Payroll processing for division level staff 	<ul style="list-style-type: none"> Timely processing of staff salary Smooth review missions 	<ul style="list-style-type: none"> Div. Programme Manager

Roles of Audit cum Data Officer:

- Undertake all work related to Statutory Audit in the division
- Undertake all work related to CAG Audit

- Undertake all work related to Utilization Certificates
- Undertake all work related to Performance Audit
- Other works allotted by Div. PM (NRHM)
- Undertake all work related to Concurrent Audit
- Undertake all work related to special audit
- Overall Monitoring & Implementation of Tally ERP-9
- Analysis & Reporting of Expenditure at various levels
- Assist Divisional Accounts Officer cum MIS in accounts work.
- FMRs Feeding and Compilation
- All works related to FMR, QPR & related and supporting Divisional Accounts Officer in correspondence related to NRHM.

4)- STRENGTHENING OF DISTRICT PROGRAMME MANAGEMENT UNITS (DPMU)

Background - At district level, the Programme Management Unit (District PMU) work closely with the Chief Medical Officer of the district. The District Programme Manager (District PM) is responsible for preparation of district annual action plans, obtain approvals for plans, coordinate District Health Society meetings, supporting CMO in contractual appointment of staff, monitoring implementation of programmes in field, conduct review meetings, facilitate audits, monthly reporting to Divisional PMU, launch new programmes/ schemes in district with CMO and liaise and coordinate between different departments. The District Community Mobilizer is responsible for coordination and monitoring of community level activities such as ASHAs, Rogi Kalyan Samitis, Village Health, Sanitation and Nutrition Committees and Village Health and Nutrition Days and is also responsible for assisting District Programme Manager in the overall operations of the district programme. However with large number of ASHAs the monitoring of other programmes of NRHM is not practically possible by District Community Mobilizer. The role of District Accounts Manager and District Data cum Accounts Assistant is to look after the Accounts related work of NRHM.

Budget Details of DPMU for 2013-14

Category	No. of staff proposed	Salary per month	Amount proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
DPMU				
DPM	75	36000.00	324.00	147.15
DCM	75	30000.00	270.00	119.93
DAM	75	30000.00	270.00	119.93
DDAA	75	20000.00	180.00	81.68
Support Staff (office assistant)	75	8000.00	72.00	31.50
Program Co coordinator	150	22000.00	297.00	Not Approved
Data Assistant	75	17000.00	114.75	Not Approved
Operational Expenses (recurring expenses)	75	100000.00	900.00	337.50
One time setup cost (4 new DPM Units)	4	700000.00	28.00	Not Approved
Additional Establishment Cost (75 districts)	75	100000.00	75.00	Not Approved
Sub Total			2530.75	837.68

For various administrative issues, monitoring & review meetings, legal issues & cases, various requirements by CBI/CAG teams regarding documents, inter-state/ districts study visits, & as per specific requirement of districts/blocks. (Rs. 2.00 Lakhs per block)	1640.00	Pended
Total	4170.75	837.68

For the above purposes, an amount of Rs.2530.75 Lakhs was proposed for the operationalisation of DPMUs including salaries of staffs, out of which GOI approved Rs.837.68 Lakhs only (ROP-FMR Code-A.10.2 and its sub heads). Amount proposed for various administrative issues/expenses of DPMUs (Rs.1640.00 Lakhs) are pended (ROP-FMR Code-A.10.1.11.5).

The District Programme Manager and District Community Mobilizer are overloaded and monitoring of all the activities is not feasible. Hence to support the monitoring, evaluation and reporting additional hands are required at district level for which at least 4 Programme Coordinators and 2 District Data Assistants are required. As such, the national programmes like tuberculosis, leprosy, malaria, blindness control, vector borne diseases, etc. are presently not being monitored regularly apart from the other NRHM programmes. Hence, recruitment of 4 Programme Coordinators and 2 District Data Assistants will necessitate day to day monitoring of the above activities and timely feedback to CMO and SPMU resulting in the smooth functioning of the programme. The roles and responsibilities of the DPMU staff is as under:

DISTRICT PROGRAMME MANAGER

Key Responsibilities:	Assist the CMOs in effective implementation of National Rural Health Mission at district level Responsible for district planning, providing support for programme implementation, periodic monitoring and reporting, and provide feedback for evolving programme design Provide overall leadership and guidance to Block Programme Management Units Assist the CMO in coordinating the functioning of District Health Society		
Direct Supervisor:	Chief Medical Officer	Functional Reporting:	Divisional Programme Manager State Programme Management Unit
Direct Reports:	District Accounts Manager District Community Mobiliser District Data cum Account Assistant Programme Coordinator District Data Assistant	Indirect Reports:	Accountant from CMO Office

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1.	Administration	<ul style="list-style-type: none"> Administrative in-charge of the office of DPMU. Drawing and Disbursing officer of DPMU. All procurement for the office as per financial delegation. Ensure appropriate work allocation between PMU staff and their performance management 	<ul style="list-style-type: none"> Timely submission of monthly expenditure reports for DPMU expenditure. Staff discipline. Establishment matters are disposed off timely and as per rules. 	<ul style="list-style-type: none"> CMO office Block PM District PMU staff

		<ul style="list-style-type: none"> Supporting CMO in recruitment of contractual staff Coordinate with block PMUs through District Programme Coordinator and their administrative requirements and report to Div. PMU/ SPMU Coordinate visits of review missions in the district Facilitate for smooth conduct of concurrent, internal and external audits at district Finalization and submission of annual budget for DPMU 	<ul style="list-style-type: none"> Periodic inspection of work of reporting staff. Appropriately maintained books of accounts Expenditure of DPMU is within budget and properly audited. 	
2.	Planning	<ul style="list-style-type: none"> Brief and consult CMO in various planning related activities. Coordinate with respective Monitoring Division at SPMU and conduct field level studies to identify gaps for ascertaining intervention requirements and district action plan scope Coordinate with stakeholders for preparation of district level implementation plans (PIPs) and approval by District Health Society Support Block Programme Managers in preparation of the block action plans in line with the district plans 	<ul style="list-style-type: none"> Timely completion of field study Timely preparation of District Action Plans Timely development of block implementation plans for each block in district and their approval by the DHS. 	<ul style="list-style-type: none"> BPM Monitoring Division for region
3	Programme implementation support, Liaising and coordinating	<ul style="list-style-type: none"> Coordinate implementation of activities in district according to PIP Support Block Programme Managers in development of plans for all NRHM interventions Assist CMO in coordinating District Health Society meetings. Provide periodic feedback to Chief Medical Officer and regional Monitoring Division on quality of services and status of implementation of programme activities Coordinate survey and research activities at block level Dissemination of guidelines of schemes/ interventions to 	<ul style="list-style-type: none"> Indepth understanding of proposed interventions Strong working relations with CMO, District Magistrates, members of District Health Society and other stakeholders at district level Monthly implementation progress report submitted to – respective Monitoring Division by approved timeline of every 	<ul style="list-style-type: none"> District Community Mobiliser Programme Coordinator Block PM Divisional PM District level stakeholders District Health Society Chief Medical Officer SPMU

		BPMUs and MOs I/c. <ul style="list-style-type: none"> • Liaise with district level stakeholders to disseminate information and mobilize support for programme activities. 	month <ul style="list-style-type: none"> • Timely implementation of field level activities plan. 	
4	Quality Assurance	<ul style="list-style-type: none"> • Provide periodic feedback to Monitoring Division and Quality Assurance Division on guidelines provided • Support and coordinate research/ evaluations being conducted in the district 	<ul style="list-style-type: none"> • Localised interventions designed 	<ul style="list-style-type: none"> • Divisional PMU • SPMU • CMO Office
5.	Monitoring and reporting	<ul style="list-style-type: none"> • Independently undertake monitoring of interventions implemented in the district and providing feedback to CMOs/Div. PMUs/SPMU. • Undertake periodic monitoring of implementation agencies, including NGOs, in line with their implementation plans. • Undertake random monitoring in select instances as directed by MD/DM/CMO. • Ensure completion of monitoring progress/ performance reports, in the requisite format on a monthly basis. • Ensure completion of field visit reports (random and planed) 	<ul style="list-style-type: none"> • Submit reports to the Monitoring Division of region in the required formats by approved timeline of every month • Submit field visit reports to regional Monitoring Division within 5 days of visit • Submit analysis of financial reports by approved timeline of every month • Conduct atleast 2 random visits on routine & sporadic activities across the block. 	<ul style="list-style-type: none"> • BPM • DAM • Finance division • Respective regional Monitoring Division
6	Financial Management	<ul style="list-style-type: none"> • Processing release of funds to various units at district and block level under Part A, B and C and other national programmes of NRHM • Dissemination of financial guidelines to personnel in PMUs and CMO office 	<ul style="list-style-type: none"> • Timely release of funds at district level and block level • Submission of monthly account reconciliation report to SPMU 	<ul style="list-style-type: none"> • CMO • SPMU Finance Division
7	Financial monitoring and reporting	<ul style="list-style-type: none"> • Ensure appropriate receipt and disbursement of funds in accordance with district PIP. • Monitor funds received from State from Part A, B and C and other national programmes of NRHM as per the implementation plan and utilizations at block/ district level and request for next tranche of funds in time • Ensure appropriate utilization 	<ul style="list-style-type: none"> • Submit financial reports in requisite formats to Finance Division by the approved timeline of every month 	<ul style="list-style-type: none"> • DAM • Finance Division • Respective regional Monitoring Division

		of funds by implementing partners in coordination with District Accounts Manager <ul style="list-style-type: none"> Obtain timely statement of expenditures and utilization reports from different levels and district programme officers and submission to SPMU. Provide timely and accurate utilization reports, statement of expenditure and utilization reports to Finance Division in requisite formats 		
8.	Convergence	<ul style="list-style-type: none"> Coordinate programming with other development departments in the district. Coordinate with development partners (aid agencies, UNICEF, WHO etc. and other NGOs) in the field and ensure convergence of programming. 	<ul style="list-style-type: none"> Report on intersectoral working in field Any funds leveraged from other departments and development partners 	<ul style="list-style-type: none"> Divisional PMU/ SPMU CMO/ DM Other department heads Development Partner representatives

DISTRICT COMMUNITY MOBILISER

Key Responsibilities:	Responsible for coordination and monitoring of community level activities such as ASHAs, Rogi Kalyan Samitis, Village Health and Sanitation Committees and Village Health and Nutrition Days Responsible for assisting District Programme Manager in the overall operations of the district programme		
Direct Supervisor:	District Programme Manager	Functional Reporting:	Div PMU and GM (Community Process), SPMU Chief Medical Officer
Direct Reports:		Indirect Reports:	Block Programme Manager

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1	Communication implementation	<ul style="list-style-type: none"> Develop communication plan for district as part of the district PIP. Implementation of the communication plan at district level. Support Block Programme Managers in developing localized implementation plans Ensure adoption and implementation of localized communication interventions Monitor quality of 	<ul style="list-style-type: none"> Detailed BCC / IEC implementation plan developed and approval received Ongoing implementation in accordance with plan 	<ul style="list-style-type: none"> Block Programme Manager Divisional PMU SPMU

		intervention implementation		
2	Community liaising and coordination	<ul style="list-style-type: none"> • Develop TOR for selection of implementing agency & taking approval from SPMU/DHS through CMO • Develop communication network inter- intradepartmental & with community resources for optimal outcome. • Supervision and monitoring of the ASHA support mechanism to be developed with the support of NGOs. • Visit Rogi Kalyan Samitis and Village Health and Sanitation Committees and understand their capacity building needs, prepare capacity building plans and implement with Block Programme Manager and support from SPMU. • Facilitate preparation of Village Health Plans and plans for VHSC funds. • Attend ASHA meetings in blocks and support Block PM. • Developing plans for VHNDs with Block PMs and monitoring their implementation • Follow up with Block PMs on working of Rogi Kalyan Samitis 	<ul style="list-style-type: none"> • Strong working relations with existing and potential implementation organizations • Reports of visits submitted within 5 days of completion of field visit • Implementation plan for VHNDs developed • Ongoing implementation in accordance with plan • Report in status of RKS meetings and status of decisions. 	<ul style="list-style-type: none"> • Local implementation organizations • Block PM
3	Capacity building	<ul style="list-style-type: none"> • Develop capacity building plans for ASHAs, NGOs, RKS and VHSCs and conduct TOTs • Support implementation in accordance with design • Handholding and mentoring of all community level stakeholders 	<ul style="list-style-type: none"> • Capacity building plan developed and approved • Implementation of activities in accordance with plan 	<ul style="list-style-type: none"> • Block PM • SPMU
4	Documentation	<ul style="list-style-type: none"> • Document field level innovations, achievements and challenges in implementation of programme • Disseminate documentation to 	<ul style="list-style-type: none"> • Atleast 4 process documents each year submitted 	<ul style="list-style-type: none"> • Block PM • District PM • SPMU

		stakeholders at district and state level. <ul style="list-style-type: none"> Furnish District news for inclusion in Asha newsletter. 		
5	Liaising and coordinating	<ul style="list-style-type: none"> Liaise with district level stakeholders to disseminate information and mobilize support for programme activities 	<ul style="list-style-type: none"> Strong working relations with CMO, District Magistrates, members of District Health Society and other stakeholders at district level 	<ul style="list-style-type: none"> District level stakeholders District Health Society
6	Monitoring and reporting	<ul style="list-style-type: none"> Set up and institutionalize community monitoring systems in districts. Undertake monitoring of interventions implemented in the district Undertake periodic monitoring of implementation agencies, including NGOs, in line with their implementation plans Undertake random monitoring in select instances as required Ensure completion of monitoring progress/ performance reports, in the requisite format on a monthly basis Ensure completion of field visit reports (random and planned) Seek feedback of district level activities from Monitoring Division as compared to other districts 	<ul style="list-style-type: none"> Community monitoring of key activities initiated in blocks / villages. Community monitoring reports submitted to Div PMU and SPMU. Submit reports to the Monitoring Division of region in the required formats by approved timeline of every month Submit field visit reports to Monitoring Division within 5 days of visit Submit financial reports by approved timeline of every month Conduct atleast 2 random visits across the block Share feedback with district level authorities on NRHM progress 	<ul style="list-style-type: none"> DPM DAM Finance division Respective regional Monitoring Division

DISTRICT ACCOUNTS MANAGER

Key Responsibilities:	Responsible for overall financial management of NRHM funds released to district Responsible for maintaining books of accounts and managing other finance related aspects for the district PMU Responsible for maintaining and updating all the required databases and generating MIS reports. Discharge functions of DPM, in his absence from district. Responsible as the Data Manager for the district		
Direct Supervisor:	District Programme Manager	Functional Reporting:	SPMU– Finance Division
Direct Reports:	Data cum Accounts Assistant at district and block District Data cum Account Assistant	Indirect Reports:	Accountant from CMO Office

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1.	Finance and Accounts	<ul style="list-style-type: none"> • Maintain all necessary books of accounts, in accordance with prescribed guidelines. • Maintain & finalize accounts relating to DHS account for imprest fund, temporary advances & PMU operations/funds releases. • Preparation of periodic cash flow and timely preparation of funds requirement to DPM/CMO. • Coordinate with Accountant at CMO office for utilization of funds under other programmes • Ensure monthly reconciliation of accounts at district level • Prepare the monthly expenditure report and financial report as per budgetary provisions • Assist in the smooth conduct of statutory/external, concurrent and internal audits • Process the pay roll for the staff of the district and block PMU. • Coordinating with facilities and district programme officers for preparation & submission of utilization certificates. • Ensure timely submission of tax returns as per provisions 	<ul style="list-style-type: none"> • Properly maintained books of accounts • Timely submission of monthly expense report (5th of every month) • Timely conduct of external & internal audit, in accordance with audit plan • Timely processing of payroll, salary to be paid by the last working day of the month • Timely submission of IT returns 	<ul style="list-style-type: none"> • Implementing agencies • Auditors • Finance Division • District PMU • Data cum Accounts Assistants • Accountant at CMO office
2	Financial Management	<ul style="list-style-type: none"> • Prepare budgets and detailed projections to ensure smooth financial flow • Process budget estimates for approvals from District Health Society and transfer funds to block and District Health Society for implementation of programmes • Collate information from blocks on fund utilization and requirement • Financial monitoring for prudence and ensuring systems are being followed • Analyse blockwise budget and 	<ul style="list-style-type: none"> • Budgets and projections submitted • Analysis of utilization reports submitted • Reports of monitoring of block level units as well as implementing agencies submitted • At least accounts of 2 BPMUs and 2 facilities inspected every 	<ul style="list-style-type: none"> • Respective regional Monitoring Division • DPM

		<p>utilization for various programme heads</p> <ul style="list-style-type: none"> • Periodic accounts reconciliation at district level and monitor account reconciliation at block level • Supervision of accounts of BPMUs and at facilities including periodic inspection of accounts and funds management at BPMUs, facilities (CHCs, PHCs, SCs, DWH and in VHSCs.) • Periodic inspection of accounts of RKS • Procurement audit at BPMU level. 	<p>month. And reports submitted to DPMU /CMO and FC, NRHM.</p>	
3	Liaising and coordination	<ul style="list-style-type: none"> • Liaise with banks at district and block level and removal of difficulties, if any. • Liaise with accounts staff of district units for TB, eye and leprosy programmes. • Liaise with all stakeholders to undertake additional operations support role. 	<ul style="list-style-type: none"> • Good working relations with implementing agencies • Timely receipt of data/information from implementing agencies in requisite formats 	<ul style="list-style-type: none"> • Implementing agencies
4	Capacity building	<ul style="list-style-type: none"> • Disseminate financial guidelines to implementing partners at district and block level • Build capacities of partners organisations to fill reporting formats accurately • Dissemination of government orders related to financial matters to district level and block level personnel 	<ul style="list-style-type: none"> • Awareness of implementing agencies of latest guidelines • Awareness of communities in district about latest schemes and guidelines 	<ul style="list-style-type: none"> • CMO • Accountant at CMO Office • District level officials
5	Administration	<ul style="list-style-type: none"> • Assist DPM in procurement of items / services for DPMU. • Provide guidance to the all block PMUs in all matters relating to finance & accounts. • Visits of review missions in district 	<ul style="list-style-type: none"> • Submit administrative formats for blocks and district in a timely manner to HR and Admin Division • Smooth administrative functioning of PMU • Appropriately maintained books of accounts 	<ul style="list-style-type: none"> • Block PM • District PMU staff

DISTRICT DATA CUM ACCOUNTS ASSISTANT

Key Responsibilities:	Responsible for maintaining books of accounts and managing other finance related aspects at district Responsible for maintaining and updating all the required databases and generating MIS reports		
Direct Supervisor:	District Programme Manager District Accounts Manager	Functional Reporting:	-
Direct Reports:	-	Indirect Reports:	-

Role Description

Sl.	KRA	Detailed Activities	Key Performance Indicators	Interdependencies
1	MIS	<ul style="list-style-type: none"> Collate & compile data & prepare reports in prescribed format Maintain an accurate inventory of the assets, equipments & ensure appropriate PMU housekeeping. Undertake day-to-day maintenance of office computers & related accessories. Coordinate logistics for meetings 	<ul style="list-style-type: none"> Timely preparation & submission of reports (5th of every month) Proper management of inventory & good housekeeping Proper maintenance of office equipments Minutes of society meetings 	<ul style="list-style-type: none"> Block PM District PMU SPMU
2	Accounts	<ul style="list-style-type: none"> Maintaining accounts and entries related in prescribed software Facilitate preparation of cheques / transfer of funds to agencies Periodic account reconciliation and liaising with banks on regular basis 	<ul style="list-style-type: none"> Timely preparation and submission of reports 	<ul style="list-style-type: none"> Block PM District PMU
3	Administration	<ul style="list-style-type: none"> Coordinate with block PMUs and their administrative requirements Payroll processing for district and block level staff 	<ul style="list-style-type: none"> Timely processing of staff salary Smooth review missions 	<ul style="list-style-type: none"> DAM DPM

DISTRICT PROGRAMME COORDINATOR

Role Description - Four District Programme Coordinators have been proposed. Work to be divided as per implementation of NRHM programmes and number of blocks. Review meeting shall be held and appraisal of work shall be made at monthly basis on the work performance quantitatively and qualitatively. The District Programme Coordinator to visit and hold monthly meetings at least once in each of the assigned blocks. The block coordinator will be in field for about 15 days in a month and sort out problems at block and district level issues.

Detailed Activities
<ul style="list-style-type: none"> Coordinate with block PMUs and their administrative requirements and report to DPM Coordinate visits of review missions in the district/block Coordinate for smooth conduct of concurrent, internal and external audits
<ul style="list-style-type: none"> Support Block Programme Managers in preparation of the block action plans as per GoI/State Guidelines and assist DPM in formulating DAP.
<ul style="list-style-type: none"> Support Block Programme Managers in implementation of plans for all NRHM interventions Proper and timely reporting and feedback.

<ul style="list-style-type: none"> • Generate reports from Blocks • Corrective actions brought to the notice of DPM for knowledge and necessary action of CMO
<ul style="list-style-type: none"> • Provide periodic feedback to DPM for perusal of Monitoring Division of SPMU. • Support and coordinate research/ evaluations being conducted in the block
<ul style="list-style-type: none"> • Independently undertake monitoring of interventions implemented in the blocks and provide feedback to DPM/CMOs/Div. PMUs/SPMU. • Undertake random monitoring in select instances as directed by DM/CMO/DPM. • Ensure completion of monitoring progress/ performance reports, in the requisite format on a monthly basis. • Ensure completion of field visit reports (random and planned)
<ul style="list-style-type: none"> • Monitor funds received from State as per the implementation plan and utilizations at block level and report to DPM. • Obtain timely statement of expenditures and utilization reports from different levels of blocks and submission to DPM.
<ul style="list-style-type: none"> • Coordinate programming with other development departments in the blocks and ensure convergence of programme.

DISTRICT DATA ASSISTANT

Role Description - There is a need for proper reporting of HMIS, MCTS, JSY and web reporting for which District Data assistant will collect and analyse the data received from blocks for all reporting purposes.

Detailed Activities
<ul style="list-style-type: none"> • Collate & compile data & prepare reports in prescribed format • Maintain an accurate inventory of the assets, equipments & ensure appropriate PMU housekeeping. • Undertake day-to-day maintenance of office computers & related accessories. • Coordinate logistics for meetings

5)- STRENGTHENING OF BLOCK PROGRAMME MANAGEMENT UNITS (BPMU)

Block is the lowest unit which functions as a referral unit for the common masses where the PHC/CHC exists. At block level, the Programme Management Unit (Block PMU) has only one BPM and one Data cum Account Assistant which is not sufficient looking at the quantum of work. The BPMU works closely with the Medical Officer (In-charge) of the Block. The Block Programme Manager (Block PM) is responsible for preparation of Block annual action plans, obtain approvals for plans, facilitate in organising regular monthly RKS (Advisory and Executive committee) meetings, monitoring implementation of programmes in field, conduct review meetings, facilitate audits, monthly reporting to District PMU, launch new programmes/ schemes in Block with MOIC and liaise and coordinate between different departments as per instructions of CMO/District PMU.

Budget Details of BPMU for 2013-14

Category	No. of staff proposed	Salary per month in Rs.	Amount proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
BPM	820	22000.00	2164.80	984.00(@Rs.20000.00)
BDAA	820	11000.00	1082.40	492.00(@Rs.10000.00)

Block Co coordinator - 9 Months	820	18000.00	1328.40	Not Approved
Data Assistant - 9 Months	820	10000.00	738.00	Not Approved
Support Staff - 9 Months	820	5000.00	369.00	Not Approved
Operational Expenses	820	25000.00	2460.00	Pended
Establishment cost	820	150000.00	1230.00	Not Approved
Total			9372.60	1476.00

For the above purposes, an amount of Rs.9372.60 Lakhs was proposed for the salaries of BPMU staffs and operational/establishment costs, out of which GOI approved Rs.1467.00 Lakhs only (ROP-FMR Code-A.10.3 and its sub heads). Amount proposed for operational cost of BPMU units (Rs.2460.00 Lakhs) are pended (ROP-FMR Code-A.10.3.7.1).

Roles and Responsibilities of Block Programme Management Units

Block Programme Manager

Qualification for Block Programme Managers would be MBA/MSW/PG in Social Sciences from recognized university preferably having first division with two years experience in health/development sector. Working knowledge of MS office.

The roles and responsibilities of Block Programme Managers would be as under :

- Assist the CMOs/Superintendent/ MOI/C and District Programme Manager (DPM) in effective implementation of National Rural Health Mission at block level.
- Responsible for block planning, providing support in programme implementation, monitoring and reporting, and provide feedback for evolving programme designs.
- Provide overall leadership and guidance to Block Programme Management Units.
- Supervision and monitoring of the ASHA support system.
- Visit Rogi Kalyan Samitis and Village Health Sanitation and Nutrition Committees and understand their capacity building needs, prepare capacity building plans and implement with support of DPM.
- Facilitate preparation of Village Health Plans and proper/ timely utilization of VHSNC funds.
- Timely development of Block Health Plans.
- Attend ANM-ASHA meetings in their block to overcome bottlenecks.
- Assist in timely payment of JSY and ASHAs under various heads.
- Developing plans for VHNDs with MOI/c and monitoring their implementation.
- Monitoring of School Health Programme under ABSGY.
- 8 to 10 days monitoring in the field.
- Assist MOI/C in maintaining of books of accounts as per financial guidelines.
- Timely submission of monthly expenditure reports for block expenditures.
- Expenditure of BPMU within budget and properly audited.
- monitoring of all the programmes of the concerned block
- Monthly implementation progress report submitted to DPM within approved timeline of every month
- Submit block financial reports within approved timeline of every month
- Establishment matters are disposed off timely and as per rules.

The Block Data cum Account Assistant is responsible for maintaining data and books of accounts at the block level. Timely monitoring, reporting and implementation of programmes requires additional man force for which a **block coordinator and a data assistant** is proposed one in each block. The block coordinator in guidance of Block Programme Manager will coordinate with all the stakeholders at the block level for successful implementation of various programmes. The data assistant shall be primary responsible to collect, collate and analyse the various reports generated from the field on prescribed formats and put up to BPM and MOIC regularly. The data assistant will also be responsible for managing, analysing HMIS data, MCTS data, JSY and web based reporting regularly on monthly basis. The block unit will also be fully responsible for any deficiencies in the programme as well as inappropriate data reporting.

6)- STRENGTHENING (OTHERS)

Till 2012-13, the DCTCs were supported by SIFPSA but now SIFPSA is not supporting these DCTCs. DCTCs are important for clinical trainings, so the budget (Admin. Cost @Rs. 66000 per unit+ Personnel cost @Rs. 198000 per unit + Maintenance Cost @Rs. 20000 per unit) is proposed according to the same norms, as given earlier. These trainings will be conducted in coordination with SIFPSA.

	Strengthening (Others)		Target	Unit Cost	Rs. in Lakhs	Remarks
1	Divisional Clinical Training Centres (DCTC)	No.of batch	10	284000.00	28.40	Not Approved (ROP-FMR Code-A.10.4.2)

7)- AUDIT FEES

Sl.	Description	Total Budget	Remarks
1	Audit Fees	40.00	Approved (ROP-FMR Code-A.10.5)
2	Concurrent Audit system	92.10	Approved (ROP-FMR Code-A.10.6)

8)- SUPPORTIVE SUPERVISION/MOBILITY SUPPORT/FIELD VISITS

Recognizing the importance of Supervision and Monitoring is key to reap the fruit of tremendous Investment under NRHM, the state has started to develop a comprehensive and integrated supportive supervision and monitoring system for optimum utilization of the limited resource and to ensure delivery of quality health care.

The goal of supportive supervision is to promote efficient, effective, and equitable health care. Checklists help organize the work of supervisors to make it regular and reliable. Supervisees find this objective process motivating, because it helps them identify and address the highest priority problems. They know what is expected of them and when they have met those expectations.

For the first time, financial assistance was granted in the RoP 2011-12 for Monitoring Service delivery. Supportive supervision has also led to ensuring maintaining a minimum quality standard and improvement in the service delivery.

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 standard monitoring formats for field visits are being developed for all levels by Quality Assurance Working Groups and approved by State Government.

The monitoring visits have to holistically plan to cover all programmes and interventions. Following plan is proposed for regular supervision and monitoring at State, Division, District and Block level:

State, Divisional, District and Block level monitoring teams

- a) **State Level:** 31 dedicated Teams have been formed at State level (State Review Mission Teams). In each team 1 Addl. Director/Joint Director and 1 General manager /Deputy General manager and 1 SIFPSA officer was made responsible for supervision of 1 allotted District specially high focus district.

Few vacant positions of GM and DGM are being filled on deputation. State level teams will visit every month for max. 3 days and supervise the health facilities on checklists. Checklists will be analyzed by external agency and summary report will be prepared on the basis of checklists and will be sent to districts for necessary action. Follow up will be done by M&E cell and concerned divisions. Apart from this higher level officers Director level officers will also visit to field and attend workshops.

- b) **Division level:** Additional Director, Joint Directors (2JDs in each Division), Divisional PM and Divisional Account Manager. They will visit according to their monitoring and supervisory plan.
- c) **District level:** CMO, ACMOs, District Programme Managers, District Community Mobilizers, District Coordinators, District Account manager
- d) **Block level:** Medical Superintendent of CHC/Block PHC, BHEO (Block Managers) and BDAA (Block Data Account Assistant) and Health Supervisors

The monitoring visits will be holistically planned to cover all programmes and interventions.

Following plan is proposed for regular supervision and monitoring in the districts:

1. Advanced tour programme will be prepared at all level without any duplication
2. Visit will be supportive in nature and not the fault finding one. Visit will be undertaken with predefined checklists at every level for objective outcomes
3. Integrated Check list for Monitoring and supervision are being developed and will be utilized at all level.
4. The supervisors will visit facility service delivery points with standard checklists which will be uniform and will be used by entire State.
5. The State, Division, District level supervisory checklists will be analysed at State level and summary report will be sent to District for necessary action. Block level supervisory

report will be analysed at District level by DPMU cell and summary report will be prepared by DPM and all feedback reports will be presented in DHS by DPM and action taken report will be sent to State M&E cell by DPM within one month.

6. Special emphasis will be given to 45 high focus districts. One State level officer will be nominated as nodal officer for one district and he will be responsible for the progress of the district.
- **Mobility Support for State Level Officers:** State level officers will visit 3 days in month to their allotted district for that mobility support, per diem and stay. After supervision officers will compile their reports and submit to M&E cell. Checklists will be analyzed by external agency and feedback will be provided to Supervisor and district and follow-up will be done by M&E cell.
 - **Mobility Support for Divisional Level Officers:** Mobility support for Additional Director is being provided in the form of POL for Govt. Vehicle and minimum 8 visits will be done by ADs. 1 vehicle @ Rs 30000/- will be hired at Divisional level for Joint Directors as a mobility support. 1 vehicle will be hired at Divisional PMU if needed for other Divisional Coordinators.
 - **Mobility Support for District Level Officers:** At District level all vehicles will be pooled and tour programme of all supervisors will be prepared in advance so that all supervisors together can undertake at least 72 visits in a month. Supervisors will visit according to work given to them. A pool of 3 hired vehicles at District HQ for 25 days in a month will ensure adequate mobility for supervision. Other than these vehicles 1 extra vehicle has been provided to DCM and DAM for field mobility.
 - **Mobility Support for Block Level Officers:** At Block level 1 vehicle will be hired on monthly basis and it will be used by MOIC, MOs, BHEO and Block Manager so that every day at least 1 officer will visit to field. The vehicle will be used exclusively for supervision. The utilization of vehicle will be cross checked by DPMU with no. of visits and checklists submitted by supervisors.

For hiring of vehicles at Divisional and District level @ Rs 30000/- per vehicle per month and for the block level @ Rs 25000/- per vehicle per month. Where functional Govt. Vehicle is available the amount proposed for specific level will be utilized for POL. These vehicles will also be used for Quality monitoring by Divisional & District QA cell members. Detailed comprehensive supervisory along with budget is as follows

Supportive Supervision Plan Year 2013-14

State Plan for field visit

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
1	Principal Secretary MH& FW	1	2	1	Regional Work shop / Field visit	Minutes of meeting and direction by PS		Action taken report will be prepared by M&E cell	M&E cell of SPMU
2	Mission Director / Additional Mission Director	1	2	1	Regional Work shop / Field visit	Minutes of meeting and direction by MD		Action taken report will be prepared by M&E cell	M&E cell of SPMU
3	Director General and Directors	1	2	1	Regional Work shop / Field visit	Minutes of meeting and direction by DG or Directors		Action taken report will be prepared by Directorate Officers	Directorate of MH and FW
4	Finance Controller	1	2	1	Regional Work shop / Field visit	Minutes of meeting and direction by FC		Action taken report will be prepared by Finance Officers	Finance Cell of SPMU
5	State level Officers team (SPMU, Directorate MH & FW)	30 Teams	3	1 visit by each team	1st day - District Male & Female Hospital 2nd day- 1CHC/ Block PHC and 1 SC unit 3rd day- Field activities-RI session/ BSGY and Verification of JSY beneficiaries	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to District and DGMH & FW , Divisional AD, CMO by M&E cell	By M& E cell of SPMU
6	Sr. Finance manager	1	3	1	Field visit regarding financial issues	reporting to Finance Controller	Finance Division of SPMU	Summary report for necessary action will be prepared and sent to District and DGMH & FW , Divisional AD,	Finance Cell of SPMU

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
CMO by Finance cell									
7	Consultants/ Programme Coordinator/ Programme Assistants / Data Assistants	55	3	1	Field visit with or without State level Officers 1st day - District Male & Female Hospital 2nd day- 1CHC/ Block PHC and 1 SC unit 3rd day- Field activities-RI sessions / BSGY and Verification of JSY beneficiaries	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to District and DGMH & FW , Divisional AD, CMO by M&E cell	By M& E cell of SPMU

Divisional Plan for Field Visit

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
1	Additional Director	18	1	8	1 st Day - District Male & Female Hospital , Urban Health Posts and any training programme OR 1CHC/ Block PHC, 1 SC and Field activities RI, BSGY	Monitoring on predefined Checklists after each visit Checklists will be submitted to State Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW , Divisional AD , CMO by M&E Cell	By M& E cell of SPMU
2	Joint Director	36	1	8	1 st Day - District Male & Female Hospital , Urban Health Posts and any training programme OR	Monitoring on predefined Checklists after each visit Checklists will be submitted to State	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW , Divisional AD ,	By M& E cell of SPMU

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
					1CHC/ Block PHC, 1 SC and Field activities RI, BSGY	Monitoring cell		CMO by M&E Cell	
3	Divisional Programme Management Unit (Consultant & Divisional Accountant at Divisional Level)	36	1	12	1 st Day - District Male & Female Hospital , Urban Health Posts and any training programme OR 1CHC/ Block PHC, 1 SC and Field activities RI, BSGY	Monitoring on predefined Checklists after each visit Checklists will be submitted to State Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW , Divisional AD , CMO by M&E Cell	By M& E cell of SPMU

District Plan for Field Visit

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
1	Monitoring at District Magistrate level	75	1	8	1 st Day - District Male & Female Hospital , Urban Health Posts and any training programme OR 1CHC/ Block PHC, 1 SC and Field activities RI, BSGY	Summary report direction by DM / Administrative Officers		Action taken report by DPMU cell	DPMU Cell
2	CMO	75	1	8	1 st Day - District Male & Female Hospital , Urban Health Posts and any training programme OR 1CHC/ Block PHC, 1 SC and Field activities RI, BSGY	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW, Divisional AD, CMO by M&E Cell	By M& E cell
3	ACMO/Dy.CMO	675	1	8	1CHC/ Block PHC, 1 SC	Monitoring on	Checklist analysis	Summary report for	By M& E

Sl.	Designation	No. In Position	Visit days	Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
	/other officers (9 ACMO/Dypt. CMO per District)				and Field activities RI, BSGY	predefined Checklists after each visit Checklists will be submitted to Monitoring cell	by external agency	necessary action will be prepared and sent to DGMH & FW, Divisional AD, CMO by M&E Cell	cell
4	DPM	75	1	12	2 CHC / Block PHCs and Field activities verification of JSY payment and BSGY	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW, Divisional AD, CMO by M&E Cell	By M& E cell
5	DCM	75	1	12	1 CHC/ Block PHC , 2 VHSC meetings, 5 JSY beneficiaries , meeting with 5 ASHAs	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW, Divisional AD, CMO by CP cell	By CP cell
6	DAM	75	1	8	2 CHC / Block PHCs and verification of 5 JSY beneficiaries	Monitoring on predefined Checklists after each visit Checklists will be submitted to Monitoring cell	Checklist analysis by external agency	Summary report for necessary action will be prepared and sent to DGMH & FW, Divisional AD, CMO by Finance cell	Finance Cell of SPMU

Block Plan for Field Visit

S.no.	Designation	No. In Position		Total Visits /Month	Work identified	Reporting	System of analysis	Necessary Action	Follow up
1	MOIC In charge /MOs / Block manager /BHEO/BDAA	820	1	8	2 SCs/ 2 RI , 5 JSY beneficiaries or 10 BSGY and 10 JSY	Monthly reporting at District level at DPMU unit	DPMU unit	Summary report for necessary action will be prepared by DPMU unit & sent to	By DPMU unit

					beneficiaries verification				Divisional AD, CMO
2	Health Supervisor (M&F) 4 HS per Block	3280	1	8	2 SCs/ 2 RI , 5 JSY beneficiaries or 10 BSGY and 10 JSY beneficiaries verification	Monthly reporting at District level at DPMU unit	DPMU unit	Summary report for necessary action will be prepared by DPMU unit and sent to Divisional AD, CMO	By DPMU unit

Budgetary Proposal for Mobility support - State level Officers

State plan for field visit -2013-14

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
1	Principal Secretary MH & FW and Chairman EC	MH and FW	1-entire State	2	7000	2000	4000	26000	312000.00
2	Mission Director	NRHM	1-entire State	2	5000	2000	3500	21000	252000.00
3	Director General	Medical Health	1-entire State	2	5000	2000	3500	21000	252000.00
4	Director General	Family Welfare	1-entire State	2	5000	2000	3500	21000	252000.00
5	Director - Finance/ Finance Controllar	NRHM	1-entire State	2	5000	2000	3500	21000	252000.00
6	Add.Mission Director	NRHM	1-entire State	2	5000	2000	3500	21000	252000.00
7	Director MCH	Family Welfare	1-entire State	2	5000	2000	3500	21000	252000.00
8	Director Family Welfare	Family Welfare	1-entire State	2	5000	2000	3500	21000	252000.00
9	Director Medical Care	Medical Health	1-entire State	2	5000	2000	3500	21000	252000.00
10	Director CHC/PHC	Medical Health	1-entire State	2	5000	2000	3500	21000	252000.00
11	Director - National Programme	Medical Health	1-entire State	2	5000	2000	3500	21000	252000.00
12	GM Planning	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director	Family Welfare	1- in allocated	3	3500	1500	3000	15000	180000.00

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
	/Joint Director		1 District						
13	DGM Planning	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
14	GM Maternal Health	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
15	DGM Maternal Health	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
16	GM Child Health	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
17	DGM Child Health	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
18	GM RI	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
19	DGM RI	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
20	GM School Health and	NRHM	1- in allocated	3	3500	1500	3000	15000	180000.00

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
	ARSH		1 District						
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
21	DGM School Health and ARSH	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
22	GM CP	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
23	DGM CP	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
24	GM IEC	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
25	DGM IEC	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
26	GM EMTS	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
27	DGM EMTS	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director	Medical Health	1- in allocated	3	3500	1500	3000	15000	180000.00

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
	/Joint Director		1 District						
28	GM Urban Health and MMU	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
29	DGM Urban Health and MMU	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
30	Executive Engineers	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Superintendent Engineers	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
31	Assistant Engineer/Architect/JE	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Assistant Engineer	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
32	GM Procurement	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
33	DGM Procurement	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
34	GM National Programme	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
35	DGM National Programme	NRHM	1- in allocated	3	3500	1200	2500	14200	170400.00

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
			1 District						
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
36	GM HMIS, MCTS	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
37	DGM HMIS, MCTS	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 division	3	3500	1500	3000	15000	180000.00
38	GM Monitoring and Evaluation	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
39	DGM Monitoring and Evaluation	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
40	DGM DAP/HR	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director /Joint Director	Medical Health	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
41	GM AYUSH	NRHM	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
	Additional Director /Joint Director	Family Welfare	1- in allocated 1 District	3	3500	1500	3000	15000	180000.00
42	DGM AYUSH	NRHM	1- in allocated 1 District	3	3500	1200	2500	14200	170400.00
	Additional Director	Family Welfare	1- in allocated	3	3500	1500	3000	15000	180000.00

Sl.	Designation	Dept.	Frequency per month	No of days per visit	Transport Rs / day (AIR, Railway, Bus, Taxi , Local Conveyance)	Perdium (Rs /day)	Stay (Rs / Day)	Amount in Rs / month	Total amount for 12 months (Rs)
	/Joint Director		1 District						
43	Sr. Manager Finance (2)	NRHM	1-entire State	3	2000	1000	2000	30000	360000.00
44	Consultant (22)	NRHM	1-entire State	3	2000	1000	2000	330000	3960000.00
45	Programme Coordinator (22)	NRHM	1-entire State	3	1500	750	1500	247500	2970000.00
46	1 Programme Assistant /Data Assistant/Computer Operator (11)	NRHM	1-entire State	3	1500	750	1500	123750	1485000.00
47	For other Administrative and Financial Staff					LS			300000.00
48	CRM, JRM, State Review Mission teams					LS			1500000.00
									37601400.00
Total for State level staff									376.01 Lakhs

For the above purposes, an amount of Rs.376.01 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs.12.00 Lakhs only (ROP-FMR Code-A.10.7.1).

Budgetary details for Supporting Supervision/Mobility support

Major Head	Minor Head	Unit of Measurement	Total Units	Budget in proposed for 2013-14 (in Lakhs)	Budget Frequency	Budget allocation limit
Mobility support to field visits Div/DPMU/BPMU-FMR(A-10.7.2 & 3)	State Level			376.01		
	Division Level					
	Additional Director (A.10.7.4.1)	No.	18.00	43.20	20000/- month for POL /Hiring of Vehicle	8 Visits
	Joint Director (A.10.7.4.1)	No.	18.00	64.80	30000/- month per vehicle for Hiring of Vehicle	8 Visits each JD for 2 JDs

Divisional PMU (A.10.7.4.1)	No.	18.00	0.00		12 Visits per Months
Divisional PMU (Other Officers) (A.10.7.4.1)	No.	18.00	64.80	30000/- month per vehicle for Hiring of Vehicle	12 Visits each by Each Officer
Sub total for Division			172.80		
District Level					
Monitoring at District Magistrate Level (FMR Code- 10.7.2)	NO	75	180.00	20000/- per month	Lumpsum
CMO (FMR Code- 10.7.2)	No.	75	135.00	15000/- month for POL /Hiring of Vehicle	8 Visits
ACMO/Dy.CMO and other Officers (FMR Code- 10.7.2)	No.	225	810.00	30000/- month per vehicle for Hiring of 3 Vehicle per District	8 Visits each ACMO for 9 District level Officers per District
DPM (FMR Code- 10.7.2)	No.	75	0.00	0	12 Visits
DCM (FMR Code- 10.7.2)	No.	75	270.00	30000/- month for Vehcile	12 Visits
DAM-(FMR Code- 10.7.2)	No.	75			8 Visits
Sub total for District			1395.00		
Block Level					
MOIC/MO 2/ Block manager / BHEO (FMR Code- 10.7.3)	No. of Blocks	820	2460.00	25000/- month per vehicle for Hiring of 1Vehicle per Block	8 Visits
Health Supervisors M/F (4)- (FMR Code- 10.7.3)	No. of Blocks *no of HS per Block	3280	629.76	200/Visit/HS	8 Visits
Sub total for Block			3089.76		
Budget proposed State level			376.01	Budget approved State level - 12.00	
Budget proposed Division level			172.80	Budget approved Division level - 54.00	
Budget proposed District level			1395.00	Budget approved District level - 450.00	
Budget proposed Block level			3089.76	Budget approved Block level - 2460.00	
TOTAL			5033.57	2976.00	

For the above purposes, an amount of Rs.5033.57 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs.2976.00 Lakhs only (ROP-FMR Code-A.10.7 and its sub heads).

BUDGET SUMMARY – RCH FLEXIBLE POOL (2013-14)

FMR Code	Budget Head	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
A.1	Maternal Health	70156.63	70149.13
A.2	Child Health	1487.75	893.88
A.3	Family Planning	6582.12	6477.67
A.4	Adolescent Reproductive and Sexual Health / ARSH	6515.44	2586.37
A.5	Urban RCH	3169.88	1210.67
A.6	Tribal RCH	102.40	-
A.7	PC-PNDT Activities	648.02	247.12
A.8	Human Resources	46670.17	21008.97
A.9	Training	11902.53	6620.88
A.10	Programme Management	21534.42	6418.25
Total RCH Flexipool		168769.36	115612.94

MISSION FLEXIBLE POOL

CHAPTER-B.1: ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA)

The State has selected 136094 ASHAs against targeted number of 159482 as per 2011 Population Census. Out of 136094, selected ASHAs, about 7341 have either resigned or are not working and 128753 ASHAs are currently engaged. Therefore, State has fixed a target of selection of 30729 ASHAs in the next financial year.

Number of ASHA Required as per Rural population	Number of ASHA engaged (Atleast trained in 1 st Module)	Shortfall	Target for 2013-14
159482	128753	30729	159482

1)- STATUS OF ASHA TRAININGS

In the coming financial year 30729 ASHAs will be selected and trained in 8 days induction module proposed by GOI. In the current financial year 2012-13 state had proposed 30660 ASHAs training in module 'Skills That Save Life' (which was adapted by state government as a refresher module for CCSP trained ASHAs) in selected 17 districts. In the coming financial year, State will train 64905 ASHAs in remaining 58 districts in 6th and 7th module irrespective of their CCSP training status as per GOI guideline.

Sl.	Cumulative Achievement (Since inception -till date)	Proposed numbers to be trained in 2013-14
Module 1	135191	30729
Module 2	128611	
Module 3	128611	
Module 4	128611	
Module 5	121640	
Module 6 & 7 Round One	0	64905
Module 6 & 7 Round Two	0	64905
Module 6 & 7 Round Three		0
Module 6 & 7 Round Four		0

2)- ASHA DRUG KITS

All those ASHAs, who had been provided drug kits in last financial year 2012-13, shall be provided the replenishment Drug Kit at the estimated cost of Rs.750 per Kit. For newly selected 30729 ASHAs, Drug Kits shall be provided at the estimated cost of Rs.1250 per Kit (which will include a bag worth Rs.500/). Besides, these newly selected ASHAs, some of them, who had been selected against those ASHAs, who had voluntarily opted out of work, shall also be provided the drug kits, making the total requirement to 31871.

All the 32148 currently trained ASHAs in CCSP or UP specific Module-Skills That Save Live shall be provided the HBNC replenishment Drug Kit @ Rs.300/ in the current financial year.

For the estimated number of 64905 ASHAs who shall be trained in the Module-6 and 7 in the next financial year, the HBNC Drug Kit is budgeted at Rs. 1300 per ASHA which will include Rs.300/for HBNC medicines and Rs.1000 for HBNC equipment kit.

Number of ASHA Engaged (Trained in Module-I)	128904
Number of ASHA with Drug Kits	122565
Number of ASHA with HBNC Kits	0
No. of New Drug Kits Required	31871
No. of Drug kits to be Replenished	126280
No. of New HBNC Kits required	64905
No. of HBNC Kits to be Replenished	32148

Sl.	Name of Drug in Drug Kit	Quantity
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
<i>* From existing stock at Sub Centre/PHC under Malaria and FW programmes</i>		

Sl.	Name of Instrument/ drug/ communication material in HBNC Kit
1	Digital Watch, Digital Thermometer, Weighing Scale, Baby Blanket and Kit Bag, Paracetamol Syrup, Cotrimoxazole, Gention violet

For the year 2013-14, to procure ASHA drug kits, following budgetary proposals were made and GOI approved the budget accordingly, as per norms:

FMR Code	Description	Quantity	Unit Cost	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
Procurement of ASHA Drug Kit						
B.1.1.2.1	New Kits	31871	1250.00	398.39	239.03	Approved @ Rs.750/new kits.
B.16.2.5.2	Replenishment	126280	750.00	947.10	378.84	Approved @ Rs.350/new kits.
Procurement of ASHA HBNC Kit						
B.1.1.2.4	New Kits	64905	1300.00	843.77	843.77	
B.16.2.5.2	Replenishment	32148	300.00	96.44	96.44	
Total				2285.70	1558.08	

Thus, an amount of Rs.1558.08 Lakhs is approved by GOI(ROP-FMR Code-B.1.1.2.1; B.1.1.2.4 and B.16.2.5.2).

3)- INCENTIVES FOR ASHAS

FMR Code	Incentives	Physical Target	Unit Cost (in Rs.)	Budget Proposed (Rs. in Lakhs)	Budget Approved (Rs. In Lakhs)
	Incentive under MH (ANC/PNC)				
B.1.1.3.1.2	For mobilizing at least 5 ANCs at VHND Session for Counseling, Birth planning & Complete ANC	1275302	150.00	1912.95	637.65 (@Rs.50/Asha)
	Incentive under CH (HBNC)				
B.1.1.3.2.1	Incentive for ASHAs for VI & VII module trained/CCSP trained ASHA @ Rs.250/- child (3 children/month * no.of month)	1802923	250.00	4507.31	4507.31
	Incentive for FP(PPIUCD/others)				
B.1.1.3.3.1	Incentive for ASHA @ Rs. 1000 if a couple adopts permanent methods after 02 children	13268	1000.00	132.68	750.00(for 75000 Ashas)
B.1.1.3.3.2	Spacing for 2 years after marriage	100000	500.00	-	500.00
B.1.1.3.3.3	Spacing for 3 years between 2 children	100000	500.00	-	500.00
	Other incentive				
B.1.1.3.5.1	On taking Complicated On pregnancy cases or New born cases to the health facility. (upto 3 cases/ yr.)	478446	200.00	956.89	717.66 (@Rs.150 each)
B.1.1.3.5.2	Completion of VHIR	159482	750.00	1196.12	-
B.1.1.3.5.3	Birth & Death Registration (For 30 birth & 9 deaths/ASHA)	5642116	20.00	1128.42	260.41
B.1.1.3.5.4	Incentive for conducting one community meeting & lactating mothers and the other for adolescent girls for adolescent Reproductive and sexual health/month in the village.	3666229	150.00	5499.34	Not Approved
B.1.1.3.5.5	TA/DA for attending monthly meeting	1856815	100.00	1856.81	1856.81
B.1.1.3.5.6	Maternal Death Audit Information	20901	200.00	41.80	20.90 (@Rs.100)
B.1.1.3.5.8	Facilitating conduction of VHSNC meeting for a maximum of 4 meetings/VHSNC	248704	100.00	248.70	Not Approved
B.1.1.3.5.9	Mobilization of PW for HIV testing	197390	100.00	197.39	Not Approved
B.1.1.3.5.12	Incentive to ASHA Facilitators	6808		1847.04	1847.04

4)- 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. **For this purpose, an amount of Rs. 349.82 Lakhs was proposed, out of which GOI approved Rs.291.39 @Rs.250/ASHA (ROP-FMR Code-B.1.1.3.6.1).**

5)- ASHA UNIFORM

As a non-monetary incentive to ASHAs, it has been proposed to distribute uniform to all ASHAs in the State to enhance their motivation level and to create a sense of unity and belongingness among them. **For this purpose, an amount of Rs. 797.41 Lakhs was proposed for uniform for 159482 ASHAs @Rs. 500.00 per ASHA, which is approved by GOI(ROP-FMR Code-B.1.1.3.6.2).**

6)- ASHA PAYMENT VOUCHERS AND REGISTERS

ASHA payment vouchers have been in use in the State since 2009-2010. 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 ASHA block level meeting. Further, for better monitoring of the functioning of ASHAs and their payment, a master payment register at the block level has been introduced. In this register all types of monthly payments, made to ASHAs are recorded in detail. **For this purpose, an amount of Rs. 283.58 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-B.1.1.3.6.3).**

7)- NEWSLETTERS 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. The copies are distributed, apart from ASHAs, among district officials as well as the Pradhans to have a wide dissemination of the magazine. It is proposed to print 2 Lakhs copies of the magazine per quarter. **For this purpose, an amount of Rs. 120.00 Lakhs was proposed, out of which GOI approved Rs.60.00 only with the remark that “Impact assessment of this activity needs to be done by the state”) (ROP-FMR Code-B.1.1.3.6.4).**

8)- 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 publically 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. **For this purpose, an amount of Rs. 41.00 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-B.1.1.4).**

9)- 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.2.00 Lakhs has been provisioned for the State level meetings. **For this purpose, an amount of Rs. 9.50 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-B.1.1.5.4).**

10)- 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. **For this purpose, an amount of Rs.1196.12 Lakhs was proposed for 159482 registers @Rs.750.00 each, which is not approved by GOI(ROP-FMR Code- B.1.1.3.5.2).**

11)- 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, 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.

12)- 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, technical support is being provided by NHSRC in the form of deployment of one State Consultant and 2 Regional Consultants for better functioning of Community Process in general and ASHA scheme in particular which is highly appreciable. The State strongly recommends and requests the continuation of NHSRC professionals keeping in view a multifold increase in the number of interventions, some of which are currently being implemented and some planned in the next financial year.

Some of the main interventions are- Selection and Deployment of ASHA Facilitators in the entire state; selection and supportive supervision of Block Community Mobilisers in all the 820 blocks of the state; implementation of Community Monitoring Scheme; selection & training of additional 30729 ASHAs as per the rural population of the state based on 2011 Census; launching of ASHA Performance Monitoring Mechanism in the entire state; initiation of training of all the ASHAs in the remaining 58 districts under Module-6 & 7, apart from the ongoing training of ASHAs on UP specific Module-Skills That Save Lives in 17 first phase CCSP districts training of all the ASHA Facilitators of about 6808; launching of the scheme “Reaching the Unreached” through orientation of all ASHAs; VHSNC capacity building and implementation of Home Based New Born Care program.

At district level, District Community Mobilizers have been positioned. (Mentioned in HR of District PMUs). At the block level, Block Community Process Managers (BCPM) is being proposed in the next financial year to provide supportive supervision and mentoring to the ASHA Scheme in particular and Community Process activities in general at the block level besides these activities, he will also act as pivot for Community Monitoring process at the village and block level which is planned to be initiated in the coming financial year. Also, most of the States and particularly High Focus States have a 4 layered (State ASHA Resource Cell, District ASHA Community Process Managers, Block ASHA Community Process Managers and ASHA Facilitators) ASHA Support system. As the immediate supervisors of ASHA Facilitators shall be the Block level CP managers, their deployment is strongly required; otherwise the purpose of the deployment of ASHA Facilitators shall be defeated. Accordingly, a budget of Rs. 885.60 Lakhs for 820 Block Community Process Managers @ Rs. 108000 per year per BCPM (for 6 months) is being budgeted for the year 2013-14. A 3 day orientation training of DCPMs in two batches at state level has been proposed at State level. Similarly, two days orientation for all BCPMs is being proposed at RHFUTCs level.

In the current year the State has selected and deployed 1776 ASHA Facilitators in selected 17 districts. It is proposed to select 5032 ASHA Facilitators in all the remaining 58 districts in the coming financial year 2013-14 Therefore, for 1776 ASHA Facilitators currently engaged and working in 17 districts, an amount of Rs. 639.36 Lakhs is budgeted as performance based incentive @ Rs. 36000 per ASHA Facilitator per year (Rs. 150/ day x 20 days/month x 12 months). Further, for 5032 ASHA Facilitators to be selected in the coming financial year, an amount of Rs. 1207.68 Lakhs is being budgeted @ Rs. 27000 per ASHA Facilitator per year (Rs.

150/day x 20 days/month x 8 months). Thus total amount of Rs. 1847.04 Lakhs was proposed for the year 2013-14, which is approved by GOI(ROP-FMR Code- B.1.1.3.5.12)

CONSOLIDATED BUDGET SHEET – ASHA SCHEME – 2013-2014

FMR Code	Budget Head	Unit of Measure	Proposed for 2013-14		Proposed Budget (Rs. Lakhs)	Approved Budget (Rs. Lakhs)
			Quantity / Target	Unit Cost (Rs)		
B1.1.1	Selection & Training of ASHA					
B1.1.1.1	Module I - IV	Batch	1088	136650.00	1486.75	1486.75
B1.1.1.2	Module V	Batch	-	-	-	-
B1.1.1.3	Module VI & VII	Batch	2164	125250.00	2710.41	2710.41
B1.1.1.4	Other Trainings					
B1.1.1.4.1	ASHA Facilitators - State TOT		7	634216.30	44.40	39.25
B1.1.1.4.2	ASHA State Trainers - TOT (Module VI&VII)- National Level	Trainers	55	15000.00	8.25	8.25
B1.1.1.4.3	ASHA District Trainers - TOT (Module VI & VII) - State Level		-	-	459.57	459.57
B1.1.1.4.4	ASHA Facilitators - District	Batch	175	88325.87	154.57	138.85
B1.1.1.4.5	HBNC - Kits for Trainers (VI&VII) Module	No.	2132	1000.00	21.32	21.32
B1.1.1.4.6	ASHA-Induction Training-TOT (New)		-	-	65.49	65.49
	Sub Total				4950.76	4929.89
B1.1.2	Procurement of ASHA Drug Kit					
B1.1.2.1	New Kits	No.	31871	1250.00	398.39	239.03
B.16.2.5.2	Replenishment	No.	126280	750.00	947.10	378.84
B1.1.2.3	Procurement of ASHA HBNC Kit					
B1.1.2.4	New Kits	No.	64905	1300.00	843.77	843.77
B.16.2.5.2	Replenishment	No.	32148	300.00	96.44	96.44
	Sub Total				2285.70	1558.08
B1.1.3	Performance Incentive/Other Incentive to ASHAs (if any)					
B1.1.3.1	Incentive under MH (ANC/PNC)					
B1.1.3.1.2	For mobilizing at least 5 ANCs at VHND Session for Counseling, Birth planning & Complete ANC	No.	1275302	150.00	1912.95	637.65
B1.1.3.2	Incentive under CH (HBNC)					
B1.1.3.2.1	Incentive for ASHAs for VI & VII module trained/CCSP trained ASHA @Rs.250/- child (3 children/month * no.of month)	No.of newborn	1802923	250.00	4507.31	4507.31
B1.1.3.3	Incentive for FP(PPIUCD/others)					
B1.1.3.3.1	Incentive for ASHA @ Rs. 1000 if a couple adopts permanent methods after 02 children	No	13268	1000.00	132.68	750.00
B1.1.3.3.2	Spacing for 2 years after	No.	100000	500.00	-	500.00

FMR Code	Budget Head	Unit of Measure	Proposed for 2013-14		Proposed Budget (Rs. Lakhs)	Approved Budget (Rs. Lakhs)
			Quantity / Target	Unit Cost (Rs)		
	marriage					
B1.1.3.3.3	Spacing for 3 year between 2 children	No.	100000	500.00	-	500.00
B1.1.3.5	Other incentive					
B1.1.3.5.1	On taking Complicated On pregnancy cases or New born cases to the health facility. (upto 3 cases/yr.)	No.of ASHA	478446	200.00	956.89	717.66
B1.1.3.5.2	Completion of VHIR	No.	159482	750.00	1196.12	-
B1.1.3.5.3	Birth & Death Registration (For 30 birth & 9 deaths/ASHA)	No.of Children	5642116	20.00	1128.42	260.41
B1.1.3.5.4	Incentive for conducting one community meeting & lactating mothers and the other for adolescent girls for adolescent Reproductive and sexual health/month in the village.	No.of meetings	3666229	150.00	5499.34	-
B1.1.3.5.5	TA/DA for attending monthly meeting	No.	1856815	100.00	1856.81	1856.81
B1.1.3.5.6	Maternal Death Audit Information	No.of deaths	20901	200.00	41.80	20.90
B1.1.3.5.8	Facilitating conduction of VHSNC meeting for a maximum of 4 meetings/VHSNC	No.of meetings	248704	100.00	248.70	-
B1.1.3.5.9	Mobilization of PW for HIV testing	No.of cases	197390	100.00	197.39	-
B1.1.3.5.12	Incentive to ASHA Facilitator	No.	6808		1847.04	1847.04
Sub Total					19525.45	11597.78
B1.1.3.6	Other (support provisions to ASHA such as uniform, diary, ASHA Ghar etc)					
B1.1.3.6.1	ASHA Divias/Annual ASHA Samellan	No.of ASHA	116558	300.00	349.82	291.39
B1.1.3.6.2	Uniform for ASHA	No.	159482	500.00	797.41	797.41
B1.1.3.6.3	ASHA Payment Voucher, Payment Register & VHIR Register	No.	5939		283.58	283.58
B1.1.3.6.4	ASHA News letter	No.	800000	15.00	120.00	60.00
B1.1.4	Awards to ASHA's/Link workers	Blocks	820	5000.00	41.00	41.00
Sub Total					1591.81	1473.38
B1.1.5	ASHA Resource Centre /ASHA Mentoring Group					
B1.1.5.3	HR at Block Level	No.	820		885.60	-
B1.1.5.4	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group	No.of meetings	300	-	9.50	9.50
Sub Total					895.10	9.50
Total					29248.82	19568.63

CHAPTER-B.2: UNTIED FUNDS

Govt. of India has approved provision of untied grant @ Rs. 0.50 Lakh per year per facility for CHCs, @ Rs. 0.25 Lakh per PHC & above Sub Centre through Rogi Kalyan Samiti and @ Rs. 0.10 Lakh for each sub centre through Village Health Sanitation Committee and @ Rs. 0.10 Lakh for Village Health, Sanitation & Nutrition Committee. As per GOI norms the total allocation works out to Rs. 8428.95 Lakhs. Around 52374 VHSNCs at Gram Panchayat level, it is being proposed to provide Rs. 10000 per VHSNC (gram panchayat level) only, where account is opened and functional.

To engage these VHSNCs meaningfully, It is planned to orient there committee on village health need identifications and local action proposed under NRHM.

FMR Code	Facility level	Proposal for 2013-14			Amount Approved (Rs. In Lakhs)	Remarks
		Number of Units	Unit Cost (Rs.)	Amount Proposed (Rs. In Lakhs)		
B.2.1	Untied Fund for CHCs	948	50000.00	474.00	336.54	Approved to the extent of utilization(71%)
B.2.2	Untied fund for PHC	2711	25000.00	677.75	630.31	Approved to the extent of utilization(93%)
B.2.3	Untied Fund for SCs	20398	10000.00	2039.80	938.31	Approved to the extent of utilization(46%)
B.2.4	Untied Fund for VHSNC ^{#3}	52374	10000.00	5237.40	1850.87	Approved to the extent of utilization(36%)
Sub Total				8428.95	3756.03	

Note-Eight Bal Mahila Chikitsalaya in Lucknow district and one 50 bedded hospital in Bhadohi district are also included in the list of CHCs for Untied budget.

Thus, for Untied Funds an amount of Rs.8428.95 Lakhs was proposed for the year 2013-14 out of which GOI approved Rs.3756.03 Lakhs only (ROP-FMR Code-B.2 and its sub heads)

^{#3} Amount approved for 51413 VHSNCs having joint account opened.

CHAPTER-B.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 facility below PHC & above Sub Centre through Rogi Kalyan Samiti and @ Rs.0.10 Lakh for each Sub centre through Village Health Sanitation & Nutrition Committee.

Thus, a total amount of Rs. 3,824.30 is proposed for AMG (only for health facilities functioning in government buildings). Accordingly, the AMG funds are allocated in the following manner:

FMR Code	Facility level	Proposal for 2013-14			Amount Approved (Rs. In Lakhs)	Remarks
		Number of Units as per State	Unit Cost	Amount Proposed (Rs. In Lakhs)		
B.3.1	AMG for CHCs	948	100000.00	948.00	663.60	Approved to the extent of utilization(70%)
B.3.2	AMG for PHC	2507	50000.00	1253.50	864.92	Approved to the extent of utilization(69%)
B.3.3	AMG for SCs	16228	10000.00	1622.80	795.17	Approved to the extent of utilization(49%)
Sub Total				3824.30	2323.69	

Note-Eight Bal Mahila Chikitsalaya in Lucknow district and one 50 bedded hospital in Bhadohi district are also included in the list of CHCs for AMG budget.

Thus, for Annual Maintenance Grants an amount of Rs.3824.30 Lakhs was proposed for the year 2013-14 out of which GOI approved Rs.2323.69 Lakhs only (ROP-FMR Code-B.3 and its sub heads)

CHAPTER-B.4: HOSPITAL STRENGTHENING

1)- TRAUMA WINGS (ADDITIONAL BUILDINGS) IN DISTRICT HOSPITALS

In day to day increasing population and patients due to accidents in the state and increasing load of patients in district hospital, 10 high accident prone areas of the state have been identified and is being proposed for construction of Trauma wings (additional buildings) in district hospitals.

The main aim is to construct a trauma wing to provide quick and better treatment to the accidental cases. The list of district alongwith cost is given below:

Sl.	Name of the District	Type and Name of the Facility	Timeline for completion	Total Project cost (Rs. In Lakhs)	Total funds proposed for 2013-14 (Rs. In Lakhs)
1	DH. Chandauli	Trauma Wing	2 Years	86.75	86.75
2	DH. Balrampur	do	2 Years	86.75	86.75
3	DH. Baghpat	do	2 Years	86.75	86.75
4	DH. Ambedkar Nagar	do	2 Years	86.75	86.75
5	DH. Bulandshaher	do	2 Years	86.75	86.75
6	Firozabad	do	2 Years	86.75	86.75
7	DH. Ballia	do	2 Years	86.75	86.75
8	Mau	do	2 Years	86.75	86.75
9	Kanpur Dehat(Akbarpur)	do	2 Years	86.75	86.75
10	Tej Bahadur Sapru Hospital Allahabad	do	2Years	86.75	86.75
Sub Total					867.50

Thus, total cost of Rs.867.50 Lakhs was proposed for construction of trauma wings (Civil Works) for the year 2013-14, but the approval is pended (ROP-FMR Code-B.4.1.1.1).

2)- SPILLOVER– MATERNITY WINGS IN DWH (100 BEDDED)

Uttar Pradesh is a very densely populated state with a population of >20 crores, which is highest in the country with geographical area less 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 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.

In the year 2012-13, GOI approved 50% of the budget for 50 units, out of which amount for 1 hospital has been merged with 200 bedded Maternity Wing at Gomti Nagar, Lucknow. For the year, 2013-14, state propose remaining 50% of the budget (as proposed in 2012-13) for construction of maternity wings in 48 DWHs, as per details given below:

Sl.	Name of the District	No. of Units	Type and Name of the Facility	Year of Approval of Project	Total Project Cost	Amount Approved in 2012-13	Amount Proposed for 2013-14 (if any)
1	Agra	1	DWH	2012-13	2000.00	1000.00	1000.00
2	Allahabad	1	do	2012-13	2000.00	1000.00	1000.00
3	Auraiya	1	do	2012-13	2000.00	1000.00	1000.00
4	Badaun	1	do	2012-13	2000.00	1000.00	1000.00
5	Baghpat	1	do	2012-13	2000.00	1000.00	1000.00
6	Bahraich	1	do	2012-13	2000.00	1000.00	1000.00
7	Ballia	1	do	2012-13	2000.00	1000.00	1000.00
8	Barabanki	1	do	2012-13	2000.00	1000.00	1000.00
9	Bijnor	1	do	2012-13	2000.00	1000.00	1000.00
10	Bulandshare	1	do	2012-13	2000.00	1000.00	1000.00
11	Chandauli	1	do	2012-13	2000.00	1000.00	1000.00
12	Etawah	1	do	2012-13	2000.00	1000.00	1000.00
13	Faizabad	1	do	2012-13	2000.00	1000.00	1000.00
14	Gaziabad	1	do	2012-13	2000.00	1000.00	1000.00
15	Firozabad	1	do	2012-13	2000.00	1000.00	1000.00
16	Gazipur	1	do	2012-13	2000.00	1000.00	1000.00
17	Gonda	1	do	2012-13	2000.00	1000.00	1000.00
18	Jaunpur	1	do	2012-13	2000.00	1000.00	1000.00
19	Kannauj	1	do	2012-13	2000.00	1000.00	1000.00
20	Kanpur Nagar	1	do	2012-13	2000.00	1000.00	1000.00
21	kaushambi	1	do	2012-13	2000.00	1000.00	1000.00
22	Kushinagar	1	do	2012-13	2000.00	1000.00	1000.00
23	Aligarh	1	do	2012-13	2000.00	1000.00	1000.00
24	Maharajganj	1	do	2012-13	2000.00	1000.00	1000.00
25	Meerut	1	do	2012-13	2000.00	1000.00	1000.00
26	Mirzapur	1	do	2012-13	2000.00	1000.00	1000.00
27	Muradabad	1	do	2012-13	2000.00	1000.00	1000.00
28	Muzaffer nagar	1	do	2012-13	2000.00	1000.00	1000.00
29	Pilibhit	1	do	2012-13	2000.00	1000.00	1000.00
30	Rai Bareilly	1	do	2012-13	2000.00	1000.00	1000.00
31	Hardoi	1	do	2012-13	2000.00	1000.00	1000.00
32	Kanpur dehat	1	do	2012-13	2000.00	1000.00	1000.00
33	S.R. Nagar	1	do	2012-13	2000.00	1000.00	1000.00
34	Siddarthnagar	1	do	2012-13	2000.00	1000.00	1000.00

35	Sonbhadra	1	do	2012-13	2000.00	1000.00	1000.00
36	Sultanpur	1	do	2012-13	2000.00	1000.00	1000.00
37	Shahjahanpur	1	do	2012-13	2000.00	1000.00	1000.00
38	Varanasi	1	do	2012-13	2000.00	1000.00	1000.00
39	Deoria	1	do	2012-13	2000.00	1000.00	1000.00
40	J.P.Nagar(Amroha)	1	do	2012-13	2000.00	1000.00	1000.00
41	Mainpuri	1	do	2012-13	2000.00	1000.00	1000.00
42	Ambedkar Nagar	1	do	2012-13	2000.00	1000.00	1000.00
43	Gorakhpur	1	do	2012-13	2000.00	1000.00	1000.00
44	St. Kabir Nagar	1	do	2012-13	2000.00	1000.00	1000.00
45	Saharanpur	1	do	2012-13	2000.00	1000.00	1000.00
46	Etah	1	do	2012-13	2000.00	1000.00	1000.00
47	Mau	1	do	2012-13	2000.00	1000.00	1000.00
48	Azamgarh(200 bedded)	1	do	2012-13	2000.00	1000.00	1000.00
Sub Total		48			96000.00	48000.00	48000.00

For the above maternity wings (100 bedded), an amount of Rs.48000.00 Lakhs was proposed, out of which GOI approved Rs.24000.00 Lakhs only (ROP-FMR Code- B.4.1.5.3).

3)- CHCS – (30 BEDDED, 50 BEDDED AND CONSTRUCTION)

In the 2012-13, state had proposed 30 bedded maternity wings in CHCs (78 units) @Rs. 300.00 Lakhs, 50 bedded maternity wings in CHCs(12 units) @Rs.500.00 Lakhs and Construction of building in 15 CHCs@Rs. 500.00 as per details given below:

Sl.	Name of the District	No. of Units	Type of the Facility	Year of Approval of Project	Total Project Cost (Rs. in Lakhs)	Amount Approved in 2012-13 (Rs. in Lakhs)	Amount Proposed for 2013-14 (Rs. in Lakhs)
A 50 Bedded Maternity Wings in CHCs							
1	Sitapur	1	CHC	2012-13	500.00	250.00	250.00
2	Sant Ravidasnagar Bhadohi	1	CHC	2012-13	500.00	250.00	250.00
3	Sonbhadra	2	CHC	2012-13	1000.00	500.00	500.00
4	Mahoba	1	CHC	2012-13	500.00	250.00	250.00
5	Lucknow	1	CHC	2012-13	500.00	250.00	250.00
6	Auraiya	1	CHC	2012-13	500.00	250.00	250.00
7	Aligarh	1	CHC	2012-13	500.00	250.00	250.00
8	Rampur	1	CHC	2012-13	500.00	250.00	250.00
9	Behraich	1	CHC	2012-13	500.00	250.00	250.00
10	Kannouj	2	CHC	2012-13	1000.00	500.00	500.00
Sub Total- A		12			6000.00	3000.00	3000.00
B 30 Bedded Maternity Wing in CHCs							
1	Ambedkar Nagar	5	CHC	2012-13	1500.00	750.00	750.00
2	Rai Bareilly	1	CHC	2012-13	300.00	150.00	150.00
3	Hardoi	1	CHC	2012-13	300.00	150.00	150.00
4	Sitapur	2	CHC	2012-13	600.00	300.00	300.00
5	Sultanpur	2	CHC	2012-13	600.00	300.00	300.00
6	Mau	1	CHC	2012-13	300.00	150.00	150.00
7	Varanasi	1	CHC	2012-13	300.00	150.00	150.00
8	Kaushambi	2	CHC	2012-13	600.00	300.00	300.00
9	Hamirpur	1	CHC	2012-13	300.00	150.00	150.00

Sl.	Name of the District	No. of Units	Type of the Facility	Year of Approval of Project	Total Project Cost (Rs. in Lakhs)	Amount Approved in 2012-13 (Rs. in Lakhs)	Amount Proposed for 2013-14 (Rs. in Lakhs)
10	Mahoba	2	CHC	2012-13	600.00	300.00	300.00
11	Chitrakoot	3	CHC	2012-13	900.00	450.00	450.00
12	Lalitpur	3	CHC	2012-13	900.00	450.00	450.00
13	Kanpur Nagar	5	CHC	2012-13	1500.00	750.00	750.00
14	Kanpur dehat	3	CHC	2012-13	900.00	450.00	450.00
15	Etawah	1	CHC	2012-13	300.00	150.00	150.00
16	Auraiya	1	CHC	2012-13	300.00	150.00	150.00
17	Aligarh	1	CHC	2012-13	300.00	150.00	150.00
18	Moradabad	1	CHC	2012-13	300.00	150.00	150.00
19	Amroha	3	CHC	2012-13	900.00	450.00	450.00
20	Rampur	1	CHC	2012-13	300.00	150.00	150.00
21	Meerut	2	CHC	2012-13	600.00	300.00	300.00
22	Saharanpur	2	CHC	2012-13	600.00	300.00	300.00
23	Gonda	1	CHC	2012-13	300.00	150.00	150.00
24	Fathepur	1	CHC	2012-13	300.00	150.00	150.00
25	Allahabad	3	CHC	2012-13	900.00	450.00	450.00
26	Jaunpur	1	CHC	2012-13	300.00	150.00	150.00
27	Gorakhpur	1	CHC	2012-13	300.00	150.00	150.00
28	Maharajganj	2	CHC	2012-13	600.00	300.00	300.00
29	Kushi Nagar	1	CHC	2012-13	300.00	150.00	150.00
30	Deoria	2	CHC	2012-13	600.00	300.00	300.00
31	Mainpuri	6	CHC	2012-13	1800.00	900.00	900.00
32	Kannauj	2	CHC	2012-13	600.00	300.00	300.00
33	Badaun	4	CHC	2012-13	1200.00	600.00	600.00
34	Sumbhel	2	CHC	2012-13	600.00	300.00	300.00
35	Firozabad	1	CHC	2012-13	300.00	150.00	150.00
36	Sidharthnagar	1	CHC	2012-13	300.00	150.00	150.00
37	Lucknow	2	CHC	2012-13	600.00	300.00	300.00
38	Azamgarh	1	CHC	2012-13	300.00	150.00	150.00
39	Sant Ravidas nagar Bhadohi	1	CHC	2012-13	300.00	150.00	150.00
40	Pratapgarh	1	CHC	2012-13	300.00	150.00	150.00
41	Shanjahanpur	1	CHC	2012-13	300.00	150.00	150.00
Sub Total - B		78			23400.00	11700.00	11700.00
C Construction of CHCs							
1	Rai Barelli	1	CHC	2012-13	500.00	250.00	250.00
2	Balliya	1	CHC	2012-13	500.00	250.00	250.00
3	Mau	3	CHC	2012-13	1500.00	750.00	750.00
4	Jhansi	2	CHC	2012-13	1000.00	500.00	500.00
5	Etah	4	CHC	2012-13	2000.00	1000.00	1000.00
6	Barely	2	CHC	2012-13	1000.00	500.00	500.00
7	Pilibhit	1	CHC	2012-13	500.00	250.00	250.00
8	Saharanpur	1	CHC	2012-13	500.00	250.00	250.00
Sub Total - C		15			7500.00	3750.00	3750.00
Total (A+B+C)		105			36900.00	18450.00	18450.00

GOI approved 50% of the total budget for the above units in 2012-13. Therefore, for the year 2013-14, the remaining budget (Rs.18450.00 Lakhs) was proposed for contruction of maternity wings in these CHCs, out of which GOI approved Rs.9225.00 Lakhs only [ROP-FMR Code-B.4.1.2.3(For 15 CHCs) and B.4.1.5.3(For 90 CHCs-30/ 50 bedded)]

4)- SPILLOVER-PHCS

In the 2012-13, state had proposed construction of buildings in 28 PHCs @Rs. 150.00 Lakhs as per details given below. Targets for completion of PHCs are two years. First instalment has been released, therefore it is essential to release the 2nd instalment so that the work may be completed within the scheduled time and PHC may function in its own building and quality services may be provided.

Sl.	Name of the District	No. of Units	Type of the Facility	Year of Approval of Project	Total Project Cost (Rs. in Lakhs)	Amount Approved in 2012-13 (Rs. in Lakhs)	Amount Proposed for 2013-14 (Rs. in Lakhs)
1	Rai Bareilly	1	PHC	2012-13	150.00	75.00	75.00
2	Basti	1	PHC	2012-13	150.00	75.00	75.00
3	Gorakhpur	1	PHC	2012-13	150.00	75.00	75.00
4	Deoria	1	PHC	2012-13	150.00	75.00	75.00
5	Ghazipur	3	PHC	2012-13	450.00	225.00	225.00
6	Jaunpur	4	PHC	2012-13	600.00	300.00	300.00
7	Fatehpur	1	PHC	2012-13	150.00	75.00	75.00
8	Mainpur	2	PHC	2012-13	300.00	150.00	150.00
9	Mathura	2	PHC	2012-13	300.00	150.00	150.00
10	Hathras	1	PHC	2012-13	150.00	75.00	75.00
11	Badaun	1	PHC	2012-13	150.00	75.00	75.00
12	Bijnor	2	PHC	2012-13	300.00	150.00	150.00
13	Baharaich	1	PHC	2012-13	150.00	75.00	75.00
14	G.B. Nagar	2	PHC	2012-13	300.00	150.00	150.00
15	Muzaffarnagar	5	PHC	2012-13	750.00	375.00	375.00
Total for PHC		28			4200.00	2100.00	2100.00

GOI approved 50% of the total budget for the above units in 2012-13. Therefore, for the year 2013-14, the remaining budget of Rs.2100.00 Lakhs was proposed for construction of these PHCs, out of which GOI approved Rs.1050.00 Lakhs only (ROP-FMR Code- B.4.1.3.3).

5)- REPAIR/RENOVATION OF STATE DRUGWARE HOUSE

The state drug ware house Amausi was built about 30 years ago. It has low height boundary wall which is also damaged at various places. Besides this the electrical wiring is also damaged. In the State Drug Ware House various costly equipment and medicines are stored. **Owing to the incidence of theft in State Drug Ware House during last years, Rs. 26.52 Lakhs** (Out of this Rs. 19.98 Lakhs pertains to boundary wall and Rs. 6.54 Lakhs pertains to electrical works) **was proposed for electrical works and boundary wall, which is not approved by GOI(ROP-FMR Code-B.4.1.5.4.1)..**

6)- SPILLOVER DISTRICT DRUGWARE HOUSE

In PIP 2012-13 GOI has approved 22 district drug ware house in U.P. This list includes the drug ware house at Gautam Budh Nagar also. The unit cost approved in PIP 2012-13 for the said work is Rs. 50.53 Lakhs. Gautam Budha Nagar falls under N.C.R so there is acute shortage

of Govt. land. The land available for construction of drug ware house is in the campus of CHC Bhangel. The campus of CHC Bhangel is in filled up area having a filling of 2 to 9 meters, necessitating provision of raft foundation and framed structure for construction of drug ware house. Owing to the above fact the cost by construction is expected to be Rs. 74.16 Lakhs. Thus, an additional amount of Rs. 23.63 Lakhs is needed for construction of drug ware house at Gautam Budh Nagar.

GOI has not approved the proposed amount (Rs. 23.63 Lakhs) for construction of drug ware house at Gautam Budh Nagar (ROP-FMR Code-B.4.1.5.4.3).

7)- PATIENT RELATION SHED/ASHA GRAHS

During the year 2013-14, the motto for construction of patient relation sheds/ASHA Grahs is to provide shelter to the patients/relatives, who are coming from backwards/remote areas. At present, there is no shed/shelter exists in hospitals for staying of relatives of patients as well as ASHA workers. It is being proposed that to construct Patient Relation Sheds/ASHA Grahs to provide meeting halls, living space for patient relatives and ASHAs. **The construction cost for one patient relation shed/ASHA grah is Rs. 55.00 Lakhs as per details given below:**

Sl.	Name of the District	No. of Units	Type and Name of the Facility	No. of existing bed	Timeline for completion	Total Project cost (Rs. In lakhs)	Total funds proposed for 2013-14 (Rs. In lakhs)
1	Firozabad	1	CHC Sirsaganj	30	1 Yrs	55.00	55.00
2	Aligarh	1	CHC Gabhana	30	1 Yrs	55.00	55.00
		1	CHC Iglash	30	1 Yrs	55.00	55.00
3	Meerut	1	CHC Daraula	30	1 Yrs	55.00	55.00
		1	CHC Hastinapur	30	1 Yrs	55.00	55.00
4	Buland Shahr	1	CHC Gulawathi	30	1 Yrs	55.00	55.00
5	Ghaziabad	1	CHC Lonee	30	1 Yrs	55.00	55.00
		1	CHC Muradnagar	30	1 Yrs	55.00	55.00
6	Hapur	1	CHC Hapur	30	1 Yrs	55.00	55.00
7	Baghpat	1	CHC Baraut	30	1 Yrs	55.00	55.00
		1	CHC Chauprauli	30	1 Yrs	55.00	55.00
8	G.B. Nagar	1	CHC Zewa	30	1 Yrs	55.00	55.00
9	Jaunpur	1	CHC Machlishaher	30	1 Yrs	55.00	55.00
10	Chanduli	1	CHC Sakaldeepa	4	1 Yrs	55.00	55.00
		1	CHC Berhani	30	1 Yrs	55.00	55.00
11	Varansi	1	CHC Araziline	30	1 Yrs	55.00	55.00
		1	CHC Pindra	30	1 Yrs	55.00	55.00
12	Mirzapur	1	CHC Kachwan	30	1 Yrs	55.00	55.00
13	Ambedkarnagar	1	CHC Tanda	30	1 Yrs	55.00	55.00
		1	CHC Jalalpur	30	1 Yrs	55.00	55.00
		1	CHC Bhati	30	1 Yrs	55.00	55.00
		1	CHC Jahangir Ganj	30	1 Yrs	55.00	55.00
		1	CHC katehri	30	1 Yrs	55.00	55.00
14	Faizabad	1	CHC Sohawal	30	2Yrs	55.00	55.00
		1	CHCRudauli	30	2Yrs	55.00	55.00
15	Barabanki	1	CHC Deva	30	1 Yrs	55.00	55.00
		1	CHC Haidergarh	30	1 Yrs	55.00	55.00
16	Sultanpur	1	CHC Lambhuwa	30	1 Yrs	55.00	55.00

	1	CHC Kurwar	30	1 Yrs	55.00	55.00
17 Amethi	1	CHC Jagadish pur	30	1 Yrs	55.00	55.00
	1	CHCMusafirkhana	30	1 Yrs	55.00	55.00
18 Basti	1	CHC Merwatiya		1 Yrs	55.00	55.00
19 Gonda	1	CHC Nawabganj	30	1 Yrs	55.00	55.00
20 Bahraich	1	CHC Hujurpur	30	1 Yrs	55.00	55.00
21 Kanpur Nagar	1	CHC Bilhaur	30	1 Yrs	55.00	55.00
22 Kannauj	1	CHC Jalalabad	30	1 Yrs	55.00	55.00
	1	CHC Talgram	30	1 Yrs	55.00	55.00
	1	CHCGurusahaigang	30	1 Yrs	55.00	55.00
	1	CHC Saurikh	30	1 Yrs	55.00	55.00
	1	CHC Janseth	30	1 Yrs	55.00	55.00
	1	CHC Tirwa	30	1 Yrs	55.00	55.00
23 Farrukhabad	1	CHCMohammadabad	30	1 Year	55.00	55.00
24 Kaushambi	1	PHC Chayal	4	1 Year	55.00	55.00
25 Fatehpur	1	CHC Khaga	30	1 Year	55.00	55.00
26 Bareilly	1	CHC Beheri	30	1 Year	55.00	55.00
27 Pilibhit	1	Amariya	30	1 Year	55.00	55.00
28 Shahjahanpur	1	CHC Puyawan	30	1 Year	55.00	55.00
29 Deoria	1	CHC Lar	30	1 Year	55.00	55.00
	1	CHC Gauribazar	30	1 Year	55.00	55.00
30 Kushinagar	1	CHC Hata	30	1 Year	55.00	55.00
31 Mahrajganj	1	CHC Pertawal	30	1 Year	55.00	55.00
32 Mahoba	1	CHC Charkhari	30	1 Year	55.00	55.00
	1	CHC Kulpaharh	30	1 Year	55.00	55.00
33 Hameerpur	1	CHC Kurara	30	1 Year	55.00	55.00
34 Jhansi	1	CHC Bangra	30	1 Year	55.00	55.00
	1	CHC Babeena	30	1 Year	55.00	55.00
35 Muzaffernagar	1	CHC Khatauli	30	1 Year	55.00	55.00
	1	CHC Jansath	30	1 Year	55.00	55.00
36 Shamli	1	CHC Kairana	30	1 Year	55.00	55.00
37 Saharanpur	1	CHC Gangoh	30	1 Year	55.00	55.00
	1	CHC Nakur	30	1 Year	55.00	55.00
38 Ballia	1	CHC Sonwani	30	1 Year	55.00	55.00
39 Mau	1	CHC Ratanpur	30	1 Year	55.00	55.00
40 Azamgarh	1	CHC Parsurampur	30	1 Year	55.00	55.00
	1	CHC Harayya	30	1 Year	55.00	55.00
41 Hardoi	1	PHCShahabad	4	1 Year	55.00	55.00
	1	PHC Behendr	4	1 Year	55.00	55.00
	1	CHC Pihani	30	1 Year	55.00	55.00
42 Sitapur	1	CHC Hargawa	30	1 Year	55.00	55.00
43 Unnao	1	CHC Safipur	30	1 Year	55.00	55.00
	1	CHC Nawabganj	30	1 Year	55.00	55.00
44 Rae barelli	1	CHC Khiro	30	1 Year	55.00	55.00
	1	CHC Lalganj	30	1 Year	55.00	55.00
45 JPNagar(Amroha)	1	CHC Joya	30	1 Year	55.00	55.00
46 Bijnor	1	CHC Chandwak	30	1 Year	55.00	55.00
Sub Total	75				4125.00	4125.00

Thus, for the above purpose an amount of Rs.4125.00 Lakhs was proposed for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.4.1.5.4.4).

8)- THIRD PARTY EVALUATION OF CONSTRUCTION WORKS

It has been decided by GOI in financial year 2011-12 that third party Evaluation of construction works under NRHM should be done to ensure the quality of construction works. Vide decision of EC dated 12.09.2011 it was held that third party evaluation of small works such as sub center and J.S.Y. wards (PHC Level) should be done by the task force working under District Magistrate. The big works like CHC and hospital etc. should be evaluated by Govt. Engineering Colleges of the State. The cost of big works of 2009-10 is Rs. 37309.86 Lakhs, 2010-11 is Rs. 10051.67 Lakhs and 2012-13 is 1121.06 Lakhs. Thus the total cost of works is Rs. 48482.59 Lakhs. Usually Engineering Colleges are charging 0.5% of the estimated cost. Therefore, an amount of Rs. 241.00 Lakhs is needed for the Third Party Evaluation of construction works for the year 2013-14 for DG-FW and Rs. 978.00 Lakhs for DG-MH level. **Thus, a total amount of Rs.1219.48 Lakhs was proposed for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.4.1.5.4.5)**

9)- SUB CENTRE RENT AND CONTINGENCIES

There are total 20521 sub centers in the state, out of which 15570 Sub-Centres are operating from government buildings and 5027 in rental buildings. Accordingly, a provision of rent @ Rs. 250/- per month for 5027 Sub Centres, amounting to Rs. 150.81 Lakhs was proposed for the year 2012-13 under Mission Flexible pool. Additionally, for the year 2013-14, 1000 new sub centres are proposed to be established based on population census 2011. For these subcenters, rent is being booked for 6 months @Rs. 250/month. **Thus, for this purpose total amount of 500.67 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs.148.53 Lakhs only with the remarks that “approved for existing 4951 SCs(RHS-2011) running in rented buildings @Rs.250.00 for 12 months” (ROP-FMR Code-B.4.3)**

CONSOLIDATED BUDGET SHEET – HOSPITAL STRENGTHENING– 2013-2014

FMR Code	Budget Head	Proposed for 2013-14		Proposed Budget (Rs. Lakhs)	Approved Budget (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target			
B4.1.1	District Hospitals					
B4.1.1.1	Additional buildings (Trauma wings in 10 districts)	No.	10	867.50	-	Approval pending
B4.1.2	CHCs					
B4.1.2.3	Spillover of Ongoing Works	No.	15	3750.00	1875.00	Construction of 15 CHCs
B4.1.3	PHCs					
B4.1.3.3	Spillover of Ongoing Works	No.	28	2100.00	1050.00	Construction of building in 28 PHCs
B4.1.5.3	Carry forward/spill over of ongoing works (100 bedded maternity wings in DWHs)	No.	48	48000.00	24000.00	100 Bedded Maternity wings in DWH

FMR Code	Budget Head	Proposed for 2013-14		Proposed Budget (Rs. Lakhs)	Approved Budget (Rs. Lakhs)	Remarks
		Unit of Measure	Quantity / Target			
B4.1.5.3	Carry forward/spill over of ongoing works (30 bedded at 78 CHCs & 50 bedded at 12 CHCs)	No.	90	14700.00	7350.00	Approved @Rs.125.00 Lakhs each for 12 MCH wings(50 bedded) & @Rs.75.00 Lakhs each for 78 MCH wings (30 bedded)
B4.1.5.4	Other construction					
B4.1.5.4.1	Repair/ Renovation of State Drug ware house	No.	1	26.52	-	Lucknow
B4.1.5.4.3	District Drug ware house - Spillover	No.	1	23.63	-	G.B.Nagar
B4.1.5.4.4	Patient Relation Shed, Meeting Hall & ASHA Grahs	No.	75	4125.00	-	@Rs.55.00 Lakhs each
B4.1.5.4.5	Provision for third party evaluation of Construction Works	No.	2	1219.48	-	Rs. 9.78 Crores for DG-MH and Rs. 2.41 Crores DG-FW
B.4.3	Sub Centre Rent and Contingencies	No. of SCs	6,057	500.67	148.53	
Sub Total				75312.80	34423.53	

CHAPTER-B.5: NEW CONSTRUCTIONS RENOVATION & SETTING UP

1)- CONSTRUCTION OF MATERNITY WINGS IN CHCS (30&50 BEDDED)

Due to increasing caseload/bed occupancies in the proposed CHCs mentioned below is very high. To reduce the delivery load in these district hospitals. Therefore in the year 2013-14, state proposed 50 bedded maternity wings in 30 CHCs @ Rs.500.00 Lakhs and 30 bedded maternity wings in 50 CHCs@Rs. 300.00 Lakhs as per details given below:

Sl.	Name of the District	No. of Units	Type and Name of the Facility	No. of existing bed	No. of additional bed proposed	Timeline for completion	Total funds proposed for 2013-14 (Rs. In lakhs)
A List of 50 Bedded Maternity Wings - 30 Nos.							
1	Buland Shahr	1	CHC Pahasu	30	50	2Year	500.00
2	Hapur	1	CHC Hapur	30	50	2 Yrs	500.00
3	Baghpat	1	CHC Barhaut	30	50	2Year	500.00
4	Varansi	1	CHC Chaulapur	30	50	2Year	500.00
5	Mirzapur	1	CHC Kachwan	30	50	2Year	500.00
		1	CHC Chunar	30	50	2Year	500.00
		1	CHC Rajgarh	30	50	2Year	500.00
		1	CHC Lalganj	30	50	2Year	500.00
		1	CHC Jamalpur	30	50	2Year	500.00
6	Amethi	1	CHC Jagadish pur	30	50	2Year	500.00
7	Gonda	1	CHC Itiyathok	30	50	2Year	500.00
8	Balrampur	1	Chc Pachperwa	30	50	2Year	500.00
9	Bahraich	1	CHC Hujurpur	30	50	2Year	500.00
10	Kanpur Nagar	1	CHC Bilhaur	30	50	2Year	500.00
		1	CHC Kakwan	30	50	2Year	500.00
		1	CHC Kalyanpur	30	50	2Year	500.00
11	Kanpur Dehat	1	CHC Shivali	30	50	2Year	500.00
		1	CHC Sandalpur	50	50	2Year	500.00
12	Pilibhit	1	CHC Puranpur	30	50	2Year	500.00
13	Gorakhpur	1	CHC Sahjanwan	30	50	2Year	500.00
14	Jhansi	1	CHC Mauranipur	30	50	2Year	500.00
15	Muzaffernagar	1	CHC Jansath	30	50	2Year	500.00
16	Saharanpur	1	CHC Fatehpur	30	50	2Year	500.00
		1	CHC Sarsawa	30	50	2Year	500.00
		1	CHC Nanauta	30	50	2Year	500.00
17	Ballia	1	CHC Narhi	30	50	2Year	500.00
18	Azamgarh	1	CHC Mubarakpur	30	50	2Year	500.00
19	Hardoi	1	CHC Sandila	30	50	2Year	500.00
30	Sitapur	1	CHC Persendi	30	50	2Year	500.00
31	Unnao	1	CHC Safipur	30	50	2Year	500.00
Sub Total - A		30					15000.00
B List of 30 Bedded Maternity Wings - 50 Nos.							
1	Aligarh	1	CHC Jawan	30	30	2 Yrs	300.00
2	Jaunpur	1	CHC Kerakat	30	30	2 Yrs	300.00

Sl.	Name of the	No.	Type and Name	No. of	No. of	Timeline	Total
		1	CHC Dobhi	30	30	2 Yrs	300.00
3	Ghazipur	1	CHC Jakhanya	30	30	2 Yrs	300.00
		1	FH Saidpur	30	30	2 Yrs	300.00
4	Sonbhadra	1	CHC Ghorawal	30	30	2 Yrs	300.00
5	Ambedkarnagar	1	CHC katehri	30	30	2Yrs	300.00
6	Faizabad	1	CHC Sohawal	30	30	2Yrs	300.00
7	Sultanpur	1	CHC Akhandnagar	30	30	2Yrs	300.00
		1	CHC Jaisinghpur	30	30	2Yrs	300.00
8	Basti	1	CHC Harayya	30	30	2Yrs	300.00
9	Gonda	1	CHC Wajirganj	30	30	2Year	300.00
10	Balrampur	1	CHC Tulsipur	30	30	2Year	300.00
		1	CHC Utraula	30	30	2Year	300.00
11	Bahraich	1	CHC Jarwal	30	30	2Year	300.00
		1	CHC Motipur	30	30	2Year	300.00
12	Kanpur Nagar	1	CHC Bheetargaon	30	30	2Year	300.00
13	Kanpur Dehat	1	CHC Akberpur	30	30	2Yrs	300.00
		1	CHC Gajner	30	30	2Yrs	300.00
14	Farrukhabad	1	CHC Mohamdabad	30	30	2Year	300.00
15	Auriya	1	CHC Ayana	30	30	2Year	300.00
16	Pratapgarh	1	CHC Lalganj	30	30	2Yrs	300.00
		1	CHC Patti	30	30	2Yrs	300.00
17	Kaushambi	1	CHC Sarayaki	30	30	2Yrs	300.00
		1	CHC Sarsawan	30	30	2Yrs	300.00
18	Barielly	1	CHC Beheri	30	30	2Yrs	300.00
		1	CHC Meerganj	30	30	2Yrs	300.00
		1	CHC Nawabganj	30	30	2Yrs	300.00
19	Shahjahanpur	1	CHC Puyawan	30	30	2Yrs	300.00
		1	CHC Banda	30	30	2Yrs	300.00
20	Deoria	1	CHC Barhaj	30	30	2Yrs	300.00
21	Kushinagar	1	CHC Fazilnagar	30	30	2Yrs	300.00
		1	CHC Khadda	30	30	2Yrs	300.00
22	Mahoba	1	Chc Kerbai	30	30	2Yrs	300.00
23	Jhansi	1	CHC Moth	30	30	2Yrs	300.00
		1	CHC Gursari	30	30	2Yrs	300.00
24	Shamli	1	CHC Oan	30	30	2Yrs	300.00
25	Saharanpur	1	CHC Nakurh	30	50	2Year	300.00
26	Ballia	1	CHC Sonvarsa	30	30	2Year	300.00
		1	CHC Sikenderpur	30	30	2Year	300.00
27	Mau	1	CHC Mohdabad	30	30	2Year	300.00
28	Azamgarh	1	CHC Pawai	30	30	2Year	300.00
		1	CHC Tahberpur	30	30	2Year	300.00
29	Hardoi	1	CHC Harpalpur	30	30	2Yrs	300.00
		1	CHC kachona	30	30	2Yrs	300.00
30	Sitapur	1	CHC Gondalamau	30	30	2Yrs	300.00
31	Unnao	1	CHC Nawab ganj	30	30	2Yrs	300.00
		1	CHC Hasanganj	30	30	2Yrs	300.00
32	Raebarelli	1	CHC Belabhela	30	30	2Yrs	300.00
33	JPNagar-Amroha	1	CHC Dhanaura	30	30	2Yrs	300.00
Sub Total - B		50					15000.00
Total = A+ B		80					30000.00

Thus, for constructing these 30 & 50 units in CHCs, an amount for Rs. 30000.00 Lakhs was proposed, but the approval is pended(ROP-FMR Code-B.5.1).

2)- CONSTRUCTION OF SUB CENTRES

In Uttar Pradesh there are 20521 sub-centers established as per census (1991). Out of this 16479 sub-centers has been constructed so far and 3262 are under construction sanctioned under various schemes. It is proposed to construct 350 sub-centers, out of which 325 are already established and 25 subcentres in process of establishment, as per census 2011 in financial year 2013-14.

Unit cost of sub-center as per prevailing plinth area rates of PWD (1.11.11) is Rs. 10.20 Lakhs. **The total cost of 350 No. of Sub-center is 3570.00 Lakhs was proposed for the year 2013-14 but the approval is pended (ROP-FMR Code-B.5.3).** Districtwise no. of proposed sub-centers is given below:

Sl.	Name of District	Sl.	Name of Subcenters
List of Already Established Sub Centres based on as per census 1991 in State			
1	Basti	1	Mehnauna मेहनौना
2	Pilibhit	2	Mudailakala मुडैलाकला
		3	Khamariyapul खमरियापुल
		4	Khdairaghaura ta Gajraula कढैराचौरा त गजरौला
3	Amethi	5	Gothiya(Revhara) गोठिया (रेवहारा)
		6	Saraiya Pirjada (Ashishpur) सरैया पीरजदा (आशीषपुर)
		7	Hasanpur (Khaspur) हसनपुर (खासपुर)
		8	Sirkhiri सिरखिरी
		9	Rambakshgarh (Rangari) रामबक्सगढ़ (रामगढ़ी)
		10	Lahurepur (Gopalpur) लहुरेपुर (गोपालपुर)
		11	Sarai (Bani) सराय (बनी)
4	Sultanpur	12	Katgharapatti (Reconstruct) कटघरापट्टी (पुर्ननिर्माण)
		13	Chandpur Shaidopatti (Reconstruct) चांदपुर शैदोपट्टी (पुर्ननिर्माण)
		14	Zakhnikala (Reconstruct) जखनीकला (पुर्ननिर्माण)
		15	Devkali (Reconstruct) देवकली (पुर्ननिर्माण)
5	Faizabad	16	Firazpur फिरोजपुर
6	Gorakhpur	17	Bhaluaan (Kotha) भलुआन (कोठा)
		18	Barvaar बरवार बु0 (बरवार)
		19	Sarpatha सरपतहा
		20	pipiganj पीपीगंज
		21	Mamkhor मामखोर
		22	Gadhai गढई
		23	Aswanpar असवनपार
		24	Sukrauli सुकरोली
		25	Ghaudadeuar घोड़ादेउर
		26	Lakhuapakarh लखुआपाकड़
		27	Beilikhurd बेईलीखुर्द
		28	Mirpur मीरपुर
		29	Shahpur शाहपुर
		30	Kurawal कुरावल
		31	Murarpur मुरारपुर
		32	Asauji असौजी
		33	Dehratikar डेहराटीकर
		34	Trilokpur त्रिलोकपुर
		35	Basantpur बसन्तपुर
		36	Mahuliya महुलिया
		37	Jhagha झगहा
		38	Manwela मानवेला
		39	Ushrain उसरैन

Sl.	Name of District	Sl.	Name of Subcenters
		40	Suuwa सुउवां
		41	Gaura गौरा
		42	Mirpur मीरपुर
		43	Turakwalia तुर्कवालिया
		44	Kolhuwan कोल्हुआ
		45	Charpani Bujurg चारपानी बुजुर्ग
		46	Dawarpar डवरपार
		47	Bela बेला
		48	Katrari कतरारी
		49	Palhipar पाल्हीपार
		50	Khajuri खजुरी
		51	Dugduiya डुगडुइया
		52	Patna पटना
		53	Bhujauna भुजौना
		54	Munderababu मुंडेराबाबू
		55	Beiliya बेईलिया
		56	Maiyapar मइयापार
		57	Pohila पोहिला
		58	Chauntisa चौंतीसा
		59	Belsadeenl बेलसडील
		60	Hanumangari हनुमानगढ़ी
		61	Majhvalia मझवलिया
		62	Samrabujurg समराबुजुर्ग
		63	Phadsard फडसाड़
		64	Daadi डाडी
		65	Taryapaar तरयापार
		66	Saturbanduari सतुरबंदुआरी
		67	Tekwaar टेकवार
		68	Danikhar दनिखर
7	Farukhabad	69	Basola बसोला
		70	Pathramai पथरामई
8	Kanpur Dehat	71	Guisar (Madauli) गुइसर (मडौली)
		72	Gangadaspur (Dharampur) गंगादासपुर (धरमपुर)
9	Pratapgarh	73	Kataiyanewada कटैयानेवादा
10	Fartehpur	74	Ijrabujurg (Dewara) इजराबुजुर्ग (देवरा)
		75	Mangremau (Mohamdabad) मंगेरमऊ (मोहम्मदाबाद)
11	Allahabad	76	Saaro सारो
		77	Mahlipur मलहिपुर
		78	Rampur रामपुर
		79	Rastipur रस्तीपुर
		80	Bhelkha भेलखा
		81	Dhrauta धरौता
		82	Alawalpur अलावलपुर
		83	Saraideeno सरायदीनो
		84	Tejopur तेजोपुर
		85	Malak Payagi मलाक पयागी
		86	Visambherpur विश्वम्भरपुर
		87	Khanpur खानपुर
		88	Gaziabazar गजियाबाजार
		89	Uadar उदर
		90	Basharaa बसहरा
		91	Chapar छापर
		92	Tela टेला
		93	Jaraahi जराही
		94	Vijhauili विझौली

Sl.	Name of District	Sl.	Name of Subcenters
		95	Jagua Sodha
		96	Badauli
		97	Nagnathpur
		98	Asdhiya
		99	Mahuaarikala
		100	Manjhanpur
		101	Dohtha
		102	Bibipur
		103	Umari
		104	Pipraun
		105	Vongi
		106	Mandra
		107	Manpur
		108	Padar
		109	Chilla
		110	Bhita
		111	Gdaiyakhurd
		112	Jagdeeshpur
		113	Jasra-2
		114	Kauaa
		115	Chandauli
		116	Khai
		117	Baraun
		118	Uprauna
		119	Ramnagar- 2
		120	Durjanpur
		121	Sudnipur
		122	Malkhanpur
		123	Jhusi Kohna
		124	Hanumanganj
		125	Sherdih
		126	Nivikala
		127	Haveliya
		128	Mahraura
		129	Deoria
		130	Palikaranpur
		131	Mahruhdih
		132	Pachdevra
		133	Dahiyavan
		134	Vamanpur
		135	Yadavpur
		136	Kripalpur
		137	Baraiharakh
		138	Paigamberpur
		139	Saraidaste
		140	Newada
		141	Vajirpur
		142	Badaura
		143	Khanpur
12	Unnao	144	Pilkhnarsidpur
13	Raibareli	145	Sartoh
		146	Maneru
		147	Aindhi
		148	Uganad
		149	Maunhaar

Sl.	Name of District	Sl.	Name of Subcenters
		150	Rajamau राजामऊ
		151	Sonthi सोन्धी
		152	Akodhiya अकोढिया
		153	Hevatvaap Nvedheeya हेवतवाप नवेढिया
		154	Duraganj दुर्गगंज
		155	Vashi Rihayak वासी रिहायक
		156	Radhabalampur राधाबालमपुर
		157	Samodha समोधा
		158	Pindaulaa पिण्डौला
14	Meerut	159	Chandoli Tappa चन्दोली टप्पा लावड (दौराला)
15	Hapur	160	Alamgirpur आलमगीरपुर
		161	Kapoorpur कपूरपुर
16	Muzaffernagar	162	Tigree तिगरी
		163	Riyavali Nagla रियावली नगला
		164	Shikarpur शिकारपुर
		165	Basikala बासीकला
		166	Jatmughla जटमूझेला
		167	Bihari बिहारी
17	Deoria	168	Painapaschim पैनापश्चिम
		169	Raghwapur रघवापुर
		170	Brari बरारी
		171	Piprakachar पिपराकछार
18	Khiri	172	Sarpatha सरपतहा
		173	Baughiya बौधिया
		174	Belwapurwa बेलवापुरवा
		175	Jamunia Rna जमुनिया रना
		176	Dhakiyapasi ढकियापासी
		177	Maliniya मलिनिया
		178	Kiratpur कीरतपुर
		179	Bagrethi बगरेठी
		180	Shardanagar शारदानगर
		181	Tilkapur तिलकापुर
		182	Mudh Savaran मुढ सवारान
		183	Rampur Kothi रामपुर कोठी
19	Mirzapur	184	Zafrabad जफराबाद
		185	Sandva सण्डवा
		186	Kantit Gramin कंतित ग्रामीण
		187	Bhainsa भैंसा
		188	Sikanderpur सिकन्दरपुर (पुर्ननिर्माण)
20	Agra	189	Usmanpur उस्मानपुर
		190	Aabidgarh आबिदगढ़
		191	Vajidpur वाजिदपुर
		192	Vijalpura विजालपुरा
		193	Rehawali रेहावली
		194	Pakhriya पखरिया
		195	Salempur Dhankar सुलेमपुर धनकर
		196	Nayavas नयावास
		197	Majhara मझारा
		198	Puraknera पुराकनेरा
		199	Lakhanpur लखनपुरा
		200	Basoni बसोनी
		201	Gopalpura गोपालपुरा
		202	Rampur Chandrasaini रामपुर चन्द्रसैनी
		203	Vashirgpur वाशिंगपुर
		204	Gosli गोसली

Sl.	Name of District	Sl.	Name of Subcenters
		205	Bojauli
		206	Paprinagar
		207	Vitawali
		208	Phalokhra
		209	Manona
		210	Ghurra
		211	Basai
		212	Barbar
		213	Kanshpura
		214	Daskata
		215	Sonikheda
		216	Mai
		217	Vithla
		218	Vrathla
		219	Motipura
		220	Naugawan
		221	Gadheiya
		222	Puragumansingh
		223	Amahi
		224	Gadhipura
		225	Bagpura
		226	Raipura Dixit
21	Jhanshi	227	Lohargaon
22	Saharanpur	228	Gandevan
		229	Nanka
		230	Pali
		231	Sarakdudhali
		232	Topli
		233	Telipura
		234	Dhmola
		235	Bhaupur
		236	Saklapuri
		237	Thokarpur
		238	Dhallamazra
		239	Dabkigurzar
		240	Rupdizunardar
		241	Dhodhreki
		242	Santagarh
		243	Shekhpura Second
		244	Chandanpur
		245	Lakhnaur
		246	Nichinkudh
		247	Malha Mazra
		248	Saalhapur
		249	Nahar Mazra
		250	Ambehati
		251	Tirpadi
		252	Kansepur
		253	Chako
		254	Mirzapur
		255	Mamud Mazra
		256	Abdullapur
		257	Ruhalka
		258	Sherpur Pelo
		259	Rahna

Sl.	Name of District	Sl.	Name of Subcenters
		260	Pandauli पण्डौली
		261	Mayadehi मायाहेडी
		262	Kutubpur Jainpur कुतुबपुर जैनपुर
		263	Dumarkishanpur दूमरकिशनपुर
		264	Buddhakeda बुडढाखेडा
		265	Mubarikpur मुबारिकपुर
		266	Sangateha सांगाटेहा
		267	Jaankhrda जानखेडा
		268	Noorkhedī नूरखेडी
		269	Salarpur सालारपुर
		270	Bahadarnagar बहादरनगर
		271	Bhagwanpur भगवानपुर
		272	Shakarpur शकरपुर
		273	Daulatpur दौलतपुर
		274	Shahpur शाहपुर
		275	Tatahedi ताताहेडी
		276	Marodgarh मरोडगढ़
		277	Chilkana Dehat चिलकाना देहात
		278	Sultanpur सुलतानपुर
		279	Bhaylakala भायलाकला
		280	Karanzali करंजाली
		281	Nawada नवादा
		282	Muzafferpur मुजफ्फरपुर
		283	Bahedadhudhu बहेडाधुधु
		284	Biharigarh बिहारीगढ़
		285	Ratpura रतपुरा
		286	Barugarh बारुगढ़
		287	Rasoolpur Kala रसूलपुर कला
		288	Bizopur बिजोपुर
		289	Kurdikheda कुरडीखेडा
		290	Dataulimugal दतौलीमुगल
		291	Aaulra ओलरा
		292	Hangawali हंगावली
		293	Tilphara तिलफरा
		294	Chandpur चन्दपुर
		295	Kishanpur किशनपुर
23	Bulandsahar	296	Wahlipura वहलीपुरा
		297	Zaulugarh जौलीगढ़
		298	Ttarpur ततारपुर
		299	Nayagaon नयागाँव
		300	Fatehpur फतेहपुर
		301	Naithla नैथला
		302	Barauli बरौली
		303	Chapna छपना
		304	Chinrawali चिंगरावली
		305	Ushmapur उसमापुर
		306	Bhadwara भडावरा
		307	Pailana पैलाना
		308	Nagla Jatni नगला जाटनी
		309	Ratanpur रतनपुर
		310	Jatpura जटपुरा
		311	Zawar जावर
		312	Zarara जरारा
		313	Sarsaul सारसौल
		314	Hirapur हीरापुर

Sl.	Name of District	Sl.	Name of Subcenters
		315	Bhejgari
		316	Dhturi
		317	Khlaul
		318	Rauda
		319	Pali Partapur
		320	Parwana
		321	Akbarwas Knaini
		322	Didhi
		323	Sega Jagatpur
		324	Sadharanpur
		325	Chitsauna
Additional Subcenters (not established at Present)			
24	Mathura	326	Zchauda
25	Mainpuri	327	Padabhner
26	Kaushambi	328	Bichaura
27	Shahzahpur	329	Nagria
28	Pilibhit	330	Mundel Kala
29	Mahoba	331	Supa Secound
30	Sultanpur	332	Sodhanpur
31	Amethi	333	Godhiya
32	Barabanki	334	Bodhni
33	Balrampur	335	Kuti Ramatlaha
34	Bahraich	336	Sansarpara
35	Deorai	337	Hata
36	Basti	338	Mehnauna
37	Shidarthnagar	339	Sultanpur
38	Sant Kabir Nagar	340	Semari
39	Etawa	341	Abhinaypur
40	Farukhabad	342	Nadaura
41	Kannauz	343	Sarotop
42	Raibareli	344	Manpur
43	Lucknow	345	Majhauria
44	Khiri	346	Ahiri
45	Muzaffernagar	347	Teegri
46	Shamli	348	Chausana Jahid
47	Muradabad	349	Chakfaazalpur
48	Amraho	350	Fatehullapur
Total		25	
Garnd Total		350	

3)- SETTING UP OF ENGINEERING WING

During financial years 2009-10 & 2010-11 an amount of Rs. 946.29 Crores has been sanctioned for various construction and renovation works under NRHM. Besides the above and amount of Rs. 58.18 Crores has been released in financial years 2012-13. The implementation and monitoring of the above works is being carried out by Engineering of Directorate of family welfare. It is proposed to strengthen the Engineering unit of FW through following infrastructure.

Computer (Desktop and Laptop both)	= Rs. 1.00 Lakh
Printer and UPS	= Rs. 0.50 Lakh
Data Entry Assistant @ Rs. 0.20 Lakh per month for 12 months	= Rs. 2.40 Lakhs.
Total	= Rs. 3.90 Lakhs

Therefore, an amount of Rs. 3.90 Lakhs was proposed for strengthening of Engineering Unit of family welfare in the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.5.4.1).

4)- SETTING UP OF EMERGENCY CARE LEARNING CENTRE

GVK EMRI is providing Emergency Medical Transportation Services (EMTS) in Uttar Pradesh since 14th September 2012 with the support of GOUP. Sixth Common Review Mission Report – NRHM (November 2012) referred that in UP 633 Emergency and ambulance Services are deployed. 6th CRM also highlighted that one form of PPP that has been unquestionably worked well across states is the dial 108 emergency response services. CRM recommends that, in order to achieve 12th FYP goals, plans should specify public facilities where emergency and trauma services would be made available to match the growing presence of emergency response services. Development of training capacity in high focus states like UP should leverage partnerships and creation of new institutions should be the main focus of the first two years of the 12th FYP.

With the ultimate aim of moving towards Universal Health Coverage and focus on scale of referral transport services that universal response time does not exceed 30 minutes, augmentation of facilities with special attention to nurses and other allied healthcare professionals is identified in Program Implementation Plan Guidelines by Ministry of Health and Family Welfare. Guidelines also specify the need for estimating the training load for skills based training. Further, expansion of training capacities through partnerships with NGOs/ Institutions and developing highly skilled and specialized nursing cadre was emphasized.

Establishment of Emergency Medicine Learning Center, Lucknow , UP:

In phase I, the following infrastructure requirements are needed. GOUP, can consider providing a suitable infrastructure to GVK EMRI with the following details to conduct the training programs:

A- Infrastructure

- Lecture halls with 80 seat capacity (American chairs) - 4 rooms
- Skills stations (20 X 20 ft) with 25 stackable chairs) - 4 rooms
- Manikins, medical equipment store room (14 X 12 ft) - 1 room
- Faculty room with a cabin for team lead (20 X 20 ft) - 1 room
- Hostel Facility for 100 boys and 50 girls - 1

B- Educational equipment and material in all Lecture Halls and skills stations

- LCD, Projector, screen, PC, Public Address System with collar and lapel mikes
- White board in each lecture hall and skills station
- One table and a chair for faculty in each lecture hall and skills station

C- Additional requirements:

- Projector lamps 2 in numbers should be available in spare
- One digital camera

D- Basic expectations:

- Every batch will have minimum of 40 participants.
- Every month should have at least 20 training days.
- Annual training calendar should be finalized in advance
- Training fee and other budgeted expenditure should be given as quarterly advance.

E-Budget Estimates:

A. Capital Expenditure	Cost
1. Learning Centre of about 100,000 sft in a 4 acre site	Rs. 3,500 Lakhs
2. Audio Visual Equipment for class rooms	Rs.10 Lakhs
3. Manikins etc (Refer to Annexure 1)	Rs.50 Lakhs
Sub Total	Rs. 3560 Lakhs
B. Recurring Expenditure for one year	
1. Training fee to be charged by GVK EMRI	Rs.979.80 Lakhs
2. Maintenance of Learning Centre Complex	Rs. 60 Lakhs
3. Boarding and Lodging expenses of participants @ Rs.250/- per participant per day	Rs.108.69 Lakhs
Sub Total	Rs. 1148.49 Lakhs
Grand Total	Rs. 4708.49 Lakhs

Thus, to establish Emergency Medicine Learning Center in the state, there is total budgetary provision is of Rs.4708.49 Lakhs, out of which state proposed Rs.1500.00 Lakhs for the year 2013-14 and remaining for next year but the approval is pended (B.5.10.1.5).

CONSOLIDATED BUDGET SHEET – NEW CONSTRUCTIONS– 2013-2014

FMR Code	Budget Head	Proposed for 2013-14			Approved budget (Rs. In Lakhs)	Remarks
		Quantity / Target	Unit Cost (Rs)	Proposed Budget (Rs. In Lakhs)		
B5.1	CHCs	80		30000.00	-	Approval pended
B5.3	SHCs/Sub Centres	350	1020000.00	3570.00	-	
B5.4	Setting up Infrastructure wing for Civil works					
B5.4.1	Staff at State level	1	-	3.90	-	Not approved
B.5.10	Infrastructure of Training Institutions					
B.5.10.1.5	New Training Institutions/School (Emergency Care Learning Centre)	1	-	1500.00	-	Approval pended
	Sub Total	-		35073.90	-	

CHAPTER-B.6: ROGI KALYAN SAMITI(RKS)

As per the approved norms of GoI, @ Rs. 0.50 Lakh per year per facility for PHCs, @ Rs. 1.00 Lakh per CHC and @ Rs. 5.00 Lakh for District Hospital through District Health Society. As per GOI norms the total allocation works out to Rs. 3063.50 Lakhs.

FMR Code	Facility level	Proposal for 2013-14			Amount approved (Rs. In Lakhs)	Remarks
		Number of RKS	Unit Cost	Amount Proposed (Rs. in Lakhs)		
B.6.1	District Hospital	152	500000.00	760.00	554.80	Approved to the extent of utilization (73%)
B.6.2	Community Health Centres	948	100000.00	948.00	853.20	Approved to the extent of utilization (90%)
B.6.3	Primary Health Centres	2711	50000.00	1355.50	1219.95	Approved to the extent of utilization (90%)
Sub Total				3063.50	2627.95	

Note-Eight Bal Mahila Chikitsalaya in Lucknow district and one 50 bedded hospital in Bhadohi district are also included in the list of CHCs for RKS budget.

Thus, for Rogi Kalyan Samities (RKS) an amount of Rs.3063.50 Lakhs was proposed for the year 2013-14 out of which GOI approved Rs.2627.95 Lakhs only (ROP-FMR Code-B.6 and its sub heads).

CHAPTER-B.7: HEALTH ACTION PLANS

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, 2013 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.

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.

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.

As per GOI guidelines for PIP preparation, data is collected from the village and based on it block/district plans are formulated. For these activities, various meetings are conducted. Finally based on district plans, state PIP is compiled after several steps of reviews and discussions at divisional and state head quarter level, **hence a budget of Rs. 465.21 Lakhs was proposed for the preparation of PIP in the year 2013-14, which will help in preparation of PIP for the year 2014-15. GOI approved Rs.36.50 Lakhs only out of which Rs.25.00 Lakhs for state level and Rs.11.50 Lakhs for district level (ROP-FMR Code-B.7 and its sub heads).**

CHAPTER-B.8: PANCHAYAT RAJ INITIATIVES (PRIS)

A)- Orientation Workshops, Trainings and capacity building of PRI at State/Dist. Health Societies, CHC,PHC

VHSNC training - The NRHM framework support decentralized planning & monitoring up to grass root level. Therefore, it was decided to entrust village level committees of the user groups, community based organization for the planning, monitoring & implementation of NRHM activities in to the state. Village Health Sanitation and nutrition committee feed such groups; it envisaged that the VHSNC will be the key agency for developing village health plan and the entire planning of village panchayat for NRHM. This committee comprises of panchayat representatives, ANM, AWW, teachers, community health volunteer and ASHA. The state is presently having around 52374 gram panchayats where such committee exists. It is planned to orient there committee on village health need identifications and local action proposed under NRHM.

The training approved in 2012-13 is being conducted through SIFPSA. It is essential of build capacity of PRI members, hence 50% of the the proposed amount is again being proposed for approval.

The proposed activities are mentioned below:

- Letter to DMs/CMOs from PS-Medical Health and Family Welfare regarding proposed VHSNC training
- CDOs orientation at the state level in their routine monthly review meeting
- DPROs orientation at the state level in their routine monthly review meeting
- Orientation of District level officers in the DHS with the proposed training program
- Master TOT for ACMOs-RCH, DPROs and State level NGO members at the state level
- District level TOT by Master Trainers (ACMOs-RCH, DPROs and State level NGO members) for HEOs, ADOs-Panchayat and NGO members (District Trainers)
- Training of Pradhans and VHSNC members at the Nyay Panchayat levels in a cluster of 5 VHSNCs to be conducted by District Trainers
- Monitoring of the training at different levels by-
 - 1-State level Officers (Directorate, SPMU, SIFPSA Staff)
 - 2-District level-By DM, CMO, CDO and DPRO
 - 3-Block and Panchayat levels by BDO and MOIC

For the above purpose, an amount of Rs. 4163.35 Lakhs was proposed for the year 2013-14, which is not approved by GOI (ROP-FMR Code- B.8.2)

B)- Establishing sub-centrel level platform for effective MCH service delivery through front line workers

Background - Strengthening capacity of FLWs to deliver quality health care at community level to improve coverage of critical interventions is a globally established and proven strategy. Proven approaches for strengthening capacity of FLWs include equipping them with knowledge, skills, job aids, providing supportive supervision, ensuring work load rationalization and improving motivation levels of FLWs.

Existing Blocklevel platforms: Barriers and Challenges

1. Current Block level meetings too large and inadequate for FLW level planning, review and supportive supervision
2. Inadequate synergy between ICDS and NRHM
3. Inadequate skills and motivation among FLWs

Sub-centre level platform: the proposed model

Sub-centre level monthly meetings of all the AWW and ASHA of the sub-centre area, overseen and facilitated by the ANM and participation of block level officials is proposed as a model for addressing the above barriers. The sub-centre level meetings will be introduced in addition to the existing platforms of VHSNDs and block level meetings. The relatively small size of a sub-centre area will allow for the total number of participants at the sub-centre meetings to be less than 20. A smaller group of participants will provide a better opportunity and space to review and plan for each village, as represented by the corresponding AWW and ASHA.

ANMs are available as resource with better technical and some level of supervisory skills that can be further enhanced with tailored capacity building inputs and handholding. Until ANMs learn to facilitate these meetings on their own, external facilitators will be required to handhold and support the meetings. It is planned that other facilitators from within the system would be drawn in, such as the Lady Supervisor, the Block Community Mobilizer, the Block Health Manager, etc. It is proposed that as an initial step, for each block, a micro-plan with specific dates for each sub-centre meeting will be developed jointly by block level health and ICDS officials to ensure minimum overlap of meetings on a particular day. The timing and scheduling of sub-centre meetings can be flexible and largely locally determined, since it involves only a few, closely clustered villages and frontline workers.

Expected Outputs

- Structured opportunities for FLWs to achieve complete coverage and individual tracking
- Guidelines for delineation of roles and responsibilities for FLWs in day to day work, without making the boundaries too rigid, and taking into account the very different remuneration systems of these functionaries
- A mechanism, preferably interactive, to build capacity of ANM to handle this responsibility of mentoring AWW and ASHA
- Clearly defined roles for ICDS supervisors and CDPOs, especially in terms of Maternal and Child Health and Nutrition (MCHN) and non-MCHN tasks of ICDS, and for PHC staff other than ANMs
- A mechanism to facilitate easy matching of service provision records
- Forums for VHSND to make meaningful and positive contributions
- Close coordination between the ICDS and NRHM leadership at all levels to facilitate the above
- Provisions for the model to function in a wide range of situations of adequacy of numbers of ANM and ICDS supervisors.
- Provide a platform to ensure focus on the core MCHN functions of ICDS and NRHM, and help avoid disruption by other unpredictable, competing priorities (such as campaigns and schemes)
- Enhanced ownership and higher motivation of FLWs
- Forming sub-centre level teams is an initial step in incentivizing team performance for service package - a testable innovation

Budgetary Details for establishing Sub Centre level Platform for Effective MCH Service Delivery with Technical Support from BMGF in 25 Districts (19 High Priority Districts of GoI + 6 other with poor health indicators)

Sl.	Particulars	No. of Units	Unit Cost (in Rs.)	Total Amount (in Rs.)	Remarks
1	Consultant at State level	2	60000	720000.00	2 Consultants for 6 Months
2	Developing & Printing of Training Materials, Job aids etc.	8000	75	600000.00	For 6731 ANMs, Mos & other officers in these Districts
3	Training of District Trainers at State level (No. of Batches)	2	37438	74875.00	3 Trainer from each district including Nodal Officer, DPM & DCM
	Training of Block Trainers at District level (No. of Batches)	25	18851	471280.00	2 Trainer from each block including Medical Officer /BPM/ HEO
	Training of ANMs at Block level (No. of Batches)	294	15463	4546140.00	294 Batches of 20-30 participants each for 6731 ANMs in 25 districts
Total Training Cost -				5092295.00	
4	Planned meetings at Subcenters				
	Facilitators Honorarium @Rs.300-meeting including travel cost (No. of Meetings)	26924	300.00	32308800.00	Facilitators in meetings for 4 months
	Refreshment for Participants @Rs.20/- per participants for 20 participants (No. of Meetings)	26924	200.00	21539200.00	20 Participants in each meeting for meeting in 4 months
	Contingency support for organizing meeting (No. of Meetings)	26924	100.00	10769600.00	1 Meeting at each SC for 4 months
Total Training Cost -			600.00	64617600.00	
5	District Management Support (Annual cost including travel cost of 2-3 District level staff)	25	30000.00	3000000.00	1 Vehicle/District @ Rs.30000/- per month for 4 months
6	State level Management Support (Annual cost including travel costs)	50	10000.00	500000.00	2 Visit/district for 25 Districts @ Rs.10000/- per visit
Total:-				74529895.00	

Details of 25 High Priority Districts for the Project of Establishing Sub Centre level Platform for Effective MCH Service Delivery

Sl.No.	District Name	No. of Blocks	No. of Sub Centers	No. of Batches
1	Allahabad	20	499	20
2	Bahraich	14	310	14
3	Balrampur	9	206	9
4	Barabanki	15	339	15
5	Bareilly	15	398	15
6	Budaun	15	296	15
7	Etah*	8	182	8
8	Faizabad	11	257	11

9	Farukhabad	7	188	7
10	Gonda	16	322	16
11	Hardoi	19	413	19
12	Kannauj	8	180	8
13	Kanshiram Nagar	7	163	7
14	Kaushambi	8	166	8
15	Kheri	15	371	15
16	Maharajganj	12	293	12
17	Mirzapur	12	251	12
18	Pilibhit	7	197	7
19	Rampur	6	204	6
20	Sant Kabir Nagar	9	176	9
21	Shahjahanpur	15	283	15
22	Shrawasti	5	121	5
23	Siddhartha Nagar	14	278	14
24	Sitapur	19	468	19
25	Sonbhadra	8	170	8
Total:-		294	6731	294

Training Budget Plan 2013-14

Training of District Master Trainers (State level Training)- Training Cost for 2 Batch			
Particulars	No./ Unit	Rate in Rs.	Total Amount(Rs.)
Fooding Arrangement	75	200	15000
Stationary	75	75	5625
Certificate	75	15	1125
Flip Book	75	75	5625
Contingency	1	10000	10000
Flip Books for state/division/district level officers	500	75	37500
Sub Total:-			74875
Training of Block Trainers (District level Training)- Training Cost for 25 Batch			
Particulars	No./ Unit	Rate in Rs.	Total Amount (Rs.)
Trainers Honoraria	50	500	6000
Trainees Honoraria	588	300	176400
Fooding Arrangement	588	150	88200
Stationary	588	75	44100
Certificate	588	10	5880
Flip Book	588	75	44100
Contingency	25	2500	62500
Flip Book for Dist.Trainers	588	75	44100
Sub Total:-			471280
ANM Orientation Training (Block level Training)			
Particulars	Training Cost for 294 Batch		
	No./ Unit	Rate in Rs.	Total Amount in Rs.
Trainers Honoraria	588	300	176400
Trainees Honoraria	6731	200	1346200
TA for Trainees	6731	100	673100
Fooding Arrangement	6731	100	673100
Certificate	6731	15	100965
Stationary	6731	50	336550
Flip Book	6731	75	504825
Contingency	294	2500	735000
Sub Total:-			4546140
Total			5092295

For Establishing sub-centrel level platform for effective MCH service delivery through front line workers, an amount of Rs. 745.30 Lakhs was proposed for the year 2013-14, which is not approved by GOI (ROP-FMR Code- B.8.3.1)

CHAPTER-B.9: MAINSTREAMING OF AYUSH

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Systems of Medicine have proven promotive, preventive and curative strengths. With a view to integrating AYUSH health care with mainstream health care services, 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 and state is proposing following activities for the year 2013-14, as below:

1)- HUMAN RESOURCE

A)- At State Level – For the year 2013-14, state is proposing the following human resource contractual/deputation posts (As per GoI Guidelines, New Structure)

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience
AYUSH :					
1	Programme Manager	1	40000	4.80	MBA/Master Degree in Personnel Management/ Management in HR from a reputed AICTE recognized institute with minimum 07 years working experience
2	Finance Manager	1	30000	3.60	MBA in Finance from AICTE recognize institute with minimum 03 years experience in a govt. or any other reputed organization in finance management of major programme/ project
3	Accounts Manager	1	30000	3.60	MBA Finance/ M.Com/ ICWA (Inter)/CA (Inter) from recognized institute with minimum 03 years experience in govt. or any other organization in account management. Experience in health sector desirable
4	Data Assistant	1	20600	2.47	Graduate with Diploma in Computer application or BCA. Knowledge of MS Office package, Tally/ PageMaker etc. with Hindi / English typing with experience of min. 3 years
HMIS:					
1	HMIS Manager	1	30000	3.60	M.Sc. Statistics, M.Sc. IT/MCA from recognized institute with minimum 03 years experience in a govt. or any other org. in information management of any project. Experience within the HMIS domain is desirable.
2	Data Entry Operator	1	11000	1.32	Graduate with Diploma in Computer application or BCA. Knowledge of MS Office package, PageMaker etc., Hindi/ English typing with 02 years experience
Sub Total				19.39	

Sl.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience
Additional Proposal					
1	General Manager	1	125000	15.00	On Deputation
2	Deputy General Manager	1	80000	9.60	On Deputation
3	Consultant	1	45000	5.40	PG in respective pathy (retired faculty upto 65 years of age may be preferred)
4	Programme Coordinator	1	30000	3.60	Master Degree in MSW/Sociology with 5 year experience
Sub Total				33.60	
Grand Total				52.99	

Thus, the total budget required for the state level human resource is **Rs. 52.99 Lakhs**.

B)- At District level - There are 1203 Male AYUSH Doctors, 841 Female AYUSH Doctors and 759 AYUSH Pharmacists are working in the state at various health facilities at district level. **For the year 2013-14, an amount of Rs. 8,269.20 Lakhs was proposed, out of which GOI approved Rs.3353.22 Lakhs only (ROP-FMR Code- B.9 and its sub heads) as per following details:**

Proposed for 2013-14						Amount Approved (Rs. In Lakhs)	Remarks
Sl.	Post	Units	Unit Cost	Month	Amount Proposed (Rs. In Lakhs)		
1	Male AYUSH Doctors	1203	30000.00	12	4330.80	1732.32	Approved @ Rs.24000/ month
2	Female AYUSH Doctors	841	30000.00	12	3027.60	1211.04	Approved @Rs.24000/ month
3	Pharmacists	759	10000.00	12	910.80	409.86	Approved @Rs.9000/ month
Sub Total					8269.20	3353.22	

2)- DRUGS AND CONSUMABLES

For the year 2013-14, to purchase drugs and consumables at facility level under AYUSH, a provision of Rs. 1.25 Lakhs per unit is being made. In present, there are 2044 units are in the state and therefore a **total budget of Rs. 2555.00 Lakhs was proposed but the approval is pended (ROP-FMR Code-B.16.2.9).**

CHAPTER-B.10: INFORMATION, EDUCATION & COMMUNICATION (IEC)/BEHAVIOUR CHANGE COMMUNICATION (BCC)

Uttar Pradesh is a very vast and most populous state. The rural community is mostly in difficult and unreached areas and health needs of this rural population is mostly unmet. To provide information regarding health services and to change in health seeking behaviour in our target audience, strong BCC and IEC campaigns are required.

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 Bureau under Family Welfare Directorate and IEC cell at SPMU level. All the programme managers will coordinate with IEC/BCC cell under FW directorate to implement programmers' related activities. At SPMU level IEC /BCC Cell is established with one General Manager (on deputation from PMHS Cadre), One Consultant, one Program coordinator and one computer operator. However IEC bureau at family welfare directorate level is not fully functional. There is only one Joint Director from PMHS Cadre along with support staff. The Post of Director of IEC bureau is lying vacant.

An approximate budget of Rs. 5.00 Lakhss was proposed in the year 2012-13 for the strengthening of IEC/BCC cell at the Family Welfare Directorate under the Director- IEC, which is approved by GOI (ROP-FMR Code-B.10). But IEC bureau could not utilized the fund due to administrative problems.

However in the Year 2013-14, a budget of Rs. **25.94 Lakhs** is being proposed by the IEC bureau. 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, colour printers, Photostat machines and computers are being budgeted. Out of which **Rs. 8.94 Lakhs** is proposed for strengthening of IEC bureau, **Rs. 12.00 Lakhs** for the printing of folders on health issues and Rs. 5.00 Lakhs for Republic Day celebration which is managed by IEC bureau

Sl.	Activity	Unit Cost (in Rs.)	Quantity	Amount (in Rs.)	Total amount with all taxes (in Rs.)
1	Photostat machine as per DGS & D rates	178624.00	01	178624.00	178624.00
2.	Computer	57442.50	02	57442.50	114885.00
3.	Contingency -landline installation & bill, Photostat paper, SPS, Printer & cartridge of Photostat machine, file cover, envelope & etc. for office, and electronic maintenance	50000.00	12 months	50000X12	600000.00
Total amount					893509.00

In addition to above proposal for printing folders of Size 5.75”X8”.8”, 130 GSM art paper, double sided offset printing, basic 4 colours, except base colour @ of Rs. 2.50 / folder, total number of 40,000 on 12 different health issues. Thus, a total budget of Rs.12.00 Lakhs is proposed for these folders. Further more, for Republic Day Celebration a proposal from IEC bureau for that approximate budget of Rs. 5.00 Lakhs is proposed.

Under IEC/BCC, for the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

1)- IEC/BCC ACTIVITIES FOR MATERNAL HEALTH

The priority behaviours and target audience for BCC activities under Maternal Health for the year 2013-14 are as under-

Maternal Health (JSY, JSS, MDR and Safe Abortion)	Priority Behaviours	Target Audiences	
		Primary	Secondary
	Complete ANC: 4 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 and introduce Postpartum care.	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
	More emphasis on Registration and 48 hours stay in hospital after delivery.	All Unmarried and Married woman and Adolescents	ASHA, AWW, Older women in family

Activities are planned as per the State BCC strategy and included Household level, community level and state level interventions of IPC, Mid Media, Community/Local Media and Mass Media as per table below –

Interpersonal Communication	Mid media	Mass Media State /District level
House Hold level	Block level	Posters, Audio TV spots, Film Show.
<ul style="list-style-type: none"> Home visit by ASHA For need based counselling (IPC Tool Flip Book) 	Block level	
<ul style="list-style-type: none"> PNC Visit by ASHA 	Facility Level Wall painting Hoardings Nukkad Natak.	Media Workshops at State and District level and sensitization meets on Maternal health MDR, JSY JSS and Safe Abortion at the occasion of <i>Safe Motherhood Day</i>
<ul style="list-style-type: none"> Village level activity VHND for ANC/PNC services Provision 	Safe Motherhood booklets	

Under Maternal Health, to carry out above mentioned activities a budget of Rs. 1766.39 Lakhs is proposed for the year 2013-14. Out of which a budget of Rs 637.50 Lakhs is proposed for printing of 37,50,000 Safe Motherhood booklets. Additionally there are some other activities like wall writing 10x 8sq ft @ Rs. 10.00 psf at Block level. One wall painting at each block in 820 Blocks and on 16000 govt Subcenters on ANC, PNC and stay of 48 hours in hospital, which will be met from VHNSC Untied Fund. Further, Rs.232.80 Lakhs is also proposed for hoardings 4 per district and 2 per block, size 20x10 sq. Ft. of 300 GSM. (JSY/JSSK), which will be met from 1% JSY Administrative budget.

Budget for IEC/ BCC activities- Maternal Health

1- MH Campaign “Chance Kyo Lena Hai” Developed by UNPHA/USAID

Sl.	Activity	Physical Target	Unit Cost	Frequ ency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mid Media					
a	Wall writing 10x 8sq ft @ Rs. 10.00 psf at Block level. One wall painting at each blocks in 820 Blocks and on 16000 govt Subcenters on ANC, PNC and stay of 48 hours in hospital.	820	800.00	1	6.56*	*To be met from VHNSC Untied Fund
b	Hoardings 4 per Distt and 2 per block, size 20x10 sq ft 300 GSM. (JSY/JSSK)	1940	12000.00	1	232.80*	*This will be met from 1% JSY admin budget
c	Hoardings 2 per Distt and 1 per block, size 10x10 sq ft 150 GSM.	970	20000	1	194.05	Hoardings- Rs 5000 for designing cost (clubbing of) is included in total amount.
d	Set of 4 posters, developed by GOI- 12.36 % tax Size: 4X6 Ft Paper : 140 GSM, 4 color flex with wooden mounting. Total sets 39140 (400sets at center, 37500 set for 75 districts, 1640 set for blocks)	39140	449.44	1	175.91	
	Total Mid media				369.96	
2	Mass Media					
	TV Spots(90 days telecast)				101.12	Approximate Budget proposed
	Audio spots(90 days telecast)				112.36	
	Two films produced by IEC Bureau			2	20.00	Approximate budget proposed

	(Surakshit Matritve) and by SIFPSA (Ab aur der nahi) will be telecasted from DDK LKO. and local cable net work.			
	Total Mass media			233.48
3	Safe mother hood booklet	3750000	17	637.50
4	Safe mother hood Day			
a	State level event Approximate			6.00
b	District level	50000	1	37.50
	Total			43.50
	Sub Total (1+2+3+4)			1284.44

MOU is signed between Govt of U.P and Bill Melinda Gates Foundation (BMGF) regarding promoting health awareness in the state. BMGF will develop IEC Campaign related health issues that will be used by the State govt. On the basis of this signed MOC 3 campaigns (Chaar Ghanth on MH, Ek Tin Do on FP and Balgam bhai on TB control Program) are included in the PIP 2013-14.

2- MH Campaign "Chaar Gaanth" by Bill Melinda Gates Foundation

Sl	Activity	Physical Target	Unit Cost	Frequency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mid media					
a	Street Play	2000	2950	1	59.00	This Campaign was developed by Bill Melinda Gates Foundation. Script and other material will be provided by Bill Melinda Gates foundation.
b	IPC Approximate				100.00	
c	IPC Material Approximate				50.00	
	Total Mid media				209.00	
d	Contingency @ 5%				10.45	
	Total				219.45	
2	Mass Media					
	Audio spots airing Approximate				100.00	Minimum 90 days airing
	Video spots telecast				150.00	
	Total Mass media				250.00	
	Contingency @5%				12.50	
	Total Mass Media				262.50	
	Sub Total Mass and Mid Media				481.95	
	Total for Maternal Health				1766.39	

Thus, total amount proposed for IEC/BCC under Maternal Health is Rs. 1766.39 Lakhs for the year 2013-14. For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

2)- IEC/BCC ACTIVITIES FOR CHILD HEALTH

The areas for communication interventions that have been identified under child health is new born care. A set of 3 posters have to be placed in Labour rooms as IEC material, based on the child care after delivery. Also there are posters related to maintenance of CH equipments. The language is easy Hindi and target audience is staff of labour rooms. Total cost Rs. 18.69 Lakhs is proposed in 2013-14.

IEC/BCC activity for Child Health	
For all Labour Rooms at PHC, CHC and District level.	Mid Media
4125	A Set of 3 Posters

Budget for IEC/ BCC activities- Child Health

Strengthening of Labour rooms:-Posters for Child care after delivery and maintenance of Equipment related to Child Health

Sl.	Activity	Physical Target	Unit Cost	Frequency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mid Media					
a	3 posters on CH ,19”X36” inches, 4 color, 150 GSM foam with wooden mounting	4125	449.44	1	18.69	These posters have to be placed in Labour rooms as material is based on the child care after delivery. Also there are posters related to maintenance of CH equipments. The language is easy Hindi. Target audience working staff of labour rooms..
Total					18.69	

Thus, total amount proposed for IEC/BCC under Child Health is Rs. 18.69 Lakhs for the year 2013-14. For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

3)- IEC/BCC ACTIVITIES FOR FAMILY PLANNING

Three BCC/IEC campaign are proposed on FP. These campaign are developed by (1) UNFA/USAID “Khushi Ka Mantra” (2)“PPIUCD” by SIFPSA and (3) Bill Melinda gates Foundation “Ek Teen Do”. IEC/BCC Activities under Family Planning are proposed in order

to promote Spacing and small family norm, demand generation for IUCD/PPIUCD and other Spacing methods. Priority Behaviours and target audiences identified are as under-

Family Planning	Priority Behaviours	Target Audiences	
		Primary	Secondary
	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	VHSNC & Community influential, ASHAs, ANMs,
	Use of Limiting methods (Other spacing Methods)	Couples achieving desired family size	ASHAs, AWWs, ANMs, Eligible Couples.

Activities are planned as per the State BCC strategy and included Household level, community level and state level interventions of IPC, Mid Media, Community/Local Media and Mass Media as per table below-

Interpersonal Communication	Mid media	Mass Media State level/ District level
House Hold level <ul style="list-style-type: none"> Identification of Client for spacing IPC by ASHA (Tool Flip Book) 	Sub canter level <ul style="list-style-type: none"> Hoarding, Posters, Folders 	<ul style="list-style-type: none"> Workshop for Correction of Developed Material Audio Video spots .
Block level <ul style="list-style-type: none"> Job aids for ANMs Group meetings by ASHA 	<ul style="list-style-type: none"> Development of Flip book Folk media at block level 'Chal haat ki or' . Nukkad natak 	<ul style="list-style-type: none"> Bus panels
Village level activity <ul style="list-style-type: none"> VHND counselling of pregnant women by ANM Liability of Pradhans 	Facility Level <ul style="list-style-type: none"> Poster on Multiple choice Folders Mobilization of Committee 	<ul style="list-style-type: none"> Wide publicity of small family norms through Mass Media Print Media Ads in news papers

Budget for Family Planning IEC/BCC Activities

1- FP Campaign Khushi Ka mantra

Sl.	Activity	Physical Target	Unit Cost	Frequency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mass media					
a	Audio spots airing from AIR Lucknow all 12 Primary channels . Airing proposed for 90 days.				131.76	Because of different rates of spots according to the programmes only total cost is proposed.
b	Video spots				200.00	All regional TV channels

	telecast for 90 days budget proposed approximate.					will be covered including Door Darshan Lucknow
c	Hiring cost of 1000 Buses for Bus panels for 6 months	1000	5393.28	1	53.93	Rates as per UPSRTC .
d	Maintenance cost of Bus panels @7.6 sq ft	1000	4000		39.96	
	Total of Mass Media				425.66	
2	Mid Media					
a	Folk Nautanki	300	3150	1	9.45	All the folk troupes will be booked as per registration of Information department U.P Contingency Rs 500 for Nautanki and Rs 300 for other folk forms is proposed and 150 for light and sound arrangements is proposed
b	Nukkad Natak	300	2950	1	8.85	
c	Qwaalii	300	1350	1	4.05	
d	Birha	500	1650	1	8.25	
e	Printing charges of Scripts				0.05	
f	Orientation of folk troupes				0.50	
g	Total Folk				31.15	
h	Wall painting 2 wall paintings per block Total blocks 820	1640	179.776	1	2.95	
i	Set of 4 posters , developed by GOI .12.36 % tax Size:18x36" : 140 gsm, 4 colour flex with ilids four corners . Total sets 39140 (400setv at center 37500 set for 75 districts 1640 set for blocks)	39140	200	1	9.68	
	Total Mid Media				74.92	
	Total Mid and Mass media				500.58	

2-FP Campaign Developed by SIFPSA Copper T- 380 A

Sl.	Activity	Physical Target	Unit Cost	Frequency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mass media					
a	Video Spots telecast only on regional channels				44.94	Campaign is developed by SIFPSA. Only implementation cost is included
b	Airing of Audio spots				50.00	
c	Hoarding 10X10 ft	2201	2247.2	1	49.46	

	150 GSM flex 2 Per district and one per sub center.					
	Total Mass Media					144.41
	Contingency@5%					7.22
	Total for Mass Media					151.63
2	Mid Media					
a	Set of 2 posters on copper T- 380 A. Size:18x36 inches, Paper Qty: 140 gsm, 4 colour, flex, both side gumming strip including labour cost. 100 set of posters at distt. level and 50 set of posters per block	48500	112.36	1	54.49	One poster on Urban and one on rural
b	CHAL HAAT KI OR Folk media,(in Block level haats)budget break up at sheet 2 Budget Approximate				60.40	Folk troupes will be booked as per registration rates of Information Department. U.P Contingency Rs 500 for nautanki and 300 for others troupes will be paid.Rs 150 for light and sound is also proposed.
c	Job aids For front line workers for Printing				30.00	
d	Two days workshop for evaluation of developed material by Technical and IEC experts Approximate				2.00	Participants in the work shop will be Technical experts from different stake holders and IEC experts.
e	Suggestion incorporation cost in the material Approximate				3.00	
f	Printing of 2 types of Manuals for laparoscopic tubectomy and IUCD training. Approximate				20.00	
	Total Mid Media					169.89
	Contingency@5%					8.49
	Total Mid Media					178.39
	Grand Total					330.01

3-FP Campaign “Ek Tin Do” Developed by Bill Melinda Gates Foundation

Sl.	Activity	Physical Target	Unit Cost	Frequency	Total Budget (Rs. In Lakhs with taxes)	Remarks
1	Mid Media					
a	IPC (Inter Personal Communication)				100.00	Campaign has been developed by Bill Melinda Gates Foundation. All IPC tools and IEC Material had been provided by the Bill Melinda Gates
b	Nukkad Natak	3000	2950	1	88.50	All the folk troupe will be booked as per registration rates of Information U.P Contingency Rs 500 for Nautanki and Rs 300 for other folk forms is proposed and 150 for light and sound arrangements is proposed
c	Mid media				188.50	
	Contingency@5%				9.42	
	Total Mid Media				197.92	
2	Mass Media					
	Telecast of Video spots for 3 months				125.00	Audio Video spots will be aired and telecasted for 3 months from AIR DDK LKO, and other FM and Regional TV Channels
	Contingency@5%				6.25	
	Total mass media				131.25	
	Total mass and mid media				329.17	
	Total				1159.76	

Thus, total amount proposed for IEC/BCC activities under Family Planning is Rs. 1159.76 Lakhs for the year 2013-14. For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

4)- IEC/BCC ACTIVITIES FOR ARSH

To promote ARSH clinics and its clinical services, posters are being proposed

IEC activity for ARSH	
Strengthening of 72 AFHS Clinics	Mid Media
Clinical posters are related to the services of ARS, and to promote the services among the adolescents	Posters

Activity	Per clinic	No of clinic	No of material	Design cost	Printing @	Total	ST 12.36%	Total Budget (in Rs.)
1-Mid Media								
Poster Size:18x36 "inches, Paper Qty: 140 GSM, 4 colour flex for AFHS Clinic wooden frame	5	72	360	5000	100	36,000.00	4,449.60	45,449.60

Menstrual Hygiene IEC/ BCC Activities			
2 flex banner with hanging rod per block/District @ Rs. 500/- (16 Dist.+188 Blocks)	408	500.00	2,04,000.00
Two Menstrual hygiene 19" x 29" posters for 38294 ASHA (to be used during adolescent meeting)	76588	50.00	38,29,400.00
Sub total			40,33,400.00
Total			40,78,849.60

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

Other BCC/IEC activities

5)- IEC/BCC ACTIVITIES FOR SCHOOL HEALTH

IEC/BCC Activities under School Health programme proposed in order to promote every child has a right for a good health to survive. Iron is essential for every child to reduce the anaemia. De-worming tablets is given 6 monthly basis. This year 1.50 Lakhs wall paintings have to be designed on 1.50 Lakhs schools. Prabhat pheri with 500 school children once in a year on specific dates 15TH August, 2ND October or 26th January will be conducted at BRC level. Prabhat Pheri of 500 participants is proposed at all District level. Banners, Bill boards and posters for the prabhat pheri are also proposed.

BCC Activities for School Health Programme		
Block level	Mid media	Mass Media
Prabhat Pheri, will end at BRC level	Wall painting/Posters	Posters and banners
District level Prabhat Pheri	Wall painting/Posters	Posters and banners

Budget for School Health Programme						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs in Lakhss	Remarks
1	Mid Media Block level					

a	Prabhat Pheri Block level 500 person in one block total 820 blocks	410000	20	1	82.00	Prabhat Pheri/Rally will finally assemble at BRC level. Prescribed dates are 15Aug, 5 Sep or 2nd Oct Rally will be end at BRC Level
b	Posters 18x36" , 150 GSM flex, with eyelids on four corner, 2 posters per AWC for 1.5 Lakhs AWCs .	300000	35	1	105.00	To be placed pasted / hanged at AWCs
c	Banners for Prabhat 7ftx4ft, flex Pheri3 per block 820 Blocks	2460	300	1	7.38	To be used during Prabhat Pheri
d	bill board 10 per block	8200	50	1	4.10	To be used during Prabhat Pheri
e	7ftx4ft banners 2 per team for medical teams 2per team total teams 1640@10 Rs. per sq ft.	3280	280	1	9.184	T o be used during school visit
Total of Block level activity					207.7	
2	Mid media State level					
a	Prabhat Pheri District level 500 person in one District block total 75 Districts	37500	100	1	37.50	Prabhat Pheri/rally will finally assemble decided venue. Prescribed dates are 15Aug, 5 Sep or 2nd Oct
c	Venue arrangement, mike, audio-visual etc.	75	20000	1	15.00	
d	BSGY flex poster 5ftx3 Ft @10 Rs.sq ft at 65000 new schools and 15000 CHCs/PHCs/District and state officers @ 2 posters per center.	160000	150	1	240.00	
e	Billboards 18"x36" inches 10 per block @ Rs. 10.00 per sq ft.	750	60	1	0.65	Design cost Rs. 20000.00 has been included in total cost.
f	Banner for Prabhat Pheri 7ftX4ft flex @ Rs. 10 per sq ft. with wooden stick. (5 per District.)	375	300	1	1.325	Design cost Rs. 20000.00 has been included in total cost.
Total District level Activity					294.475	
Grand Total for IEC / BCC activities in School Health Program – Rs. 502.96 Lakhs						

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

6)- 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 drop-out rate, low parental motivation and lack of community ownership after immunization program. To cover the above issues and create a healthy atmosphere an IEC/BCC Activities under RI proposed in order to promote the importance of RI and to reduce the IMR. This Priority Behaviours and target audiences identified are as under-

RI	Priority Behaviours	Target Audiences	
		Primary	Secondary
	Importance to adopt RI	Parents	General Public
	To reduce Disability and other deformities which increase without RI	Parents	ASHAs, AWW, ANMs, Mothers-in-law
	To reduce the IMR	Parents	BSPM & Community influential, ASHAs, ANMs,

BCC Activities on RI			
Interpersonal; Communication	Mid media		Mass Media State level/District level
House Hold level • Bandai card for parent with new born	Sub canters level • RI FAQ booklets for front line workers	•	Posters and Audio Video spots.
Village level • Mobilization of couples for importance of RI	• RI Secessions • Posters and banners • Hands outs	•	RI Secessions Posters Banners
• BSPM celebration Gram Panchayat level • Liability of <i>Pradhans</i>	Facility Level • Poster • Hand outs • Banners	•	Wide publicity Mass Media

Budget for IEC campaign on RI						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs in Lakhs with taxes	Remarks
1	Mass Media					
a	T.V. spots Telecast for 4 Months				112.36	
b	Audio spots 4 Type Airing for 4 Months				112.36	
c	Total Mass Media				224.72	
2	Mid Media					
a	Poster for RI sessions.	73021	224.72	1	164.09	
b	Banner for RI sessions.	72621	224.72	1	163.19	

c	Badhaai card for parents with new born.	500000	4.50	1	22.47	
d	RI FAQ booklet for front line workers(ASHAs)	150000	5.62	1	8.43	
	Hand out for RI session	970000	5.62	1	54.49	
	Total Mid Media				412.68	
3	Special events on RI					
a	BSPM workshop at State Level.				20.00	
b	District level	75	20000	1	15.00	
c	Pradhan/Sarpanch sammelan at VHND day	51914	1000	1	519.14	Gram Panchayet Level
	Total special events				554.14	
	Total of mid media and special events.				966.82	
	Total IEC / BCC activities for RI Programme - 1191.54 Lakhs					

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

7)- IEC/BCC ACTIVITIES FOR EMTS

To provide the emergency medical transport services to patients, NRHM U.P. has introduced services of ambulance 108 .To promote the services of 108, IEC activities are proposed.

IEC/BCC Activities for the promotion of Ambulance - 108	
District / Block Level- Mid media.	State Level Mass Media
Posters	Audio spots

IEC/BCC Budget for campaign on EMTS 108						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs in Lakhs with taxes	Remarks
1	Mid Media					
a	Posters Size:18x36 inches, Paper Quality: 150 GSM, 4 colour flex 50 at Dist, and 20 per block.	11950	224.72	1	26.89	Design cost Rs 4000.
2	Mass Media					
b	audio spots 2 types 60 and 30 sec. 6 daily audio spots for 4 months				71.39	200 spots of 30 sec @ 5000 for 10 secs are proposed.110 spots of 60 sec @ 5000 for 10 secs are proposed.
	Total of Mid and Mass Media activities.				98.28	
3	Total IEC / BCC activities of EMTS 108 – Rs. 98.28 Lakhs					

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

8)- IEC/BCC ACTIVITY FOR COMMUNITY PROCESSES

As most active health worker at village level it is necessary to give recognition of ASHAs house. Name plates of ASHAs house as on tin with Screen printing is proposed to provide early and quality health services for villagers.

IEC campaign on ASHA Name Plate						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs in Lakhs with taxes	Remarks
1	Mid media					
	ASHA name plate, on tin with screen printing size 24"x18"	150000	100	1	150.07	Provide prominence to ASHAs house " Ghar hamaari ASHA ka "
Total for IEC Activities in Community Process - Rs. 150.07 Lakhs						

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

9)- IEC/BCC ACTIVITIES FOR URBAN HEALTH POSTS

500 UHPs have been established in U.P .To achieves the target of providing quality based services to the maximum client's, promotion through mass media and mid media is proposed. One Hoarding at every UHP and leaflets for distribution.

UHP	Mid Media
To promote the services of the UHPs and increase the maximum numbers of client in the clinics	Leaf lets Hoarding

Budget for Promotion of Urban Health Posts						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs. in Lakhs	Remarks
1	Mid Media					
a	Leaf lets	500000	5.618	1	28.13	Will be distributed among clients and in urban slums for promotion
b	Hoarding 10Ft X10Ft 150 GSM at every UHP	500	20000	1	100.05	Rate proposed for 12 months
Total of IEC activities for Urban Health Post – Rs.128.18 Lakhs						

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

10)- IEC/BCC ACTIVITY FOR TUBERCULOSIS (T.B.)

To reduce the infections and deaths from Tuberculosis and to develop healthy atmosphere, it is necessary to develop an IEC/BCC campaign. A campaign 'Balgam Bhai' is developed by Bill Melinda Gates Foundation and soft copies are being provided for the utilization.

T.B	Priority Behaviours	Target Audiences	
		Primary	Secondary
	Importance to adopt TB treatment "TB is a curable disease".	All family members	General Public
	Immediate sputum if having cough more than 3 weeks.	Parents	Family members ASHAs,
	To stop death from T.B	Parents	Community influential, ASHAs, ANMs,

BCC Activities on TB			
Interpersonal communication	Mid Media	State level / District level Mass Media	
• Group meeting by ASHA (Tool Flip Book)	Nukkad Natak	• Audio Video Spots ,	

Balgam Bhai Campaign on TB developed by Bill Melinda Gates Foundation						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs. in Lakhs with taxes	Remarks
1	Mid Media					
a	Inter Personal Communication.				200.00	All IPC tool and IEC material have been provided by Bill Melinda Gates Foundation
b	Nukkad natak	3000	2950	1	88.50	
	Total Mid media				288.50	
2	Mass Media					
	Video spot telecast Approximate Telecast from regional TV channels of U.P				125.00	
3	Audio spots airing, All 12 Primary channels of AIR U.P and to cover urban target audience Regional FM channels will be utilized.				201.60	
	Total Mass media				326.60	
Total for IEC / BCC campaign on Tuberculosis. – Rs. 615.10 Lakhs						

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

11)- IEC/BCC ACTIVITIES FOR PCPNDT

Complete Campaign on PCPNDT has been developed by NRHM U.P and will be designed and developed at State level. Character of Shakti is introduced in the Campaign. 2 girls per block will be selected and will train by ASHA on PCPNDT issues. These girls will be given the name of Shakti. Shkti will collect the girls from schools and visit to nearby villages in the form of Jahttah raising their demand against sex ratio. IEC/BCC Activities under Sex Ratio (PCPNDT) developed by NRHM.U.P are proposed in order to reduce sex ratio related to female foeticide:-

Sex Ratio (PCPNDT)	Priority Behaviours	Target Audiences	
		Primary	Secondary
	To reduce Pressure on women for reproduction leading to increase MMR and Maternal Morbidity rate.	Spouses	General Public
	To create awareness regarding the effects of declining sex ratio of girls.	Parents	ASHAs, AWW, ANMs, Mothers-in-law
	To create awareness that girl can perform their duties toward their parents much better than son. To create awareness about the girl importance in the society	Elder Family members	VHSNC & Community influential, ASHAs, ANMs, and parents
	To give proper information about the act of 1994	Parents and Family members Couples achieving desired family size	General Public

BCC Activities on sex Ratio PCPNDT		
Block Level/village level	Mid media	State level and district level Activities Mass Media
<ul style="list-style-type: none"> Group meeting by ASHA (Tool Flip Book) 	Folk Media, Posters	<ul style="list-style-type: none"> Posters, Audio Video Spots , Video Drama, State level College Drama Competitions
Block/Village level <ul style="list-style-type: none"> Jattha rally in the leader ship of selected girl <i>Shakti</i> 	Jattha/Folk media, posters , banners	<ul style="list-style-type: none"> Posters Audio Video Spots
<ul style="list-style-type: none"> Village level (IPC)Community sensitization (Tool Flip book) 	ASHA , Jattha rally ,banners	<ul style="list-style-type: none"> Phone in program form AIR
<ul style="list-style-type: none"> Research, Pre-test (Block village and District level) Monitoring District, Block and village level. Evaluation 	<ul style="list-style-type: none"> All print material Rough cut of Audio Video spots and Guide line will be developed for Campaign monitoring. Midterm and end line evaluation will be conducted by SIFPSA. 	<ul style="list-style-type: none"> By the Selected agency/ NRHM and SIFPSA officials Monitoring by DPMUs and time to time visit by officers of NRHM and SIFPSA By the selected agency

BCC campaign on PCPNDT						
Sl	Activity	Physical Target	Unit Cost	Frequency	Total Rs in Lakhs (with taxes)	Remarks
1	Mass Media					
a.	3 types of television spots Production on consequences of declining sex ratio and Act	3	300000	1	10.11	
b.	Radio spots Production on consequences of declining sex ration and Act	3	45000	1	1.52	
c.	Radio Phone In From AIR Lucknow at Prime time One program in a month	12	66000	1	8.90	State Hook up rates have been mentioned Phone in with Film music (Cat 1)
d.	Video Drama Production and telecast from Door Darshan LKO and local cable net work	4	500000	1	20.00	Production of 4 dramas and Telecast from DDK LKO and cable net work.
e.	Telecast cost of Video spots Approximate				168.54	Telecast from regional channels of U.P by DAVP rates
f.	Broadcast cost of Audio spots Approximate				112.36	Airing from AIR LKO state hook up rates and other FM channels. on DAVP rates
	Mass Media				321.42	
	Contingency @ 5 %				16.07	
	Total Mass Media				337.50	
2	Mid Media					
	Hoarding 20x10 Iron frame total 100 on rent	100	25000	1	25.00	Work will be completed according to the rates approved by Information Dept Lucknow FOR 12 months, will be based on the rental. Hoardings will; be placed at District level hospitals.
a	Designing of Posters 18" X36"	3	5000	1	0.15000	
b	Set of 3posters , with .12.36 % ST Size:18'X36' 140 gsm, 4 colour flex with four corner ilids mounting. Total sets 39140 (400sets at	78280	224.72	1	175.91	

	center 37500 set for 75 districts 1640 set for blocks)					
c	College level State level Drama Competition on PCPNDT issues				5.00	Scripts will be developed .State level Govt colleges will be covered. Colleges will be selected and students will be trained on developed scripts. Drama compaction will be organized. Prizes will be given .
d	Jagran jathha 1 per block level minimum 50 person once in a year banners and refreshment	820	1000	1	8.200	
e	For Jatthaas 2 girls will be trained at block level under guidance of HEO	820	500	1	4.10	2 girls per block will be trained by ASHA these girl will be given the name Shakti. Shakti will collect the girls from schools. Group of 50 girls will perform like jatthas with slogans and demand against declining sex ratio.
G	Folk media implementation at block level Approximate Budget			1	60.40	Troupes are registered from Information department Lucknow will be booked and trained .Contingency and light and sound charges as mentioned in MH and FP campaign will be given to the troupes. In first phase most sensitive districts will be covered.
h	Folk troupes orientation LS				0.50	
i	Folk Script Development cost	4	5000	1	0.20	
	Folk script typing and print Approximate				0.20	
j	3 days Content development workshop Approximate				1.00	In the work shop technical experts, lawyers, IEC experts, Designers and writer will be invited. Complete content related to the campaign will be developed for all proposed IEC materials.
k	Pre-test Research				0	in 5 different district 2 block per district and 10 villages per block according to the most sensitive areas on Sex Ratio
l	IPC (flip book)	150000	50	1	75.00	Tool flop book
m	Monitoring and end				10.00	End line evaluation by

line evaluation	selected agency
Mid media	365.67
Contingency@ 5%	18.29
3 Total of Mid Media	383.94
Total of Mid and Mass media	721.44
Total IEC / BCC activities for PC&PNDT Programme - Rs. 721.44 Lakhs	

For the above proposed activities, GOI not granted any specific approval. General approval accorded as per remark in ROP-FMR Code-B.16.

12. **Mass and mid media activities for any of the programme** - Rs. 200.00 Lakhs is being proposed. This budget is to be used for any of the programs in news papers advertisement or TV / Radio spots / Programs are in mid-media (in putting bus back panels or mounting of buses with specific health messages / programs) as per the need. **General approval accorded as per remark in ROP-FMR Code-B.16.**
13. IEC Activities and strengthening of IEC Bureau Rs. 25.94 Lakhs is proposed (Details already mentioned.) **General approval accorded as per remark in ROP-FMR Code-B.16.**
14. Printing of WIFS card for new enrolled children under BSGY Programme – Rs. 233.42 Lakhs was proposed for printing of WIFS cards, **which is approved by GOI (ROP-FMR Code- B.10.5.2).**
15. IEC/BCC activities for Urban Health Rs.34.65 Lakhs was proposed for IEC/BCC activities in Urban Health Programme for 231 Urban Health Posts @ Rs. 15000.00 per year, **which is not approved by GOI(ROP-FMR Code-B.10.5.3.1)**
16. Printing of Training Modules for Laparoscopic, Minilap, and IUCD Training – a Budget of Rs. 20.00 Lakhs is proposed for Laparoscopic 05 types, minilap 05 types and IUCD 03 types of Module printing. These trainings will be conducted in co-ordination with SIFPSA. **General approval accorded as per remark in ROP-FMR Code-B.16.**

Important Note: All the audio Video spots will be aired and telecasted on State Hook-up rates and DAVP rates. New Activities introduced in IEC/BCC

- Folk Media
- Stage Play
- Video and Radio Drama. Radio Phone In
- Phone In Program
- Jatha and Prabhat Pheries
- Pre-test and Evaluation

Budget Summery (IEC/BCC) for 2013-14

Activities		Mid Media (Rs. in Lakhs)	Mass Media (Rs. in Lakhs)	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
(A) Maternal Health					
1	Activities from 1% of JSY Admin. Cost	-	-	-	Approval as per remark under ROP-FMR Code-B.10
	Mid and mass media expenditure for M. H.	369.96	233.48	603.44	
2	Bill Melinda Gates	219.45	262.50	481.95	
3	Safe motherhood Booklet Printing	637.50	-	637.50	
4	Safe Motherhood Day	43.50	-	43.50	
Sub Total			1766.39	-	
(B) Child Health		18.69	-	18.69	Approval as per remark under ROP-FMR Code-B.10
(C) Family Planning					
1	Khushi ka Mantar	74.92	425.66	500.58	
2	Copper T-380 A	178.39	151.63	330.00	
3	Bill Melinda Gates	197.92	131.25	329.17	
Sub Total			1159.77		
(D) ARSH		40.79	-	40.79	
(F) Other IEC/BCC Activities					
1	School health	502.96	-	502.96	Approval as per remark under ROP-FMR Code-B.10
2	R. I.(Budget for special event on RI BSPM workshop & Pradhan Sammelan at VHSND Day has been included in mid media)	966.82	224.72	1191.54	
3	EMTS-108	26.89	71.39	98.28	
4	ASHA Residence name plate	150.07	-	150.07	
5	Urban Health Post	128.18	-	128.18	
6	T.B.	288.50	326.60	615.10	
7	Mass & Mid media both (approximate)			200.00	
Sub Total			2886.13	-	
8	PCPNDT (Sex Ratio)	383.94	337.50	721.44	Approval as per remark ROP-FMR Code- B.10
9	IEC/BCC activities & strengthening of IEC Bureau		-	25.94	
10	Printing of WIFS card		-	233.42	233.42
11	IEC/BCC activities for Urban Health		-	34.65	Not approved
12	Printing of Training Modules for Laparoscopic, Minilap, and IUCD			20.00	Approval as per remark ROP-FMR Code- B.10
TOTAL				6907.22	839.42*

** Approved a total of Rs.606.00 Lakhs for IEC under MH, CH, FP, ARSH including other printing as per the following break - up: Rs.108.00 Lakhs for 36 districts (Population less than 20 Lakhs)@ Rs. 3.00 Lakhs per district and Rs. 195.00 Lakhs for 39 districts (Population more than 20 Lakhs) @ Rs.5.00 Lakhs per district and Rs. 303.00 Lakhs for the State level. Apart from this, some activities under FMR B.10.5.2,&FMR- B.10.5.3.2 have been granted specific approval.*

CHAPTER-B.11: MEDICAL MOBILE UNIT (MMU)

The Millennium Development Goals aims at access to the health facilities and equitable distribution of health services amongst all inhabitants. To achieve this **Mobile Medical Units** have been envisaged which will provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or un-served areas under usual circumstances. Factors that negatively influence the existing public health system and call for the exigency are:

1. Distance of the remote villages from the Public Health Institution.
2. Geographical barriers to reach the pockets.
3. Lack of mobility support for field visit by the staff assigned to do the job.
4. Lack of medicines / equipment/manpower.
5. Lack of awareness & health consciousness in the community particularly among disadvantaged people, who are socio- economically backward.

Mobile Medical Units will be operative by the name of **National Mobile Medical Unit** and will have Medical Officer, pharmacist, lab technician, nurse, a data entry operator/ attendant and a driver, moves for at least 20 days a month to remote villages in the Block area as per a schedule prepared jointly by the concerned District programme officer & Block Medical Officer.

Each Mobile Medical Unit is required to be air conditioned and equipped with a Gen-set (5.6 KVA), an air-conditioner , a set of suction machine, a semi auto Analyzer, refrigerator, a Binocular Microscope, Eye examination Kit, Semi auto analyzer, Centrifuge, 2nos of Stethoscope, 2 set of BP apparatus, 2 set of Clinical Thermometer, 2 nos of weighing machine, 1 set of Knee Hammer, 1 set of Measuring tape, 1 set of ENT Diagnostic kit, 1 set of Eye examination kit, 1 set of first Aid Kit, 1 set of Resuscitation kits, 1 set of Suture instruments and Materials, 1 no of Needle cutter, 1 set of Vaginal specula, 1 set of 100 litter water storage device, 1 set of Drinking Water Storage (with purifier), 1 set of Towel Ring and soap stand, 2 set of Lines, 10 sets of Disposable Gloves, stationary, 2 pkts of Glass Slides, 2 nos of Dust bins with covers, 1 set of Bar light and siren, 3 nos of storage bins/Shelves for drugs, 1 no of display Board on services offered by MMU, 1 no of folding stretcher, 2 nos of Fire Extinguisher of 2Kgs weight, 1 no of Digital clock and 1000 nos of Patient Card with NRHM logo. A Computer set with DVD player and printer may be more beneficial. Examination table with foot-steps, Doctors chair and Patients stool in sufficient number should also be there. As per need more equipments, reagents and medicines can be added or deleted. Sufficient quantity of medicines for common ailments along with vaccine and syringes will be available in the MMU unit.

Mobile Medical Units will carry out the services like Curative Care, Reproductive & Child Health Services, Family Planning Services, Diagnostic Services, Emergency services & care in times of disaster. They will also render BCC activities to promote healthy life styles of the rural poor and counselling on Family Planning, RTI/STI or disease prevalent in that area. IEC material on health, hygiene, proper nutrition will be displayed.

Priority action: Mobile Medical Units will be operative by the name of **National Mobile Medical Unit** and will be fitted with **GPS** for tracking the movements of vehicle. It will be integrated with the primary health facilities and VHND. AWCs will also be visited, if nearby and will record the services rendered. Service delivery data will be regularly put in public domain on **NRHM website**.

District-wise details of Medical Mobile Units of the State

Name of District covered by MMU	MMUs Approved/ Functional in 2011- 12	MMUs Approved in 2012-13 (procurement is under process)	MMUs Proposed for 2013-14
Jhansi *	7	-	-
Jalaun *	8	-	-
Lalitpur*	5	-	-
Deoria*	15	-	-
Kushinagar*	13	-	-
Ghazipur*	15	-	-
Hamirpur*	6	-	-
Balia*	16	-	-
Mao*	8	-	-
Mahoba*	3	-	-
Banda*	7	-	-
Chandauli *	8	-	-
Sonbhadra*	7	-	-
Mirzapur*	11	-	-
Chitrakoot*	4	-	-
Etawah	-	5	-
Farrukhabad	-	5	-
Kannauj	-	5	-
Ramabai Nagar (Kanpur Dehat)	-	5	-
Raebareli	-	5	-
Hardoi	-	5	-
Sitapur	-	5	-
Kheri Lakhimpur	-	5	-
Rampur	-	5	-
Gorakhpur	-	5	-
Maharajganj	-	5	-
Basti	-	5	-
Sant Kabir Nagar (Khalilabad)	-	5	-
Siddharth Nagar (Nauagarh)	-	5	-
Bareilly	-	5	-
Badaun	-	5	-
Pilibhit	-	5	-
Shahjahanpur	-	5	-
Kaushambi	-	5	-
Barabanki	-	5	-
Gonda	-	5	-
Balrampur	-	5	-
Bahraich	-	5	-
Shrawasti	-	5	-
Bhadohi (Sant Ravi Das Nagar)	-	5	-
Saharanpur	-	5	-
Azamgarh	-	5	-
Mainpuri	-	5	-

Aligarh	-	5	-
Etah	-	5	-
Auriya	-	-	5
Kanpur Nagar	-	-	5
Lucknow	-	-	5
Unnao	-	-	5
Moradabad	-	-	5
Amroha (Jyotiba Phule Nagar)	-	-	5
Bijnor	-	-	5
Sambal (Bhim Nagar)	-	-	5
Allahabad	-	-	5
Fatehpur	-	-	5
Pratapgarh	-	-	5
Varanasi	-	-	5
Jaunpur	-	-	5
Ambedkar Nagar	-	-	5
Faizabad	-	-	5
Sultanpur	-	-	5
Amethi (Chatra Pati Sahu ji Nagar)	-	-	5
Meerut	-	-	5
Baghpat	-	-	5
Ghaziabad	-	-	5
Noida (Gautam Budha Nagar)	-	-	5
Panchsheel Nagar	-	-	5
Bulandshahar	-	-	5
Shamli (Prabudh Nagar)	-	-	5
Muzzaffar Nagar	-	-	5
Agra	-	-	5
Firozabad	-	-	5
Mathura	-	-	5
Kashi Ram Nagar	-	-	5
Hathras (Mahamaya nager)	-	-	5
Sub Total	133	150	150

Thus, for the above purpose, an amount of Rs. 7034.71 Lakhs was proposed as per following details but the approval is pended (ROP-FMR Code-B.11 and it sub heads):

Sl.	Activities	Unit of Measure	Physical Target	Unit Cost	Total Budget (Rs. in Lakhs)	Remarks
1	Capex	No.	150	2375000.00	3562.50	As per Local need (Unserved/Difficult to reach area)
2	Opex ⁴	No.	283		3472.21	Cost for 133 MMUs are proposed @ Rs. 165580 per month for 9 months (approved in 2011-12) and for 150 MMUs (Approved in 2012-13) being proposed now for 6 months @ Rs.165580
	Sub Total				7034.71	

⁴ As in revised PIP, there was an error, while calculating opex cost (Rs. 3725.55 Lakhs) for 300 MMUs. As, there are 283 MMUs and therefore, the proposed budget of opex is recalculated and projected here accordingly.

CHAPTER-B.12: REFERRAL TRANSPORT/PATIENT TRANSPORT SYSTEM

In view of the importance of access to ambulance services for reducing delays in access to care during various emergencies the ambulance services were started in all districts of UP. These services are basically of three types depending upon need and mode of operation.

1. “108” – EMTS Sewa
2. U.P. Ambulance Sewa
3. “102” Ambulance Sewa

1.1 – Emergency Medical Transport Service (EMTS) “108”

The objective is to provide immediate response during emergency with basic first aid to the patient and transport them to nearest government health facility. 133 ambulances operation started on 14 Sep 2012 and target of 988 ambulances was achieved on 10 Feb 2013. The operation of these ambulances is done by Service Provider M/S. GVK EMRI, U.P. It has a 100 seater centralized call center branch has in Lucknow. This service gained wide popularity and 342839 patients (including 184440 Pregnancy cases) benefitted till 31st Mar’2013. This service has achieved the target of about four patients per ambulance per day as per agreement.

State proposes to continue operation of these 988 ambulances in PIP 2013-14 for which Rs. 15258.67 Lakhs is required @ of Rs. 1.287 Lakh per ambulance per month (Which includes increment of 10% on 2012-13 rates as per agreement between UP Govt. and GVK-EMRI, U.P.)

1.2 – U.P. Ambulance Sewa

Under State Basic Ambulance Service 972 ambulances are already functional in all district of Uttar-Pradesh. These ambulances are used for inter facilities transport of patient, Sick New Born Children and for the purpose of drop back under JSSK. The operational cost of Rs. 93,31,20,000.00 is required in 2013-14 (@ of Rs. 80000.00 per ambulance per month).

1.3 “102” SEWA

These ambulances are expected to serve transportation of pregnancy cases as well as neonatal cases from home to the health facility. State proposes to operate 1000 such ambulances. The capital cost of Rs. 72,74,48,000.00 was received in 2012-13 .The required operational cost in 2013-14 for six months is Rs. 77,22,00,000.00 (@Rs. 1,28,700.00 per ambulance per month including operation of centralized call center).

In addition to above, following three activities are also proposed to strengthen referral transport system in the state. The activitywise budget summary is give below:

Sl.	Activities	Unit of Measure	Physical Target	Unit Cost	Total Amount Proposed (Rs. in Lakhs)	Total Amount Approved (Rs. in Lakhs)	Remarks
1	Operating Cost /Opex for ambulance						
	State basic ambulance/102 Opex	No.of Vehicle	1972	-	17053.20	Approval pended	For 972 Vehicles, operating Cost is Rs. 80000 per month/vehicle (which includes HR, POL, Vehicle Maintenance, etc.) for 12 months (UPAS) and for 1000 vehicles, cost is Rs.128700 per month/vehicle (which includes HR, POL, Vehicle Maintenance, centralized call centre operation, etc.) for 6 months
	Opex EMRI-BLS	No.of Vehicle	988	1544400.00	15258.67	Approval pended	For 988 Vehicles EMTS-108 (60% operational Cost) @Rs.128700 per month for 12 months. As per contract with GVK-EMRI, there is provision of 10% increase in operational cost per year.
	HR Basic ambulance		-	-	-		Already included in Sl. No. B.12.2.1
2	Others						
	Maintenance of UP Ambulance Seva Vehicles		-	-	-	-	Already included in Sl. No. B.12.2.1
	Automatic Vehicle Location Tracking System (AVLTS)	No.of Vehicle	3000	-	577.75	Not approved	State Level - New Activity (Ambulance Control and Command Centre)
	Hiring of Consultant for 102	No	1	3600000.00	36.00	Not approved	For developing RFPs/Tenders, completing tenders/bidding processes for the selection of service provider agency
	Third Party Monitoring and Evaluation of 102 & 108	No	2	1500000.00	30.00	Not approved	
	Sub Total				32955.62		

Thus, for the above purpose, an amount of Rs. 32955.62 Lakhs was proposed as per details given in above table, but for some activities the approval is pended and some activities are not approved by GOI (ROP-FMR Code-B.12 and it sub heads):

CHAPTER-B.14: INNOVATIONS

1)- INTERSECTORAL CONVERGENCE

A. Proposal for establishing 151 Blood Storage Centre at First Referral Unit (FRUs) in Uttar Pradesh

National Blood Policy, 2002 envisages universal availability of safe and quality blood and blood products with a view to reduce maternal and child mortality in the state of Uttar Pradesh. Principal Secretary Medical Health & Family Welfare, Govt. of U.P in the meeting held on 21.09.2012 directed to make blood available at First Referral Units (FRUs). The Blood Storage Centre, at FRUs need licensing approval of FDA which is given only after the infrastructure for Blood Storage Centre is set up. A committee was formed as per directives of Principal Secretary medical Health Welfare U.P which had recommended the requirement of budget of Rs. 174.80 Lakhs for 58 FRUs. The proposal of Rs. 174.80 Lakhs was sent to NRHM with supplementary PIP 2012-13.

As per discussion held between Additional Secretary NACO, Principal Secretary Medical Health & Family Welfare and Project Director , it is proposed to establish a total of 151 Blood Storage Centre at 151 FRUs., **which includes proposal for 58 BSC at FRUs sent earlier.**

Sl.	District	Facility	Unit
1	Agra	DWH	DWH
2	Aligarh	DWH	DWH
3	Aligarh	Atrauli	CHC
4	Aligarh	Khair	CHC.
5	Aligarh	Iglas	CHC
6	Allahabad	Soron	CHC
7	Allahabad	Phoolpur	CHC
8	Allahabad	DWH	DWH
9	Allahabad	Karchana	CHC
10	Allahabad	Handia	CHC
11	Ambedkar Nagar	Tanda	CHC
12	Ambedkar Nagar	Jalalpur	CHC
13	Azamgarh	DWH	DWH
14	Azamgarh	Lalgang	CHC
15	Azamgarh	Phoolpur	CHC
16	Badaun	DWH	DWH
17	Badaun	Ujhani	CHC
18	Baghpat	Baraut	CHC
19	Bahraich	DWH	DWH
20	Ballia	DWH	DWH
21	Balrampur	DWH	DWH
22	Balrampur	Tulsipur	CHC
23	Banda	DWH	DWH
24	Barabanki	DWH	DWH

25	Barabanki	Haidergarh	CHC
26	Barabanki	Fatehpur	CHC
27	Barabanki	Ram Sanehi Ghat	CHC
28	Bareilly	DWH	DWH
29	Bareilly	Baheri	CHC
30	Bareilly	Fardipur	CHC
31	Basti	DWH	DWH
32	Bijnore	DWH	DWH
33	Bijnore	Najibabad	CHC
34	Bulandshahar	DWH	DWH
35	Bulandshahar	Khurja	CHC
36	Bulandshahar	Sikandrabad	CHC
37	Chandauli	Chakiya	CHC
38	Chandauli	Sakaldiha	CHC
39	Chitrakoot	DWH	DWH
40	Deoria	DWH	DWH
41	Deoria	Rudrapur	CHC
42	Etah	DWH	DWH
43	Etah	Jaleshar	CHC
44	Etawah	DWH	DWH
45	Faizabad	DWH	DWH
46	Faizabad	Bikapur	CHC
47	Faizabad	Rudauli	CHC
48	Faizabad	Sohawal	CHC
49	Farrukhabad	DWH	DWH
50	Farrukhabad	Kayamgang	CHC
51	Fatehpur	DWH	DWH
52	Firozabad	DWH	DWH
53	Firozabad	Tundla	CHC
54	Firozabad	Jasrana	CHC
55	GB Nagar	Dadri	CHC
56	GB Nagar	Badalpur	CHC
57	Ghaziabad	DWH	DWH
58	Hapur	Hapur	CHC
59	Ghaziabad	Garh	CHC
60	Ghaziabad	Modinagar	CHC
61	Gazipur	Saidpur	CHC
62	Gazipur	DWH	DWH
63	Gonda	DWH	DWH
64	Gonda	Colanelganj	CHC
65	Gorakhpur	DWH	DWH
66	Gorakhpur	Sahjanwa	CHC
67	Gorakhpur	Pipraich	CHC
68	Hamirpur	DWH	DWH
69	Hardoi	DWH	DWH
70	Hardoi	Sandila	CHC
71	Hardoi	Pihani	CHC
72	Hathras	DWH	DWH
73	Hathras	Sikandararau	CHC
74	JP Nagar	Amroha	CHC
75	JP Nagar	Gajraula	CHC
76	Jaunpur	DWH	DWH

77	Jaunpur	Kerakat	CHC
78	Jaunpur	Badlapur	CHC
79	Jhansi	DWH	DWH
80	Jhansi	Babina	CHC
81	Jhansi	Mauranipur	CHC
82	Kannauj	Kannauj	CHC
83	Kanpur Dehat	DWH	DWH
84	Kanpur Nagar	DWH	DWH
85	Kanpur Nagar	SARSAUL	CHC
86	Kaushambi	Sarai Akil	CHC
87	Khiri	DWH	DWH
88	Khiri	Gola	CHC
89	Khiri	Palia	CHC
90	Kushinagar	Kasya	CHC
91	Lalitpur	DWH	DWH
92	Lalitpur	Mehroni	CHC
93	Lucknow	DWH -Avantibai	DWH
94	Lucknow	RML	CHC
95	Lucknow	Jhalkaribai	CHC
96	Lucknow	Mohanlalganj	CHC
97	Lucknow	Mall	CHC
98	Lucknow	Gosaiganj	CHC
99	Lucknow	BKT	CHC
100	Pratapgarh	Lalganj	CHC
101	Raibareilly	DWH	DWH
102	Raibareilly	Unchahar	CHC
103	Rampur	DWH	DWH
104	Rampur	Shahabad	CHC
105	Rampur	Milak	CHC
106	Saharanpur	DWH	DWH
107	Saharanpur	Deoband	CHC
108	Sant Kabir Nagar	Khalilabad	CHC
109	Shajahanpur	DWH	DWH
110	Sidharth Nagar	Uska Bazar	CHC
111	Sitapur	DWH	DWH
112	Sitapur	Sidhauli	CHC
113	Sitapur	Laherpur	CHC
114	Maharajganj	Partawal	CHC
115	Maharajganj	Pharenda	CHC
116	Mainpuri	DWH	DWH
117	Mathura	DWH	DWH
118	Mathura	Farah	CHC
119	Mau	Ghosi	CHC
120	Meerut	DWH	DWH
121	Meerut	Mawana	CHC
122	Meerut	Sardhana	CHC
123	Meerut	Daurala	CHC
124	Mirzapur	DWH	DWH
125	Mirzapur	Chunar	CHC
126	Mirzapur	Vindhyachal	CHC
127	Moradabad	DWH	DWH
128	Sambhal	Sambhal	CHC

129	Moradabad	Chauandasi	CHC
130	Shamli	Shamli	CHC
131	Muzaffar Nagar	DWH	DWH
132	Muzaffar Nagar	Khautali	CHC
133	Pilibhit	DWH	DWH
134	Pilibhit	Besalpur	CHC
135	Pratapgarh	DWH	DWH
136	Pratapgarh	Kunda	CHC
137	Pratapgarh	Patti	CHC
138	Sitapur	Mishirikh	CHC
139	Sonbhadra	Chopan	CHC
140	Sonbhadra	Meorpur	CHC
141	Srawasti	Ikauna	CHC
142	Sultanpur	DWH	DWH
143	Sultanpur	Kadipur	CHC
144	Sultanpur	Jagdishpur	CHC
145	Sultanpur	Musafirkhana	CHC
146	Amethi	Amethi	CHC
147	Unnao	Nawabganj	CHC
148	Unnao	DWH	DWH
149	Unnao	Hasanganj	CHC
150	Varanasi	DWH	DWH
151	Varanasi	Cholapur	CHC

The Calculation of the Budget has been done as follows-

Sl.	Particulars	Units Required	Approximate Unit Cost	Total Cost In Rs.
A	Establishment Cost			
1	Binocular Microscope	151	30000	4530000
2	Table Top Centrifuge	151	40000	6040000
3	Blood Bank Refrigerator	151	150000	22650000
4	Invertors of branded company 1.5kv with 2 battery	151	40000	6040000
5	Minor Civil/Electric work/ Table Chair for Lab	151	50000	7550000
	Total-A		4681000.00	
B	Recurring Cost			
1	Chemical/Reagent & Glassware	151	15000/blood storage centre per year	2265000
2	Organising VBD Camp for Mother blood bank support per month	151	2500 per camp	4530000
3	Generator Backup	151	From existing source	
	Total-B		6795000.00	

Grand Total-Rs.53605000.00

A budgetary proposal of Rs. 536.05 Lakhs was submitted for establishment of 151 Blood Storage Centre at 151 FRUs for the year 2013-14, but the approval is pending (ROP-FMR Code-B.14.1).

B. Establishment of 4 Blood Bank in newly created districts of Uttar Pradesh through NRHM-2013-14

As envisaged in National Blood Policy-2002 and directives given by Honble Allahabad High Court, State Government is committed to establish Blood Banks in all districts of Uttar Pradesh. At present, 8 districts Hospital have no blood Bank facility. In 4 District Hospital Blood Bank infrastructure has been created and licensing procedure is underway. While is rest 4 newly created district namely- Amethi, Shamli, Hapur & Sambhal infrastructure along with equipment are required to initiate formalities of licensing. For establishing blood bank in **4 newly created districts namely Amethi, Shamli, Hapur & Sambhal a budgetary proposal of Rs 71.888 Lakhs (@Rs. 17.972 Lakhs per Blood Bank) is submitted for approval in NRHM PIP FY-2013-14.**

Requirement for establishment of New Government Blood Banks

1.	Donor couches	4	150000	600000
2.	Blood Mixer & shaker	4	65000	260000
3.	Di Electric Tube Sealer	4	90000	360000
4.	Blood Bank refrigerator	4	145000	580000
5.	Domestic Refrigerator	4	18000	72000
6.	Laboratory Refrigerator	4	160000	640000
7.	Bench Top centrifuge	4	50000	200000
8.	Serological water bath	4	10000	40000
9.	Binocular microscope	4	45000	180000
10.	ELISA Reader & Washer	4	400000	1600000
11.	VDRL Shaker	4	5000	20000
12.	Autoclave	4	65000	260000
13.	Air -Conditioner	8	35000	280000
14.	Generator (15 KVA)	4	300000	1200000
15.	Computer with Printer & Internet	4	60000	240000
16.	Hb Colorimeter	4	10000	40000
17.	Micropipette (200TTO 1000 MICROLT.)	4	2500	10000
18.	Micropipette (05 TTP 50 Microlt.)	4	2500	10000
19.	Hemoglobinometer	4	8000	32000
20.	Rcovery Beds	4	8000	32000
21.	Syringe with Needle Destroyer	4	2000	8000
22.	BP Apparatus	4	1800	7200
23.	Hot Air Oven	4	800	3200
24.	Stop Watch/Timer	4	20000	80000
25.	Storage Box for Transportation	4	15000	60000
26.	Donor Weighing Balance	4	2000	8000
27.	Oxygen Cylinder with regulator	4	6000	24000
28.	Rh View Box	8	5000	40000
29.	Bed Side stand	8	2000	16000
30.	Stethoscope	4	800	3200
31.	Emesis Basin	8	500	4000
32.	Discard Containers	8	800	6400
33.	Sponge forceps	4	200	800
34.	Tube stripper	8	5000	40000
35.	Big lenin Box	4	1000	4000
36.	Test Tubes With racks	20	1000	20000

37.	Scissors	20	200	4000
38.	Artery Forceps	20	200	4000
39.	Other Miscellaneous (Gloves, Dustbin etc.)	4	50000	200000
Total			1797200	7188800

Sl	Particular	Approx. cost for one Blood Bank	Approx. Total Cost for 04 Blood Bank
1	4 New Districts with no Government Blood Bank (CSM Nagar, Shamli, Hapur and Sambhal)	Rs. 17,97,200	Rs. 71,88,800

Thus, a proposal of Rs. 71.888 Lakhs (@Rs. 17.972 Lakhs per Blood Bank) was submitted for approval under NRHM for the year 2013-14, which is not approved by GOI (ROP-FMR Code-B.14.1).

C. Proposal for establishing 20 Blood Component Separation Units (BCSUs) in Uttar Pradesh 2013-2014

As per directives of Hon'ble Allahabad high court in writ petition No. 10641/2010 , the state government has given affidavit to establish blood bank /BCSU in each district of U.P in phased manner. Under first Phase 27, BCSUs were established by the state government. Under second phase 20 more BCSUs are proposed to be established with the financial support of National Rural Health Mission (NRHM). **A proposal of Rs. 1900.00 Lakhs (@ Rs. 95 Lakhs per BCSU) was submitted for approval in NRHM PIP 2013 -2014, which is not approved by GOI (ROP-FMR Code-B.14.1).**

D. Strengthening of Blood Banks in Uttar Pradesh Through NRHM in FY 2013-14

National Blood Policy 2002 envisages universal availability of Safe Blood and Blood Products. Further to bring down Mother and Child mortality and morbidity in the state, Blood Storage Centers (BSC) have been proposed at First Referral Units (FRU) in Uttar Pradesh to make blood availability at far flung areas. There is no separate staff/cadre allotted to run Blood Banks in the state. At most of the Blood Banks the technical staff posted in pathology is also working for Blood Bank.

In FY 2010-11, strengthening of blood banks was done, 55 Blood Banks were strengthened and 21 new Blood Banks were established with the supported of NRHM. Manpower support was provided in form of Pathologist, Medical Officers, Lab Technicians, Staff Nurses, PRO (Public Relation Officer), Data Entry Operator and Attendants. Further in FY 2011-12, no budget was granted by NRHM. From unspent balance of previous year, the manpower continued to work in 2011-12 as well. Further, even after demand no support has been granted as yet in current financial year.

It is pertinent to clarify that NACO provides only one blood bank Technician and one Counselor at major Blood Bank/BCSU only. This staff is not enough to meet extra demand of Blood under Janani Suraksha Yojna (JSY).

In 2011-12, Twenty Seven Blood Component Separation Units (BCSU) were established in the state out of which only 21 were granted support of NACO in FY 2012-13. Most of BCSUs are also unable to deliver the goods to their working capacity due to lack of manpower. Voluntary blood donation which had reached up 69% in FY 2011-12 with the effort of PRO, fell to 64% in the current financial year.

As per discussion held between Additional Secretary NACO, Govt. of India, Principal Secretary Medical Health and Family welfare UP and Project Director UPSACS, **a budgetary proposal of Rs. 1207.21 Lakh** for manpower/equipment support to Blood Bank and State Monitoring and Evaluation Cell at State headquarter has been submitted to National Rural Health Mission (NRHM) for allotment of budget **in PIP 2013-14, but the approval is pended (ROP-FMR Code-B.14.1).**

E. Proposal for STI/RTI services at Sub District Level

Background - STI/RTI Services at District level: STI/RTI Services at the district level are provided through the Out Patient Departments of Skin & VD and Gynecology & Obstetrics Departments of Medical College/District Hospitals. At District and select Sub District hospitals, if the concerned departments/specialists are not available, services are delivered through general duty medical officers in general OPD. These specific clinics are called Designated STI/RTI clinics (DSRCs) or *Suraksha* Clinics. These also serve as referral sites for STI/RTI services for sub-district facilities and for communities being covered through targeted interventions of UPSACS. Such STI/RTI services are being supported by NACO through State AIDS Control Society. NACO has branded its Sexual and Reproductive Health (SRH) services as “*SURAKSHA CLINIC*”.

At present, 96 DSRCs have been established all over the state with support from Uttar Pradesh State AIDS Control Society (72 District hospitals; 5 District female hospital and 19 Medical Colleges). Support provided to these clinics are in terms of capacity building of Medical Officers, Counselors & Staff Nurse; Infrastructure Strengthening; Appointment of Counselors on contract, provision of color coded drug kits for Syndromic case management, consumables and syphilis testing kits.

STI/RTI Services at Sub District level: According to the National STI/RTI guidelines, Health workers (HW), ANM, Accredited Social health Activists (ASHA) and Link Workers (LWs) will conduct STI/RTI prevention and health promotion activities and refer individuals with STI/RTI symptoms to PHC, Block PHC, Community health centres (CHC) for management of the STI/RTI cases. STI/RTI clinical services will be provided at Sub district level through existing health facilities (PHC/Block PHC/HC/Divisional hospitals/Urban Health Posts etc.) using the Syndromic Case Management approach (SCM). Laboratory services wherever available will be used to corroborate syndromic diagnosis. This service delivery will be through health care delivery system under RCH II supported by NRHM.

In FY 2010-11, one batch of Induction training for medical officers has been conducted each in 17 districts and in FY 2011-12, one batch of Induction training for medical officer each in 7 district and one batch of refresher training for medical officer each in 10 district has been conducted. In current FY 2012-13, 26 batches of Induction training are under process in 16 districts and are suppose to be completed by March 2013.

Proposal of STI /RTI services for the year 2013-14: This proposal is being submitted to NRHM for having provision of funds under PIP 2013-14 for:

1. Training of Medical Officers and Lab Technicians of Sub-district Health facilities of 75 districts on STI/RTI and Syndromic Management through NRHM
 2. Provision of medicines for STI/RTI through NRHM
 3. Provision of RPR/VDRL testing services (including testing kits, consumables and infrastructure) for Antenatal cases and STI/RTI clinic attendees, at each Sub-district health facility through NRHM
 4. Provision of IEC material for clinics through NRHM
1. **Training:** During FY 2010-11, Induction training for medical officers was conducted by SIHFW/NRHM in 17 districts. During FY 2011-12, Induction training for medical officer was conducted in 7 more districts and refresher training was done for medical officers each in 10 out of 17 districts of FY 2010-11. In current FY 2012-13, 26 batches of Induction training are under process in 16 districts and are supposed to be completed by March 2013. It is proposed that medical officers of 62 districts should be trained during the FY 2013-14. The STI /RTI training in these 62 districts will be induction training of 2 days each (total 111 batches).It is also proposed that the Medical officers trained during the previous years (FY 2010-11 & 2011-12) & current year (2012-13) will be provided Refresher training. This refresher training will be of one day each (36 batches)

In addition to these, it is also proposed that 30 batches of Induction Training (2 days each) for Lab Technicians of the sub district level will be conducted at State level.

It has been experienced that trainings conducted in previous years were not organized with in expected time period. Also technical inputs from UPSACS could not be arranged. Hence it is being proposed that funds for the training may be transferred by NRHM to UPSACS and in turn UPSACS will coordinate with SIHFW/Training Institute for the conduction of trainings for Medical Officers and Lab Technicians as per National Guidelines.

Medical Officers trained in the current & previous financial year can be used as resource persons for the training in the respective districts. **(List of State & District level Resource person enclosed- Annexure I – A, B, C)**

District wise details of training numbers are given below:

Districts	No of CHC / BPHC (2 MO per facility will be trained)	No of Add. PHCs/PHC 30000 Popu. (1 MO per facility will be trained)	Total No. of Medical officers to be trained	No. of Medical Officers for Induction Training	No. of Medical Officers for Refresher Training	Total No. of Lab technicians to be trained at CHC/BPHC) (one LT per facility)
Agra	18	45	81	22	59	18
Aligarh	13	32	58	58	0	13
Allahabad	19	60	98	38	60	19
Ambedkarnagar	10	23	43	13	30	10
Auraiya	8	21	37	37	0	8
Azamgarh	23	61	107	47	60	23
Baghpat	6	21	33	33	0	6
Bahraich	16	39	71	0	71	16
Ballia	18	66	102	102	0	18
Balrampur	9	24	42	42	0	9
Banda	9	43	61	61	0	9
Barabanki	8	53	69	69	0	8
Bareilly	16	50	82	52	30	16
Basti	13	31	57	57	0	13
Bijnor	17	45	79	59	20	17
Badaun	20	43	83	83	0	20
Bulandshahar	18	55	91	91	0	18
Chandauli	10	23	43	43	0	10
Chitrakoot	5	25	35	0	35	5
CSM nagar (Amethi)	16	34	66	66	0	16
Deoria	20	56	96	96	0	20
Etah	8	27	43	43	0	8
Etawah	8	26	42	42	0	8
Faizabad	11	28	50	50	0	11
Farrukhabad	6	22	34	34	0	6
Fatehpur	16	36	68	68	0	16
Firozabad	10	36	56	56	0	10
GB Nagar	2	15	19	19	0	2
Ghaziabad	9	38	56	56	0	9
Ghazipur	14	55	83	83	0	14
Gonda	16	44	76	0	76	16
Gorakhpur	22	58	102	42	60	22
Hamirpur	8	27	43	43	0	8
Hapur	9	24	42	42	0	9
Hardoi	18	52	88	88	0	18
Hathras	7	25	39	39	0	7
Jalaun	12	30	54	24	30	12
Jaunpur	23	73	119	119	0	23
Jhansi	8	36	52	52	0	8
JP Nagar	6	25	37	37	0	6
Kannauj	7	27	41	41	0	7
Kanpur Dehat	12	25	49	28	21	12
Kanpur Nagar	10	32	52	0	52	10
Kanshiramnagar	7	26	40	40	0	7
Kaushambi	9	29	47	47	0	9
Kushinagar	14	48	76	0	76	14
Lakhimpur Kheri	17	55	89	29	60	17

Lalitpur	6	23	35	35	0	6
Lucknow	9	27	45	0	45	9
Maharajganj	12	34	58	36	22	12
Mahoba	6	14	26	26	0	6
Mainpuri	9	35	53	53	0	9
Mathura	11	25	47	0	47	11
Mau	9	36	54	0	54	9
Meerut	12	31	55	25	30	12
Mirzapur	16	36	68	68	0	16
Moradabad	14	48	76	0	76	14
Muzaffarnagar	16	37	69	69	0	16
Pilibhit	7	22	36	36	0	7
Pratapgarh	17	51	85	85	0	17
Raebareli	12	42	66	66	0	12
Rampur	8	26	42	42	0	8
Saharanpur	16	37	69	69	0	16
Sambhal			0	0	0	0
SK Nagar	7	18	32	32	0	7
SR Nagar	5	15	25	25	0	5
Shahjahanpur	14	36	64	64	0	14
Shamlee			0	0	0	0
Shrawasti	6	12	24	24	0	6
Siddharthnagar	14	57	85	85	0	14
Sitapur	19	61	99	99	0	19
Sonbhadra	8	25	41	41	0	8
Sultanpur	12	40	64	64	0	12
Unnao	16	38	70	70	0	16
Varanasi	12	22	46	0	46	12
Total	874	2617	4365	3305	1060	874

Budget Calculation for the training of Medical Officers

Sl.	Budget Head	Unit Cost	No. of Units/ participants	Days/ Units	Total Amount	Days/ Units	Total Amount
				For Induction		For Refresher	
1	Hall Hiring with Audio visual	5000	1	2	10000	1	5000
2	Stationary	200	30	1	6000	1	6000
3	working lunch	200	35	2	14000	1	7000
4	Contingency	200	30	1	6000	1	6000
5	Honorarium for trainers	1000	4	2	8000	1	4000
6	DA & Accommodation	1200	30	2	72000	1	36000
	Sub Total				116000		64000
7	IOH (10% Utilization)				11600		6400
8	TA as per state govt. norms	2500	30	1	75000	1	75000
9	Estimated TA for Trainers from other district	2500	3	1	7500	1	7500
	Total (Rs.)				210100		152900
	Grand Total for 111 Batches of MO Induction & 36 Batches for refresher (Rs.)				23321100		5504400

Budget Calculation for the training of Lab Technicians

Sl.	Budget Head	Unit Cost	No. of Units/ participants	Days/Units	Total Amount
1	Hall Hiring with Audio visual	5000	1	2	10000
2	Stationary	200	30	1	6000
3	working lunch	200	35	2	14000
4	Contingency	200	30	1	6000
5	Honorarium for trainers	1000	4	2	8000
6	DA & Accommodation	900	30	2	54000
	Sub Total				98000
7	IOH (10% Utilization)				9800
8	TA as per state govt. norms	1500	30	1	45000
9	Estimated TA for Trainers from other district	2500	3	1	7500
	Total (Rs.)				160300
	Grand total for 30 batches (Rs.)				4809000

2. **Colour coded medicine Kits / Loose Medicines:** The color coded drug kits (Kit 1 to Kit 7) for Syndromic case management have already been distributed to districts (CMOs) directly from Central level in FY 2011-12. These kits were supposed to be distributed to further sub district level (CHC, FRU, PHC etc.). In FY 2012-13 PIP of NRHM, budget for procurement of STI/RTI drugs has been allocated for 16 high prevalence districts. It is proposed through this proposal that NRHM-PIP 2013-14 should include budget for all 75 district for the provision of procurement of medicines & RPR testing kits. RPR & Medicines are calculated only for 25% of the Physical Target which will be procured at the state level and closely monitored by procurement officers, and NRHM program Managers in SPMU.

Total STI/RTI episodes to be managed by NRHM in FY 2013-14 are 1130828 (District wise target is as below:

Sl.	District	Category	Projected Population 2013	NRHM Targets (50% of the total Annual STI/RTI targets)
1	Agra	C	4472352	24822
2	Aligarh	C	3750632	20816
3	Allahabad	A	6084358	33768
4	Ambedkar Nagar	C	2448842	13591
5	Amethi	D	0	0
6	Amroha	C	1877201	10418
7	Auraiya	D	1400968	7775
8	Azamgarh	C	4712994	26157
9	Baghpat	C	1329371	7378
10	Bahraich	C	3550953	19708
11	Ballia	C	3291016	18265
12	Balrampur	C	2193981	12177

Sl.	District	Category	Projected Population 2013	NRHM Targets (50% of the total Annual STI/RTI targets)
13	Banda	C	1837151	10196
14	Bara Banki	A	3326075	18460
15	Barcilly	C	4558670	25301
16	Basti	D	2512492	13944
17	Bijnor	C	3760889	20873
18	Budaun	C	3790334	21036
19	Bulandshahr	C	3571626	19823
20	Chandauli	C	1993525	11064
21	Chitrakoot	C	1011330	5613
22	Deoria	A	3163399	17557
23	Etah	C	1797960	9979
24	Etawah	A	1612164	8948
25	Faizabad	C	2519960	13986
26	Farrukhabad	C	1927027	10695
27	Fatehpur	C	2687707	14917
28	Firozabad	C	2548943	14147
29	Gautam Buddha Nagar	C	1709716	9489
30	Ghaziabad	C	4490583	24923
31	Ghazipur	C	3698442	20526
32	Gonda	C	3503102	19442
33	Gorakhpur	C	4528993	25136
34	Hamirpur	C	1127095	6255
35	Hapur	D	268294	1489
36	Hardoi	C	4176890	23182
37	Hathras	C	1598401	8871
38	Jalaun	D	1705636	9466
39	Jaunpur	C	4569622	25361
40	Jhansi	C	2042571	11336
41	Kannauj	C	1692657	9394
42	Kanpur Dehat	C	1832609	10171
43	Kanpur Nagar	C	4668526	25910
44	Kasganj	C	1468213	8149
45	Kaushambi	D	1630284	9048
46	Kheri	C	4097519	22741
47	Kushinagar	C	3635251	20176
48	Lalitpur	C	1243458	6901
49	Lucknow	C	4684354	25998
50	Mahoba	C	894365	4964
51	Mahrajganj	C	2720997	15102
52	Mainpuri	C	1885800	10466
53	Mathura	C	2595020	14402
54	Mau	A	2251258	12494
55	Meerut	C	3519456	19533
56	Mirzapur	C	2546669	14134
57	Moradabad	C	4260357	23645
58	Muzaffarnagar	C	4115628	22842
59	Pilibhit	C	2079803	11543
60	Pratapgarh	C	3240083	17982
61	Rae Bareli	C	3475148	19287
62	Rampur	C	2384208	13232
63	Saharanpur	C	3536630	19628

Sl.	District	Category	Projected Population 2013	NRHM Targets (50% of the total Annual STI/RTI targets)
64	sambhal	D	612540	3400
65	Sant Kabir Nagar	C	1750129	9713
66	Sant Ravidas Nagar (Bhadohi)	C	1586686	8806
67	Shahjahanpur	C	3065126	17011
68	Shamli	D	109474	608
69	Shrawasti	C	1137910	6315
70	Siddharthnagar	C	2606895	14468
71	Sitapur	C	4567962	25352
72	Sonbhadra	C	1901541	10554
73	Sultanpur	C	3870152	21479
74	Unnao	C	3175606	17625
75	Varanasi	C	3759152	20863
Total			203752730	1130828

3. **Provision of RPR/VDRL testing services:** IT is proposed that NRHM should make necessary services for RPR/VDRL testing available at all sub-district health facilities. For this, provision of necessary infrastructure, availability of testing kits and of consumables need to be ensured. A tentative requirement of kits calculated on the basis of national guidelines is being provided below. These kits and consumables need to be procured by NRHM as per its procurement guidelines, coordinated & monitored by RCH II & Procurement Officer.

Requirement of numbers and budget for RPR kits and Medicines

Sl.	District	NRHM Targets (50% of the total Annual STI/RTI targets)	Total RPR tests Required	No. of Kits Required (1 kit contains 50 tests)	Total Budget required for RPR kits (Approx. Rs 60/= per kit)	Total Budget Required Medicine for 25% Target . Unit costs@ 68
1	Agra	24822	40642	975	58525	2763690
2	Aligarh	20816	34084	818	49081	2317703
3	Allahabad	33768	55292	1327	79620	3759829
4	Ambedkar Nagar	13591	22254	534	32046	1513262
5	Amethi	0	0	0	0	0
6	Amroha	10418	17059	409	24565	1160017
7	Auraiya	7775	12731	306	18333	865728
8	Azamgarh	26157	42829	1028	61674	2912395
9	Baghpat	7378	12081	290	17396	821485
10	Bahraich	19708	32269	774	46468	2194311
11	Ballia	18265	29907	718	43066	2033683
12	Balrampur	12177	19938	479	28710	1355771
13	Banda	10196	16695	401	24041	1135268
14	Bara Banki	18460	30226	725	43525	2055348
15	Bareilly	25301	41427	994	59655	2817030
16	Basti	13944	22832	548	32878	1552594
17	Bijnor	20873	34177	820	49215	2324042
18	Budaun	21036	34445	827	49600	2342237

19	Bulandshahr	19823	32457	779	46738	2207086
20	Chandauli	11064	18116	435	26087	1231899
21	Chitrakoot	5613	9190	221	13234	624951
22	Deoria	17557	28747	690	41396	1954822
23	Etah	9979	16339	392	23528	1111049
24	Etawah	8948	14651	352	21097	996237
25	Faizabad	13986	22900	550	32976	1557209
26	Farrukhabad	10695	17512	420	25217	1190807
27	Fatehpur	14917	24425	586	35171	1660869
28	Firozabad	14147	23164	556	33355	1575120
29	Gautam Buddha Nagar	9489	15537	373	22373	1056519
30	Ghaziabad	24923	40808	979	58764	2774956
31	Ghazipur	20526	33610	807	48398	2285452
32	Gonda	19442	31834	764	45842	2164742
33	Gorakhpur	25136	41157	988	59266	2798691
34	Hamirpur	6255	10242	246	14749	696488
35	Hapur	1489	2438	59	3511	165792
36	Hardoi	23182	37957	911	54659	2581109
37	Hathras	8871	14525	349	20917	987732
38	Jalaun	9466	15500	372	22320	1053998
39	Jaunpur	25361	41526	997	59798	2823798
40	Jhansi	11336	18562	445	26729	1262207
41	Kannauj	9394	15382	369	22150	1045978
42	Kanpur Dehat	10171	16654	400	23982	1132461
43	Kanpur Nagar	25910	42425	1018	61092	2884915
44	Kasganj	8149	13342	320	19213	907283
45	Kaushambi	9048	14815	356	21334	1007434
46	Kheri	22741	37236	894	53620	2532062
47	Kushinagar	20176	33035	793	47571	2246404
48	Lalitpur	6901	11300	271	16272	768395
49	Lucknow	25998	42569	1022	61299	2894696
50	Mahoba	4964	8128	195	11704	552673
51	Mahrajganj	15102	24727	593	35607	1681440
52	Mainpuri	10466	17137	411	24678	1165330
53	Mathura	14402	23582	566	33958	1603592
54	Mau	12494	20458	491	29460	1391165
55	Meerut	19533	31983	768	46056	2174848
56	Mirzapur	14134	23143	555	33326	1573714
57	Moradabad	23645	38716	929	55751	2632687
58	Muzaffarnagar	22842	37401	898	53857	2543252
59	Pilibhit	11543	18900	454	27216	1285214
60	Pratapgarh	17982	29444	707	42400	2002210
61	Rae Bareli	19287	31580	758	45476	2147468
62	Rampur	13232	21666	520	31200	1473321
63	Saharanpur	19628	32139	771	46280	2185461
64	sambhal	3400	5566	134	8016	378519
65	Sant Kabir Nagar	9713	15904	382	22902	1081492
66	Sant Ravidas Nagar	8806	14419	346	20763	980493
67	Shahjahanpur	17011	27854	669	40110	1894094
68	Shamli	608	995	24	1433	67650
69	Shrawasti	6315	10341	248	14891	703172
70	Siddharthnagar	14468	23690	569	34114	1610931
71	Sitapur	25352	41511	996	59776	2822772
72	Sonbhadra	10554	17280	415	24884	1175057

73	Sultanpur	21479	35170	844	50645	2391561
74	Unnao	17625	28858	693	41556	1962366
75	Varanasi	20863	34161	820	49192	2322968
TOTAL		1130828	1851603	44438	2666308	125908999

4. **Provision of IEC Materials:** NACO has already developed various IEC and training material for STI/RTI services. It is proposed that NRHM may have provision of funds for printing of these materials for its sub-district health facilities. Prototypes of these materials could be provided by UPSACS. Budget of Rs. 59.00 Lakhs is to be included in the PIP 2013-14 for such printing centrally by SPMU NRHM and distributed to the districts and below. (Details of IEC materials & Budget enclosed)

Sl.	Item	Details of the item	Per unit cost (Rs)	Number to be provided per Health facility	No. of New/ Additional PHC	No. of BPHC, CHC, FRU	Total No. to be printed	Total No. to be printed	Total Budget (in Rs.)
1	Flow Chart for STI/RTI Syndromic case management	16 pages +cover, booklet form, four colour printing, Paper for text 130 GSM art paper BILT,and 220 GSM for Art card BILTfor cover, centre stitch binding, size 8.5 X 111 inches	36	1 Flow chart per Addl PHC/New PHC, 2 Flow Chart for every CHC,BPHC,FRU	2617	874	4365	4400	158400
2	Wall Hanging chart-STI/RTI Syndromic Case management	18X23 inches, calendar type binding, with top and bottom tin strip, with thread for hanging,300 GSM, single side 4 colour	15.6	2 per New PHC/Addl PHC, 4 for CHC/BPHC/FRU	2617	874	8730	8800	137280
3	Wall Hanging chart-Universal Precaution	18X23 inches, calendar type binding, with top and bottom tin strip, with thread for hanging,300 GSM, single side 4 colour	15.6	2 per New PHC/Addl PHC, 4 for CHC/BPHC/FRU	2617	874	8730	8800	137280
4	Wall Hanging chart- Anaphylaxis management	18X23 inches, calendar type binding, with top and bottom tin strip, with thread for hanging,300 GSM, single side 4 colour	15.6	2 per health facility	2617	874	6982	7000	109200
5	Wall Hanging chart-Condom Demonstration	18X23 inches, calendar type binding, with top and bottom tin strip, with thread for hanging,300 GSM, single side 4 colour	15.6	2 per health facility	2617	874	6982	7000	109200
6	Participants Handout	216 pages, 4 colour printing, cover on card sheet,130 GSM,inside on 80 GSM,maplitho paper	400	2 per health facility	2617	874	6982	7000	2800000
7	Operational Guidelines	150 pages, 4 colour printing, cover on card sheet,130 GSM,inside on 80 GSM,maplitho paper	350	2 per health facility	2617	874	6982	7000	2450000
8	Others (Penis Model)		50	1 per health facility	2617	874	3491	3500	175000
Total Budget in Rs.									5901360

Total Budget requirement:

Line Item	Budget (Rs.)	Budget in Rs. Lakh	Remarks
Training*	33634500	336.35	Budgeted under Training Head of MH division – SIHFW with technical support from UPSACS
RPR Drug Kits	2666308	26.66	Budgeted under Sl. No. B.16.2.1.4, as per GOI comments
Medicines	125908999	1259.09	Budgeted under Sl. No. B.16.2.1.1, as per GOI comments
IEC	5901360	59.01	
Total	168,111,168	59.01	

**It has been experienced that trainings conducted in previous years were not organized with in expected time period. Also technical inputs from UPSACS could not be arranged. Hence it is being proposed that funds for the training may be transferred by NRHM to UPSACS and in turn UPSACS will coordinate with SIHFW/Training Institute for the conduction of trainings for Medical Officers and Lab Technicians as per National Guidelines.*

For the above activities, Rs.1681.11 Lakhs was proposed which is not approved by GOI(ROP-FMR Code-B.14.1).

F. Proposal for Free Transport Facility through UPSRTC to People Living With HIV/AIDS for their treatment related travel to ART/ LINK ART Centers.

Presently 63,489 HIV Patients are registered in different ART Centers across Uttar Pradesh out of which about 25,500 HIV Patients are taking ARV from different ART Centers on monthly basis and rest 37,989 HIV Patients are enrolled as HIV Care Patients at ART Centers who visit the ART Center for their regular check-up for CD-4 and Opportunistic Infections. Most of them belong to BPL category and have no means or resource to afford the regular travel. Hence it has been proposed to provide them with the facility of free travel for visit to the ART centers.

According to the UPSRTC the rate for travel comes to around Rs.0.70 per km .for general passengers. According to the estimation the budget required for 25500 infected persons for monthly travel is about Rs. 214.20 Lakhs and for 37989 registered persons 6 monthly visit for CD4Testing to ART centers will be about Rs. 53.18 Lakhs.

Sl.	Registered No .of Patients		Travel Details	Calculation taking avg. distance 100km.@Rs.0.70	Total Rs.in lacs
	For ART	For CD4 Test			
1	25500		Monthly visit for medicines	25500*12*0.70*100	214.20
2		37989	6 monthly visit for CD4 Tests	37989*2*0.70*100	53.18
Total					267.38

Thus, a proposal of Rs.267.38 Lakhs was submitted for approval, out of which GOI approved Rs.150.00 Lakhs only for the year 2013-14(ROP-FMR Code-B.14.1).

G. Action Plan for NRHM- NACP convergence for HIV testing services

Action 1: Strategic scale up of the PPTCT services in Uttar Pradesh- Establishment of FI-ICTC in high prevalence districts.

- a. Table below shows 21 high priority / high burden districts for HIV, where facility based ICTCs can be initiated. These districts have been identified based on the programme data showing high prevalence in general client or pregnant women or high vulnerability due to high migration. Among these 21 high priority/ high prevalence districts CHCs have been selected on the basis of high migration blocks of the respective districts.

Priority districts for facility integrated ICTC scale up and identification of the hospitals for setting up F-ICTC.

Sl.	Districts	Stand Alone ICTC Existing		F-ICTC Existing			Total	Number of proposed F-ICTCs	
		ICTC in Medical College	ICTC in District/Sub-district hospital	ICTC (24 hour PHC/CHC)	CHC/ General Hospital	ICTC-PPP		Level 2 MCH center (FRUs)	
								2013-14	2014-15
1	Agra	2	3	0	0	0	7	5	5
2	Ambedkar Nager	0	2	0	0	0	2	2	2
3	Azamgarh	0	3	0	0	1	4	6	6
4	Bahraich	0	2	0	0	0	2	4	4
5	Ballia	0	2	0	2	0	4	5	5
6	BASTI	0	2	0	0	0	2	4	4
7	Ghazipur	0	2	0	0	0	2	4	4
8	Gonda	0	2	0	0	0	2	4	4
9	Gorakhpur	2	2	0	0	2	6	3	3
10	Jaunpur	0	2	0	0	0	2	6	6
11	Kushinagar	0	2	0	0	0	2	4	4
12	Maharajganj	0	1	0	0	0	1	3	3
13	Mathura	0	2	0	0	0	2	3	3
14	Mirzapur	0	2	0	0	0	0	4	4
15	Pratapgarh	0	4	0	0	1	5	4	4
16	Sant Kabir Nagar	0	2	0	0	0	0	4	4
17	Siddharth Nagar	0	1	0	0	0	1	2	2
18	Srawasti	0	2	0	0	0	0	2	2
19	SRN Bhadohi	0	2	0	0	0	0	1	1
20	Sultanpur	0	3	0	0	1	4	3	3
21	Varanasi	2	4	0	1	2	9	2	2
TOTAL		6	47	0	3	7	57	75	75

Proposed Budget for the Establishment of FI-ICTC in the L-3 and L-2 facilities under NRHM NACP convergence:

The Proposed cost of New FI-ICTCs is as below:

1. Equipments – Refrigerator etc. ` 30,000/-
2. Consumables - ` 60,000/-

Thus Total Rs. 90,000/- per ICTC in all 21 districts identified is required. The actual cost may vary depending on the availability of equipments and the cost of consumable as the number of client tested will vary from centre to centre.

Sl.	Physical Target	Rate (Rs./ District)	Budget Proposed for financial year 2013-14 (in Rs.)
1	75	@ 90000 per FI-ICTC for district	Rs 6750000/=

Once the FICTCs are operational the training of the staff and reporting of the progress of the centre will be done by UPSACS through NACO budget.

For the above purpose, an amount of Rs.67.50 Lakhs was proposed, but the approval is pended (ROP-FMR Code-B.14.1).

H. Proposal for CPT provision for ICTC/PPTCT centres located at the district/ sub-district level

Cotrimoxazole is a broad spectrum Antibiotic effective against a wide variety of Bacterial, protozoal diseases etc. Co-trimoxazole prophylaxis therapy (CPT) is very effective against the common opportunistic infections frequently encountered in People living with HIV/AIDS. As per the National Guidelines, the CPT has to be provided to the babies exposed to the HIV infection i.e. the babies born to HIV positive mother or breast fed by HIV positive women. The CPT prophylaxis in HIV exposed babies has to be initiated at 6 weeks of age and continued till at least 18 months of age or till the time the HIV infection is reliably excluded in the baby as described below in the table. **Proposed Budget for the Cotrimoxazole Prophylaxis therapy for the FY 2013-14 is given below:**

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November, 2012	Expected No. of Pregnant women to be detected by march, 2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
Agra	District Women Hospital	8	12	12852	6426
Agra	S.N. Medical College (Pptct)	10	15	16065	8032.5
Aligarh	C.H.C. Atrauli	1	2	2142	1071
Aligarh	J.N.Medical College Pptct	0	1	1071	535.5
Aligarh	M.Ig. District Women Hospital	4	6	6426	3213
Allahabad	C.H.C Harakhapur	0	1	1071	535.5
Allahabad	C.H.C. Phulpur	1	2	2142	1071
Allahabad	CHC Koraon	0	1	1071	535.5
Allahabad	CHC Chaka	0	1	1071	535.5
Allahabad	CHC Handia	0	1	1071	535.5
Allahabad	CHC Jasra	1	2	2142	1071
Allahabad	CHC Karchhana	0	1	1071	535.5
Allahabad	CHC Kondiyara	1	2	2142	1071
Allahabad	CHC Lar		1	1071	535.5
Allahabad	CHC Manda	0	1	1071	535.5

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November, 2012	Expected No. of Pregnant women to be detected by march, 2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
Allahabad	CHC Miza	1	2	2142	1071
Allahabad	CHC Ramnagar	0	1	1071	535.5
Allahabad	CHC Shankargarh	1	2	2142	1071
Allahabad	CHC Soraon	0	1	1071	535.5
Allahabad	District Women Hospital	3	5	5355	2677.5
Allahabad	Kamala Nehru Memorial Hospital	0	1	1071	535.5
Allahabad	M.L.N. Medical College (Pptct)	8	12	12852	6426
Allahabad	Tej Bahadur Sapru Hospital Allahabad	0	1	1071	535.5
Ambedkar Nagar	District Women Hospital	1	2	2142	1071
Auraiya	CHC District Women Hospital	1	2	2142	1071
Azamgarh	C.H.C. Phoolpur	0	1	1071	535.5
Azamgarh	District Hospital	0	1	1071	535.5
Azamgarh	Distt. Women Hospital	7	11	11781	5890.5
Baghpat	CHC Baghpat	5	8	8568	4284
Bahraich	District Women Hospital Pptct	8	12	12852	6426
Ballia	District Hospita Women	4	6	6426	3213
Balrampur	M.I.K. District Women Hospital	2	3	3213	1606.5
Banda	CHC Baberu	3	5	5355	2677.5
Banda	CHC Jaspura	2	3	3213	1606.5
Banda	CHC Narayani	2	3	3213	1606.5
Banda	District Women Hospital	4	6	6426	3213
Barabanki	CHC Barabanki Haidargarh	1	2	2142	1071
Barabanki	District Women Hospital	1	2	2142	1071
Bareilly	CHC Baheri	0	1	1071	535.5
Bareilly	Distrcet Women Hospital	1	2	2142	1071
BASTI	V.R.T.K. District Women Hospital	2	3	3213	1606.5
Bijnor	Distt. Woman Hospital	1	2	2142	1071
Budaun	C.H.C. (Ujhani) Badaun	0	1	1071	535.5
Budaun	District Women Hospital	2	3	3213	1606.5
Bulandshahar	Kasturba. Mahila Chikitsalaya Bsr	2	3	3213	1606.5
Chandauli	CHC Chakiya - Dist Chandauli	0	1	1071	535.5
Chandauli	District Hospital	0	1	1071	535.5

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November,2012	Expected No. of Pregnant women to be detected by march,2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
Chitrakoot	District Women Hospital	3	5	5355	2677.5
Deoria	CHC Barhaj	1	2	2142	1071
Deoria	CHC Bhat Parani	0	1	1071	535.5
Deoria	CHC Gauri Bazar	1	2	2142	1071
Deoria	CHC Lar	1	2	2142	1071
Deoria	CHC Patherdewa	2	3	3213	1606.5
Deoria	CHC Rudrapur	0	1	1071	535.5
Deoria	CHC Salempur	0	1	1071	535.5
Deoria	Distt. Women Hospital	6	9	9639	4819.5
Etah	Dist Women Hospital	3	5	5355	2677.5
Etawah	CHC Bharthana Etawah	0	1	1071	535.5
Etawah	CHC Jaswant Nagar Etawa	0	1	1071	535.5
Etawah	CHC Rajpur Etawah	0	1	1071	535.5
Etawah	CHC Safai Etawah	1	2	2142	1071
Etawah	Dr. Ambedkar Combined Women Hospital Department	3	5	5355	2677.5
Etawah	Rural Instt Of Medical Science & Research, Saifai, Pptct	0	1	1071	535.5
Faizabad	Distt. Women Hospital	1	2	2142	1071
Farrukhabad	Dr. Ram Manohar Lohia District Female Hospital	2	3	3213	1606.5
Fatehpur	District Women Hospital	3	5	5355	2677.5
Firozabad	Distt. Women Hospital	5	8	8568	4284
Gautam Buddha Nagar	District Women Hospital	6	9	9639	4819.5
Ghaziabad	District Women Hospital	8	12	12852	6426
Ghazipur	District Women Hospital	2	3	3213	1606.5
Gonda	Distt. Women Hospital	2	3	3213	1606.5
Gorakhpur	B.R.D Medical College Obg Dept	16	24	25704	12852
Gorakhpur	District Women Hospital	9	14	14994	7497
Hamirpur	District Women Hospital	1	2	2142	1071
Hardoi	C.H.C. Sandeela Vctc	0	1	1071	535.5
Hardoi	District Women Hospital	2	3	3213	1606.5

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November,2012	Expected No. of Pregnant women to be detected by march,2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
Hathras	Singhari District Women Hospital	2	3	3213	1606.5
Jalaun	District Women Hospital	3	5	5355	2677.5
Jaunpur	District Women Hospital	6	9	9639	4819.5
Jhansi	CHC Mauranipur	0	1	1071	535.5
Jhansi	District Women Hospital	5	8	8568	4284
Jhansi	M.L.B Medical College Pptct	5	8	8568	4284
Jyotiba Phule Nagar	CHC Amroha	0	1	1071	535.5
Jyotiba Phule Nagar	Muni Devi District Women Hospital	1	2	2142	1071
Kannauj	Vinod Dixit District Women Hospital	0	1	1071	535.5
Kanpur Dehat	District Women Hospital Akbarpur	4	6	6426	3213
Kanpur Nagar	C.H.C. Bidhnoo	1	2	2142	1071
Kanpur Nagar	District Women Hospital (A.H.M. Dafrin Hospital)	4	6	6426	3213
Kanpur Nagar	G.V.S.M.Medical College Pptct	5	8	8568	4284
Kanpur Nagar	Ictc,K.P.M.Hospital, Kanpur	0	1	1071	535.5
Kashiram Nagar	District Female Hospital Kanshiramnagar	0	1	1071	535.5
Kaushambi	Anc (P.H.C) Manjhapur Pptct	1	2	2142	1071
Kheri	District Women Hospital	1	2	2142	1071
Kushinagar	District Women Hospital	3	5	5355	2677.5
Lalitpur	District Women Hospital	2	3	3213	1606.5
Lucknow	CHC Mohanlal Ganj. Vctc	0	1	1071	535.5
Lucknow	Csm Medical University (Kgmu) Vctc	5	8	8568	4284
Lucknow	Kgmu Queen Mary`S Hospital	4	6	6426	3213
Lucknow	Lok Bandhu Raj Narain Combined Hospital	0	1	1071	535.5
Lucknow	Ram Manohar Lohiya Hospital Vctc	6	9	9639	4819.5
Lucknow	Rani Laxmi Bai Hospital	2	3	3213	1606.5

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November,2012	Expected No. of Pregnant women to be detected by march,2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
Lucknow	S.P.M. District Hospital	0	1	1071	535.5
Lucknow	V.A.B. Women Hospital Golaganj	3	5	5355	2677.5
Lucknow	Virangna Jhalkari Bai District Female Hospital	2	3	3213	1606.5
Maharajanj	Distt Joint Hospital	1	2	2142	1071
Mahoba	Distt. Women Hospital	0	1	1071	535.5
Mainpuri	Distt. Women Hospital	1	2	2142	1071
Mathura	Distt. Women Hospital	5	8	8568	4284
Mau	CHC Ghoshi	0	1	1071	535.5
Mau	CHC Mohamdabad	3	5	5355	2677.5
Mau	CHC Ratnpura	2	3	3213	1606.5
Mau	Distt. Women Hospital	2	3	3213	1606.5
Meerut	Distt. Women Hospital	5	8	8568	4284
Meerut	L.L.R.M.Medical College (Pptct)	7	11	11781	5890.5
Mirzapur	District Women Hospital		1	1071	535.5
Moradabad	Pandit Deen Dayal Upadhya Distt. (Pptct)	4	6	6426	3213
Muzaffarnagar	CHC Shayamli VCTC	0	1	1071	535.5
Muzaffarnagar	District Women Hospital	3	5	5355	2677.5
Pilibhit	District Women Hospital	1	2	2142	1071
Pratapgarh	C.H.C Kunda	0	1	1071	535.5
Pratapgarh	C.H.C. Lalganj	0	1	1071	535.5
Pratapgarh	CHC Raniganj Pratapgarh	0	1	1071	535.5
Pratapgarh	District Women Hospital	2	3	3213	1606.5
Rae Bareli	C.H.C Bachharawan	1	2	2142	1071
Rae Bareli	C.H.C. Lal Ganj	0	1	1071	535.5
Rae Bareli	District Women Hospital	1	2	2142	1071
Rampur	District Women Hospital	3	5	5355	2677.5
Saharanpur	District Women Hospital	5	8	8568	4284
Sant Kabir Nagar	C.H.C. Khalilabad(PPTCT)	7	11	11781	5890.5
Sant Ravidas Nagar	District Hospital	1	2	2142	1071
Shahjahanpur	District Women	1	2	2142	1071

District	Hospital Name	Total No. of Pregnant Women found Positive from April, 12 to November, 2012	Expected No. of Pregnant women to be detected by march, 2013	Estimated no. of CPT tablets required	Total Budget with approximate Cost @ Rs 5/= per strip of 10 tablets
	Hospital				
Shravasti	CHC Bhinga VCTC	0	1	1071	535.5
Siddharthnagar	District Women Hospital		1	1071	535.5
Sitapur	District Women Hospital	0	1	1071	535.5
Sonbhadra	District Women Hospital		1	1071	535.5
Sultanpur	CHC Amethi	0	1	1071	535.5
Sultanpur	District Women Hospital	6	9	9639	4819.5
Unnao	C.H.C Nawab Ganj, Unnao	0	1	1071	535.5
Unnao	U.S.D Women Hospital	1	2	2142	1071
Varanasi	Bhu Medical College Gynac (PPTCT)	7	11	11781	5890.5
Varanasi	District Women Hospital	2	3	3213	1606.5
Varanasi	Pt. Deendayal Rajkiya Hospital (General Clients)	0	1	1071	535.5
Varanasi	S.S.P.G.District Hospital	0	1	1071	535.5
Total				568701	284350.5

Thus, a total of **Rs. 284350.5** (Rs Two Lakhs Eighty four thousand three hundred fifty only) was proposed for Co-trimoxazole Prophylaxis Therapy to be provided to ICTC/PPTCT centers situated at District level/ sub-district level, **which is not approved by GOI with the remarks that this should be part of EDL(ROP-FMR Code-B.14.1).**

I. Establishment of Cold Storage Space

U.P. State Control Society is working on HIV/AIDS Project under National AIDS Control Organization, Department of AIDS, Ministry of Health and Family Welfare, Govt. of India. U.P. State AIDS Control Society, Lucknow is distributing HIV Diagnostic Kits to all ICTCI / PPTCT / Blood Bank / CHCs centres of the state. Presently, society does not have appropriate and sufficient facilities for the storage of kits under Cold Chain maintenance.

Therefore, in order to maintain cold chain of HIV Diagnostic Kits, it is proposed that one Walk In Cooler (Size-2000 Sq.ft. along with partition for Cold Space at 50(L)(Ext)x30'(W)(Ext) x 8'.6"(H)(Int.) approx.) is established in the premises of a Govt. Hospital situated at Lucknow preferably nearby Gomti Nagar with the help of National Rural Health Mission. **The proposal for setting up of Cold Storage Room costing Rs. 1.10 Crore approx. was submitted to GOI for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.14.1).**

J. Proposal from UPSACS for better utilization of Blood Mobile Van

There are 2 blood mobile vans (BMV.) provided from NACO and allocated to SGPGIMs, Lucknow and IMS, BHU Varanasi. To meet increase demand of blood more emphasis on collection to outreach blood donation camp is required and those BMVs are used for the same. Despite best efforts then by both the institutions and UPSACS, the utilization of blood mobile van is much below expectation of 20-25 days per month. To meet this challenge, proposal for promotion of VBD. in UP has been made by HLPPT. The proposal focuses on following objectives :-

- a. To systematize and increase voluntary blood donation camps in licensed blood banks in Uttar Pradesh.
- b. To increase the level of awareness and motivation for Voluntary Blood Donation in the State and districts.

The proposal include more efficient utilization of the 2 Blood Mobile Vans by implementing State and District level activities including organization of 40 VBD Camps per month for initial 3 months followed by 56 camps per month in FY 2013-14 through Blood Mobile Vans. Key activities to be implemented included technical support to UPSACS in developing promotional communication material, State level advocacy, workshop with the partners agencies to increase Voluntary Blood Donation including successful organization of VBD camps. **For implementing all above stated activities, a budgetary proposal of HLPPT amounting Rs. 1,49,68027/- (Rupees One Crore Forty Nine Lakhs Sixty Eight Thousands and Twenty Seven) for FY 2013-14 was made, which is not approved by GOI(ROP-FMR Code-B.14.1).**

Budget Summary - Intersectoral Convergence

Sl.	Name of the Activity	Amount Proposed (Rs. In Lakhs)	Amount approved (Rs. In Lakhs)
1	Blood Storage Centers at FRUs	536.05	-
2	Establishment of 4 new blood banks	71.88	-
3	Up-gradation of 20 blood banks to blood component separation units	1900.00	-
4	Strengthening of 72 existing blood banks including state monitoring cell	1207.21	-
5	Strengthening of STI/RTI services	59.01	-
6	Free transportation for HIV infected persons to ART Centres	267.38	150.00
7	75 F-ICTC establishment	67.50	-
8	Cotrimoxazole Prophylactic Therapy (CPT)	2.84	-
9	Establishment of cold storage for HIV testing kits	110.00	-
10	Promotion of Voluntary Blood Donation through 2 blood mobile vans (BMVs) by HLPPT	149.68	-
Sub Total		4371.55	150.00

2)- INNOVATIONS - DISTRICT SPECIFIC

For the year 2013-14, various local/district specific innovations are being proposed by districts. District wise activity/innovations along with proposed budget is as below:

District Name	Name of the Activity	Budget Proposed (Rs. in Lakhs)
Agra	Programme for Prevention & Control of Fluorosis	45.04
	NRC at Medical Collage	10.76
Firozabad	Care & Prevention of Bengals Workers from industrial Hazards	41.72
Mathura	Urban Health, nutrition and family planning days	15.25
Mainpuri	Cancer Diagnostic Unit	120.00
	Cancer & HIV/AIDS awareness Ambulance	20.00
Agra Division Total:-		252.76
Aligarh	Strengthening of Birth & Maternal Death Review Preparedness	38.60
Aligarh Division Total:-		38.60
Allahabad	Demonstration cum Learning Sites on Greater Role of VHSC in Improving Maternal and Child Health under NRHM	50.85
	Improving Male Outreach for Reproductive and Child Health (1)	22.17
Kausambhi	Inter Sectorial convergence	0.54
	Strengthening Village Health Sanitation and Nutrition Committee	6.70
Pratapgarh	Demonstration cum Learning Sites on Greater Role of VHSC in Improving Maternal and Child Health under NRHM	57.85
Allahabad Division Total:-		138.11
Azamgarh	Family Life Education	5.13
	IEC activity	17.72
Ballia	Family Life Education	3.42
	IEC activity	13.20
Mau	Family Life Education	3.42
	IEC activity	8.10
Azamgarh Division Total:-		50.99
Bareilly	Strengthening of Community Level Activities through Non Govt Initiative	17.10
	Developing model block on Birth Preparedness/Complications Readiness	10.46
Budaun	WASH Interventions within NRHM Project Implementation Plan	33.84
Pilibhit	Innovation under Family Planning	58.20
Shajahanpur	WASH Interventions within NRHM Project Implementation Plan	29.96
Bareilly Division Total:-		149.56
Basti	Strengthening of Community Level Activities through Non Govt .Initiative	22.68
	Developing model block on Birth Preparedness/Complications Readiness	9.78
	Ensuring 24 hour Power supply at Delivery Eco Power System Points through	123.50
Siddhrth	Strengthening procedures of Accounting at sub center level	2.97

District Name	Name of the Activity	Budget Proposed (Rs. in Lakhs)
Nagar	ASHA Performance Tracking system	0.50
	Eco Power System at Delivery Points	147.00
Sant Kabir Nagar	Establishing Monitoring System At Health Units	11.36
	Eco Power System at Delivery Points	115.50
	Involvement of Community for Elimination of AES/JE	5.25
	Use of Information Technology in Health	6.66
Basti Division Total:-		445.20
Mahoba	Smoke Free Zone Mahoba	61.00
		61.00
Faizabad	Quarterly evaluation of Books of Accounts	1.80
	Banners for all ANMs (VHND Strengthening)	1.50
	Reporting & recording register for ANM & ASHA under Childhood	0.75
	Diarrhoea Management Programme	
Ambedkar Nagar	Strengthening of Community Level Activities through Non Government Initiative for promoting Reproductive & child health in Block Bhati.	19.31
	Strengthening of Routine Immunization by supportive supervision	0.41
	NRHM Exhibition Pandal at Govind Sahaba mela	3.30
Sultanpur	Sanitation programme for Rural Child Health and Hygiene awareness programme (Sanrachha)	14.66
Chitrakoot Division Total:-		41.73
Gonda	RI and NBC Activity (Develop by NRHM and assisted by MCHIP)	42.89
Balrampur	Promotion of Participation of Minority Group in Family Planning Programs	19.1
	Strengthening of RI in Flood affected area	9.9
	Strengthening of VHNSC through NGO	9.72
Bahraich	M-Sakhi	94.29
Shrawasti	Strengthening of RI in Flood affected area	9.9
Devipatan Division Total:-		185.80
Gorakhpur	AES/JE Monitoring cell at Divisional level.	10.77
	AES/JE Monitoring through GPS	14.62
	Strengthening procedures of Accounting at sub centre level	5.35
	Community Mobilization for AES/JE elimination through IDSP	102.60
Deoria	Maternal Death Review Support system	2.50
	Strengthening procedures of Accounting at sub centre level	5.10
	Effective implementation of National program	2.72
	Study on Functioning of RKS and Utility of sub Centre untied fund	1.50
	Health Awam Rahat camp in flood affected area among district.	7.39
Kushinagar	Filaria Control Program	7.00
	Intervention for Musahar Community	10.52
	Strengthening of Community Level Activities through Non Govt .Initiative	22.68
	Developing model block on Birth Preparedness/Complications Readiness	9.79
Maharajganj	Functioning of ASHA and its affect on Maternal Health	2.28
	Relief in Flood Affected Areas	9.75

District Name	Name of the Activity	Budget Proposed (Rs. in Lakhs)
	Filaria Control Programme	7.00
	Strengthening procedures of Accounting at sub centre level	3.52
	Intervention for Musahar Community	4.50
Gorakhpur Division Total:-		229.59
Jhansi	Develop ASHA Performance Tracking System for Managing Incentive Disbursement (ASHADOOT)	5.65
	Strengthening of Program Management	16.25
	ANTARDRASTI	5.81
	Preparation of City Health Plan	14.00
	Urban Health Nutrition Day (UHND)	15.00
Jalaun	Hospital Cleanliness and Laundry Services through PPP Mode	38.00
	Bio Waste medical management	11.29
	Installation of R.O water purifier system in Primary and Secondary school of Nirmal Gram & Lohiya grams.	9.00
	Bio Metrics thumb impression attendance equipment.	7.50
	Call Centre with toll free number for birth preparedness in CMO office	4.02
	VHSC member's orientation on NRHM and Community Monitoring through NGO.	9.00
	Special reward to ANMs and ASHAs for helping pregnant woman to give birth healthy baby.	1.62
	Special Campaign for smokeless and chewing tobacco less district.	4.22
	Global Hand Washing Week Calibration.	1.50
Lalitpur	Capacity building of Health/ICDS staff and strengthening of community Level Activities through Govt Initiative.	16.25
	Sankalp: Strengthening RI in vacant sub centres	13.75
Jhansi Division Total:-		172.86
Kanpur Dehat	Rehabilitation Centre of Mental Retired Children at District Hospital Akbarpur	6.80
	Diabetic Screening Centre Proposed at District Hospital, Akbarpur.	5.02
Kanpur Nagar	Strengthening of RI in Urban Areas	38.09
	Third Party/In House Evaluation on ongoing NRHM Activities	5.00
	Tele Medicine (As per Separate Annexure Sheet Enclosed)	337.83
	Urban Areas / mapping of urban slums and planning	14.00
	Publicity Van	14.29
	Gestational Diabetes Prevention Control Project.	22.33
	Prevention of non communicable diseases	977.61
	Targeting Mothers in Prevention of Childhood Illness in Rural Kanpur	84.90
Kannoj	Diagnostic camp for non communicable diseases with NGOs	3.00
	Referral Van	28.00
	Incinerator at District Level	150.00
	Display Boards for the Propagation of NRHM scheme showing the Distance & Direction of nearest CHC/PHC from the	24.00
	Solar Light System for Sub Centers	47.00
	IEC activities & Propagation of Health services by Ashas(for 1492 ASHA's @ Rs.250/P.M per ASHA	45.00

District Name	Name of the Activity	Budget Proposed (Rs. in Lakhs)
	Interactive Voice Response System	25.00
	Well Equipped IEC Vans (With PoL and Maintenance)	30.00
	Reception Counters with counsellors solving the problems of patients and care takers	1.20
	Fax, Phone & Internet connection at Block	1.20
	Separate Generator for cold chain at Block CHC's/PHC's	5.60
	Utility Globes for sweeper, ward boy etc	0.20
	Meeting Hall at Block H.Q.	80.00
Kanpur Division Total:-		1946.07
Hardoi	Strengthening of RI	3.60
	Strengthening of Community Level Activities through Non Govt Initiative	4.56
Sitapur	Study on Functioning of RKS and Utility of sub Centre untied fund",	1.69
Kheri	Projector Display IEC VAN	17.04
Unnao	Detection, control & treatment of Occupational Diseases	28.60
Lucknow	School Going Children Counselling Project	9.35
Raebareilly	Developing model block on Birth Preparedness/Complications Readiness	9.78
Lucknow Division Total:-		74.62
Mirzapur	Plantation of Sahijan (Moringa Olifera) by Asha for Eligible couple	39.68
Mirzapur	Reminder bell for family health (ASHA KI GHANTI)	9.06
Mirzapur	Capacity building of Health/ICDS staff and strengthening of community Level Activities through Govt Initiative	22.15
Sonebhadra	Health Book for Preg. Women	28.80
Sonebhadra	Female Attendant at L1 Delivery Point	25.50
Bhadohi	Strengthening of Village Health Sanitation and Nutrition Committee.	16.81
Vindychal Division Total:-		142.00
Moradabad	Urban Health Nutrition Day (UHND)	1.50
Moradabad	WASH Interventions within NRHM Project Implementation Plan	47.34
Bijnor	Solar power Generator	10.96
Bijnor	Refresher Training and Capacity Building of ASHA in Reporting Format	9.13
Moradabad Division Total:-		68.93
Muzaffarana gar	Beti Bachao Abhiyan	12.60
	Family Planning Innovation	27.78
Saharanpur Division Total:-		40.38
Varanasi	Time to Re-Skill the basic technical proficiency of medical, Para-medical and nursing staffs of PHCs and CHCs of Varanasi/eastern U.P.	41.74
Jaunpur	Health Institute for Mother and Child	53.93
	WASH Interventions within NRHM Project Implementation Plan	63.91
Chanduli	Strengthening of VHSNC Through Local Volunteers	49.43
Gazipur	Health Institute for Mother and Child	31.36
Varanasi Division Total:-		240.37
Grand Total:-		4278.57

Thus, for implementing above activities, Rs. 4278.57 Lakhs was proposed but the approval is pended (ROP-FMR Code-B.14.2).

3)- INNOVATIONS – ROUTINE IMMUNIZATION

A. Supportive supervision for strengthening of Routine Immunization in 75 districts of Uttar Pradesh

Background - The Universal Immunization Program (UIP) also called Routine Immunization (RI) is primarily implemented by Govt. health services under National Rural Health Mission. In Uttar Pradesh, it is implemented in all 75 districts and is the largest programme with respect to the human resources, number of beneficiaries, cold chain equipment and vaccines etc. Routine Immunization is provided at fixed sites in district hospitals, and block PHCs and at sub centres; and at outreach sessions held by female health workers (ANM) with the help of AWWs and ASHAs in the villages on Wednesdays and Saturdays.

In September 2009, UNICEF Office for Uttar Pradesh, Lucknow, with technical support from USAID supported MCHIP project and Government Medical Colleges and operational support from district and block level Health and ICDS officials carried out supportive supervision in 15 districts of Uttar Pradesh view of strengthening routine immunization programme. The Supportive Supervision (SS) exercises were conducted between September 2009 and March 2010 in 15 districts of Uttar Pradesh. From 2011 onwards, the intervention was up scaled in 32 districts of Uttar Pradesh.

- **Supportive Supervision as a Process** - The SS exercises comprise a participatory process that aims at supporting program managers, health workers and other front line functionaries to effectively perform their duties according to set program benchmarks. The SS exercise consists of following activities:
 1. District Sensitization Meeting
 2. Visit to all ILR points (Vaccine storage points) and few randomly selected routine immunization session sites
 3. Action Plan Meeting
 4. Concurrent monitoring for follow up of action plan activities
- **District sensitization meetings** - A one day district sensitization meeting is held for refreshing the knowledge about various components of routine immunization programme. The meeting is attended by district level Health and ICDS officials, Block Medical Officers-in-charge of all the blocks, cold chain handlers and AROs (persons responsible for data management) and CDPOs of all the blocks of the district. Once the refresher training is over, the participants are sensitized about the checklists (Annex 1 and 2) that are used in assessing ILR points and RI sessions.
- **Visit to all ILR points (Vaccine storage points)** - Following district sensitization meeting, visits are made to all vaccine storage points of the districts and few randomly selected RI session sites during the next 2-3 days. During these visits, specific programmatic information is collected by using standard.

- **Action Plan Meeting** - Once the field visits are completed, the data collected during field visits is analysed with the help of an Excel based compilation tool and a power point presentation is prepared showing various indicators. The presentation is shared with district and block officials. Based upon the findings of field visits, an action plan is prepared. The action plan consists of areas that require improvement, suggested actions, level of action, persons responsible for facilitating action and the timeline for completion of activity plan.
- **Concurrent monitoring for follow up of action plan activities** - To facilitate the implementation of action plan, concurrent monitoring is done by field coordinators and govt. officials. To support it further, collaboration is done with five Medical Colleges (BRD Medical College Gorakhpur, SN Medical College Agra, MLB Medical College Jhansi, MLN Medical College Allahabad and LLRM Medical College Meerut). The feedback of concurrent monitoring is shared with the district and State level officials on regular basis.

Activity Plan for 2013-14

Based upon the results achieved, it has been decided to universalize the supportive supervision intervention in all 75 districts of Uttar Pradesh during 2013-14. The activity plan for implementing supportive supervision will be

1. Training of trainers
 2. Supportive Supervision exercises
 3. Concurrent monitoring including joint field visits with district officials
 4. Training of District data coordinators
 5. Data management including feedback sharing
 6. Regional Review Meetings
 7. Capacity building of other medical colleges
1. **Training of trainers for Supportive Supervision** - A pool of trainers for supportive supervision will be developed and 6 trainers (4 district level officials and 2 block level officials) will be identified and trained in supportive supervision in each of the districts. A total of 450 district/block health officials will be identified and trained. These trainings will be organized at the division level. As mentioned above, the supportive supervision exercise consists of district orientation meeting, field visits to ILR points and session sites and action plan meeting. The funds required for these activities will be

Sl.	Item	Unit Rate	No. of days	No. of units	Total cost
1.	Training material	50	-	30	1500
2.	Refreshment	300	2	35	21000
3.	Training venue	3000	2	1	6000
4.	A-V equipment	3000	2	1	6000
5.	Training module	Will be provided by UNICEF			
Total cost for one training					34500
Total cost for 15 trainings					517500

This activity will be supported by UNICEF Office for Uttar Pradesh Lucknow

2. **Supportive Supervision Exercises** - In each of the 75 districts, two supportive supervision exercises will be conducted during the year 2013-14. Technical support for carrying out these exercises will be provided by UNICEF. The funds required by each of the district for carrying out two supportive supervision exercises will be

Sl.	Item	Unit Rate	No. of units	Total cost
1.	Per diem of participants	300		
2.	TA to participants	300		
3.	Per diem of trainers	500		
4.	Refreshment	200		
5.	A-V equipment	2000		
6.	Stationery	50		
Total cost for 150 (2 per district) SS exercises, based upon district PIPs				8306400

This activity will be funded by NRHM

3. **Concurrent monitoring including joint field visits with district officials** - To facilitate the implementation of action plan, concurrent monitoring will be done by the field coordinators from UNICEF, representatives of medical colleges and the district health officials. To provide hands on training to district health officials to perform concurrent monitoring, joint visits will be done by medical colleges/field coordinators with district health officials. Subsequently, field visits will be planned and conducted by district health officials independently. The funds for this activity in 2013-14 will be approximately. 1,00,00,000. Presently UNICEF Office of Uttar Pradesh is collaborating with five medical colleges. These medical colleges are:

- MLB Medical College Jhansi
- BRD Medical College Gorakhpur
- LLRM Medical College Meerut
- MLN Medical College Allahabad
- SN Medical College Agra

4. **Training of District data coordinators** - The data generated during Supportive supervision exercises and concurrent monitoring will be collated by district data coordinator placed in the offices of CMOs of the respective districts. With the support of UNICEF office for Uttar Pradesh, one day training of data coordinators will be conducted. The funds required for this activity will be

Sl.	Item	Unit Rate	No. of days	No. of units	Total cost
1.	Refreshment	300	1	25	7500
2.	Training material	100	1	25	2500
3.	A-V equipment	3000	1	1	3000
4.	Training venue	3000	1	3000	3000
Total cost for one training					16000
Total cost for 3 trainings					48000

This activity will be supported by UNICEF Office for Uttar Pradesh Lucknow

5. **Data management including feedback sharing** - The data generated during district supportive supervision exercises and the concurrent monitoring visits will be compiled by the data coordinators at the district level. The compiled data will be shared at the State level. UNICEF Office for Uttar Pradesh will support the analysis of data and generation of detailed reports. The reports will be shared by the Directorate of Family Welfare with respective districts for corrective actions. One Deputy General Manager and one data coordinator at state level will be made responsible for overseeing the activities related to supportive supervision activities. A supportive supervision cell will be established with support from UNICEF. A State Supportive Supervision Coordinator has been placed in collaboration with SN Medical College Agra. A State Data Manager will also be placed in SS cell for managing data generated during Supportive supervision exercises and concurrent monitoring done during the period between two supportive supervision exercises. The funds required for this activity will be

- ☐ State SS Coordinator 1800000 @ Rs. 125000 (Salary + allowances)
- ☐ State Data Manager 840000 @ Rs. 70000 per month (Salary + allowances)

6. **Regional Review Meetings** - To review the progress and also to identify bottlenecks /gaps, bi-annual review meetings will be conducted at regional level. Each meeting will be attended by Govt. officials (Additional Directors, District Immunization officers) of 3-5 divisions, representatives of respective medical colleges and partners including UNICEF. The communication for these meetings will be done by the Directorate of Family Welfare in coordination with State Programme Management Unit. The funds required for this activity will be

Sl.	Item	Unit Rate	No. of days	No. of units	Total cost
1.	Refreshment	300	1	35	7500
2.	A-V equipment	3000	1	1	3000
3.	Meeting venue	5000	1	3000	5000
4.	Stationery	100	1	35	3500
Total cost for one meeting					19000
Total cost for 8 meetings (4 regional meetings @ 2 meetings/year)					152000

This activity will be funded by NRHM

7. **Capacity development of Medical Colleges** - In addition to the five medical colleges mentioned above, capacity building of other medical college will also be developed. UNICEF office for Uttar Pradesh will support a two day sensitization workshop for the faculty members of these medical colleges. In addition, the faculty members of these medical colleges will be invited to attend the supportive supervision exercises for hands-on training. The funds required for this activity will be

Sl.	Item	Unit Rate	No. of days	No. of units	Total cost
1.	Training material	Will be provided by UNICEF Office for UP			
2.	Refreshment	400	2	35	28000
3.	Training venue	5000	2	1	10000
4.	A-V equipment	3000	2	1	6000
Total cost for one training					44000

Budgetary Requirement

Sl.	Activity	Funds	Funding source
1.	Training of trainers for Supportive Supervision	517500	UNICEF
2.	Supportive supervision exercises	8263000	NRHM
3.	Concurrent monitoring including joint field visits with district officials	10000000	UNICEF
4.	Training of district data coordinators	48000	UNICEF
5.	Data management including feedback sharing	2640000	UNICEF
6.	Regional review meetings	152000	NRHM
7.	Capacity building of medical colleges	44000	UNICEF
Total funds			21707900
Funds contribution from NRHM			8263000 (38%)
Funds contribution from UNICEF			13292900 (62%)

For this activity, an amount of Rs.82.63 Lakhs was proposed, which is not approved by GOI (ROP-FMR Code-C.1.r)

B. Establishing “Demonstration & Cross Learning Centres for Routine Immunization” in all districts of Uttar Pradesh

Background - Universal Immunization Program (UIP) launched in India in 1985 is largest in the world in terms of quantities of vaccine used, number of beneficiaries and immunization sessions organized, geographical spread and diversity of area covered. In broader perspective Immunization delivery is also a vehicle for health promotion and other health services addressing morbidity of public health significance in all age groups.⁵ Annual Health Survey (2010-11) revealed proportion of fully immunized children in Uttar Pradesh as 45.3% indicating the need to improve reach and quality of immunization services not only for reducing mortality and morbidity due to vaccine preventable diseases but also for expansion of other public health interventions including promotion of maternal and child health.

Multiyear plan for Universal Immunization Program (2005-2010) highlights the major constraints underlying the program at district and health facility level and includes:

- Available staff not technically sound who could practically plan and manage immunization services effectively
- Lack of understanding about the importance of accurate recording and reporting of data for analysis, and identification of necessary corrective actions
- Poor planning and implementation of vaccine and logistics management leading to over stocking, inadequate stocks and stock out of immunization logistics
- Poor management and monitoring of cold chain system, poor understanding of updated guidelines affecting potency and efficacy of different vaccines

⁵ Multi Year Strategic Plan 2005-2010, Universal Immunization Program, MOHFW, GOI, 2005

- Issues underlying immunization and injection safety and appropriate disposal of waste
- Low demand for and awareness of immunization services

Pilot by USAID supported MCHIP Project - In order to address this issues in a comprehensive and practical manner USAID supported MCHIP project piloted development of demonstration and cross learning centres for routine immunization in selected health facilities of three focus districts (Banda, Gonda and Varanasi).

These “demonstration and cross learning centres” are identified block level health facilities (one facility per district) where immunization related processes and practices are implemented according to national and state guidelines in a practical and integrated manner; and which serve as training venue and provide an opportunity for building skills and capacity of staff members through demonstrations of correct techniques, hands on exercises, interaction with peer group members and learning to utilize available resources in best possible manner.

Thus practices related to different thematic areas including program management (planning, review and supervision), vaccine-logistics and cold chain management, recording-reporting (MIS and use of data for action), immunization safety, waste disposal and community linkages can be demonstrated at these centres for capacity building of staff members.

Scale up of intervention in all districts of Uttar Pradesh - The experience from three districts where this pilot has been implemented has been encouraging and has facilitated capacity building of not only supervisory staff and cold chain handlers, rather also of program managers and other functionaries. Scale up of this intervention in all districts of Uttar Pradesh with financial and techno-managerial support from NRHM can have significant impact on quality of immunization services and also quality coverage in the coming years.

Process of establishing demonstration and cross learning centres:

State level:

- **Orientation of District Immunization Officers:** One day orientation meeting is organized at the state/regional level for sensitizing DIO/program managers from all 75 districts about the concept, objectives and process of developing demonstration sites. This meeting will also provide opportunity to orient the participants about standard operative procedures, timelines and readiness assessment and monitoring checklists. This meeting can also be merged with the quarterly DIO review meetings where one day can be devoted for orientation on demonstration sites.
- **Quarterly Review Meeting for District Immunization Officers:** Quarterly review of the activity is necessary to track progress and identify constraints for ensuing corrective actions. This can be merged with quarterly DIO review meetings.
- **Visits by state officials to selected poor performing districts to monitor and supervise demonstration sites and facilitate cross learning visits.**

District level:

- **District level sensitization meeting for facility in charges:** This meeting is organized with an objective to sensitize all district level program managers and facility in charges

about the activity and process. This will also facilitate identification of underlying strengths of different health facilities including infrastructure, staff availability, location for feasibility of cross learning visits etc. thus enabling identification of potential health facility to be developed as demonstration and cross learning centre.

- **Identification of Health Facility for developing demonstration site:** In each district one health facility with adequate infrastructure and human resource availability is to be identified by district officials in discussion with facility staff and other stake holders (including development partners). Feasibility of organizing cross learning visits for staff members from other blocks/health facilities of the district will be an important criterion for selecting health facility to develop as demonstration site. Standardized checklist is to be used for selection of health facility in a subjective manner.
- **Review of progress during monthly district level review meetings:** during each monthly review meeting by CMO at district level the status and progress made at demonstration facility can be reviewed. Readiness assessment checklists are to be used for assessing progress and readiness for organizing cross learning visits.

Block level:

- **Orientation of staff members at the identified health facility:** This orientation meeting is to be organized at the health facility identified for developing demonstration and cross learning centre. During this meeting the staff members and other stake holders are to be sensitized about the process and timelines of the activity for ensuring involvement and support from all functionaries. During this meeting action plan including specific activities with timeline is to be prepared for tracking progress and readiness for organizing cross learning visit.
- **Undertaking specific thematic area wise activities for strengthening the processes and practices over a period of 2-3 months:** Over a period of 2-3 months the infrastructure and processes are to be developed in phased manner in line with the standard operative procedures under direct supervision of District Immunization Officer, Facility in charge and cold chain handler of the facility. The block level functionaries will work as a team to facilitate implementation of best practices for all thematic areas. The progress made at these sites will be measured on periodic basis on the basis of standard readiness assessment checklists, which will enable program managers to assess and monitor the intervention and plan cross learning visits for other staff members.

Cross Learning Visit - Once the demonstration and cross learning centre is ready as per the readiness assessment checklists, cross learning visits are to be planned jointly by DIO and facility in charge for concerned staff members from other health facilities in batches. The different cadres of staff members that could be nominated for these visits include program managers, facility in charge of other health facilities, cold chain handlers, ARO, NRHM staff, supervisory staff and even health workers as part of formal 2 day trainings.

During these visits the participants will be sensitized correct practices and guidelines, and visit will be made to cold chain room, dry room, record room and waste management facility to demonstrate the implementation of guidelines. The visit will have a dedicated session for

interaction between participants and demo site staff on issues, challenges and how the available resources can be utilized to implement guidelines at other health facilities.

These cross learning visits are to be organized at 6 monthly intervals and more visits can be planned for staff from poor performing health facilities.

Specific activities requiring budgetary provisions:

- Development of material for display at concerned areas including cold chain room, dry space room, MIS room, facility in charge room, OPD/immunization clinic and outside the facility
 - Flex banners for (a) ANM roster, (b) Immunization Schedule (c) vaccine storage contingency plan and (d) coverage monitoring chart
 - Job aids on cold chain management, injection safety, waste disposal and inter personal communication
- Updated microplanning as per state guidelines and tools
- Strengthening cold chain room including:
 - correct placement of equipment, appropriate electrical wiring and connections, connections with voltage stabilizers, following correct practices related to vaccine storage and ice pack freezing, storage of non electrical cold chain equipment, maintenance of electrical cold chain equipment room and dry space room
 - identifying assistant for assistant cold chain handler in cold chain maintenance, vaccines and logistics management, preventive maintenance of equipment and other immunization related work as specified by the facility in charge
- Strengthening vaccine and logistics management as per state guidelines
- Using standard recording and reporting formats as specified by state guidelines.
- Ensure correct immunization safety and waste disposal practices.

Budgetary Requirement (requirement for one district):

A) For establishing demonstration and cross learning centres

	Activity	Norm	Amount required
1	Development of display material (flex) <ul style="list-style-type: none"> • ANM roster (X3) • Immunization Schedule (X3) • Contingency Plan (X2) • Coverage Monitoring Chart (X2) 	@ Rs. 500/piece = Rs. 500 X 10 pieces	Rs. 5000
2	Funds for printing of job aids and microplanning already provided to all districts from the state PIP		-
3	Strengthening cold chain and vaccine logistics practices	One time funding	Rs. 10000
4	Incentive for cold chain assistant/helper to assist cold chain handler	@ Rs. 2000/month X 12 months	Rs. 24000
5	Strengthening infrastructure including printing of sub center maps, developing separate dry space room and waste disposal area	One time funding	Rs. 10000
6	Contingency & stationery		Rs. 5000
Sub Total (per district)			Rs. 64000
Amount required for 75 districts			Rs. 4800000

B) For organizing cross learning visits (visits to be organized in batches with each batch comprising of 20-25 participants)

	Activity	Norm	Amount required
1	Arrangement of vehicle for transportation of participants to demonstration site @ 2-3 person/block -> one vehicle/block @ Rs. 1000/vehicle X 2 times/year (considering total 820 blocks)	Rs. 1000/block X 2 times per year X 1037 blocks/planning units	Rs. 2074000
2	Arrangement of training material and stationery including contingency for participants	@ 50/participant X 3 participants/block X 1037 blocks/planning units X 2 times/year	Rs. 311100
3	Refreshments for participants (& staff from health facility)	@ 100/participant X 3 participants/block X 1037 blocks/planning units X 2 times/year	Rs. 622200
Sub Total (for all districts with 1037 blocks/planning units)			Rs. 3007300
TOTAL			Rs. 7807300

Total blocks/planning units for cross learning visits =1037 (including 820 rural blocks + urban vaccine distribution points -75 demonstration blocks).

For this purpose, an amount of Rs.78.07 Lakhs was proposed, out of which GOI approved Rs.10.40 Lakhs for establishing demonstration & cross learning centres for routine immunization in 10 districts. (ROP-FMR Code-14.4)

C. Scale up of “My Village My Home” for tracking of immunization beneficiaries in 75 districts of Uttar Pradesh

Background - Tracking of beneficiaries is an important aspect of immunization program and is utmost necessary for achieving full immunization of due beneficiaries. Preparation of due lists before immunization sessions and mobilization of the beneficiaries in these due lists by ASHA workers and ICDS functionaries has come as an important activity and area of focus for monitoring appropriate implementation of immunization program. However it has been revealed that due to different and erroneous recording mechanisms and difference in records of ANMs, ASHA and anganwadi workers the due lists prepared are many a times incomplete thus resulting into left out and drop outs.

To address this issue of incomplete beneficiary records with different front line functionaries and resulting incomplete due listing of beneficiaries USAID supported MCHIP project piloted a community level monitoring and tracking mechanism by name “My Village My Home (MVMH)” selected subcenter areas of three districts in UP (Banda, Gonda and Varanasi) and 2 districts in Jharkhand (Deoghar and Jamtara). The initial results of this intervention were encouraging and resulting from its success Government of Jharkhand rolled out this intervention in all anganwadi centers of Jharkhand through NRHM.

“My Village My Home” - Concept

MVMH is a mechanism not only for ensuring registration and tracking of all beneficiaries in a particular catchment area but also focuses on developing and strengthening channels of communication between the community and the service providers for improving routine immunization coverage. It also serves as community monitoring tool where community members can monitor and assess the coverage of beneficiaries in their villages and take appropriate actions to improve coverage. This intervention thus emphasizes and addresses bottom up and participatory approach and self-monitoring by community members further helps in building confidence in the program, creating demand and thus increasing the immunization coverage in respective areas.

Objectives of MVMH intervention are as follows:

- To ensure coordination between health, related departments (ICDS) and other stake holders for timely identification and tracking of eligible infants for full immunization.
- Strengthen channels of communication between the community and service providers and enable grass root institutions/community for self monitoring of RI service utilization.

MVMH intervention is to be implemented at all the immunization session sites (subcenters/anganwadi centers/outreach sites). The frontline functionaries (ANM, ASHA and anganwadi worker) will be triangulating information on infant immunization status from their registers/records. The MVMH tool would be displayed at the outreach session sites with names and immunization status of infants. This tool would serve the purpose of motivating and reminding the families for immunizing their children.

Activities for roll out of MVMH intervention:

State level activities

- One day state level orientation of District Immunization Officers and District Program Managers (NRHM) about the intervention.
- Discussion on progress made and status during quarterly DIO review meetings

District level activities

- One day orientation of district officials (including CDPO's) and facilities in charge about the intervention.
- Printing of MVMH tool and required reporting formats and distribution to blocks
- Review during monthly review meeting at district level

Block level activities

- One day orientation of facility staff, supervisors and health workers about the intervention.
- Organizing meeting with ICDS staff and orient them about the intervention
- Development of supervision plan to review and provide supportive supervision to the front line functionaries

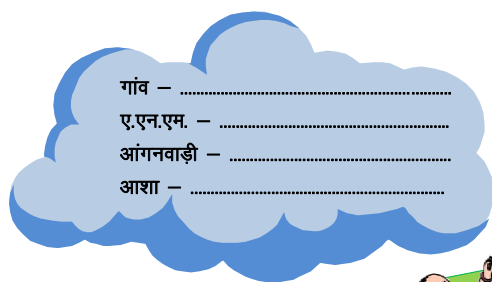
Session site activities

- Orientation of session functionaries (AWW, ASHA, other mobilizers) about the intervention by health worker and identifying suitable site for display of the tool at all session sites in respective subcenter area
- Triangulation of beneficiary data with MCH register and records of ASHA and AWW and update information in the MVMH tool
- Ensuring mobilization of beneficiaries due for vaccinations as per the tool and update immunization information during the session day itself

Budgetary Requirement

	Activity	Norm	Amount
1	State level orientation meeting (one day) – 3 batches <i>Includes venue hiring, refreshments and stationery for participants and AV equipment</i>	To be clubbed with DIO review meeting	Not required
2	District level orientation meeting (one day)	To be clubbed with monthly RI review meeting	Not required
3	Block level orientation meeting (one day)	To be clubbed with quarterly RI review meeting	Not required
4	Printing of MVMH tool on flex banner	150000x 200	30000000/-
5	Stationery for using the tool (including marker pens)	150000 x 20 x 3	9000000/-
	Total		39000000/-

For this purpose, an amount of Rs.390.00 Lakhs was proposed, out of which GOI approved 39.00 Lakhs only for high priority districts (ROP-FMR Code-B.14.5)



मेरा गांव

मेरा घर



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4)- INNOVATIONS – MANAGEMENT INFORMATION SYSTEMS (MIS)

Leveraging Technology – New Innovative Projects

A. Resource Mapping Management System for Health Facilities in Uttar Pradesh

As per the mandate of Government of India, NRHM-UP is keen to take up e-Governance initiative and adopt IT enabled operations across all key functions of Resource Management and Monitoring system. In the year 2013-14, Online Health Facility Resource Management System is proposed to be developed for NRHM. The specific objectives of this project are as follows:

- Collect geographic coordinates (spatial location) of health facilities/ institutions.
- Collect baseline facility information of corresponding health institutions
- Design and devise geo-database on Google Earth, and
- Incorporate data collected from baseline facility survey into geo- database for visual mapping of service availability.
- Incorporate photographs from baseline facility survey into geo-database for visual mapping of service availability
- Linkage of the devised system with the website of NRHM-UP.

Budgetary Requirement for the activity for the year 2013-14 is as below:

Sl.	Activity	Per district approx. cost	No. of districts	Total Amount (Rs.)
A. Baseline facility Survey				
	Total (A) :			72500000.00
B. Health facility-wise data entry				
	Data Entry Cost per district	@25000/- per district	75	1875000.00
C. Software Development Cost				
	Browser based software development and Training			3400000.00
	Integration of GIS coordinates with Google based GIS			3000000.00
	One time Cost (A+B+C):			80775000.00
	Cost of regular Updating + maintenance of Application			1500000.00

Thus, for the above purpose, Rs. 822.75 Lakhs was proposed, which is not approved by GOI(ROP-FMR Code-B.14.6)

B. Video Telephony

It is proposed to connect all CMOs, Additional directors of all divisions, Mission Director, NRHM, Principal Secretary, Medical Health and Family Welfare, all three DGs, through video telephony facility of BSNL this year. At a time 19 users can interact with each other with video. This will enhance the interoffice communication among all top health functionaries and will help in quick and timely decision making. In the first phase, total 100 such connections are proposed to be taken. The estimated expenditure on each unit per annum is Rs.35000/- which

includes one time cost of equipment plus recurring expenditure of Rs.2750/- per month and maintenance cost of entire network in the state. **Thus, for this purpose, total budgetary requirement was Rs.35.00 Lakhs (for 100 units) for the year 2013-14, which is approved by GOI(ROP-FMR Code-B.14.6).**

C. Ringtones/ Caller tunes on NRHM CUG network

Jingles and spots are proposed to be played as caller tunes on existing and proposed CUG network of NRHM. At the moment there is existing network of 1250 CUG connections and approximately 1.42 Lakhs CUG phones are proposed to be given to ASHAs, ANMs and MOICs in all districts. For this purpose, monthly expenditure of Rs.30/- per CUG per month has to be paid to BSNL. **Thus, for this purpose, total budgetary requirement was Rs.512.00 Lakhs for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.14.6).**

Therefore, total budgetary requirement for these above three innovations under MIS was Rs. 1369.75 Lakhs, out of which GOI approved Rs.35.00 Lakhs only(ROP-FMR Code-B.14.6).

5)- INNOVATIONS - EFFECTIVE BIRTH & DEATH REGISTRATIONS

Increasing citizen registration system in state of Uttar Pradesh

Regarding the conditionality of GoI the strategy paper and road map for increasing birth and death registration the state proposal along with detailed budget is developed for approval in FY 2013-14.

1. **Training for the Registrar's of Rural area** - The proposed training for the registrar of rural areas of total 52029 registration units covering 9,000 Gram Panchayat Vikas Adhikari's and 20,737 ANMs working on Sub Center through 991 training workshops. The training venue is proposed at Block Development Office and the proposed training cost for 991 batches @ 8763.00 are Rs. 86,84,133.00. The expenses for printing of 29737 training manuals @ Rs. 100.00/- each manual for the training of newly posted Gram Panchayat Vikas Adhikari/ Registrars in districts are 29,73,700.00. The detailed budgeting is mentioned below-

A. Training proposal for the Registrar's of Rural area on the processes of Citizen Registration System in state of Uttar Pradesh-

The expected investment for the training to Registrar's of rural area are mentioned below-

a) One day training of Gram Panchayat Vikas Adhikari-

- | | |
|---------------------------|----------------------------|
| 1. Number of Participants | = 30 (Each batch) |
| 2. Number of trainers | = 2 |
| 3. Training venue | = Block Development Office |
| 4. TA/ DA | = 32 x 100 = 3200.00 |

5. Honorarium to trainers	= 2 x 500 = 1000.00
6. Working lunch	= 32 x 50 = 1600.00
7. Tea & Snacks	= 32 x 10 = 320.00
8. Workshop material	= 30 x 50 = 1500.00
Total Expenses	= 7620.00
9. Other expenses- Institutional Overhead (In the head of Sound system & Generator- 15 %)	= 1143.00
<u>Total expenses of one batch</u>	<u>= 7620 + 1143 = 8763.00</u>

Total expenses of trainings-

Number of total registration units in rural area	= 52029
Expected numbers of Gram Panchayat Vikas Adhikari	= 9000
Expected numbers of ANM working on sub centers	= 20737
Total numbers of officers/ workers to be trained	= 29737
Total numbers of training workshops to be organized	= 991
Total expenses- (8763 x 991)	= 86 84133.00

Total expenses in words- (Eighty Six Lakh Eighty Four Thousand One Hundred Thirty Three Rs. Only)

Expected expenses for printing of training manual for the training of newly posted Gram Panchayat Vikas Adhikari/ Registrars in districts- Total expenses for printing of 29737 training manuals @ Rs. 100.00/- each manual for training of newly posted Gram Panchayat Vikas Adhikari/ Registrars in districts. **Therefore, the total budget is Rs. 2973700.00 (29737 x 100)**

Total expenses in words- (Twenty Nine Lakh Seventy Three Thousand Seven Hundred Rs. Only)

B. Printing of formats for Birth & Death Scheme - For the use of Birth & Death program the expected annual requirements of the formats were calculated based on the midyear population of year 2012. The details are given below-

Sl.	Formats	Annual requirement	Expected expenditure
1	Birth information format – 1/7	5920000	18648000.00
2	Death information format – 2/8	1740000	5481000.00
3	Still Birth Information format – 3/9	592000	1864800.00
4	Medical Certification of the Death reasons- 4	142000	241400.00
5	Medical Certification of the Death reasons- 4 (a)	142000	241400.00
6	Birth Certificate number – 5	5920000	10058080.00
7	Death Certificate number - 6	1740000	2940600.00
8	Non availability Certificate No.- 10	142000	227200.00
9	Summary of Monthly Birth Information No. - 11	142000	227200.00
10	Summary of Monthly Death Information No. – 12	142000	227200.00
11	Summary of Monthly Still Birth Information No. – 13	142000	227200.00
Grand Total			40384080.00

C. Technical Human Resource for the office of chief registrar (Birth & Death) and district level cell

Sl.	Name of approved positions	No. of approved positions	No. of filled position	No. of vacant position
1	Statistical Officer (Sankhya Adhikari)	1	0	1
2	State Training officer	1	0	1
3	Statistical Assistant (Sankhya Sahayak)	5	0	5
4	Analyst cum data assistant (Anveshak / Sangadak) for Head office	26	02	24
5	Analyst cum data assistant (Anveshak / Sangadak) for District	46	02	44
6	Panch / Verifier Operator for Head office	10	0	10

The approved post at head office level are 53 but only 2 Analyst cum data assistant (Anveshak / Sangadak) are working. Due to lack of this technical workforce the registration work are hurdled. The above mentioned post in Sr. No 1,2,3,4 is subject to recruitment through Public Service Commission and position mentioned on Sl. 6, the position of panch / verifier Operator are subject to direct recruitment by Director General, Medical and Health Services, Uttar Pradesh. Till the above mentioned permanent position not filled, the minimum number of 10 contractual Analyst cum Data Assistant (who is expert in computer works) can be recruited on contractual basis @ Rs. 12,000/- per month.

Sl.	Name of Position	No. of position	Honorarium / per month	Annual Honorarium
1.	Analyst cum data assistant (Expert in computer works)	10	12000.00	1440000.00

Only 46 positions of Analyst cum Data Assistant are approved, where only 2 are working in Banda & Bulandsahar districts. At present in Uttar Pradesh, total 75 districts are functioning and for this program an additional Analyst cum Data Assistant to be recruited for rest 73 districts on contract basis.

Sl.	Name of Position	No. of position	Honorarium / per month	Annual Honorarium
1.	Analyst cum data assistant (Expert in computer works)	73	12000.00	10512000.00

The total expected expenditure on recruitment of contractual staff are Rs. 11952000/- (One Crore Nineteen Lakh Fifty Two Thousand Rs. Only)

D. Resources & Equipments for the office of Chief Registrar (Birth & Death) - Apart than the shortage of Statistical staff at the office of Chief Registrar (Birth & Death) / Director General, Medical & Health Services, Uttar Pradesh, there are some other resources are required as the operationalization of CRS related works are affecting. The required resources are-

Sl.	Resources required	Units	Expected Expenditure
1	Photostat Machine with Scanner	1	150000.00
2	Computer/ Printer/ UPS	50000 x 10	500000.00
3	Internet connection (WiFi multi)		10000.00
4	Fax Machine	1	25000.00
5	AC Split (2 Ton) with Stabilizer (3)	50000 x 3	150000.00
6	Office Maintenance / Decoration		20000.00
Total Expenditure			1035000.00

Budget Summary-

Sl.	Point wise details as per proposal	Proposed Budet (in Rs.)
A	Training for the Registrar's of Rural area on Citizen Registration System in Uttar Pradesh	11657900.00
B	Printing of formats for Birth & Death Scheme	40400000.00
C	Technical Human Resource for the office of chief registrar (Birth & Death) and district level cell	11952000.00
D	Resources & Equipments for the office of Chief Registrar (Birth & Death)	1035000.00
Total Amount		65044900.00

Thus, for the above purpose, Rs. 650.45 Lakhs was required, which is not approved by GOI(ROP-FMR Code-B.14.7).

6)- INNOVATIONS - MOBILE KUNJI

'MobileKunji' is designed to be used by ASHAs during their home visits with families. The audio-visual job aid brings together an Interactive Voice Response (IVR)-based mobile service and a printed deck of cards on a ring. The virtually indestructible deck of 40 cards provides valuable MNCH information that can be shared with families. Unique toll free short-codes (short mobile numbers) printed at the bottom of each card enable FLWs to play related audio health messages to rural families using their mobile phones. The audio messages help ensure standardized content delivery to beneficiaries without the need for reams of paper or expensive multimedia hardware.

Key components-

- **A deck of illustrated cards**-Following the life cycle approach (nine months of pregnancy till the child turns two), the cards contain key messages on pregnancy, birth, newborn health, family planning, breastfeeding, complementary feeding, immunization and hand washing. The cards are designed to be used by FLWs for effective interpersonal communication with families. The cards are durable, made from lightweight credit card material which is convenient to carry and use.
- **Interactive Voice Response (IVR)**-Mobile Kunji is a toll free service that can be accessed from any mobile phone. It is available in Bihar across five of the largest mobile network operators in India: Airtel, Idea, Reliance, TATA and Vodafone. Media Action is in the final

stages of negotiation with BSNL, so the service will soon be available with BSNL too. These operators account for 90% of the mobile market in most states.

- **Training of FLWs-** The comprehensive 3-day training course orients FLWs in the use of Mobile Kunji as part of broader 'negotiated' communication skills. In addition to face-to-face training, a mobile-based training course for ASHAs and Anganwadi Workers, called Mobile Academy will also be developed. The audio- training course, delivered via IVR, is designed to refresh FLWs' knowledge of nine priority family health behaviors and enhance their interpersonal communication (IPC) skills. The course contains technical content on each behavior, and tips and tricks for effective communication intended to provide supportive arguments to FLWs in their interactions with families. FLWs who complete Mobile Academy and receive a 'passing grade' of 50% in the quiz are eligible for a certificate of completion, presented by the government. This service is a paid service, where FLWs pay a nominal fee to complete the 190 minute course.
- **Monitoring, Supervision and Hand-holding-**It is essential to simultaneously increase the number of home visits conducted by FLWs at the appropriate time with appropriate and complete information. In addition, FLWs benefit from improved understanding of MNCH issues, opportunities to clarify doubts about using Kunji, and by ensuring follow-up and case management

Budgetary Requirement

Activity	Description	Districts	Amount (Rs. in Lakhs)
Other printing costs	Printing of multimedia job aid Mobile Kunji - Deck of cards for ASHAs and AWWs	75	Rs. 415.00
Other printing costs	Printing of multimedia job aid Mobile Kunji - Deck of cards for Supervisory cadre functionaries like ANM, BCM, BHM, MoIC and CDPO, Lady Supervisors	75	Rs. 65.00
Other printing costs	Printing of Training Manual and Mobile Academy ASHA and AWW Certificates**	75	Rs. 10.00
Other printing costs	Printing of promotional material for facilitating uptake of multimedia job aid during home visit by ASHAs and AWWs - Vinyl Posters	75	Rs. 13.00
Other printing costs	Printing of promotional material for facilitating uptake of multimedia job aid during home visit by ASHAs and AWWs – Leaflet	75	Rs. 15.00
Sub Total			Rs. 518.00
ASHA Training	Training of ASHAs/AWWs on IPC using interactive job aids like Mobile Kunji& Academy	75	Rs. 900.00
Call costs	Call costs for using Mobile Kunji by ASHAs/AWWs till Mar'14	75	Rs. 150.00
Total Mobile Kunji cost			Rs. 1567.00

Thus, for the above purpose, Rs. 1567.00 Lakhs was proposed for the year 2013-14 but the approval is pended(ROP-FMR Code-B.14.8).

7)- INNOVATIONS - STATE NUTRITION MISSION

With a population of 200 million persons and 35 million children, Uttar Pradesh counts for India and for the world; Uttar Pradesh's population dividend has an impact on India and the world.

- Every 5th child born in India is in Uttar Pradesh.
- Every 25th child born in the world is in Uttar Pradesh.

Any improvement in the situation of children in Uttar Pradesh will have an impact on the situation of children in India. Undernutrition accounts for one third of under-five mortality. The following figures reveal the poor nutritional situation of children in Uttar Pradesh.

- Only around 33% of under-3 children (1 out of every 3) being breastfed within one hour of birth (AHS-2011).
- Only around 18% of 6-35 months children (1 out of every 5) have been exclusively breastfed for at least six months(AHS 2011)
- About 96,000 under five children lost every year because of lack of optimal IYCF practices.
- Uttar Pradesh has around 1.3 million severe acute malnourished children. In Uttar Pradesh there are about 95,000 child deaths per year as a result of severe acute malnutrition, or 260 deaths per day or 10-11 deaths per hour.
- Under-nutrition figures of Uttar Pradesh
 - ✓ Stunted (chronic undernutrition): 57% in Uttar Pradesh, compared to 48% in India;
 - ✓ Wasted (acute undernutrition): 15% in Uttar Pradesh compared to 20% in India.
 - ✓ Underweight (acute and chronic undernutrition): 42% in Uttar Pradesh compared to 43% in India.

In September 2012, the government of Uttar Pradesh took a decision to set up Nutrition Mission in the state following a visit and recommendation by a team of young parliamentarians (Citizen's Alliance against malnutrition) in Uttar Pradesh. The objective of Nutrition Mission is to reduce the proportion of moderate and severe malnourished children in the age group of 0 to 2 years in the State by having a dedicated focus on selected health and ICDS preventive and curative interventions.

It has been proposed that the Nutrition Mission be set up initially for a period of three years and subsequent decision be taken based on the results delivered by the Mission. UNICEF will be the lead technical partner in supporting the Nutrition Mission.

Nutrition Mission will be an autonomous flexible body which will liaise with Medical Health and Family Welfare department and ICDS for strengthening select interventions.

As both, NRHM and WCD are committed to make mission a success, funds will be budgeted under the flagship schemes of NRHM and ICDS. For 2013-14, Funds of **Rs 500.00 Lakhs** was proposed in NRHM PIP for setting up the Mission office, bearing the cost of human resource and operationalizing the Mission. There will be contribution from ICDS too at a later stage. **This budget is approved by GOI(ROP-FMR Code-14.9) in supplementary PIP.**

8)- INNOVATIONS - MINI SKILL LAB AND MOBILE NURSE TRAINERS

Concept of mini skill lab and mobile nurse training team:

A- Mini Skill-lab - Each mini skill lab will use equipment and instruments to provide simulation training to nursing staff. Some of the instruments will be available in the labor room and OT of the PHC, but in addition, each mini-skill-lab will have the following mannequins, for training on skills that are difficult to teach directly on patients:

- MamaNatalie – To teach active management of third stage of labor
- NeoNatalie – To teach neonatal resuscitation
- Zoe Gynecological Simulator – To teach interval and post partum IUCD

These mannequins will remain in the PHC, housed in a mini-skill-lab demonstration counter, which is a table specially designed for demonstration-training on specific clinical skills, and for storing mannequins and other materials when not in use.

In addition, laptops will be used to enable IT-based teaching which will be operated by the mobile nurse teams.

B- Mobile Nurse Trainer Teams:

- Each district will have two teams of mobile trainers. Each team will have two mobile nurse trainers. These mobile nurse trainers will be supervised and supported by master nurse trainers.
- The mobile nurse trainers will have a B.Sc. nursing qualification, and at least 3 years of experience working in good hospitals from across the country. The master nurse trainers will have a MSc Nursing qualification with specialization in Obstetrics or Neonatology Nursing.
- Each mobile training team will provide onsite, on the job training to nurses (Grade A and ANM) involved in the labor room and new born care duty in the identified facilities in the district where the mini skill-labs will be established. It is essential that a fixed pool of 6-8 nurses be identified in each facility who will be posted consistently during this period at least, since it will not be possible to provide in-depth training to greater numbers of nurses/ANMs during this period.
- The entire training content will be divided in to two components: basic and advanced. Basic components include skills related to infection control, waste management, normal delivery, care of the normal newborn, and basic standards of care in the operation theatre for FP procedures. The advanced component will include the management of complications, stabilization and referral.
- Tentatively, during each month, by rotation, mobile training team will visit each facility for one week duration. The example in Table 1 illustrates the concept of mobile training team and training:

**Table 1: Concept of rotation of mobile trainer team and teaching plan
(Illustrative plan for 4 months)**

Topic (example)	Month	Facility 1	Facility 2	Facility 3	Facility 4
Hand washing	June	Week 1	Week 2	Week 3	Week 4
Bio Medical Waste Management	July	Week 1	Week 2	Week 3	Week 4
Active Management of Third Stage of Labor	August	Week 1	Week 2	Week 3	Week 4
Neonatal resuscitation	September	Week 1	Week 2	Week 3	Week 4

Cost of mini skill lab and mobile training team for one year duration:

Activities	Unit per district	Districts	Unit Cost	Duration	Total(Rs)
Mobile Nurse Trainer Salary	4	75	45000	12	162000000
Travel and other expenses	4	75	25000	12	90000000
Consumables	1	75	10000	6	27000000
Printing of manuals	10000	1	1000	1	10000000
Skill Lab (SL)	1000	1	125000	1	125000000
Overhead					47280000
Total					461280000

Thus, for the above purpose, Rs. 4612.80 Lakhs was proposed for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.14.10).

FMR Code	Budget Head	Proposed for 2013-14				Remarks
		Quantity / Target	Unit Cost (Rs.)	Proposed Budget (Rs. Lakhs)	Approved Budget (Rs. Lakhs)	
B14.1	Intersectoral convergence	10	-	4371.55	150.00	UPSACS' Proposals
B14.2	District Specific Interventions	108	-	4278.57	-	Approval pending
B14.3	Innovation - RI -1	1	-	-	-	Supportive supervision
B14.4	Innovation- RI -2	1	7807300.00	78.07	10.40	
B14.5	Innovation - RI -3	1	39000000.00	390.00	39.00	
B14.6	Innovation - MIS	3	-	1369.75	35.00	
B14.7	Innovation - For effective Birth and Death Registrations	1	-	650.45	-	
B14.8	Innovation- Mobile Kunji	1	-	1567.00	-	Approval pending
B14.9	State Nutrition Mission	1	-	500.00	500.00	
B14.10	Innovation- Miniskill Lab and Mobile Nursing Training team	75	-	4612.80	-	
Sub Total				17818.19	734.40	

CHAPTER-B.15: PLANNING IMPLEMENTATION & MONITORING

1)- QUALITY ASSURANCE

Quality enhancement in health care has been recognized as an essential cornerstone for promoting equity and maximizing health gain. With the event 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 level.

In continuation to our quest for delivering high quality health services, Quality Assurance Cell at State level has been established and State Quality Assurance Working Groups have been formed .State is in process of finalizing the checklists as per GOI guideline with the help of GOI and NHSRC Officers which will be used by Quality Assurance working groups and other officers during field visit.

Quality Assurance Cell at State level: Cell has been established under the chairmanship of Mission Director and a full time Deputy General manager has been appointed.

- **State Nodal Officer:** Director, Medical Care Medical Health and Family Welfare Department U.P.
- **State Working Groups:** 4 State Working Groups have been formed, RCH services, NRHM Additionalities, Routine Immunization and National Programmes.
- Monitoring and Evaluation Cell for Quality Assurance Cell at State level has been established and State is in process of filling the posts for M&E cell. M& E cell at the State level will support Quality Assurance Cell.
- In order to establish and institutionalized Quality Assurance and improvement, Monitoring and Evaluation an attempt is being made by Government of Uttar Pradesh to set up a functional district quality assurance mechanism through District Quality Assurance cell. 8 Divisional and 48 District Quality Assurance Cells have been formed
- Regarding towards achieving IPHS . Following actions have been taken:
 - PIP for year 2012-13 budget has been released for AMG, untied to all 75 districts
 - Guideline and facility checklists were issued to District
 - According to information's from 18 districts total L3-DWHs-18 &10 FRU CHCs, L2- 57 CHCs/Block PHCs and L1 -36 have been identified for 1st phase of IPHS in State
 - Detail time line for orientation of CMOs, CMSs, MOICs has been proposed in the month of April 2013.

Quality Assurance Cell Divisional and District level: To ensure the self driven quality improvement at PHC for improved quality of care, earlier we had planned to reach upto district level to assure the quality of services. With the support of Bill and Melinda Gates Foundation, state plan to take this initiative upto facility level at Block PHCs.

Objective:

- Increase participation of all Stakeholders in a facility through development of Quality Teams
- Increase engagement with District Quality Assurance Cell to ensure achievement of District Health Plan.
- Orient Facility level Staff towards Quality Management System
- Motivate Facility level Staff to envision, plan and execute standard quality assurance paradigms like IPHS and Family Friendly Hospital Initiative
- Improve the quality of care provided to beneficiaries

Essential elements:

- District QA Cell workshop - Orienting district officials on facility solution levers
- Block Level workshops - Orienting block officials on facility solution levers
- Creation of facility QA team – Monthly QA team meeting with recorded minutes
- Facility Assessment Toolkit – Standardized toolkit (paper/software based) for gap assessment and comprehensive facility assessment for readiness for IPHS and FFHI,
- Creation of Comprehensive Action Plan – Gap assessment and achievement monitored through monthly/Quarterly QA team meetings
- DQAC field visits – periodic engagement of DQAC with the facility to assess and monitor progress on comprehensive action plan
- Quality Management System (QMS) training to facility staff
- Follow-up QMS workshop – Refresher and follow up training on standard treatment protocols to facility staff

Expected Outcomes:

- As a result of quality improvement, early identification of maternal and new born complication, stabilization and timely referral to appropriate facility
- IPHS and FFHI accreditation by state government

Budgetary Requirement for Quality Assurance

For State level QAC budget 2013-14

FMR Code	Activity	Target	Unit Cost	Frequency	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
Quality Assurance at State level						
B.15.2.4.1	State/Regional level Workshops /Review Meetings at state level	1	500000	4	20.00	10.00
B.15.2.1	State QAC Working groups meeting	50	250	4	0.50	76.03
	State QA Committee review Meetings	50	250	4	0.50	
	State level orientation on QA for State Level Officers	200	250	1	0.50	
	State level Orientation for Divisional	12	50000	1	6.00	

FMR Code	Activity	Target	Unit Cost	Frequency	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
	and District Level Officers@ 50000 for 12 Batches					
	State Review team for QA – Quarterly Districts visit by State Quality Team for monitoring (4 persons x 3 visits x 4quarterly) x 8 teams	8	36000	12	34.56	
	Hiring of agency for checklists analysis of field visits as well as for quality assurance and software development			1	35.00	
	Printing of formats and checklists (utilized for RCH programmes)			75	75.00	
	Total for State QAC				172.06	86.03

For Divisional and District level QAC

FMR Code	Activity	Target	Unit Cost	Frequency	Proposed budget (Rs. in Lakhs)	Approved Budget (Rs. in Lakhs)
	Divisional level QAC					
B.15.2.2	One time establishment	18	100000	1	18.00	74.40
	Operational cost	18	5000	12	10.80	
	District Level QAC					
	One time establishment	75	100000	1	75.00	
	Operational cost	75	5000	12	45.00	
	Sub Total				148.80	74.40
	Divisional level QAC					
B.15.2.4.2	Planning & Review meeting	18	10000	4	7.20	18.60
	District Level QAC					
	Quarterly Planning & Review meeting of DQA team	75	10000	4	30.00	
	Sub Total				37.20	18.60
B.15.2.5.1	Block QA visioning meeting (Orienting block officials on facility solution levers)	75	35000	1	26.25	13.25
B.15.2.5.2	Quality Management System (QMS) training workshop (Detailed training of MOIC and MO on QMS , use of standard treatment protocol)	75	100000	1	75.00	37.50
	Total for District				251.25	143.75
	Grand Total (State, Division and District level)				459.31	229.78

Thus, for the above purpose, Rs. 459.31 Lakhs was proposed, out of which GOI approved Rs. 229.78 Lakhs only (ROP-FMR Code-B.15.2 and its sub heads).

2)- MONITORING AND EVALUATION

A- Strengthening of M&E/HMIS/ MCH Tracking

- **Salaries of M&E, MIS & Data Entry Operators** - As per the approved number in FY 2012-13, the services of same number of HMIS operators shall be required at SPMU as well as District level. As compared to last year's honorarium of Rs.10,000 per month, this year honorarium has been fixed as Rs. 11,000 per month for HMIS operators. **GOI not approved the increased honorarium and approval granted @ Rs. 10000/month (ROP-FMR Code- B15.3.1.5).**
- **Strengthening of MIS Division** - The main aim of MIS division is to look after the work of State HMIS, MCTS and other online portals for improvement of monitoring, evaluation, and reporting and feedback mechanism.

At present the following posts are sanctioned for MIS division.

- | | |
|-------------------------------|-------|
| 1. General Manager (MIS) | - 01 |
| 2. Dy. General Manager(MIS) | - 01 |
| 3. Technical Consultant (MIS) | - 03 |
| 4. Programme Co-ordinators | - 01 |
| 5. Data Analyst | - 03 |
| 6. Data Entry Operators | - 135 |

(For state and district HMIS)

- **Workshops/Training on M & E** – For Workshops and training on M&E this year budget provisioning of Rs.10.00 Lakhs was made. Last year, provision was of Rs.5.00 lakh only. **GOI not approved this activity in view of recommendation at ROP-FMR Code- B15.3.3.1 & B15.3.3.2**
- **M&E Studies** - No study is proposed this year.
- **Others** -
 - **CUG recurring cost** – An amount of Rs. 35.00 Lakh is being budgeted for the existing network of 1250 connections of BSNL for the FY 2013-14. **The proposed budget is approved by GOI(ROP-FMR Code- B15.3.3.10.2)**
 - **Review meeting for HMIS** - An amount of Rs. 0.40 Lakh is being budgeted for the review of HMIS programme, **which is approved by GOI(ROP-FMR Code- B15.3.3.4 & B15.3.3.5) with the comment that “approved for 1 day combined review meeting of HMIS & MCTS for minimum 2 reviews in a year at state level, 1 review per quarter at district level and 1 review per month at block level.”**

B- Procurement of HW/SW and other equipments

Hardware/Software Procurement –

- **Internet connectivity** – Leased Line internet connections at state level @ Rs 12.00 Lakhs for two buildings of SPMU-NRHM and Broad band connection at District and Block level for MCTS and HMIS Block level units. For this purpose an amount of Rs. 330.78 Lakhs

was proposed for the year 2013-14 for 1,771 computer systems @ Rs 1,500/months (951 existing system + 820 new computers to be procured in the FY 2013-14 for MCTS programme). Further, Rs. 5.00 Lakhs was proposed for 24X7 helpline integrated with Hello Doctors scheme operational expenses, Rs. 19.20 Lakhs for Operational expenses for salary of 4 MBBS Doctors @ 40,000/month under Hello Doctors scheme and Rs. 25.00 Lakhs for Tally Procurement NET subscriptions for 820 Block, 75 District and State level. **Thus a total budgetary provision of Rs. 379.98 Lakhs was proposed for the year 2013-14, out of which GOI approved Rs. 265.35 Lakhs only with the justification that “Rs. 183.18 for Internet connectivity for 2 buildings of SPMU NRHM (Rs.12 Lakhs) and Internet connectivity for Districts Hospitals (Male, female and Combined) and Block units (Rs.171.18 Lakhs) and Rs. 82.17 Lakh for data cards at 913 units @ Rs 750 per month. Other items not approved (ROP-FMR Code- B15.3.2.1.a).**

- **Annual Maintenance–** For Annual maintenance of H/W & equipments which were procured during first phase of NRHM programme, Rs.2.00 Lakhs has been proposed for 50 computer systems and Comprehensive AMC @ Rs. 5,000/per computer, for 951 computers, has been proposed. For the purpose AMC, an amount of Rs 49.55 Lakhs was proposed in the year 2013-14, **out of which, GOI approved Rs. 40.00 Lakhs only (ROP-FMR Code- B15.3.2.1.c & B15.3.2.1.d.2)**

Operational Costs (Consumables, etc.)

- **Consumables** for existing 951 computer system @ Rs 1,000/ months and 820 Block level MCTS computers an amount of Rs 1,000/system. Thus, an amount of Rs 212.52 Lakhs was proposed for the year 2013-14 for 1,771 computer systems(951 existing system + 820 new computers to be procured in the FY 2013-14 for MCTS programme), **out of which GOI approved Rs.155.40 Lakhs only (ROP-FMR Code- B15.3.2.1.d.2 & B15.3.2.2.d).**

Others

- **New computer/printer and UPS for state** - An amount of Rs. 30.00 Lakh was budgeted for procurement of Desktops/ Laptops/UPS/Printers/Scanners/ Networking etc. for State Programme Management Unit office, **which is approved by GOI (ROP-FMR Code- B15.3.2.1.b)**
- **New computer/printer and UPS for Division** - An amount of Rs. 9.00 Lakh was budgeted for procurement of Desktops, UPS and Printers for 18 Divisional Programme Management unit @ Rs 50,000/Computer system. **This activity is not approved by GOI with the remarks that “there is already an approval of Rs.30.00 Lakhs for procurement of Computers mentioned at B15.3.2.1.b” (ROP-FMR Code- B15.3.2.1.d.1)**
- **Contingency NRHM Website development/ maintenance and other online applications including web based reporting system designed and developed by SIFPSA for NRHM** - For this purpose, an amount of Rs. 20.00 Lakhs was budgeted for the Website development/ maintenance and other online applications. **This activity is not approved by GOI(ROP-FMR Code- B15.3.3.8)**

- **CUG mobiles for ASHA, ANM and MO I/C** – This may be dropped as already considered under committed expenditure of FY 2012-13.

3. Operationalising HMIS at Sub District level

- **Review of existing registers – to make them compatible with National HMIS** – In order to make existing register compatible with HMIS portal, an amount of Rs. 10.00 Lakh was budgeted, **which is approved by GOI(ROP-FMR Code- B15.3.2.1.d.4).**
- **Printing of new registers/Forms** – For printing of new registers/forms/formats an amount of Rs.37.50 Lakhs was proposed for the FY 2013-14 @Rs. 50,000/district, **out of which GOI approved Rs. 20.00 Lakhs only (ROP-FMR Code- B15.3.2.1.d.5).**
- **Training of staff** - Training on HMIS, Tally ERP and MCTS will be required at all level in order to enhance data quality of MIS. 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/NIC/SIHFW will be taken in the area of HMIS/MCTS trainings/implementation at various levels. An amount of Rs. 25.00 Lakhs was budgeted for the year 2013-14.

The above proposed training activity is approved by GOI(ROP-FMR Code-B15.3.3.1 & B15.3.3.2) with the comment that “3 days combined training for HMIS and MCTS @Rs. 300/person for 1 training per person per year”.

4. Operationalising MCH tracking

- **Capacity building of teams** – This may be dropped as already considered under B15.3.3.1.
- **Ongoing review of MCH tracking activities** - Rs 4000/Review Meetings for MCTS programme is being proposed for 900 meetings of MCTS programme. An amount of Rs. 36.00 Lakhs was budgeted, **which is approved by GOI(ROP-FMR Code- B15.3.3.4 & B15.3.3.5) with the comment that “approved for 1 day combined review meeting of HMIS & MCTS for minimum 2 reviews in a year at state level, 1 review per quarter at district level and 1 review per month at block level.”**

Monitoring data collection and data quality -

Others-

- Work plan generation** - Rs.10.00 per session for work plan generation was proposed for 2094100 sessions in UP. **This activity is not approved by GOI (ROP-FMR Code- B15.3.3.10.1).**
- Honorarium Of DEOs for MCTS** - An amount of Rs.1082.40 Lakhs was budgeted for 820 DEOs @ 11000/months for the FY 2013-14 for MCTS activities, **out of which GOI approved Rs. 541.20 Lakhs only (ROP-FMR Code- B15.3.1.6.3).**

- c) **Honorarium Of DEOs at Division level** - An amount of Rs.23.76 Lakhs was budgeted for 18 DEOs @ 11000/months for the FY 2013-14 for Divisional Programme Management Unit. **This activity is not approved by GOI(ROP-FMR Code- B15.3.1.6.2).**
- d) **Computer system for MCTS operators** - An amount of Rs.492.00 Lakhs was budgeted for 820 Block level for MCTS activities under NRHM programme. **GOI approved Rs.410.00 Lakhs only for this purpose (ROP-FMR Code- B15.3.2.2.b).**

CONSOLIDATED BUDGET SHEET - 2013-14

FMR Code	Activities	Units/ Physical Targets	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. In Lakhs)
HR for M&E/HMIS/MCTS				-	
B.15.3.1.2	MIS Consultant/ Manager/ Coordinators	3	600000.00	18.00	8.10
B.15.3.1.3	Statistical Assistant/ Data Analyst	3	300000.00	7.20	3.60
B.15.3.1.5	Data Entry Operators	135	132000.00	178.20	81.00
Others					
B.15.3.1.6.1	GM(MIS/MCTS)	1	1800000.00	24.60	12.30
B.15.3.1.6.2	Executive/Computer Assistant-Division Level	18	-	23.76	-
B.15.3.1.6.3	Data Entry Operators for MCTS	820	-	1082.40	541.20
B.15.3.1.6.4	Workshops/Training on M&E and M&E Studies	-	-	10.00	-
Computerization HMIS and e-governance, e-health					
B.15.3.2.1.a	HMIS Operational Cost (excluding HR & Trainings)	-	-	379.98	265.35
B.15.3.2.1.b	Procurement of Computers/printers/ cartridges etc.	60	50000.00	30.00	30.00
B.15.3.2.1.c	Maintenance of Computers/ AMC/ etc.	50	4000.00	2.00	2.00
Other Office and admin expenses					
B.15.3.2.1.d. 1	Procurement of Computers/ printers/ cartridges etc.-Division	18		9.00	-
B.15.3.2.1.d. 2	Maintenance of Computers/ AMC/ etc.-HMIS (Old)	951		47.55	38.00
B.15.3.2.1.d. 3	Purchase of Computer Consumables/ Admin Expenses	951		114.12	57.00
B.15.3.2.1.d. 4	Review of Existing Register to make compatible with existing registers	1	1000000.00	10.00	10.00
B.15.3.2.1.d. 5	Printing of new registers/Forms	75	-	37.50	20.00

FMR Code	Activities	Units/ Physical Targets	Unit Cost	Proposed Budget (Rs. in Lakhs)	Approved Budget (Rs. In Lakhs)
MCTS Operational Cost (excluding HR & Trainings)					
B.15.3.2.2.b	Procurement of Computers/ printers/ cartridges etc.	820	60000.00	492.00	410.00
B.15.3.2.2.d	Other Office and admin expenses	820	12000.00	98.40	98.40
Other M & E Activities					
B.15.3.3.1	HMIS Training	-		12.50	25.00
B.15.3.3.2	MCTS Training	-		12.50	
B.15.3.3.4	Review Meetings for HMIS	1		0.40	
B.15.3.3.5	Review Meetings for MCTS	900	4000.00	36.00	36.04
B.15.3.3.6	Data Validation Call Centers - CAPEX	-	-	20.00	-
B.15.3.3.7	Data Validation Call Centers - OPEX	-	-	35.00	-
B.15.3.3.8	e-Governance Initiative	-	-	20.00	-
Others					
B.15.3.3.10.1	Workplan Generation-MCTS	2094103	10.00	209.41	-
B.15.3.3.10.2	CUG Recurring/New Connections Charges	1	-	35.00	35.00
Sub Total				2945.52	1672.99

Thus, for the above purpose Rs. 2945.52 Lakhs was proposed for the year 2013-14, out of which Rs.1672.99 Lakhs was approved by GOI (ROP-FMR Code-15.3 and its sub heads).

CHAPTER-B.16: PROCUREMENT

1)- PROCUREMENT OF EQUIPMENTS

Procurement of equipments under various programs is proposed under respective chapters. A total of Rs. 1655.68 Lakhs was proposed for procurement of equipments, **out of which GOI approved Rs.359.54 Lakhs only (ROP-FMR Code- B.16.1 and its sub heads).** Programmewise details of requirement of equipments and proposed budget are given below:

A - Equipment for MH						
FMR Code	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.1.2	MVA/EVA for safe abortion services.	866	2500.00	21.65	21.65	Approved
B.16.1.1.3.1	Establishment of new Sub Centers with furniture and equipments.	1000	-----	450.00	-	Approval pended
Total Budget for MH				471.65	21.65	

Thus, a total budget of Rs. 471.65 Lakhs was proposed for the procurement of equipments for Maternal Health, out of which Rs.21.65 Lakhs is approved by GOI.

B -Equipment for CH						
FMR Code	Name of Equipments	No. of proposed equipments	Unit Cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.2.1	Equipment for NRC	58		25.02	-	Approved in A.2.5
B.16.1.2.2	Equipment for SNCU	27	650000	175.00	-	Approval pended
Total Budget for CH				200.52	-	

Thus, a total budget of Rs. 200.52 Lakhs was proposed for the procurement of equipments for Child Health, out of which Rs.25.02 Lakhs approved in RCH flexipool and remaining Rs.175.00 Lakhs' approval is pended.

C Equipment for FP						
FMR Code	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.3.1	NSV kits	547	1000.00	5.47	5.47	Approved
B.16.1.3.2	IUCD kits	5337	2000.00	106.74	106.74	Approved
B.16.1.3.3	Minilap kits	273	2500.00	6.83	6.83	Approved
Total Budget for FP				119.04	119.04	

Thus, a total budget of Rs. 119.04 Lakhs was proposed for the procurement of equipments for Family Planning, which is approved by GOI.

D Equipment for others						
FMR Code	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.5.1	15 KVA Generators for BMC, Lko.	8		24.00	24.00	Approved for 8 BMCs in Lucknow
B.16.1.5.2	125 KVA Generators for KPM Hospital and DWH, Moradabad.	2		22.52	22.52	Approved
B.16.1.5.3	40 KVA Generator for CMO office, Hapur	1		6.93	6.93	Approved
B.16.1.5.4	Dental Chairs and instruments	200	80,000	160.00	160.00	Approved
Total Budget for Other Equipments				213.45	213.45	

Thus, a total budget of Rs. 213.45 Lakhs was proposed for the procurement of other equipments, which is approved by GOI.

E Equipment for ARSH/SH						
FMR Code	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.6.1	Equipments for ARSH clinics	240		15.60	5.40	Rs. 5.40 Lakhs for equipments for 36 new clinics @Rs.30000
B.16.1.6.2	Equipments for School Health. (weighing scale, height measurement scale and Snellens chart)	1640	500	8.20	-	For replacement/ repair of equipments.
Total Budget for ARSH/SH				23.80	5.40	

Thus, a total budget of Rs. 23.80 Lakhs was proposed for the procurement of equipments for ARSH/School Health, out of which Rs.5.40 Lakhs was approved by GOI.

F Procurement of others / Diagnostics						
FMR Code	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Budget proposed (In Lakhs)	Budget approved (In Lakhs)	Remarks
B.16.1.9	Procurement of others / Diagnostics	138		627.22	-	Approval Pended
Grand total for procurement of equipments				627.22		

Thus, a total budget of Rs. 627.22 Lakhs is being proposed AMC for valuable medical equipments like MRI, CT Scan Machine and others, but the approval is pended.

2)- PROCUREMENT OF DRUGS AND CONSUMABLES

Procurement of drugs and other consumables under various programs is proposed under respective chapters. Total of Rs. 16120.77 Lakhs was proposed for procurement of drugs and other consumables **out of which GOI approved Rs.12595.50 Lakhs only (ROP-FMR Code-B.16.2 and its sub heads)**.. Programmewise details of requirement of drugs and other consumables and proposed budget are given below:

A Drugs and supplies for MH						
FMR Code	Name of essential drugs	Requirement of drugs for the FY 2013-14			Budget approved (In Lakhs)	Remarks
		Quantity	Unit Cost (Rs.)	Budget proposed (In Lakhs)		
B.16.2.1.1	RTI/STI Drugs	75		1259.09	1259.09	Approved
B.16.2.1.2	Drugs for safe abortion	25000	200.00	50.00	50.00	Approved
B.16.2.1.4	RPR Kits	75		22.66	22.66	Approved
Total for drugs and supplies for MH				1331.75	1331.75	

Thus, a total budget of Rs. 1331.75 Lakhs was proposed for the procurement of drugs for Maternal Health, which is approved by GOI.

B Drugs and supplies for CH						
FMR Code	Name of essential drugs	Requirement of drugs for the FY 2013-14			Budget approved (In Lakhs)	Remarks
		Quantity	Unit Cost (Rs.)	Budget proposed (In Lakhs)		
B.16.2.2.1	Zinc and ORS	54804337	Zinc @ Rs. 0.13 ORS @ Rs. 2.98	825.10	825.10	For childhood Diarrhoea program.
B.16.2.2.2	Vitamin A solution	936974		546.94	546.94	For BSPM program.
B.16.2.2.3	Drugs and consumables for NRC	55		29.59	-	Approved in A.2.5.
B.16.2.2.4	Drugs and consumables for SNCU	27	50,000	13.50	-	Approved in A.2.2.
Total for drugs and supplies for CH				1415.13	1372.04	

Thus, a total budget of Rs. 1415.13 Lakhs was proposed for the procurement of drugs for Child Health, out of which Rs.1372.04 Lakhs is approved by GOI.

C Services for IMEP						
FMR Code	Name of Services	Requirement of drugs for the FY 2013-14			Budget approved (In Lakhs)	Remarks
		Quantity		Budget proposed (In Lakhs)		
B.16.2.4.1	Bio-Medical waste management-District level.	154		1261.78	1261.78	Approved

B.16.2. 4.2	Bio-Medical waste management-CHC level.	773	1216.00	1216.00	Approved
B.16.2. 4.3	Cleaning/ washing, house keeping and laundry management-District level.	156	2112.23	3637.43	State
B.16.2. 4.4	Cleaning/ washing, house keeping and laundry management- CHC level.	623	2211.40		State
Total for IMEP			6801.41	6115.21	

Thus, a total budget of Rs. 6801.41 Lakhs was proposed for the above services under IMEP at various levels out of which Rs.6115.21 Lakhs is approved by GOI.

D Drugs and supplies for Health Facilities (IPD/OPD)						
FMR Code	Name of essential drugs	Requirement of drugs for the FY 2013-14			Budget approved (In Lakhs)	Remarks
		Quantity	Unit Cost (Rs.)	Budget proposed (In Lakhs)		
B.16.2. 5.1	IPD	-	-	-		
B.16.2. 5.2	OPD	-	-	-	475.28	ASHA Drug & HBNC kits
Total for drugs and supplies for Health Facilities					475.28	

The approval of ASHA Drug kits and HBNC kits is shifted from ASHA Programme head (ROP-FMR Code- B1.1.2.2 & B1.1.2.5), to this head (B.16.2. 5.2) and **GOI approved Rs.378.84 Lakhs for replenishment of ASHA drug kits @ Rs.300.00 for 126280 kits and Rs.96.44 lakhs for replenishment of HBNC kits @ Rs. 300.00 for 32148 kits** with the remarks that “the replenishment of the drug kits to be done form the PHC/HSC”.

E Drugs and supplies for WIFS						
FMR Code.	Name of essential drugs	Requirement of drugs for the FY 2013-14			Budget approved (In Lakhs)	Remarks
		Quantity	Unit Cost (Rs.)	Budget proposed (In Lakhs)		
B.16.2. 6.1	IFA Tablets	3088638	6.00	185.32	678.62	Approved for 9062890 targeted beneficiaries @Rs. 0.12 per tablet (including buffer)
B.16.2. 6.2	Albendazole Tablets	3088638	2.00	61.77	205.68	Approved for 9062890 targeted beneficiaries @Rs. 1.00per tablet (including buffer)
Total for drugs and supplies for WIFS				247.09	884.30	

Thus, a total budget of Rs. 247.09 Lakhs was proposed for the procurement of drugs for WIFS, against which GOI approved Rs.884.30 Lakhs for this purpose.

F Drugs and supplies for SH					
FMR Code.	Name of essential drugs	Requirement for the FY 2013-14		Budget approved (In Lakhs)	Remarks
		Quantity	Budget proposed (In Lakhs)		
B.16.2.7	Drugs and supplies for SHP	20339870	3410.02	2416.92	Rs. 887.15 Lakhs for 52 weeks IFA (Blue) and biannual Albendazole for 10766401 students in primary schools and Rs.939.37 Lakhs for IFA (syrup) and aldendazole for 4269872 anganwadi children and Rs. 590 Lakhs for medicines of mobile health teams (@ Rs.18000 for first time and twice refill @ Rs 9000) for 1640 (820X2) mobile health teams. Medicine kit is not approved.
Total for drugs and supplies for SH			3410.02	2416.92	

Thus, a total budget of Rs. 3410.02 Lakhs was proposed for the procurement of drugs for School Health Program, out of which GOI approved Rs.2416.92 Lakhs only.

G Drugs and supplies for UHCs					
FMR Code	Name of essential drugs	Requirement for the FY 2013-14		Budget approved (In Lakhs)	Remarks
		Quantity	Unit Cost (Rs.)		
B.16.2.8	Drugs and supplies for UHCs	231	156000.00	360.36	-
Total for drugs and supplies for UHCs			360.36	-	

Thus, a total budget of Rs. 360.36 Lakhs was proposed for the procurement of drugs for Urban Health Centre, but approval is pending.

H Drugs and supplies for AYUSH.					
FMR Code	Name of essential drugs	Requirement of drugs for the FY 2013-14		Budget approved (In Lakhs)	Justification
		Quantity	Unit Cost (Rs.)		
1.	Drugs and supplies for AYUSH.	2044	125000	2555.00	-
Total for drugs and supplies for UHCs			2555.00	-	

Thus, a total budget of Rs. 2555.00 Lakhs was proposed for the procurement of drugs for AYUSH, but approval is pending.

Hence, a total budget of Rs. 17776.44 Lakhs was proposed for procurement of Equipments & Drugs and other consumables, out of which GOI approved Rs.12955.04 Lakhs only (ROP-FMR Code-B.16.1; B.16.2 and their sub heads)

LIST OF ANNUAL MAINTENANCE CONTRACT (AMC) FOR VALUABLE MEDICAL EQUIPMENTS

These are MRI, CT Scan Machine, X-Ray machine, Ultrasound machines and Pathological analyzer. To make them continuously functional annual maintenance contract is greatly required. It is important to mention that at the time of Departmental procurement of these instruments through tender process the rate of AMC is decided on open competition basis. Therefore the budget proposal for annual maintenance contract (AMC) for the PIP 2013-14 of National Rural Health Mission, U.P. of Rs. 6,27,22,197.00 is being proposed The detailed list of Hospital wise and equipment description is attached.

Sl.	Name of Hospital	For MRI	For C.T. Scan Machine	X-Ray, ultrasound Machine	Fully computerised Bio-chemistry analyzer	Fully Automatic computerized Haematology cell counter	Total amount (Rs.)
1	2	3	4	5	6	7	8
1	District Hospital, Agra		2258597.00	180180.00	57406.00	69300.00	2565483.00
2	Lady loyal Mahila, Hospital, Agra			99099.00			99099.00
3	District Hospital, Etah			152402.00			152402.00
4	District Women Hospital, Etah			22523.00			22523.00
5	S.N.M. Chitisalyalya, Chhaya Rog Ashram			160661.00			160661.00
6	District Women Hospital, Firozabad			67568.00			67568.00
7	District Hospital, Mathura			240240.00			240240.00
8	District Women Hospital, Mathura			33033.00			33033.00
9	District Hospital, Mainpuri		2258597.00	270270.00			2528867.00
10	District Women Hospital, Mainpuri			22523.00			22523.00
11	Malkhan Singh District Hospital, Aligarh			167868.00			167868.00
12	Pandit Deendayal District Hospital			165165.00			165165.00
13	District Women Hospital, Aligarh			36036.00			36036.00
14	Bagla Purush Hospital, Mahamaya Nagar, Hathras			45796.00			45796.00
15	Sindhari Mahila Hospital Mahamaya Nagar, hathras			36036.00			36036.00
16	District Combined Hospital, Man. Kanshiram Nagar			36036.00			36036.00
17	Maharana Pratap Combined Hospital, Bareilly		2258597.00	270270.00	57406.00	69300.00	2655573.00
18	District Women Hospital, Bareilly			36036.00			36036.00
19	District Hospital, Budaun			168018.00			168018.00
20	District Women Hospital, Budaun			30030.00			30030.00
21	District Hospital, Pilibhit			194444.00			194444.00
22	District Women Hospital, Pilibhit			36036.00			36036.00
23	District Hospital, Shahjahanpur			225225.00			225225.00

Sl.	Name of Hospital	For MRI	For C.T. Scan Machine	X-Ray, ultrasound Machine	Fully computerised Bio-chemistry analyzer	Fully Automatic computerized Haematology cell counter	Total amount (Rs.)
24	District Women Hospital, Shahjahanpur			36036.00			36036.00
25	P.L. Sharma District Hospital, Meerut		2258597.00	183934.00			2442531.00
26	District Women Hospital, Meerut			36036.00			36036.00
27	District Combined Hospital, Baghpat			36036.00			36036.00
28	Babu B.D. Gupta District Hospital, Bulandshahar			328829.00			328829.00
29	K.M.C. Mahila Hospital, Bulandshahar			36036.00			36036.00
30	S.S.M.J. Hospital, Khurja, Bulandshahar			36036.00			36036.00
31	M.M.G. District Hospital, Ghaziabad		2258597.00	200450.00		69300.00	2528347.00
32	M.M.G. District Women Hospital, Ghaziabad			36036.00			36036.00
33	District Combined Hospital, Sanjay Nagar, Ghaziabad			45045.00			45045.00
34	District Hospital, Moradabad		2258597.00	120871.00	57406.00	69300.00	2506174.00
35	District Women Hospital, Moradabad			72072.00			72072.00
36	District Combined Hospital, Bijnour			250000.00			250000.00
37	District Hospital, Rampur			202703.00			202703.00
38	District Women Hospital, Rampur			36036.00			36036.00
39	S.B.D. Hospital, Saharanpur			157658.00	57406.00	69300.00	284364.00
40	District Women Hospital, Saharanpur			36036.00			36036.00
41	T.B. Sanatorium, Saharapur			33033.00			33033.00
42	District Hospital, Muzaffar Nagar			256156.00			256156.00
43	District Women Hospital, Muzaffar Nagar			36036.00			36036.00
44	District Hospital, Faizabad		2258597.00	324324.00	57406.00	69300.00	2709627.00
45	District Women Hospital, Faizabad			65315.00			65315.00
46	Shriram Hospital, Ayodhya, Faizabad			99099.00			99099.00
47	District Combined Hospital, Ambedkar Nagar			68919.00			68919.00
48	District Hospital, Barabanki			100150.00		69300.00	100150.00
49	District Women Hospital, Barabanki			22523.00			22523.00
50	District Hospital, Sultanpur			96396.00			96396.00
51	District Women Hospital, Sultanpur			22523.00			22523.00
52	U.H.M. Hospital, Kanpur Nagar		2258597.00	415916.00	57406.00	69300.00	2801219.00
53	A.H.M. Hospital, Kanpur Nagar			110166.00			110166.00
54	K.P.M. Hospital, Kanpur Nagar			83483.00			83483.00

Sl.	Name of Hospital	For MRI	For C.T. Scan Machine	X-Ray, ultrasound Machine	Fully computerised Bio-chemistry analyzer	Fully Automatic computerized Haematology cell counter	Total amount (Rs.)
55	Zila Purush Hospital, Akbarpur Mati, Kanpur Dehat			83483.00			83483.00
56	Dr. B.R. Ambe. Purush Combined Hospital, Etawah			187688.00			187688.00
57	Dr. B.R. Ambe. Mahila Hospital, Etawa			36036.00			36036.00
58	Dr. R.M. Lohiya Purush Hospital, Farrkhabad			231231.00			300531.00
59	Dr. R.M. Lohiya Mahila Hospital, Farrkhabad			36036.00			36036.00
60	District Combined Hospital, Kannauj			87838.00			87838.00
61	Balram Pur Chikitsayal, Lucknow		2258597.00	325826.00	172219.00	415800.00	3172442.00
62	R.L.B. Combined Hospital, Rajajipuram , Lucknow			68919.00			68919.00
63	Veeranga Avantibai Mahila Hospital, Lucknow			99099.00	57406.00		156505.00
64	B.R.D. Hospital, Mahanagar, Lucknow.			120120.00			120120.00
65	Chhaya Rog Hospital, Thakurnagar, Lucknow			95796.00			95796.00
66	Dr. S.P.M. Hospital, Lucknow		2258597.00	256757.00			2515354.00
67	Veeranga Jhalkaribai Mahila Hospital, Lucknow			96096.00			96096.00
68	Dr. R.M. Lohia Hospital, Gomti Nagar, Lucknow	3251769.00		128228.00	57406.00		3437403.00
69	Lokbandhu R.N. Combined Hospital, LDA colony, Lko.			57750.00			57750.00
70	Sachivalya Dispensary, Lucknow			120120.00			120120.00
71	District Hospital, Hardoi			166667.00			166667.00
72	District Women Hospital, Hardoi			36036.00			36036.00
73	District Hospital, Lakhimpur Khiri			291291.00			291291.00
74	District Women Hospital, Lakhimpur Khiri			67568.00			67568.00
75	District Hospital, Raibreily		2258597.00	146546.00			2405143.00
76	District Women Hospital, Raibreily			22523.00			22523.00
77	District Hospital, Sitapur			116366.00			116366.00
78	District Women Hospital, Sitapur			36036.00			36036.00
79	Uma Shankar Dixit District Hospital, Unnao			99099.00			99099.00
80	Uma Shankar Dixit District Women Hospital, Unnao			36036.00			36036.00
81	District Combined Hospital, Chitrakut			33033.00			33033.00
82	District Hospital, Banda			201201.00	57406.00	69300.00	327907.00
83	District Women Hospital, Banda			111111.00			111111.00
84	District Hospital, Hamirpur			109309.00	57406.00		166715.00
85	District Women Hospital, Hamirpur			36036.00			36036.00

Sl.	Name of Hospital	For MRI	For C.T. Scan Machine	X-Ray, ultrasound Machine	Fully computerised Bio-chemistry analyzer	Fully Automatic computerized Haematology cell counter	Total amount (Rs.)
86	District Combined Hospital, Mahoba			208709.00			208709.00
87	District Hospital, Jhansi		2258597.00	145946.00	57406.00	69300.00	2531249.00
88	District Women Hospital, Jhansi			36036.00			36036.00
89	District Hospital, Jalon			122222.00			122222.00
90	District Women Hospital, Jalon			36036.00			36036.00
91	District Hospital, Lalitpur			199700.00	57406.00	69300.00	326406.00
92	District Women Hospital, Lalitpur			36036.00			36036.00
93	District Hospital, Azamgarh		2258597.00	168168.00	57406.00	69300.00	2553471.00
94	District Women Hospital, Azamgarh			67568.00			67568.00
95	District Hospital, Baliya			168018.00			168018.00
96	District Women Hospital, Baliya			36036.00			36036.00
97	District Combined Hospital, Mau			261261.00			261261.00
98	T.B. Saproo District Hospital, Allahabad		2258597.00	216216.00	57406.00	69300.00	2601519.00
99	Chhaya Rog Hospital, Allahabad			30030.00			30030.00
100	Moti Lal Nehru District Hospital, Allahabad			239790.00		69300.00	309090.00
101	District Women Hospital, Allahabad			30030.00			30030.00
102	District Hospital, Fatehpur			231231.00			231231.00
103	District Women Hospital, Fatehpur			111111.00			111111.00
104	District Combined Hospital, Kaushambi			36036.00			36036.00
105	District Hospital, Pratapgarh			330330.00			330330.00
106	District Women Hospital, Pratapgarh			36036.00			36036.00
107	District Hospital, Basti			202703.00	57406.00	69300.00	329409.00
108	District Women Hospital, Basti			36036.00			36036.00
109	Chhaya Rog Hospital, Basti			33033.00			33033.00
110	Opek Hospital, Kaili, Basti		2258597.00	232733.00			2491330.00
111	District Combined Hospital, Siddhartha Nagar			106607.00			106607.00
112	District Hospital, Gonda		2258597.00	75075.00	57406.00	69300.00	2460378.00
113	District Women Hospital, Gonda			22523.00			22523.00
114	District Hospital, Bahraich			123123.00			123123.00
115	District Women Hospital, Bahraich			36036.00			36036.00
116	Memorial Hospital, Balrampur			121622.00			121622.00

Sl.	Name of Hospital	For MRI	For C.T. Scan Machine	X-Ray, ultrasound Machine	Fully computerised Bio-chemistry analyzer	Fully Automatic computerized Haematology cell counter	Total amount (Rs.)
117	District Women Hospital, Balrampur			36036.00			36036.00
118	District Combined Hospital, Shravasti			36036.00			36036.00
119	District Hospital, Gorakhpur		2258597.00	298799.00	57406.00	69300.00	2684102.00
120	District Women Hospital, Gorakhpur			36036.00			36036.00
121	District Hospital, Devaria			73574.00	57406.00		130980.00
122	District Women Hospital, Devaria			36036.00			36036.00
123	District Combined Hospital, Kushinagar			36036.00			36036.00
124	District Combined Hospital, Maharajganj			33033.00			33033.00
125	District Hospital, Mirzapur			117117.00	57406.00	69300.00	243823.00
126	District Women Hospital, Mirzapur			36036.00			36036.00
127	M.B.S. Hospital, Sant Ravidas Nagar, Bhadohi			145646.00			145646.00
128	M.C. Singh District Hospital, Gyanpur, Sant Ravidas Nagar			75075.00			75075.00
129	District Combined Hospital, Sonbhadra			184685.00			184685.00
130	S.S.P.G. Hospital, Varansi			270270.00	57406.00		327676.00
131	District Women Hospital, Varansi			22523.00			22523.00
132	Pandit Deen Dayal Upadhyay Hospital, Varanasi		2258597.00	240240.00	57406.00	69300.00	2625543.00
133	L.B.S. Hospital, Ram Nagar, Varansi			49550.00			49550.00
134	Pt. Kamlapati Tripathi Combined Hospital, Chandauli			114114.00			114114.00
135	District Hospital, Ghazipur			135135.00			135135.00
136	District Women Hospital, Ghazipur			22523.00			22523.00
137	Amar Shaheed Umanath Singh Hospital, Jaunpur			129129.00			129129.00
138	District Women Hospital, Jaunpur			22523.00			22523.00
	Total	3251769.00	40654746.00	15705454.00	1377745.00	1732500.00	62722214.00

For this purpose, Rs.627.22 Lakhs was proposed but the approval is pended (ROP-FMR Code- B.16.1.9)

CHAPTER-B.17: DRUG WARE HOUSES

1)- STATE LOGISTIC MANAGEMENT CELL

There is a state logistic-ware house (LMC) is functional at Natherganj, Lucknow. This is an ongoing activity which was also sectioned in previous years. State logistic management Cell will have the following contractual staffs like Accountant (1), Computer Operator/Store keeper (1), Fourth Class/Loader (1), Generator Operator cum Electrician/Mechanic(1), Armed guards (1), General guard (3), gardener (1) and Sweeper (1). The budgetary details are as under:

Warehouse	Elect Charges	POL for DG Set	Stationary	Contingencies	Salary to Contractual Staff	Total Amount (In Lakhs)
State WH-LMC	130000.00	10000.00	30000.00	200000.00	1081307.00	14.51
Total						14.51

Details of contractual staff at State (LMC):-

Sl.	Activity	Physical Targets	Unit Cost (Rs)	Frequency	Total Amount (In Lakhs)
1	Accountant	1	23100.00	12	2.77
2	Computer Operator/Store keeper	1	10000.00	12	1.20
3	Fourth Class/Loader	1	6500.00	12	0.78
4	Generator Oper. Cum Electrician	1	5000.00	12	0.60
5	Sweeper	1	3500.00	12	0.42
6	Armed Guards	1	6335.00	12	0.76
7	General Guards	3	5157.00	12	1.86
8	Gardener	1	3000.00	12	0.36
Sub Total					8.75
10% increase of salary					0.87
Service tax to HR providing Agency @12.36 %					1.19
Total					10.81

Thus a total requirement of Rs. 14.51 Lakhs was budgeted for operationalition of State (LMC) the year 2013-14, out of which GOI approved Rs.3.98 Lakhs for remuneration of staff at state level(ROP-FMR Code-B.17.2) and Rs.3.70 Lakhs for operational cost of state LMC(ROP-FMR Code-B.17.4.2).

2)- OPERATIONALISATION OF REGIONAL DRUG WAREHOUSES

There are 11 regional drug warehouses in the state this is an ongoing activity sanctioned from previous years. Each regional warehouse has following contractual staff 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), gardener (1) and Sweeper (1) will be deployed. These are ongoing activity budget details for 2013-14 is given below:

Sl.	Regional Drug ware house	Elect. Charges	Telephone Charges	POL & Maintenance of DG Set	Stationery	Contingencies	Salary to cont. Staff	Total (Rs. In Lakhs)
1	Agra	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
2	Allahabad	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
3	Azamgarh	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
4	Bareilly	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
5	Chitrakoot	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72

6	Gorakhpur	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
7	Faizabad	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
8	Kanpur	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
9	Lucknow	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
10	Meerut	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
11	Varanasi	110000.00	10000.00	30000.00	15000.00	200000.00	807166.80	11.72
TOTAL		1210000.00	110000.00	330000.00	165000.00	2200000.00	8878834.80	128.94

Details of contractual staff at Regional drug ware houses are following:-

Sl.	Activity (Details of HR)	Physical Targets	Unit Cost (Rs) Per month	Frequency	Total Amount (In Lakhs)
1	Accountant	11	10000.00	12	13.20
2	Computer Operator/Store keeper	11	10000.00	12	13.20
3	Fork- Lift Operator cum Mechanic	11	6500.00	12	8.58
4	Fourth Class/Loader	11	6500.00	12	8.58
5	Generator Oper. Cum Electrician	11	5000.00	12	6.60
6	Sweeper	11	3500.00	12	4.62
7	Armed Guards	11	6335.00	12	8.36
8	General Guards	22	5157.00	12	13.61
9	Gardener	11	3000.00	12	3.96
Sub Total					80.72
10 % increased contractual staff salary					08.07
Total					88.79

Thus a total requirement of Rs. 128.94 Lakhs was budgeted for operationalition of regional drug ware houses in the year 2013-14, out of which GOI approved Rs.40.36 Lakhs for remuneration of staff at regional level (ROP-FMR Code-B.17.1) and Rs.34.55 Lakhs for operational cost of regional drugware houses (ROP-FMR Code-B.17.4.1).

3)- OPERATIONALISATION OF DISTRICT DRUG WAREHOUSES

GOI has sanctioned operationalisation of 53 district drug warehouse in 2012-13. This is an ongoing activity the budget provision of contractual staff and operating expenses 2013-14 for district drug warehouse as follows:

Sl.	Contractual staff	Physical Targets	Unit Cost Per month (Rs)	Frequency	Total Amount (In Lakhs)
1	Computer Operator cum Store Keeper	53	10000.00	12	63.60
2	Generator Operator cum Mechanic /Electrician	53	5000.00	12	31.80
3	Loader	53	5000.00	12	31.80
4	Choukidar	53	5000.00	12	31.80
5	Part-time Sweeper	53	2500.00	12	15.90
Sub total					174.90
10% increased contractual staff					17.49
6	Contingency(Annual)	53	200000.00	1	106.00
Total					298.39

Thus a total requirement of Rs. 298.39 Lakhs is being budgeted for operationalization of district drug ware houses the year 2013-14, out of which GOI approved Rs.87.45 Lakhs for remuneration of staff at district level(ROP-FMR Code-B.17.3) and approval for operational cost of district drugware houses not granted (ROP-FMR Code-B.17.4.3).

CHAPTER-B.19: HEALTH INSURANCE SCHEME

A health insurance scheme is proposed for all the ASHAs of the state by LIC of India. This scheme is called Jan Shree Bima Yojana devised by central government and LIC of India for the benefit of people below the poverty line or just above the poverty line.

Benefits:

- **Natural Death:** In the event of death of the member under this scheme, a Sum Assured of Rs. 30,000 will become payable, to the nominee.
- **Accident Benefit:** In the event of death by accident or Partial / Total Permanent Disability due to accident the following benefit shall be payable to the nominee.

I.	On death or Total Permanent disability due to accident	:	Rs. 75000
II.	On Partial Permanent Disability	:	Rs. 37000

- **Educational Benefit:** The Benefit of children of the parents covered a scholarship of Rs. 600/- per half-year is to be paid to students studying in standard XI to XII (Including ITI Courses). The benefit is restricted to two children of a family.

Premium:

Rs. 200/- per member to be shared as under:

50% of the premium is to be paid by the NRHM at the time of submission of proposals. 50 % of the premium will be borne by social security fund of government of India.

Budget Proposed

Total premium required to be paid by NRHM (Mission Flexi pool) for 159482 ASHA Workers yearly is Rs. 15948200/- (Rs. One Crore Fifty Nine Lakhs Forty Eight Thousand Two Hundred) only for the year 2013-14, which is not approved by GOI(ROP-FMR Code-B.19)

CHAPTER-B.20: RESEARCH/STUDIES/ANALYSIS

In Uttar Pradesh the National Rural Health Mission seeks to provide accessible, affordable & quality health care to the rural population. For achieving goals & objectives of NRHM UP, the no. of program activities have been sanctioned in PIP 2012-13 for implementation. Programme evaluation is a valuable tool for strengthening the quality of programme and to improve outcomes. Program evaluation answers basic questions about a program's effectiveness, and evaluation data can be used to improve program services. Program evaluation is a systematic method for collecting, analyzing, and using information to answer basic questions about a program. Process evaluations assess whether an intervention or program model was implemented as planned, whether the intended target population was reached, and the major challenges and successful strategies associated with program implementation. Outcome evaluations determine whether, and to what extent, the expected changes occur and whether these changes can be attributed to the program or program activities.

Therefore state is proposing 18 studies program wise in NRHM PIP 2013-14, which shall done by the SIFPSA for which management cost@ 18% of evaluation cost shall be paid to SIFPSA. The list of the research & studies are enclosed separately along with the budget allocation.

List of NRHM programmes/ schemes to be evaluated in the year 2013-14

Sl.	Name of the Study/ Scheme	No. of districts Covered	Sample Districts	Evaluation Cost in Rs. Lakhs	SIFPSA Management Cost (18% of evaluation cost) in Rs. Lakhs	Total cost for PIP in Rs. Lakhs
1	Evaluation of Janani Suraksha Yojna (JSY) programme and status of online feeding system	75	20	81.6	14.69	96.29
2	Study on Routine Immunization	75	18	32.5	5.85	38.35
3	Bal Swasthya Poshan Mah (BSPM)	75	15	8.5	1.52	9.97
4	Evaluation of Sterilization Camps (Sterilization, IUCD, OCP & CC)	75	18	35.0	6.30	41.30
5	Study on status and role of Accredited Nursing Homes in Family Planning.	75	20	6.5	1.17	7.67
6	Mapping of Private Facilities (Hospital, Nursing Homes, Polyclinics, Ultrasound centres & Pathology Clinics etc.) in 5 KAVAIL districts	75	5	40.0	7.20	47.20
7	Evaluation of Bal Swasth Guarantee Yojana (BSGY)	75	18	45.5	8.19	53.69

8	Evaluation of Rogi Kalyan Samiti	75	18	12.5	2.25	14.75
9	Evaluation of Village Health, Sanitation & Nutrition Committee(VHSNC)	75	20	15.0	2.70	17.70
10	Evaluation of VHND Programme	75	15	25.0	4.50	29.50
11	Study on Impact and status of 10 DCTC	10	10	5.0	0.90	5.90
12	Strengthening of training Institutions	51	10	40.0	7.20	47.20
13	Evaluation of MCTS Schemes	75	15	25.0	4.50	29.50
14	Evaluation of HMIS	75	18	30.0	5.40	35.40
15	Concurrent/End line Evaluation and monitoring of Social Franchisee.	45	13	70.0	12.60	82.60
16	Evaluation of Voucher Scheme	15	15	45.0	8.10	53.10
17	Study on Maternal Death Review (MDR)	20	5	42.0	7.56	49.56
18	To study a system for the management of infectious and hazard waste in accordant with bio medical waste rules	75	20	42.0	7.56	49.56
Total					108.19	709.24

Thus, the total cost proposed for research/studies for the year 2013-14 was Rs. 709.24 Lakhs, but the approval is pended (ROP-FMR Code-B.20).

CHAPTER-B.21: SHSRC/SPHRI

1)- STATE HEALTH RESOURCE CENTRE (SHRC)

Background - The NRHM mandates that each State set up a State level Health Resource Centre (SHRC) along with the SPMU. SHRC is envisioned to serve as an apex body to provide Technical Assistance to facilitate the State and Districts in Planning and Implementation of NRHM program as well as strengthening the public health system in the State. SPMU was established in 2008. Most of the staff was hired on contract, some on deputation and some staff was deputed from SIFPSA on loan basis. SHRC was planned be set up in the year 2010-11 and a budget of Rs. 665.32 Lakhs was approved by Government of India but the centre could not be established till date.

Institutional Requirements of SHRC - As per SHRC models of different States, such as Maharashtra, Chhattisgarh, Rajasthan etc, following features can be adopted for Uttar Pradesh.

- SHRC should be an autonomous body with its own governing body, executive committee and its rules/regulations. It should have sufficient government representation in it to ensure transparency in all operations and to intervene, as and when required.
- SHRC should be a responsive organization with flexibility to take subject experts on board from time to time for short or medium term.
- SHRC should have collaborations with various national and International technical Agencies/Institutions for latest information and knowledge for application in implementation process.
- While SHRC should initiate activities to enable innovations, it should also take up task/ assignments from Health Directorate and SPMU, to be delivered in a time bound manner. Its effectiveness will be derived from the quality of inputs it will provide and its ability to internally champion processes of change.

SIFPSA can be developed as SHRC as various innovations have been done by SIFPSA. SIFPSA also established partnership with public and private sector as in voucher project, social franchising, promotion of contraceptive social marketing, NGO projects, capacity building of panchayati raj institution (PRI)

Plan for SHRC- For SHRC, following organizational structure is being proposed under UP NRHM. Since the SHRC would require providing very technical and specialized input, a provision is being made for hiring subject specialists, experts and consultants intended for specific areas on short term basis. An estimated budget for establishing and operationalising the SHRC unit has been calculated as below.

Sl.	Objects / Activities	No. of Units	Rate per Unit	Frequency	Total (in Rs. Lakhs)
1.	Human Resource (Full Time)*				314.40
2.	State of the art Public health library -	1	24.00	1	24.00

	Maintenance and up gradation of related books & periodicals, online database, SHRC website etc. and its operational expense.				
3.	Short term Consultants	10	0.07/ day	20 days / consultant	14.00
4.	Field Visits	7	0.10	72	50.40
5.	Hardware for distance learning, online Trainings and other office equipment/furniture/fixture	1	100.00	1	100.00
6.	Research and Studies	10	5.00	1	50.00
7.	Concurrent Monitoring and Evaluation	10	15.00	1	150.00
8.	Conferences/ Workshops	6	5.00	1	30.00
9.	National/International Study Tours	10	20.00	2	400.00
10.	Capacity Building, MDP	50	0.50	1	25.00
11.	Miscellaneous Expenses (Vehicle hiring, Stationery, rents etc)				50.00
Total:					1207.80

***Breakup of Rs. 314.40 Lakhs Budget requirement for Human Resource**

Sl.	Designation	No. of Units	Rate per Unit (in Rs. Lakhs)	Frequency (Months)	Total (in Rs. Lakhs)
1.	Chief Executive Officer	1	2.00	12	24.00
2.	Senior Advisor HRD & Personnel	1	1.25	12	15.00
3.	Senior Advisor Program Implementation	1	1.25	12	15.00
4.	Senior Advisor MIS	1	1.25	12	15.00
5.	Senior Advisor Finance & Audit	1	1.25	12	15.00
6.	Senior Advisor IEC/BCC	1	1.25	12	15.00
7.	Senior Advisor Monitoring & Evaluation	1	1.25	12	15.00
8.	Advisor Capacity Building	1	1.00	12	12.00
9.	Advisor PPP/Innovations	1	1.00	12	12.00
10.	Advisor Community Mobilization	1	1.00	12	12.00
11.	Advisor MIS & DATA Management	1	1.00	12	12.00
12.	Advisor IEC/BCC	1	1.00	12	12.00
13.	Advisor Monitoring & Evaluation	1	1.00	12	12.00
14.	Manager Administration	1	1.00	12	12.00
15.	Manager Finance	1	1.00	12	12.00
16.	Manager Audit	1	1.00	12	12.00
17.	Specialist Knowledge Resource Centre (Library)	1	1.00	12	12.00
18.	Specialist IEC/BCC (Documentation & Dissemination)	1	1.00	12	12.00
19.	Research Associate	2	0.50	12	12.00
20.	Officers	6	0.35	12	25.20
21.	Store keeper	1	0.25	12	03.00
22.	Receipt & Dispatch Assistant	2	0.25	12	06.00
23.	Secretary	6	0.25	12	18.00
24.	Maintenance & Support Staff	5	0.07	12	04.20
Total:					314.40

Thus, total cost proposed for SHSRC for the year 2013-14 is Rs. 1207.80 Lakhs, but the approval is pended(ROP-FMR Code-B.21.1 & B.21.2).

2)- STATE PUBLIC HEALTH RESOURCE INSTITUTE (SPHRI)

In the NRHM PIP it was the mandate of 1st phase of NRHM to establish SHRC at State level. But in 2nd phase of NRHM the state has proposed to establish SPHRI through NRHM which will work in anchorship of SIHFW and will coordinate DG FW & DG Health & SIHFW in the Field of information/ data Upgradation, Human Resource and Research work in the field of Public Health.

In the ROP 2012-13, Rs 2.00 Cr. has been sanctioned for which as per reconditioned by 6th CRM, GOI, SIHFW seeks the support of resource group/ agency to initiate development of the institute. This group has also recommended to considering support of NHSRC/NIHFW/PHFI for this purpose. EC NRHM has approved to hire a resource Group/ agency through bidding in year 2012-13.

For year 2013-14 the SPHRI shall work as per the recommendation made in PIP 2012-13 and for this purpose the budget required is as follow-

(A) Hiring of HR for institute & its recurring expenses for year 2013-14.

Sl.	Wings/ Activates	Units	Total Amount (Rs. In Lakhs)
1	Administration and Finance wing	Administration and Finance	62.72
2	Technical wing	Department of Public Health	68.12
		Administration, Planning, Evaluation Research	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	International Visits	50.00
6	General establishments	Civil Works etc.	81.28
Total			665.32

(B) Construction of a new building for State Health Institute, Which is a public health lab of state govt. but presently there is no separate building. This lab will be a part of PHRI. For this purpose land (3000 Sq. ft.) is available in the SIHFW campus near to library. The aprx. Cost Rs. 300.00 Lakhs.

Thus, total cost for SPHRI in year 2013-14 is Rs 965.32 Lakhs, but the approval is pended (ROP-FMR Code-B.21.1 & B.21.2).

CHAPTER-B.22: SUPPORT SERVICES

(A) Additionality for JE/AES and Malaria

To support JE/AES and Malaria under NVBDCP, Rs. **2473.59** Lakhs was proposed for additionality funds from NRHM, as per following details:

Name of Unit	Head	Unit cost in Lakhs	Total Amount (Rs. In Lakhs)
BRD Medical College GKP	Manpower (HR) for 54 bedded JE / AES ward	427.50	427.50
	Manpower (HR) for 100 bedded JE / AES ward	352.75	352.75
	Medicines	300.00	300.00
	Maintenance	100.00	100.00
	Total	1180.25	1180.25
ICDS	Training for 1540 Batches (40 Participants per batch = 61600)	0.45500 per Batch	700.00
Department of Animal Husbandry for (20 Districts)	Sero Surveillance Birds/Pigs	20 Districts @ Rs. 0.303 Lakhs	6.06
	Disinfection and spray of insecticides in pig shelters	20 Districts @ Rs. 9.364 Lakhs	187.28
Additionality for Malaria Rapid Diagnostic Kit Malaria@ Rs 80.00 per kit 5 Lakhs kits			400.00
Total			2473.59

The budget proposed for JE/AES & Malaria under additionalities is not approved by GOI (ROP-FMR Code-B.22.3)

(B) Additionality for Revised National Tuberculosis Control Programme (RNTCP)

To support RNTCP, Rs. 1146.46 Lakhs was proposed for Additionality funds from NRHM, as per following details:

Sl.	Proposed Activity	Estimated Expenditure (Rs. In Lakhs)	Justification
1	Pre-treatment evaluation costs for MDR-TB patients	5.00	The provision to reimburse pre-treatment evaluation costs to MDR-TB patients not reaching DR-TB centres due to serious illness needs to be considered for 75 districts + 2 DR-TB centres in pvt . medical colleges.
2	Cost of F/U sputum cultures using Liquid Culture technology at SGPGIMS Lucknow for MDR-TB patients consuming CAT-IV	10.00	Expected sample load of 200 samples /month reimbursed @ Rs 400/= per sample. SGPGI cannot be included under C-DST scheme nor does it get funds from the government to support its lab workload.
3	Procurement of PWBs (Drug boxes) for SLDs	6.00	Estimated cost @Rs 100/PWB (24 PWBs per patient would be required) (second line drugs)
4	Equipments for establishing C-DST lab at AMU, Aligarh	20.00	
5	Generators for DTC	375.00	75 Generators at DTC for ACs to maintain the

			temperature of SLDs
6	Invertors for DMCs	400.00	
7	Digital camera for DMCs	100.00	
8	HR requirement for 12 DR-TB Centres	86.40	4 Nursing staff per DR-TB Centre @Rs 15000/month per DR-TB Centre
9	Outsourcing Waste disposal management at DTCs	7.50	Rs 1Lakh per DTC
10	Establishment of 4 Regional TB Program management units	136.56	
Total		1146.46	

The budget proposed for RNTCP under additionalities is not approved by GOI (ROP-FMR Code-B.22.4)

Additionality for National Leprosy Eradication Programme(NLEP)

To support NLEP, Rs. 129.96 Lakhs was proposed for Additionality funds from NRHM, as per following details:

Project Details	Under	No. of districts	Rate per unit	Amount In Lakhs
1. Equipment, Furniture of District Leprosy Referral Unit in District Hospital	DHS	75	20000	15.00
2. Computer Operators for District Nucleus	DHS	75	132000	99.00
3. Equipment, furniture etc. for D.L.Cell	DHS	75	20000	15.00
4. Office Attendant	SHS	1	96000	0.96
Total				129.96

The budget proposed for NLEP under additionalities is not approved by GOI (ROP-FMR Code-B.22.6)

Additionality for National Programme for control of Blindness(NPCB)

To support NPCB, Rs. 137.50 Lakhs was proposed for Additionality funds from NRHM, as per following details:

Grant-In-Aid To States/UTS For Various Activities	Physical Target	Amount In Lakhs
1 Computer ,Printer and UPS for 75 dist. and 2 for SHS office	77	38.50
2 Data Entry Operator for MIs works @ Rs.11000/- p.m	75 (one for DBCS)	99.00
Total		137.50

The budget proposed for NPCB under additionalities is not approved by GOI (ROP-FMR Code-B.22.1).

(E). Multi Purpose Workers (MPW)- Contractual

In the year 2013-14, under NVBDCP proposal, an amount of Rs.5292.72 Lakhs was proposed for 7351 Multi Purpose Workers (contractual) @Rs. 6000.00 per month for 12 month. These workers are being utilized for VBD services. **GOI approved Rs. 1287.00 Lakhs for in-position 3575 MPWs @ Rs. 6000.00 month for 6 months (till 30th September 2013) with the condition that “state is expected to fill up the regular positions or pay these contractual employees out of state budget from 1st October 2013.”**

CHAPTER-B.23: OTHER EXPENDITURE (POWER BACKUP, CONVERGENCE)

Diesel for Generators at District Hospitals & PHCs/CHCs

The availability of electricity in Uttar Pradesh is poor affecting the functionality of the health facilities. In some areas, there is less than four hours of electricity available throughout the day. Further, day by day increasing JSY load and other services at facilities, there is urgent need of regular power backup services.

As per proposal received from DG-MH, An amount of Rs. 3359.10 Lakhs is required to for 153 district level hospitals and CHCs/PHCs of 75 districts. **A total amount of Rs. 3359.10 Lakhs was proposed for the year 2013-14, as per following:**

Diesel for Generators	Units	Total Amount (Rs. in Lakhs)
POL for Generators - District level Hospitals	153	2462.53
POL for Generators - CHCs/PHCs	75	896.56
Total		3359.10

The approval for the above purpose is pended (ROP-FMR Code-B.23.1 & B.23.2)

BUDGET SUMMARY– MISSION FLEXIBLEPOOL (2013-14)

FMR Code	Budget Head	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
B.1	ASHA	29248.84	19093.37
B.2	Untied Funds	8428.95	3756.03
B.3	Annual Maintenance Grants	3824.30	2323.69
B.4	Hospital Strengthening	75312.80	34423.53
B.5	New Constructions	35073.90	-
B.6	Corpus Grants to HMS/RKS	3063.50	2627.95
B.7	Health Action Plans	465.21	36.50
B.8	Panchayati Raj Initiative	4908.65	-
B.9	Mainstreaming of AYUSH	8269.20	3353.22
B.10	IEC-BCC NRHM	6907.22	839.42
B.11	Mobile Medical Units	7288.05	-
B.12	Referral Transport System	32955.62	-
B.13	NGO/PPP	-	-
B.14	Innovations	17818.19	734.40
B.15	Planning, Implementation & Monitoring	3404.83	1902.77
B.16	Procurement	17776.44	12955.03
B.17	Drugs Warehouses/Logistics Management	441.84	170.04
B.18	New Initiatives/ Strategic Interventions	-	-
B.19	Health Insurance Scheme	159.48	-
B.20	Research, Studies, Analysis	709.24	-
B.21	State Level Health Resources Centre (SHSRC)	2173.12	-
B.22	Support Services	3887.51	1287.00
B.23	Other Expenditures (Power Backup, Convergence etc.)	3359.10	-
Total – Mission Flexipool		265475.99	83502.95

ROUTINE IMMUNIZATION

CHAPTER-C: ROUTINE IMMUNIZATION

1)- BACKGROUND

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).

2)- RI STRENGTHENING PROJECT

In the PIP of FY 2012-2013 a total of 37.50 Lakhs were proposed for mobility support for supervision of district level officers, against which, Rs 187.50 Lakhs were approved. In the proposed PIP of FY 2013-2014 a total of 187.50 Lakhs was budgeted due to the increased limit of @250000/district for FY 2013-2014, **which is approved by GOI (ROP-FMR Code-C.1.a)**

In the proposed PIP of FY 2013-2014 a total of 628.44 Lakhs was budgeted for printing and dissemination of immunization card, tally sheet and monitoring formats, etc. and has been calculated @10/beneficiary (expected number of pregnant women), **which is approved by GOI (ROP-FMR Code-C.1.c)**

3)- REVIEW MEETINGS

A sum of **17.06 Lakhs** has been budgeted for district level quarterly review meetings. An amount of **413.88 Lakhs** has been budgeted for block level quarterly review meeting with ASHA as one of the participant and the amount has been calculated @Rs.75/participant in **PIP of FY 2013-2014. GOI approved the same amount for review meetings (ROP-FMR Code-C.1.e & C.1.f.)**

4)- RI IN SLUM AND UNDERSERVED AREAS IN URBAN AREAS

In the proposed **PIP of FY 2013-2014** a total of **298.33 Lakhs** was budgeted for focussing RI in slum and underserved area in urban area @Rs.525/session, **which is approved by GOI (ROP-FMR Code-C.1.g).**

5)- MOBILIZATION OF BENEFICIARIES THROUGH ASHA AND ALTERNATE VACCINE DELIVERY

A sum of **3147.33 Lakhs** was proposed for mobilization of beneficiaries to session site through ASHA @ Rs. 150/session, **which is approved by GOI(ROP-FMR Code-C.1.h).**

An amount of **310.47 Lakhs** has been proposed @Rs. 150/session for alternate vaccine delivery for hard to reach areas and **1372.62 Lakhs** was budgeted @ Rs. 75/session for alternate vaccine delivery in other areas in PIP of FY 2013-2014, **which is approved by GOI (ROP-FMR Code- C.1.i & C.1.j).**

6)- CONSUMABLES FOR COMPUTERS INCLUDING INTERNET AND BIOMEDICAL WASTE MANAGEMENT

An amount of **3.58 Lakhs** was proposed for consumables for computer including provision for internet access for RIMS at the exiting rate of Rs. 400/- Per month per District, **which is approved by GOI(ROP-FMR Code-C.1.n).**

An amount of **142.07 Lakhs** was proposed @ Rs. 6/session for providing both red & black bags at the session site in **FY 2013-2014**. In comparison a sum of 127.73 Lakhs was proposed in FY 2012-2013. For construction of 492 sharp disposal pits in the state a sum of 25.83 Lakhs was proposed in **FY 2013-2014 @ 5250/pit. GOI approved the same amount ROP-FMR Code- C.1.o & C.1.q)**

7)- FOCUS ON ROUTINE IMMUNIZATION IN URBAN AREA

A sum of **116.21 Lakhs** was proposed for conducting Routine immunization sessions in urban areas @ Rs. 750/ session in **FY 2013-2014**. This plan has been prepared, to cover all urban areas (including other urban areas), as ANMs are not posted in such areas. ANMs from rural areas will be mobilized or hired on contractual basis, for immunization in these areas. Without ensuring immunization in all urban areas, RI coverage in Uttar Pradesh cannot be achieved more than 70%. **GOI has not approved this activity (ROP-FMR Code-C1.v).**

8)- STATE SPECIFIC REQUIREMENT

A total of **261.33 Lakhs** was proposed in **FY 2013-2014** for state specific requirement which includes Rs. 14.40 Lakhs for annual maintenance of WIC/WIF at State level and Divisional level, Rs. 40.00 Lakhs for Electricity bill of WIC/WIF at state and Divisional level, Rs. 38.00 Lakhs for POL for generators an operational expenses at divisional vaccine stores, Rs. 2.00 Lakhs for Mobility support for state level officers, Rs. 16.88 Lakhs for state level review meetings, Rs. 5.63 Lakhs for state level TOT for MOs, Rs. 5.96 Lakhs for quarterly review meetings of RM and district cold chain store in charge at state level, Rs. 27.00 Lakhs for mobility fund for RM at district level, Rs. 17.28 Lakhs for mobility for Divisional RM at division level, Rs. 10.00 Lakhs for AEFI kits, Rs. 1.52 Lakhs regional meetings for supportive

supervision in RI, Rs. 82.66 Lakhs for supportive supervision at cold chain points. **For the above purpose, GOI approved Rs.93.92 Lakhs only (ROP-FMR Code-C.1.r).**

9)- SALARY OF CONTRACTUAL STAFF

A total amount of 91.80 Lakhs was proposed salary of contractual staff in FY 2013-14 for computer assistants at state and district level, **out of which GOI approved Rs.45.90 Lakhs only (ROP-FMR Code-C.2.1 & C.2.2).** Further, Rs. 223.44 Lakhs was proposed for salary of cold chain staff, **out of which GOI approved Rs.98.01 Lakhs only (ROP-FMR Code-A.8.1.7.7)**

10)- TRAINING UNDER IMMUNIZATION

A total amount of **601.90** Lakhs was proposed by the state in **FY 2013-2014** for training under immunization which includes a sum of 438.64 **Lakhs**, which was budgeted for District level orientation training, Rs. 122.02 Lakhs for 3 days trainings including Hepatitis B, Measles and JE of MOs, Rs. 34.58 Lakhs for 2 days cold chain handlers, Rs. 2.92 Lakhs for Block level data handlers, Rs. 3.75 Lakhs for training of other categories. **For the above purpose, GOI approved Rs.598.16 Lakhs only (ROP-FMR Code-C.3.1; C.3.2; C.3.4; C.3.5 & C.3.6).**

11)- TRAINING OF FRONT- LINE WORKERS

For the proposed training of Frontline workers Rs. 90645601/- will be required, as per the details given below.

IRI Training Budget for Front-line Workers-UP				
Sl.	Front-line Workers	In Number	Batches @ 30 Front-line Workers Per Batch	Budget @ Rs. 80000/- Per Batch
1	Health Workers	25177	839	6713867
2	ASHAs	129358	4312	34495467
3	AWWs	160209	5340	42722400
	Total	314744	10491	83931734
	Health Workers (Training attend with ASHA & AWW)	25177	839	6713867
	Grand Total	339921	11330	90645601

As suggested by Govt. of India, training of Front Line Workers is to be conducted with support from National Polio Surveillance Project- India. The TOTs have been completed in 2012-13. The plan for Frontline Workers is also ready, but funds for this activity were not available in the PIP of 2012-13. **For the proposed training of Frontline workers, Rs. 906.46 Lakhs was proposed for the year 2013-14, which is approved by GOI(ROP-FMR Code-C.3.6).**

12)- ASHA INCENTIVE

A sum of **6531.61 Lakhs** was budgeted for ASHA incentives for complete immunization of newborn @150/complete immunization of a child, **which is approved by GOI(ROP-FMR Code-C.5)**

13)- TEEKA EXPRESS

Rs. 62.75 Lakhs had been approved in the Budget for 2012-13 for Teeka Express, but the vehicles and guidelines were not available, hence, the budget remains unutilized. In the PIP for 2013-14, Rs 62.75 Lakhs was budgeted towards operational cost, expecting that it will be operational in the coming year. **GOI approved the same amount (ROP-FMR Code-C.1.s).**

14)- INNOVATIONS UNDER ROUTINE IMMUNIZATION

- **Supportive supervision :** A group of experts, including District Health Officials and Officers from Partner agencies will be visiting all cold chain points, in all 75 Districts, in a planned manner, and take “on the spot” corrective actions to improve Cold chain. Cold chain handlers and others working in that CC Point will be trained simultaneously. Provision for Rs 82.66 Lakhs has been made for this, **which is not approved by GOI(ROP-FMR Code-C.1.r)**
- **Demonstration & Cross Learning Centres:** Demonstration sites will be developed in each District, exhibiting ideal practices, with support from MCHIP. MHIP is already running Pilot Project in three Districts, i.e. Gonda, Banda and Varanasi. Personnel from all Cold chain points of the District will visit those sites twice in a year, and will be expected to follow similar practices in their Cold Chain Points. **For this purpose, an amount of Rs. 78.07 Lakhs was proposed, out which GOI approved Rs.10.40 Lakhs only for 10 districts (ROP-FMR Code-B.14.4)**
- **My Village My Home:** Availability of Due list at the RI session sites is essential, for ensuring successful immunization sessions. It has been a big challenge to make these due lists available, and to ensure their completeness. M-CHIP has implemented MVMH in Bihar, which has been helpful in development of better due lists, and their perfect use. With support from M-CHIP, this activity has been planned in each District. This will help us ensure coordination between health, related departments (ICDS) and other stake holders for timely identification and tracking of eligible infants for full immunization. **For this purpose, an amount of Rs.390.00 Lakhs was proposed but GOI approved Rs.39.00 Lakhs only for high priority districts for tracking of immunization beneficiaries (ROP-FMR Code-B.14.5).**

BUDGET SUMMARY- ROUTINE IMMUNISATION (2013-2014)

FMR Code	Budget Head	Proposed 2013-14				Approved Budget 2013-14 (Rs. Lakhs)
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget (Rs. Lakhs)	
C.1	RI strengthening project (Review meeting, Mobility support, Outreach services etc)					
C.1.a	Mobility Support for supervision for district level officers.	Lump sum	75	250000.00	187.50	187.50
C.1.b	Mobility support for supervision at State level	No	1	150000.00	1.50	1.50
C.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	No. of PWs	6,284,403	10.00	628.44	628.44
C.1.d	Support for Quarterly State level review meetings of district officer	No	900	1250.00	11.25	11.25
C.1.e	Quarterly review meetings exclusive for RI at district level with Block Mos, CDPO, and other stake holders	No. of participants	17060	100.00	17.06	17.06
C.1.f	Quarterly review meetings exclusive for RI at block level	No. of participants	551844	75.00	413.88	413.88
C.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums	No.of vaccinator	14206	2100.00	298.33	298.33
C.1.h	Mobilization of children through ASHA or other mobilizers	No.of Sessions	2098223	150.00	3147.33	3147.33
C.1.i	Alternative vaccine delivery in hard to reach areas	No.of Sessions	206978	150.00	310.47	310.47
C.1.j	Alternative Vaccine Delivery in other areas	No.of Sessions	1830167	75.00	1372.63	1372.63
C.1.k	To develop microplan at sub-centre level	No.of Sub center	20919	100.00	20.91	20.91
C.1.l	For consolidation of microplans at block level	No.of Blocks	1073	1000.00	10.78	10.78
C.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	Lump sum	75	150000.00	112.50	112.50
C.1.n	Consumables for computer including provision for internet access	No.of Months	895	400.00	3.58	3.60
C.1.o	Red/Black plastic bags etc.	No. of Sessions	2367798	6.00	142.07	142.07
C.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	No.of CHC/PHC	1477	1200.00	17.72	17.72
C.1.q	Safety Pits	No.of Units	492	5250.00	25.83	25.83
C.1.r	State specific requirement	Lump sum	12	-	261.33	93.92

C.1.s	Teeka Express Operational Cost	Lump sum	6	-	62.75	62.75
C.1.t	Measles SIA operational Cost	Lump sum	-	-	-	-
C.1.u	JE Campaign Operational Cost	Lump sum	-	-	-	-
C.1.v	Others		15495	750.00	116.21	Not approved
Sub Total					7162.07	6878.47
C.2	Salary of Contractual Staffs		76			
C.2.1	Computer Assistants support for State level	No	1	180000.00	1.80	0.90
C.2.2	Computer Assistants support for District level	No.of Staff	75	120000.00	90.00	45.00
C.2.3	Others(service delivery staff)		-	-	-	-
Sub Total					91.80	45.90
C.3	Training under Immunization					
C.3.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Midwives, BEEs & other staff (as per RCH norms)	No.of workers	949	46200.00	438.64	438.64
C.3.2	Three day training including Hep B, Measles & JE(wherever required) of Medical Officers of RI using revised MO training module)	No.of Mos	186	65600.00	122.02	122.02
C.3.3	One day refresher training of district Computer assistants on RIMS/HIMS and immunization formats	No.of workers	57	-	-	-
C.3.4	Two days cold chain handlers tranning for block level cold chain hadlers by State and district cold chain officers	No.of handlers	130	26600.00	34.58	34.58
C.3.5	One day training of block level data handlers by DIOs and District cold chain officer	No.of handlers	972	300.00	2.92	2.92
C.3.6	Others	No.of Batch	3750	100.00	910.21	906.46
Sub Total					1508.36	1504.61
C.4	Cold chain maintenance	No.of Points	950		18.38	18.38
C.5	ASHA Incentive	No.of Children	4621306	150.00	6531.61	6531.61
C.6	Pulse Polio operating costs	Lump sum	-	-	12070.25	12070.25
Total- Immunization					27382.46	27049.22

NATIONAL DISEASE CONTROL PROGRAMMES (NDCP)

CHAPTER-D.1: NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

Proposal for setting up IDD labs in the Community Medicine Departments of Medical Colleges

BACKGROUND

Iodine Deficiency Disorders (IDD) were recognized as a public health problem in India since long ago. Initially, IDD was thought to be a problem in the sub-Himalayan region. However, surveys carried out subsequently by the Ministry of Health and Family Welfare (MOHFW) showed that no state/territory in India was free from IDD. The implications of iodine deficiency for the unborn are of serious concern in India where an estimated 11 million newborn are still unprotected against brain damage simply because their mothers did not consume salt with adequate levels of iodine during their pregnancy. Further loss of 10 to 15 intelligence quotient (IQ) points attributable to iodine deficiency adversely impact on school performance of the 200 million primary school children in India and learning ability of out of school children. This not only results in waste of social investment in education, but also compromised national development.

In Uttar Pradesh, a study carried out in 1997 by Kapil *et al.* showed that almost half of the 17 districts assessed had median levels of urinary iodine below the WHO recommended levels. In districts with adequate urinary iodine excretion level, the median was slightly above than 100 µg/l, indicating a precarious situation.

IDD CONTROL PROGRAMME IN UP

The results of National Family Health Survey 1998 showed that only 50% households consumed salt adequately iodised with iodine. To address the problem of IDD, UP state Government, in its state plan of Action on Nutrition (SPAN) 2000-2010 put a target of 100 percent families consuming adequately iodized salt by 2010. Several initiatives were launched by GoUP to accelerate the consumption of iodised salt by population. The achievement however suffered a setback when in 2000 GOI lifted the ban on sale of non iodised salt and increased the freight charges of rakes carrying iodised salt. National Family Health Survey of 2005 showed a significant drop in the number of households consuming adequately iodised salt (from 50% in NFHS-2 the consumption dropped to 38%).

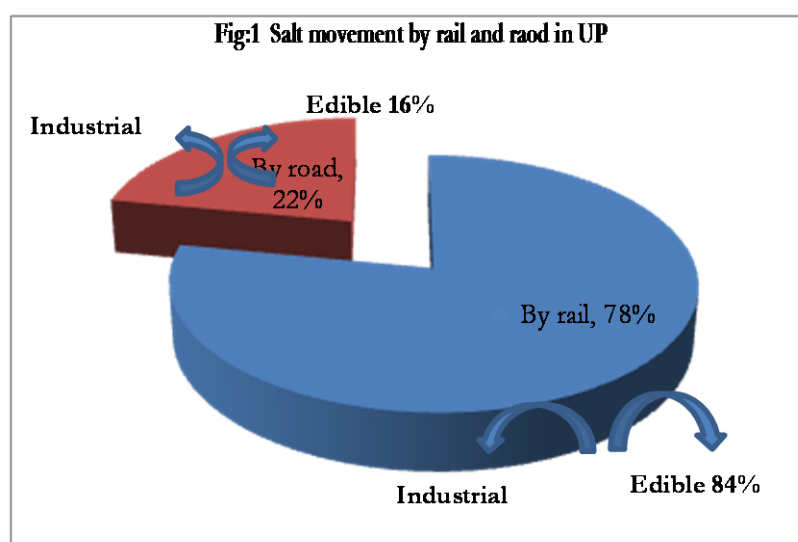
Overview of Salt Trade in Uttar Pradesh

Uttar Pradesh is one of the states in the country that continues to have the lowest consumption of iodized salt despite the fact there is a ban on sale of non iodized salt for edible purposes.

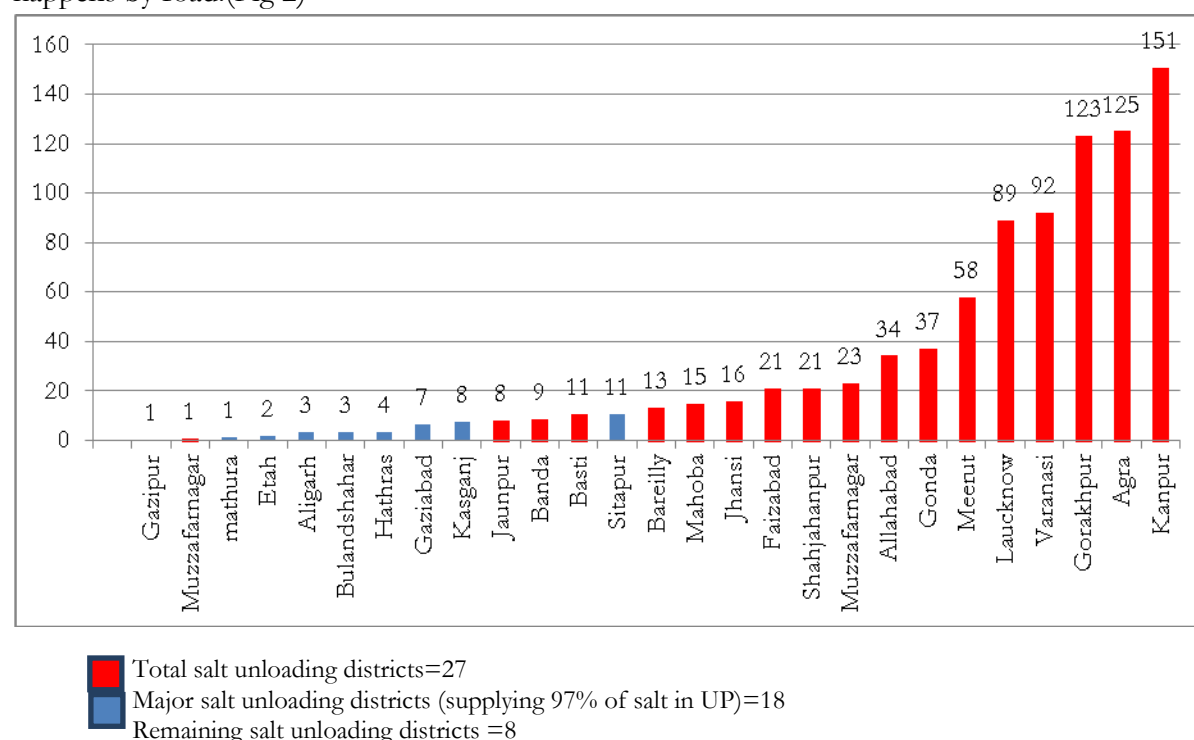
Three types of salt is available in the market – Bargara salt, powdered non-refined (open or packaged), refined powdered salt (packaged). Packaged salt is often confused by consumer as ‘properly iodized’ salt, but this may not be true at all time.

Uttar Pradesh (UP) is a non-salt producing state and receives its quota of salt(for industrial and edible purposes) from the states of Gujarat and Rajasthan.

Reports from the Salt Commissioner’s office indicate that the state receives a total of 1045000 tonnes of salt annually of which 80% (840000 tonnes) is for edible purpose and the rest for industrial purpose (approximately 133000 tonnes). The reports also inform that 78% of the state ‘s supply comes by rail and the rest by road. The bulk of supply i.e 78% comes from Gujrat (815000 tonnes) and remaining from Rajasthan (Fig 1).



Ninety seven percent of the salt trade in the state is concentrated in 18 districts. Kanpur is the biggest unloading station followed by Agra and Gorakhpur. Interstate supply movement happens by road.(Fig 2)



For effective and sustainable elimination of IDD, USI programme must not only focus on production and creating demand for iodized salt but must capitalize on the distinct roles of wholesalers and retailers who market iodized salt and are an important link between consumers

and manufacturers. In a non-salt producing state like Uttar Pradesh, reaching the wholesalers dealing in salt trade and linking them with state IDD lab will enable public-private partnership critical for sustainability and programme evolution. Reaching limited number of wholesalers in a shorter period of time is likely to influence the marketing pattern. The salt wholesalers procure salt, by rail or road, for supply for human and animal consumption as well as for industrial usage. UP is a non salt producing state and salt is imported from Rajasthan and Gujarat and traditional salt traders handle the market.

The state of UP has one IDD lab at the state level. In addition UNICEF is supporting four USI Cells located in vicinity of salt unloading districts in the medical Colleges of Agra, Allahabad, Meerut and Gorkhpur.

As this is a priority programme, NRHM UP is proposing setting up of USI labs in all the nine medical colleges. For the first year the lab will be set up in five medical colleges where UNICEF support is not present. In subsequent years, even the UNICEF supported USI Cell be taken up by NRHM. The Social and preventive Department of Medical Colleges are already undertaking the task of titration. Support from NRHM is expected to strengthen monitoring of programme as well improve the supply and availability of iodised salt in the market.

The IDD cell in Medical Colleges will essentially comprise of a titration unit set up within the existing laboratory of the Community Medicine Department. The Cell will be managed by a programme manager and a lab technician. The technical support in terms of training and orientation on recording and reporting for these Cells can be provided by the four existing USI Cells supported by UNICEF.

Objectives of IDD Cells in Medical Colleges

1. Organize regular and frequent sensitization of wholesalers and retailers in the intervention district on benefits of iodised salt and motivate them to procure and distribute good quality iodised salt for edible purposes.
2. Encourage wholesalers/retailers to dispatch samples of procured salt received by rail or by road for testing to IDD lab. Link IDD cell reporting to State IDD lab.
3. Organize intersectoral advocacy/media meetings in the nodal district where IDD cell is located with government stakeholders (Education, Health, ICDS) under chairmanship of District Magistrate for generating demand for iodised salt using government schemes. Use the monitoring findings for discussion in these meetings

Functions of USI Cell

The programme manager positioned in Medical College will undertake following tasks

1. Map and orient the wholesalers/retailers in the district where medical college is located and in adjoining two big districts.
- During visit to each of the district outside the nodal district, stay for two days and undertake following tasks
 - ✓ Monitor the type of salt sold by the WS/retails and dialogue with them for availability of better salt. Collect 5 samples from WS/retailers.

- ✓ Visit one block and monitor a minimum of two schools and two AWC. Collect one sample each. Thus a total of 4-5 samples
- ✓ Study the consumption pattern of community by collecting atleast 10 samples from community

Thus during each visit to the district the prog manager will collect a total of 20 samples. Therefore for three districts, 60 samples will be collected.

These samples will then be titrated in the lab by the lab technicians.

The reporting of these IDD cells linked with the IDD lab at State Health Institute, Lucknow and monthly analysis on samples tested for presence of iodine will be shared with the IDD lab.

The analysis will be done free of cost and wholesalers and retailers who have volunteered to get the samples analyzed from IDD Cell will be provided prompt feedback using a feedback certificate.

	Activity	Unit cost	Quantity	Total budget
1	One time cost of setting up the lab			30000
2	Establishment & Maintenance of IDD Lab @ Rs. 2500/month X 12 month	2500	1	30000
3	One IDD programme manager For 15 days in a month	20000	1	240000
4	Travel cost of programme manager @ Rs. 1500/day X 10 days in a month X 12 months	1500	1	180000
5	Boarding and lodging during outside travel @ Rs. 1000/day X 7days in a months 12 months	1000	1	84000
6	Budget for staff time of the lab technician@ s 100/day X 10 days in a month	1000	1	12000
7	Stationary and communication @ 1000/month X 12 months	1000	1	12000
8	Training of staff in SPM deptt. and other training			10000
	Total			598000

Reporting and monitoring:- The reports will be shared with SHI on a monthly basis

Funding:- The funds will be released by NRHM.

Financial requirement under National Iodine Deficiency Disorder Control Programme

Sl.	Activity	Unit cost	Quantity	Total budget
1.	Budget for SHI			2600000.00
2.	Organization of state level coalition meeting@ 2 meetings per year	50000	2	100000.00
3.	IDD survey in the state			5765175.00
4.	IDD lab in 5 State medical College			2870000.00
5.	Celebration of National IDD day in districts			750000.00
	Total budget			12085175.00

Details of the budget heads under NIDDCP

1. Budget for State Health institute

Sl.	Activity	Total budget
1.	IDD Cell	650000.00
2.	Establishment & Maintenance of IDD Lab	400000.00
3.	Survey	250000.00
4.	Health Education & Publicity	1300000.00
	Total	2600000.00

2. Organization of State level Coalition meeting

Sl.	Activity	Unit cost	Quantity	Total budget
1.	State Level Coalition meeting	50000.00	2	100000.00

3. Budget for IDD Survey in the state through third party

Tracking Progress towards Sustaining Elimination of IDD in Uttar Pradesh State (30*40*4)

Sl.	Particulars	No. of unit/ sample / man days	Per Unit/ Samples/ man in INR	Sub Total	Total
1	1. Operational Part				
1.1	Cluster Selection			30000.00	
1.2	Conference Hall Hire for Training (4 training session for 2 days @ Rs. 15000/day)			120000.00	
1.3	Orientation Workshop			-	
	Background material for Training & Orientation	125	200	25000.00	
1.5	Travel Cost for Field Staff (Survey Team) for orientation & training Workshop	125	500	62500.00	
1.6	Orientation & Training Workshop (accommodation and subsistence)	125	1000	125000.00	362500.00
2	Field Study				
2.1	Field Survey Kits, travel & per diem of survey personnel, qualitative study	20	50000	1000000.00	1000000.00
3	Laboratory Services				
3.1	Transportation of urine & salt samples			150000.00	
3.2	Cost of Urine Sample analysis (@ 150/-x 4800 samples)	4800	150	720000.00	
3.3	Cost of Salt sample analysis (@50/-x5000 samples)	5000	50	250000.00	1120000.00
4	Communication				
4.1	Expenses			50000.00	50000.00
5	Documentation				
5.1	Data analysis (30 days x 2 man x INR 1500)	60	1500	90000.00	
5.2	Preparation of draft reporting			50000.00	140000.00
6	External Monitoring				
6.1	Accommodation & subsistence (2 nights x 4 people x 10 trip = 80 nights)	80	8000	640000.00	640000.00
7	Professional fee				

7.1	ICCIDD Team members (4 man x 30 days	120	10000	1200000.00	1200000.00
8	Travel				
8.1	Air fare Delhi to state capital x 25 flight tickets (return) @ 15000/- ** (avg estimate at current rates)	25	15000	375000.00	
8.2	Airport transfer 500/- per transfer	80	500	40000.00	415000.00
* Planning - 3days, Contacts, coordination, network- 8 days					
Lab and field surveys - 12 days, Data Interpretation-2 days,					
Report Preparation- 5 days.					
One Person 30days X 4 persons=120 days					
** 25 Trips (Planning x 4 persons; Training x 8 persons; Supervision x 8 persons;					
Contingency x 5 persons)					
25 flight tickets @ 15000/-					
9	Total				
9.1	Total Project cost				4927500.00
9.2	Total professional Fee for book-keeping accounts and statutory auditing by Chartered Accountant (2% of project cost)				98550.00
9.3	Administrative cost (15% of project cost)				739125.00
	Grand total				5765175.00

- **IDD labs in 5 state medical Colleges***

	Activity	Unit cost	Quantity	Total budget
1	One time cost of setting up the lab			30000
2	Establishment & Maintenance of IDD Lab for 12 month	2500	5	150000
3	One IDD programme manager For 15 days in a month	20000	5	1200000
4	Travel cost of programme manager @ Rs. 1500/day X 10 days in a month X 12 months	1500	5	900000
5	Boarding and lodging during outside travel @ Rs. 1000/day X 7 days in a month x 12 months	1000	5	420000
6	Budget for staff time of the lab technician @ Rs. 100/day X 10 days in a month	1000	5	60000
7	Stationary and communication @ 1000/month X 12 month	1000	5	60000
8	Budget for staff and training purposes in PSM department	10000	5	50000
	Total			2870000

4. Celebration of national IDD day

	Activity	Unit cost	Quantity	Total budget
1	National IDD day celebration in districts	10000.00	75	750000.00

To implement NIDDCP activities in the state, an amount of Rs.120.85 Lakhs was proposed, out of which GOI approved Rs.24.00 Lakhs only (ROP-FMR Code-D and its sub heads) with the comments *“that the proposed activities i.e. coalition meetings, IDD survey through third party, establishment of IDD Labs in state medical colleges, etc which are not allowed under the Programme and based on the demand of State/UT Govt. for procuring STK & performance based incentive to ASHA for 24 endemic districts funds will be released through flexi pool of NRHM by GOI.”*

CHAPTER-D.2: INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

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:

1. Units have adequate skills, resources and authority to respond.
2. Communities and private sector have adequate incentive to participate.
3. 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 PDOs (Project Development Objectives) was revised and a proposal for restructuring and extension of IDSP up to 2012 had been prepared.

PROJECT DEVELOPMENT 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

1. Survey a limited number of health conditions and risk factors.
2. Strengthen the linkages, data quality & analysis.
3. Improve lab support.
4. Train stakeholders in disease surveillance and action.
5. Coordinate and decentralize surveillance activities
6. Integrate Disease Surveillance at state and district level and involve communities specially Pvt. Sectors.

ACTIVITIES TO BE DONE UNDER DIFFERENT COMPONENTS

I. Surveillance Preparedness

- Training of Epidemiologist, Microbiologist and Entomologist by NHSRC. It would be done regionally by drawing the faculty from the resource group, facilitated by NCDC.
- Training of District Surveillance team in specially phase III states.
- Additional training for reporting and analysis for health supervisors, block health team, pharmacists etc.
- Ensuring fully functional IT systems in place :-
 - a. Mechanism to enhance data integration and flow from telephone, Email, and Fax will be developed.
 - b. Decentralization of recruitment of DM and DEOs to SSU and DSU.
 - c. Revision of remuneration to bring these at par with other national projects.
 - d. SSU and DSU will be authorized to have broadband connectivity through BSNL and also to disburse their broad band bills.
 - e. Training schedule and module for training of DM and DEOs has been prepared.
 - f. Bandwidth capacity of EDUSAT has been upgraded from 512 Kbps to 1 Mbps.
 - g. The issues of toll free number are being analyzed, investigated and solved.
 - h. To promote the use of toll free services, the number will be publicized amongst the private and public sectors by advertisement, bulletins etc.
 - i. The SMS Syndromic reporting model of is being assessed to be incorporated in other priority states.
 - j. 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 3months.

• 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 2012-13

1. Activities:-

- IDSP collects information from all the districts on S, P and L formats which is then compiled 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 GoI.
- Three batches of District Surveillance Officer (DSO) have under gone Field Epidemiological Training Program (FETP) at PGI, Chandigarh, NCDC, PHFI Delhi, by GoI.
- Microbiologist posted at regional lab, Head Quarter Lucknow has been given Induction Training at BJ Medical College Pune, by GoI.
- All Epidemiologists have undergone TOT (Training of Trainers), by GoI.
- Data Manager posted at State Surveillance Unit has undergone TOT Training, at NCDC New Delhi for online portal Entry, by GoI.
- Training of District Rapid Response Team (RRT) Members has been done by GoI.

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 - Lucknow (Induction Training)	40
5	State Data Manager - Delhi	1
6	Rapid Response Team (RRT) Members	140

3. Human Resources:-

At State Head Qtr. (State Surveillance Unit):- Appointments of microbiologists, epidemiologists and data managers working under IDSP were done by National Health System Resource Centre (NHSRC), Delhi. Currently 1 Microbiologist, 1 Data Manager and 1 Data Entry Operator is working at State Surveillance Unit (SSU). The list of sanctioned/Filled posts at State Head Qtr. is as below:-

Sl. No	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 37 Epidemiologists, 60 Data Managers & 40 Data Entry Operators are working. The list of sanctioned/Filled posts at District Surveillance Units is as below:-

Sl. No	Post	Sanctioned	Filled
1	Microbiologists	2	0
2	Epidemiologists	75	38
3	Data Managers	75	61
4	Data Entry Operators	75 + 10 (Govt. Medical Colleges)=85	46

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 2013-14

1. Surveillance Activity –

- a) 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.

- b) 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.
- c) Private sector Hospitals and Nursing Homes are to be actively involved with proper guidelines of reporting from OPD in disease surveillance.
- d) Strengthening the Surveillance of Epidemic Prone Diseases of U.P. especially AES / JE and Dengue.
- e) To ensure the online Data Entry from all districts of U.P.
- f) To start video conferencing between SSU and DSUs.

2. Training-

- a) **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 20 batches having 20 people per batch @ Rs. 50000/- per batch.
- b) **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 5 batches having 20 people per batch @ Rs. 50000/- per batch.
- c) **Training of Hospital Pharmacist / Nurses**-For detecting and reporting early warning signals of outbreaks. One day training will be given at district level in 20 batches having 20 people per batch @ Rs. 38000/- per batch.

3. Human resource (HR) :-

Recruitment for all the vacant positions under the program at State Head Qtr. and District Surveillance Unit (DSUs) will be done during 1st Qtr of the Financial Year 2013-14. 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 at State Level	Sanctioned at State Head Qtr.	Vacant
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

Sl.	Post at District Level	Sanctioned post at District	Vacant
1	Microbiologists	2	2
2	Epidemiologists	75	37
3	Data Manager	75	14
4	Data Entry Operator	85 (75 at DSU's & 10 At Govt. Medical College)	39
Total		236	92

4. Operational Expenses-

Operational Cost	Activity	@ Rate	Proposed Budget for 2012-13 (Rs. In Lakhs)
At State Head Qtr	Office Expenses, Broadband Expenses, ICT equipment maintenance, Annual Reports, collection and transportation of samples, other misc. expenses and Transport.	Rs 6,00,000/- per Annum (For State Head Qtr. + 10 Medical Colleges)	6.00
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. 300000/- per Annum for 75 units.	225.00
Total		86 unit	231.00

5. **Budget for New Districts of Uttar Pradesh** - 3 new districts (Bheem nagar (Sambhal), Prabhudha nagar and Panchsheel nagar) have been created where there is no DSU is established, hence no equipments. It is proposed to provide budget for establishing DSU's in the 3 new districts i.e. Bheem nagar (Sambhal), Prabhudha nagar and Panchsheel nagar. As per GoI 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.	3	350000/-	10.75
Total				10.75

FINANCIAL REQUIREMENT UNDER IDSP

FMR Code	Budget Head	Quantity / Target	Unit Cost (Rs.)	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
E1	OPERATIONAL COSTS				
	Office Expences + Formate Printing	75	Rs. 3 Lakhs per annum for 75 districts. & Rs. 6 Lakhs of State Head Qtr and Medical Colleges	231.00	231.00
	Broad band				
	Sample Collection				
	Mobility: Travel Cost, POL, etc during outbreak investigations				
	Maintainance of Equipments.				
Sub Total				231.00	231.00
E2	Human Resources				
E.2.1	State Epidemiologist (For 9 months)	1	27500-44000	3.96	347.16
	District Epidemiologists	38	27500-44000	200.64	
	District Epidemiologists (For 9 months)	37	27500-44000	146.52	
E.2.2	State Microbiologist	1	27500-44000	5.28	5.28
	District Microbiologist at District labs	2	27500-44000	10.56	7.92
E.2.3	State Entomologist (For 9 months)	1	40000	3.60	3.60
	State Veterinary Consultant (For 9 months)	1	27500-44000	3.96	3.96
E.3	State Consultant (Finance/ Procurement) (For 9 months)	1	25000	2.25	1.80
E.3.1	State Consultant (Training) (For 9 months)	1	35000	3.15	3.15
E.3.2	State Data Manager	1	25000	3.00	2.40
	District Data Manager	61	22000	161.04	154.44
	District Data Manager (For 9 months)	14	22000	27.72	
E.3.3	State Data Entry Operator cum accountant	1	14000	1.68	100.65
	Data Entry Operator (75 Distt. + 10 Medical College)	46	11000	60.72	
	Data Entry Operator (75 Distt. + 10 Medical College) (For 9 months)	39	11000	38.61	
Sub Total				672.69	634.32
E.8	TRAINING				
Training at State/District Level (1 batch = 20 participants)		No. of Participants	No of Batches		

FMR Code	Budget Head	Quantity / Target	Unit Cost (Rs.)	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
	Medical Officers - Rs 50000 / Batch of 20 participants.	400	20	10.00	5.00
	Medical College Doctors (1 day) - Rs 50000 / Batch of 20 Participants	400	20	10.00	5.00
	Hospital Pharmacists/Nurses Training (1 day) - Rs 38000 / Batch of 20 Participants.	400	20	7.60	3.80
Sub Total				27.60	13.80
COSTS ON ACCOUNT OF NEWLY FORMED DISTRICTS					
For each newly formed district to cover for the expenses on account of Non-recurring costs on Computer Hardware, some office equipment & accessories. The indicative list of equipment for ICT & Office equipment support for each newly created district is as follows:					
Two Desktop Computers (one for Training centre & one for Data Centre)		For 3 District of UP (Bheem nagar (Sambhal), Prabhudha nagar and Panchsheel nagar	Rs. 350000/- each District	10.50	10.50
One Webcam					
One Microphone					
One Desktop Speakers					
One LCD Projector					
One UPS (1 KV) for Training Centre					
One UPS (0.6 KV) for Data Centre					
One Scanner (A4 Size)					
One Laser Printer					
One Fax Machine					
One Photocopier					
Sub Total					
GRAND TOTAL				941.79	889.62

Under IDSP Programme, to conduct various activities at state and districts levels, an amount of Rs. 941.79 Lakhs was proposed, out of which GOI approved Rs.889.62 Lakhs only (ROP-FMR Code- E and its sub heads).

CHAPTER-D.3: NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDGP)

Disease Situation in the State:

	Malaria			Filaria		J.E./A.E.S		Dengue		Kala-Azar		Chikungunia
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	81580	1989	0	5791	637	2910	606	130	2	69	1	4
2008	93383	2310	0	5134	477	2898	522	51	2	26	0	0
2009	54488	660	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
2012	46371	709	0	1969	322	3623	580	369	4	5	0	13

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 All 75 Distt. & 18 are High Risk Districts	Aligarh, Hathras, Badaun, Chandauli, Mirzapur, Sonbhadra, St. Ravidas Nagar, Allahabad, Kaushambi, Kanpur Dehat, Shamli, Jhansi, Banda, Hamirpur, , Muzaffar Nagar, Ghaziabad, G.B.Nagar & Saharanpur
Dengue	Endemic in 45 Distts. (8 are High Risk districts)	Lucknow, Ghaziabad, Kanpur Nagar, G.B.Nagar , Pilibhit , Allahabad, Gorakhpur & Unnao.
Chikungunya	Endemic in 9 Disdistricts	Allahabad, Lucknow, Kanpur Nagar, Barabanki, Sultanpur, Budaun, St. Ravi Das Nagar, Jaunpur & Deoria
Filaria	51 Districts. District Sultanpur is bi-furcated in two Districts, namely Sultanpur & Amethi. Thus the total is raised from 50 to 51 Districts.	Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. Kabir Nagar Azamgarh, Mau, Ballia, Varanasi, Chandauli, Jaunpur, Sonbhadra, St. Ravidas Nagar, Faizabad, Ambedkar Nagar, Sultanpur, Amethi, Barabanki, Bahraich, Shravasti, 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 Bareilly, Unnao, Hardoi, Kheri, Sitapur. and Chatrapati Shahu ji Maharaj Nagar
Kala-Azar	Endemic in 6 Districts	Kushi Nagar, Deoria, Ballia, Varanasi, Ghazipur. St. Ravidas Nagar.
A.E.S./ J.E.	High Risk Districts are 20	Kushi Nagar, Deoria, Ballia, Azamgarh, Bahraich, Balrampur, Basti, Gonda, Gorakhpur, St R.D. Nagar, Lakhimpur Kheri, Maharajganj, Mau, Shrawasti, Siddharth Nagar, Sitapur, St. Kabir

Vector Borne Disease.	Priority Districts for A.E.S./J.E, Malaria & Dengue are 38.	Nagar, Hardoi, Rai-bareli & Varanasi Azamgarh, Bahraich, , Ballia, Balrampur, Basti, Deoria, Gonda, Gorakhpur, Hardoi, Kanpur Dehat, Kushinagar, Lakhimpur Kheri, Maharajganj, Mau, Rai-bareli ,Saharanpur, Shrawasti, SiddharthNagar, Sitapur, St. Kabir Nagar, Aligarh, Hathras, Mainpuri, Etah, Budaun, Chandauli, Mirzapur, Sonbhadra, St. R.D.Nagar (Bhaodohi), Allahabad, Kaushambi, Jhansi, Chitrakoot, Hamirpur, Ghaziabad, G.B. Nagar, Lalitpur & Banda

In the State A.E.S/ J. E. are major public health problem.

Strategy for Prevention & Control of Vector Borne Diseases

- Integrated Vector control (Source Reduction, IRS, Fish , Chemical & Biolarvicide).
- Early diagnosis & Complete Treatment.
- Vaccination against J.E.
- Case management as no specific drugs against Dengue, Chikungunya & J.E. are available.
- Annual Mass Drug Administration for Lymphatic Filariasis Elimination
- Capacity Building.
- Behaviour Change Communication & IEC.

Financial requirement for programme implementation (summary is indicated below)

Disease	2012-13		2013-14		Required from State resources
	Balance from previous years(in Lakhs) as on 1.4.2012	Expenditure expected upto 31 st March, 2013 (in Lakhs)	Required cash assistance from NVBDCP (in Lakhs)	Required cash assistance from NRHM flexi fund	
Malaria					
a. Domestic Budget Support		20.90	586.76	400.00	
b. World Bank fund for project states					
c. GFATM fund for project states					
Dengue & Chikungunya		20.50	357.20		
AES including JE		350.00	8286.86		
Lymphatic Filariasis		283.10	1091.96		
Kala-azar		10.00	55.23		
Kala-azar World Bank Project assistance					
De Centralised Commodity		430.00	1316.80		
Total	371.58578	1114.50	11694.81	400.00	
Committed Expenditure		98.89			
Grand Total	371.58578	1213.39	11694.81	400.00	

Goals:

- The elimination of lymphatic Filariasis & Kala-Azar by 2015.
- Control and contain the outbreaks of Dengue, Chikungunia & Japanese Encephalitis.
- Paving the way for pre-elimination phase of Malaria.

Targets for the Year 2013-14

Malaria	- To increase ABER upto 10%
	- To maintain API below 1%
	- IRS (Spray of Insecticides) in malaria prone districts.
Dengue / Chikungunia	- All Sentinel Surveillance Hospitals labs to be made functional.
Kala-Azar	- Focusing on Elimination of Kala-Azar.
A.E.S./J.E.	- To decrease mortality & morbidity.
	- Developing paediatric ICU in 20 A.E.S./J.E. prone districts.

Priorities for the Year 2013-14

- Malaria – To strengthen H.R.
 - IRS (Spray of Insecticides) in malaria prone districts.
- Dengue / Chikungunia- Source Reduction by putting more domestic breeding checkers.
 - Diagnosis and case management – Making shelters in all District Hospitals.
- Kala-Azar- Focussing on Elimination of Kala-Azar and doing 2 rounds of DDT spray.
- A.E.S./J.E. –Initiate the activities as the GoI recommendations.
 - To decrease mortality & morbidity.
 - Developing pediatric ICU in 20 A.E.S./J.E. prone districts.

Performance and Achievements during 2012-13

Sl.	Component	Target	Achievements
1	Malaria	-ABER-4%, -API below 1%	ABER-2.24% API – 0.27%
2	Kala-Azar	Focusing on Elimination having less than 1 case per 10000 populations.	Target Achieved.
3	L.-Filariasis	-Population coverage- 85% of targeted population for MDA -Mf rate below 1%	Due to delay in supply of DEC tabs. MDA will be observed in February 2013. Mf rate at present is below 1%
4	Dengue & Chikungunia	-Reduction in Mortality & Morbidity.	Case Management of all the notified cases has been done.
5	A.E.S./J.E.	-Vaccination in Routine Immunization of the children.	45% Achieved

Demographic Profile of the State

Infrastructure	Number
Population of the state	20.39 crores
Districts	75
Community Health Centres (CHCs)	773
Primary Health Centres (PHCs)	3692
Health Sub Centres (HSCs)	20521
Villages	107452
Fever Treatment Depots (FTDs)	8714
Filaria Control Units (FCUs)	29
Urban Malaria Units (UMUs)	14
Districts Hospitals	53 Dist. Women Hosp. & 104 Dist. Male/ Combined Hosp. & 3 Super Specialty Hospitals.
Medical Colleges	22

**Source of above information-D.G.M&H Monitoring Cell & according to Census-2011*

Challenges

- 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.
- Active surveillance is not been conducted effectively due to shortage of Multi Purpose Workers (Male).
- **Current Scenario of MPW (Male)-** The Population has increased relative to which infrastructure has 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 Technicians-** Number of sanctioned posts = 2224, Working = 1836 & Vacant = 388. Population & PHCs are increasing against the sanctioned posts of Lab technicians.
- Under Filaria Control Programme, MDA Programme is conducted every year on proposed date of 11th November. In the year 2012-13 it will be conducted in the Month of February 2013.
- 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.

Status of Manpower (Sanctioned & Vacant)

Regular Posts	Required	Sanctioned	In Position	Vacant
District Malaria Officer	75	70	51	19
Assistant Malaria Officer	150	117	65	52
Senior Malaria Inspector	56	56	0	56
Malaria Inspector	300	228	182	46
Multi-purpose Supervisor	3789	3789	2730	1059
MPWs	10260	9080	1729	7351
Lab Technician	3000	2224	1836	388
Lab Assistant	1000	184	60	124
Filaria Control Officer	6	6	5	1
Biologist	21	21	13	8
Entomological Assistant junior	6	6	6	0
Entomological Assistant Senior	4	3	0	3
Filaria Inspector	87	87	75	12

***Source of above information-D.G.M&H Monitoring Cell*

Human resource required (for monitoring Evaluation & surveillance) on Contractual Basis

(a) State Project Management Unit

Sl.	Human resource	Financial Requirement (in Lakhs)
1	Consultant - M & E – (1) @ 50000 p.m.for 12 months.	6.00
2	Secretarial Assistance- cum -Database Entry Operator (1) @ Rs 11000/- p.m. for 12 Months	1.32
Total		7.32 Lakhs

(b) District Level Human resource required

Sl.	District	Distt. VBD Consultant	VBD Technical Supervisor	Data Entry Operator	Amount (Rs. In Lakhs)
1	Azamgarh				
2	Bahraich				
3	Ballia				
4	Balrampur				
5	Basti				
6	Deoria				
7	Gonda				
8	Gorakhpur				
9	Hardoi				
10	Kanpur Dehat				
11	Kushi Nagar				
12	Lakhimpur Kheri				
13	Maharajganj				
14	Mau				

15	Rae-Bareilly	
16	Saharanpur	
17	Shrawasti	
18	Siddharthnagar	
19	Sitapur	
20	St. Kabir nagar	
21	Aligarh	
22	Hathras	
23	Mainpuri	
24	Etah	
25	Budaun	
26	Chandauli	
27	Mirzapur	
28	Sonbhadra	
29	St. R.D. Nagar (Bhadohi)	
30	Allahabad	
31	Kaushambi	
32	Jhansi	
33	Chitrakoot	
34	Hamirpur	
35	Ghaziabad	
36	G.B. Nagar	
37	Lalitpur	
38	Banda	
Sub Total		
39	MPW(Male) for VBD only contractual 7351@ Rs 6000 p.m. for 12 months	5292.72
40	ASHA Honorarium for Surveillance work for High Risk 29 Distts. @ Rs 1,00,000/- per district.	29.00
Total		5321.72

MALARIA

Targets: ABER> 10%, API< per thousand population (during 12th plan, the objective is to bring down annual incidence of malaria cases to less than 1 per 1000 population at national level by 2017 and its monitoring at District level)

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	1995.8	4142930	4142930	56829	1857	3.27	2.37	1.37	0.33	0.04	0
2012	2039.7	3904034	3904034	46371	709	1.53	2.24	1.19	0.27	0.02	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 per thousand population);*****P.F.%= Plasmodium Falciparum positive cases percent of total malaria cases; *****S.F.R.=Slides Falciparum Rate %*

District wise Comparative Epidemiological Report of Uttar Pradesh

Year 2011

Sl	Name of District	Population	BSC	BSE	Positive	P.F.	Death	PF%	API	ABER	SPR
1	Agra	4380793	122614	122614	151	6	0	3.97	0.03	2.80	0.12
2	Aligarh	3673849	68035	68035	1186	58	0	4.89	0.32	1.85	1.74
3	Kashiram Nagar	1438156	47120	47120	617	1	0	0.16	0.43	3.28	1.31
4	Hathras	1565678	32348	32348	613	54	0	8.8	0.39	2.07	1.90
5	Mathura	2541894	65340	65340	189	2	0	1.05	0.07	2.57	0.29
6	Mainpuri	1847194	44261	44261	631	2	0	0.31	0.34	2.40	1.43
7	Etah	1761152	41278	41278	1096	2	0	0.18	0.62	2.34	2.66
8	Firozabad	2496761	35407	35407	380	13	0	3.42	0.15	1.42	1.07
9	Bareilly	4465344	155650	155650	1138	1	0	0.09	0.25	3.49	0.73
10	Pilibhit	2037225	51585	51585	24	0	0	0.00	0.01	2.53	0.05
11	Shahjahanpur	3002376	29283	29283	7	0	0	0.00	0.00	0.98	0.02
12	Badaun	3712738	58436	58436	969	0	0	0.00	0.26	1.57	1.66
13	Moradabad	4773138	100205	100205	192	9	0	4.69	0.04	2.10	0.19
14	J.P.Nagar	1838771	62295	62295	379	0	0	0.00	0.21	3.39	0.61
15	Rampur	2335398	39900	39900	281	6	0	2.14	0.12	1.71	0.70
16	Bijnore	3683896	135658	135658	894	27	0	3.02	0.24	3.68	0.66
17	Lucknow	4588455	83333	83333	149	9	0	6.04	0.03	1.82	0.18
18	Unnao	3110595	36005	36005	67	5	0	7.46	0.02	1.16	0.19
19	Rae-Bareli	3404004	34840	34840	72	1	0	1.39	0.02	1.02	0.21

Sl	Name of District	Population	BSC	BSE	Positive	P.F.	Death	PF%	API	ABER	SPR
20	Sitapur	4474446	41258	41258	7	0	0	0.00	0.00	0.92	0.02
21	Hardoi	4091380	52067	52067	94	6	0	6.38	0.02	1.27	0.18
22	Kheri	4013634	61244	61244	333	3	0	0.90	0.08	1.53	0.54
23	Faizabad	2468371	32099	32099	69	3	0	4.35	0.03	1.30	0.21
24	Ambedkar Nagar	2398709	17310	17310	81	13	0	16.05	0.03	0.72	0.47
25	Sultanpur	3790922	34620	34620	229	0	0	0.00	0.06	0.91	0.66
26	Barabanki	3257983	39169	39169	0	0	0	#DI V/0!	0.00	1.20	0.00
27	Gonda	3431386	32088	32088	30	4	0	13.33	0.01	0.94	0.09
28	Balrampur	2149066	25448	25448	11	0	0	0.00	0.01	1.18	0.04
29	Bahraich	3478257	68220	68220	40	2	0	5.00	0.01	1.96	0.06
30	Shravasti	1114615	34786	34786	66	1	0	1.52	0.06	3.12	0.19
31	Basti	2461056	44471	44471	117	24	0	20.51	0.05	1.81	0.26
32	St.Kabir Nagar	1714300	48183	48183	37	0	0	0.00	0.02	2.81	0.08
33	Siddharth Nagar	2553526	28529	28529	329	0	0	0.00	0.13	1.12	1.15
34	Gorakhpur	4436275	44579	44579	3	0	0	0.00	0.00	1.00	0.01
35	Maharajgunj	2665292	25254	25254	34	3	0	8.82	0.01	0.95	0.13
36	Deoria	3098637	29294	29294	29	3	0	10.34	0.01	0.95	0.10
37	Kushi Nagar	3560830	44198	44198	142	0	0	0.00	0.04	1.24	0.32
38	Azamgarh	4616509	40960	40960	18	0	0	0.00	0.00	0.89	0.04
39	Mau	2205170	43850	43850	13	0	0	0.00	0.01	1.99	0.03
40	Ballia	3223642	28398	28398	6	0	0	0.00	0.00	0.88	0.02
41	Varanasi	3682194	35963	35963	158	9	0	5.70	0.04	0.98	0.44
42	Chandauli	1952713	21602	21602	156	1	0	0.64	0.08	1.11	0.72
43	Jaunpur	4476072	46885	46885	202	0	0	0.00	0.05	1.05	0.43
44	Ghazipur	3622727	24525	24525	36	1	0	2.78	0.01	0.68	0.15
45	Mirzapur	2494533	133665	133665	6476	22	0	0.34	2.60	5.36	4.84
46	Sonbhadra	1862612	84122	84122	8245	108	0	1.31	4.43	4.52	9.80
47	St.R.D.Nagar	1554203	29278	29278	1218	0	0	0.00	0.78	1.88	4.16
48	Allahabad	5959798	114340	114340	4715	16	0	0.34	0.79	1.92	4.12
49	Kaushambi	1596909	36533	36533	458	0	0	0.00	0.29	2.29	1.25
50	Fatehpur	2632684	52880	52880	1120	22	0	1.96	0.43	2.01	2.12
51	Pratapgarh	3173752	95664	95664	192	2	0	1.04	0.06	3.01	0.20
52	Kanpur Nagar	4572951	58266	58266	486	5	0	1.03	0.11	1.27	0.83
53	Kanpur Dehat	1795092	71834	71834	1377	72	0	5.23	0.77	4.00	1.92
54	Farrukhabad	1887577	37046	37046	757	4	0	0.53	0.40	1.96	2.04
55	Kannauj	1658005	48322	48322	595	1	0	0.17	0.36	2.91	1.23
56	Etawah	1579160	35650	35650	382	6	0	1.57	0.24	2.26	1.07
57	Auraiya	1372287	36369	36369	1680	7	0	0.42	1.22	2.65	4.62
58	Jhansi	2000755	48412	48412	748	10	0	1.34	0.37	2.42	1.55
59	Jalaun	1670718	35109	35109	465	2	0	0.43	0.28	2.10	1.32
60	Lalitpur	1218002	48145	48145	987	11	0	1.11	0.81	3.95	2.05
61	Chitrakoot	990626	19754	19754	522	2	0	0.38	0.53	1.99	2.64

Sl	Name of District	Population	BSC	BSE	Positive	P.F.	Death	PF%	API	ABER	SPR
62	Banda	1799541	58617	58617	609	4	0	0.66	0.34	3.26	1.04
63	Hamirpur	1104021	82646	82646	914	4	0	0.44	0.83	7.49	1.11
64	Mahoba	876055	36834	36834	834	7	0	0.84	0.95	4.20	2.26
65	Meerut	3447405	87553	87553	265	9	0	3.40	0.08	2.54	0.30
66	Bagpat	1302156	19427	19427	254	0	0	0.00	0.20	1.49	1.31
67	Ghaziabad	4661452	60817	60817	460	6	0	1.30	0.10	1.30	0.76
68	G.B.Nagar	1674714	41241	41241	577	6	0	1.04	0.34	2.46	1.40
69	Bulandshahar	3498507	180540	180540	1026	7	0	0.68	0.29	5.16	0.57
70	Saharanpur	3464228	206350	206350	4231	719	0	16.99	1.22	5.96	2.05
71	Muzaffar Nagar	4138605	143020	143020	5961	536	0	8.99	1.44	3.46	4.17
Total		1995.81 Lakhs	41.43 Lakhs	41.43 Lakhs	56829	1857	0	3.27	0.33	2.37	1.37

Year 2012

Sl.	Name of District	Population	BSC	BSE	Positive	P.f.	Death	Pf%	API	ABER	SPR
1	Agra	4477170	116041	116041	113	1	0	0.88	0.03	2.59	0.10
2	Aligarh	3754674	57192	57192	1049	30	0	2.86	0.28	1.52	1.83
3	Kashiram Nagar	1469795	29999	29999	593	8	0	1.35	0.40	2.04	1.98
4	Hathras	1600123	38612	38612	622	34	0	5.47	0.39	2.41	1.61
5	Mathura	2597816	61107	61107	259	6	0	2.32	0.10	2.35	0.42
6	Mainpuri	1887832	36255	36255	310	2	0	0.65	0.16	1.92	0.86
7	Etah	1799897	35371	35371	561	0	0	0.00	0.31	1.97	1.59
8	Firozabad	2551690	36357	36357	362	2	0	0.55	0.14	1.42	1.00
9	Bareilly	4563582	109671	109671	525	0	0	0.00	0.12	2.40	0.48
10	Pilibhit	2082044	50877	50877	19	0	0	0.00	0.01	2.44	0.04
11	Shahjahanpur	3068428	29568	29568	10	0	0	0.00	0.00	0.96	0.03
12	Badaun	3794418	49218	49218	761	0	0	0.00	0.20	1.30	1.55
13	Moradabad	4878147	100011	100011	162	1	0	0.62	0.03	2.05	0.16
14	J.P.Nagar	1879224	56489	56489	191	0	0	0.00	0.10	3.01	0.34
15	Rampur	2386777	43309	43309	262	2	0	0.76	0.11	1.81	0.60
16	Bijnore	3764942	125110	125110	720	9	0	1.25	0.19	3.32	0.58
17	Lucknow	4689401	78557	78557	53	1	0	1.89	0.01	1.68	0.07
18	Unnao	3179028	45176	45176	53	1	0	1.89	0.02	1.42	0.12
19	Rae-Bareli	3478892	53628	53628	71	1	0	1.41	0.02	1.54	0.13
20	Sitapur	4572884	42746	42746	20	4	0	20.00	0.00	0.93	0.05
21	Hardoi	4181390	53613	53613	35	0	0	0.00	0.01	1.28	0.07
22	Kheri	4101934	66353	66353	242	4	0	1.65	0.06	1.62	0.36
23	Faizabad	2522675	41018	41018	28	3	0	10.71	0.01	1.63	0.07
24	Ambedkar Nagar	2451481	25529	25529	23	0	0	0.00	0.01	1.04	0.09
25	Sultanpur	3874322	35072	35072	241	0	0	0.00	0.06	0.91	0.69
26	Barabanki	3329659	41053	41053	3	0	0	0.00	0.00	1.23	0.01
27	Gonda	3506876	31954	31954	20	1	0	5.00	0.01	0.91	0.06
28	Balrampur	2196345	25618	25618	6	0	0	0.00	0.00	1.17	0.02
29	Bahraich	3554779	83072	83072	32	3	0	9.38	0.01	2.34	0.04

Sl.	Name of District	Population	BSC	BSE	Positive	P.f	Death	Pf%	API	ABER	SPR
30	Shravasti	1139137	31007	31007	29	0	0	0.00	0.03	2.72	0.09
31	Basti	2515199	50439	50439	93	11	0	11.83	0.04	2.01	0.18
32	St.Kabir Nagar	1752015	36968	36968	22	0	0	0.00	0.01	2.11	0.06
33	Siddharth Nagar	2609704	23349	23349	224	0	0	0.00	0.09	0.89	0.96
34	Gorakhpur	4533873	50416	50416	1	0	0	0.00	0.00	1.11	0.00
35	Maharajgunj	2723928	27492	27492	113	0	0	0.00	0.04	1.01	0.41
36	Deoria	3166807	30563	30563	14	0	0	0.00	0.00	0.97	0.05
37	Kushi Nagar	3639168	67982	67982	192	0	0	0.00	0.05	1.87	0.28
38	Azamgarh	4718072	44520	44520	12	0	0	0.00	0.00	0.94	0.03
39	Mau	2253684	46110	46110	2	0	0	0.00	0.00	2.05	0.00
40	Ballia	3294562	31582	31582	2	0	0	0.00	0.00	0.96	0.01
41	Varanasi	3763202	31689	31689	296	2	0	0.68	0.08	0.84	0.93
42	Chandauli	1995673	24127	24127	120	1	0	0.83	0.06	1.21	0.50
43	Jaunpur	4574546	44665	44665	190	0	0	0.00	0.04	0.98	0.43
44	Ghazipur	3702427	29806	29806	77	1	0	1.30	0.02	0.81	0.26
45	Mirzapur	2549413	117149	117149	5229	13	0	0.25	2.05	4.60	4.46
46	Sonbhadra	1903589	91679	91679	8937	107	0	1.20	4.69	4.82	9.75
47	St.R.D.Nagar	1588395	31709	31709	1286	0	0	0.00	0.81	2.00	4.06
48	Allahabad	6090914	134310	134310	5596	18	0	0.32	0.92	2.21	4.17
49	Kaushambi	1632041	37091	37091	304	0	0	0.00	0.19	2.27	0.82
50	Fatehpur	2690603	45912	45912	1301	6	0	0.46	0.48	1.71	2.83
51	Pratapgarh	3243575	90887	90887	176	1	0	0.57	0.05	2.80	0.19
52	Kanpur Nagar	4673556	62226	62226	427	2	0	0.47	0.09	1.33	0.69
53	Kanpur Dehat	1834584	63118	63118	1010	20	0	1.98	0.55	3.44	1.60
54	Farrukhabad	1929104	28466	28466	324	0	0	0.00	0.17	1.48	1.14
55	Kannauj	1694481	43535	43535	435	1	0	0.23	0.26	2.57	1.00
56	Etawah	1613902	33629	33629	493	0	0	0.00	0.31	2.08	1.47
57	Auraiya	1402477	47226	47226	933	0	0	0.00	0.67	3.37	1.98
58	Jhansi	2044772	46793	46793	850	8	0	0.94	0.42	2.29	1.82
59	Jalaun	1707474	30101	30101	432	3	0	0.69	0.25	1.76	1.44
60	Lalitpur	1244798	43324	43324	766	3	0	0.39	0.62	3.48	1.77
61	Chitrakoot	1012420	19595	19595	572	2	0	0.35	0.56	1.94	2.92
62	Banda	1839131	52568	52568	606	8	0	1.32	0.33	2.86	1.15
63	Hamirpur	1128309	71013	71013	759	1	0	0.13	0.67	6.29	1.07
64	Mahoba	895328	30209	30209	787	7	0	0.89	0.88	3.37	2.61
65	Meerut	3523248	53688	53688	149	14	0	9.40	0.04	1.52	0.28
66	Bagpat	1330803	17335	17335	220	0	0	0.00	0.17	1.30	1.27
67	Ghaziabad	4764004	62650	62650	322	8	0	2.48	0.07	1.32	0.51
68	G.B.Nagar	1711558	45673	45673	452	4	0	0.88	0.26	2.67	0.99
69	Bulandshahar	3575474	184002	184002	734	0	0	0.00	0.21	5.15	0.40
70	Saharanpur	3540441	153528	153528	1980	88	0	4.44	0.56	4.34	1.29
71	Muzaffar Nagar	4229654	97327	97327	2558	267	0	10.44	0.60	2.30	2.63
Total		2039.72 Lakhs	39.01 Lakhs	39.01 Lakhs	46343	707	0	1.52	0.27	2.24	1.19

Urban Malaria Units under UMS & Filaria Control Units under NFCP in the State

Sl.	Name of Urban Malaria Unit & Filaria Control Units	Population	Staff				Persons examined during 2012	Total Malaria /Filaria cases	Pf/ Mf cases	Deaths
			MOIC/ U.M.U./ D.M.O /FCO/ Biologist.	Field Worker	Insect collector	Technician				
1	Kanpur Nagar	2083617	1	322	12	1	13950	89	1	0
2	Badaun	168188	1	70	0	0	0	0	0	0
3	Agra	1566762	1	75	3	0	4647	28	0	0
4	Jhansi	390231	1	19	1	1	6971	388	5	0
5	Ghaziabad	2358525	1	71	3	0	5625	75	3	0
6	Moradabad	820561	1	72	2	0	4048	6	0	0
7	Mathura	392000	1	20	2	0	2536	12	1	0
8	Aligarh	821512	1	40	1	0	687	2	0	0
9	Allahabad	1976000	1	56	1	1	5818	93	3	0
10	Meerut	1313828	1	23	1	0	7794	18	8	0
11	Muzaffar Nagar	75524	1	27	0	0	5410	113	6	0
12	Lucknow	1959679	1	93	4	1	0	0	0	0
13	Varanasi	1600000	1	35	3	1	4925	56	0	0
14	Bulund Shaher	670000	1	58	1	1	10070	115	0	0
15	Gorakhpur	525000	1	13	5	3	3843	7254	47	0
16	Deoria	148108	1	2	0	1	8987	127	5	0
17	Gonda	146000	1	12	1	1	6410	19	3	0
18	Basti	125558	1	5	3	2	4484	105	22	0
19	Bahraich	226176	1	5	3	1	8518	63	2	0
20	Azamgarh	111889	1	5	0	1	7345	89	11	0
21	Faizabad	250519	1	29	2	2	3151	1	1	0
22	Barabanki	205000	1	7	2	1	3282	48	41	0
23	Sultanpur	150000	1	5	0	1	1577	34	7	0
24	Varanasi	1599175	1	11	1	1	1683	42	15	0
25	Jaunpur	239000	1	4	2	1	6619	117	9	0
26	Gazipur	105596	1	10	0	1	5739	68	44	0
27	Ballia	132000	1	8	3	1	3118	31	4	0
28	Mirzapur	285000	1	50	2	1	8223	39	4	0
29	Pratapgarh	123870	1	1	1	0	4086	80	4	0
30	Fatehpur	151757	1	34	0	2	7234	131	9	0
31	Banda	150000	1	2	2	1	2285	24	1	0
32	Hamirpur	41270	1	7	1	0	2472	59	0	0
33	Jalaun	278414	1	26	3	1	1647	34	10	0
34	Farrukhabad	276830	1	15	1	0	4381	28	3	0
35	Unnao	171746	1	6	1	1	5090	41	33	0
36	Hardoi	14538	1	5	1	1	1962	136	3	0
37	Sitapur	177000	1	4	2	1	1882	72	6	0
38	Rae-bareli	91442	1	8	1	0	1495	12	0	0

39	Kheri	138000	1	1	0	1	3601	78	28	0
40	Rampur	300000	1	40	3	0	1554	0	0	0
41	Shahjahanpur	296662	1	39	4	1	5154	149	6	0
42	Pilibhit	150000	1	20	2	1	2907	26	0	0
43	RRT Unit, Lucknow	73806	1	13	4	1	4861	95	35	0
Total		22880783					196071			0

Physical Targets V/S Achievements

Sl.	Year	2011		2012	
		Target	Achievement	Target	Achievement
1	ABER	3	2.37	4	1.96
2	API	Below 1	0.33	Below 1	0.23
3	IRS Coverage	4225000	1250000	6716000	1816773

Strategy & Innovation for EDCT (Effective Disease control and treatment)

- **Epidemiological Surveillance & Disease Management**
 - **Microscopic Centers:-** Strengthening the existing surveillance. All microscopic centres are to be made functioning. ANMs/ MPWs should make blood slides for Malaria regularly.
 - **Active Surveillance by MPW & ASHAs:-**
 - Involvement of ASHAs for active surveillance. Honorarium of Rs. 15/- to ASHA for blood slide collection and total assistance remuneration to ASHA of Rs. 75.00 Lakhs. There are 138200 ASHAs are working & each expected to make 15 slides per annum. Maximum 225/- per ASHA per annum. If they actively participate for giving radical treatment to the patient then per patient Rs. 75/- will be paid
- **Case Management**
 - All Malaria positive patients should get radical treatment earliest possible in the supervision of M.O.s/ H.I./M.I./H.S./ H.V.
 - Epidemic preparedness & Rapid Response Team.
 - Involvement of Private Providers.
- **Integrated Vector Management**
 - Effective Entomological Surveillance.
 - Source reduction using Minor Engineering Method.
 - Environmental control – Biological & Larvicidal fish.
 - Larvicides (Biolarvicides), Larvicide (Chemical).
 - Timely & Good quality of IRS is important & implemented with sound technical skill.

- Operational Research.
- LLIN in the District of Mirzapur & Sonbhadra having the sub-centres of more than 2 API, which is as following:-

Requirement of LLIN

Sl.	District	Sub-centre	Population at risk	No. of LLIN required	Amount in Rs.
1	Mirzapur	Lalganj	14926	5970	1791120
2		Lalapur	6638	2655	796560
3		Katai	12388	4955	1486560
4		Khomer maina	9453	3781	1134360
5		Dubar Kala	15450	6180	1854000
6		Tharpsia	10823	4329	1298760
7		Tenduhani	14462	5785	1735440
8		Panjara	11808	4723	1416960
9		Newadhia	8099	3240	971880
10		Patulakhi	11820	4728	1418400
11		Lahang pur	9198	3679	1103760
12		Gangahara khurd	11035	4414	1324200
13		Gangahara Kala	6893	2757	827160
14		Chitang	13547	5419	1625640
		TOTAL	156540	62616	18784800
15	Sonbhadra	Ghorawal	13749	5500	1649880
16		Shivdwar	8305	3322	996600
17		Dorihar	10156	4062	1218720
18		Lohandi	9891	3956	1186920
19		Kaneti	12193	4877	1463160
20		Karia	8966	3586	1075920
21		Parsauna	7895	3158	947400
22		Padhe	7290	2916	874800
23		Bhaiswar	12123	4849	1454760
24		Kharuaaw	8350	3340	1002000
25		Baidad	7352	2941	882240
26		Khairpur	8128	3251	975360
27		Sirwit	12163	4865	1459560
28		Garaigadh	7239	2896	868680
29		Dhuter	6822	2729	818640
30		Shahganj	7558	3023	906960
		Total	148180	59271	17781600
Grand Total			304720	121887	365.66 Lakhs

- **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/LAs of PHC/CHC in identifying Malaria parasite by LTs/LAs
- Training of health workers & supervisors in making solution of insecticides & in using spray pumps and fogging machines by District Malaria Officer & the Medical Officers should be well conversed with equipments and techniques.

- **Training of Staff-**

Sl.	Trainings	Cost per Batch	Trained in previous year (No)	To be Trained in Current year	
				No. of batches	Total Cost (Rs. In Lakhs)
1	Medical officers x 75 Distt.	100000	-	20 Batch at State HQ 3 days training	20.00
2	Lab Techs./ LAs (reorientation)	15000	-	75 Batch at State H.Q. 5 days training	11.25
3	HS (M), HI, MI and AMO x75 Distt.	10000	-	2 Batch x 75 districts	15.00
4	ASHAs	2000	-	600 Batch – 2 Batch per block level P.H.C.	12.00
Total		-	-		58.25

Monitoring & Evaluation

Activities	Total Cost (Rs. In Lakhs)
Mobility in 29 H.R.D. as according:- 29 x Rs. 30000 p.m. x 12 month	104.4 +82.80
-Rest of 46 Districts x Rs. 30000 p.m. for 6 months	=187.20 Lakhs
-Monitoring Evaluation & Supervision Epidemic preparedness for 29 High Risk Areas @ Rs. 50000/- per distt. Rest 46 distt. @ Rs. 25000/- per distt.	26.00 Lakhs
NAMMIS: One Computer with all accessories for all 75 Districts @ Rs. 70000/- each	52.50 Lakhs
Total	265.70 Lakhs

IEC/BCC Activities

- IEC before spraying and fogging operation about precautions to make it successful.
- Health education materials to be supplied to all health centres and to be distributed to public in the Malaria month of June.

Sl.	Items	Unit	Total (Rs. In Lakhs)
1	Print media	At State H.Q. Rs 7.00 Lakhs and rest for districts in all important Newspapers	14.00
2	Electronic media	For state HQ	10.00

3	Flax Banners, Hand bills, folders, booklet & Posters	District- 75Distt @ Rs. 50000=3750000 State HQ- Rs.1000000	47.50
4	Advocacy Workshop with inter-personal & inter-sectorial meetings.	District-75 Distt x 2 nos.= 150 in nos. @ Rs 500 per workshop. State HQ- 1@ Rs.50000	0.75+0.50 =1.25
Total Requirement of IEC/BCC			72.75

• 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 mosquitoes density in village affected with JE/AES (Larvicidal activity in morning).

• Entomological Surveillance

Sl.	Entomological Zone	Name of Entomological Assistant posted	
1	Agra	Meena Rajput	Post of State Entomologist is not sanctioned.
2	Allahabad	Manvendra Tripathi	
3	Bareilly	Deepak Kumar	
4	Faizabad	Vacant	The name of Entomological Assistant is to be changed to Zonal Entomologist.
5	Gorakhpur	Vijay Kr. Srivastava	
6	Jhansi	Ravi Das	
7	Lucknow	Vacant	
8	Meerut	Vacant	
9	Varanasi	R.P. Singh	

Mobility & Strengthening of Entomological Zones to be monitored at State H.Q. with the assistance of Divisional A.D.s

Activities	Total (Rs. In Lakhs)
• Training at State level for Entomological Asstts. & Insect collector	1.00 Lakhs
• Strengthening of Zonal Entomological Lab @ Rs. 100000.00 per lab	6.00 Lakhs
Total	7.00 Lakhs

A. Identified Districts and Population for I.R.S. Activities by D.D.T. 50%

Sl.	District	Population	DDT req.	Rounds	No.of labour	No.of Days	Rate @	Total labour charges (in Rs)
1	Sonbhadra	90000	12	2	24	150	125.00	450000
2	Mirzapur	300000	45	2	90	150	125.00	1687500
3	Muzaffar Nagar	180000	27	2	54	150	125.00	1012500
4	Saharanpur	120000	18	2	36	150	125.00	675000
5	Mahoba	60000	9	2	18	150	125.00	337500
6	Allahabad	60000	9	2	18	150	125.00	337500
7	Kanpur Dehat	90000	13.5	2	27	150	125.00	506250
8	Etah	60000	9	2	18	150	125.00	337500
9	Ghaziabad	30000	4.5	2	9	150	125.00	168750
10	G.B. Nagar	30000	4.5	2	9	150	125.00	168750
11	Bulandshihar	30000	4.5	2	9	150	125.00	168750
12	Banda	120000	18	2	36	150	125.00	675000
13	Hathras	180000	27	2	54	150	125.00	1012500
14	Aligarh	180000	27	2	54	150	125.00	1012500
15	Chitrakoot	180000	27	2	54	150	125.00	1012500
16	Shamli	54000	8	2	16	150	125.00	300000
17	Kanpur Nagar	30000	4.5	2	9	150	125.00	168750
18	Kannauj	40000	6	2	12	150	125.00	225000
19	Jalaun	40000	6	2	12	150	125.00	225000
20	Moradabad	90000	12	2	24	150	125.00	450000
21	Badaun	54000	8	2	16	150	125.00	300000
Total		2018000	299.5	2	599	150	125.00	11231250

B. Identified Districts and Population for I.R.S. Activities by Malathian 25%

Sl.	District	Population	Malathian req. in MT	Rounds	No.of labour	No.of days	Labour rate	Total labour charges (in Rs)
1	Sonbhadra	240000	54	3	70	135	125	1181250
2	Mirzapur	120000	27	3	35	135	125	590625
3	Muzaffar Nagar	88000	20	3	25	135	125	421875
4	Saharanpur	120000	27	3	35	135	125	590625
5	Shamli	88000	20	3	25	135	125	421875
Total		656000	148		190			3206250

Note :- The labour wages are calculated according to State MANREGA charges.

C. Operational cost for Spray of Insecticides; Logistic, Transportation & Capacity building:-

Bucket & Mugs – 104 of each per million population; No. of Buckets & Mugs req.= 332 of each	0.74 Lakhs
Transportation of Insecticides & Conveyance of Spray Squads	1.13 Lakhs
Capacity building for Spray Workers	0.50 Lakhs
Total	2.37 Lakhs

D. Area for Focal Spray by D.D.T. 50 %

Sl.	Name of District	No. of Sub-Centre	Population
1	Kheri	4	20000
2	Mathura	4	20000
3	Chandauli	3	16000
4	Moradabad	3	17000
5	Chitrakoot	3	15000
6	Shravasti	2	11000
7	Pratapgarh	4	21000
8	Sultanpur	3	16000
9	Basti	4	22000
10	Jaunpur	4	21000
11	Lucknow	2	12000
12	Kushi Nagar	4	20000
13	Varanasi	5	27000
14	Ambedkar Nagar	4	20000
15	Bahraich	4	21000
16	Maharajganj	4	20000
17	Gonda	4	21000
18	Balrampur	3	16000
19	Sitapur	4	16000
20	Pilibhit	3	11000
21	Shajahanpur	4	16000
22	Unnao	4	16000
23	St. Kabir Nagar	4	16000
24	Hardoi	4	16000
Total		87	427000

LYMPHATIC FILARIASIS

Goal: Elimination of Lymphatic Filariasis by 2015. To achieve elimination, the micro-filaria rate in all the endemic districts should be less than 1% to interrupt the transmission.

Situational Analysis

Filaria is Endemic in 51 districts of U.P. One district namely Sultanpur is bi-furcated into two districts so the total numbers of endemic districts now become 51.

Year	Cases	Mf/Positive
2007	5791	637
2008	5134	477
2009	2815	452
2010	2291	412
2011	2109	364
2012	1969	322

M. D.A. Report-2011-2012-U.P

Sl.	Districts	Targeted Population	Achieved Population	Achieved %	No. B/S Examined	No. Positive for M/F	Mf rate	D.E.C Consumed	Albendazol Consumed	No. of Hydrocoel Cases	No. of Hydrocoel Operated	No. Of Lymphodema	M/F %
1	Ambedkar nagar	2075000	1587261	76%	3952	0	-	3859391	1411510	857	86	2296	0%
2	Azamgarh	3840231	2984296	78%	3525	6	0.17	7400000	2150000	107	22	883	17%
3	Balrampur	1670916	1287915	77%	4010	1	0.02	3155801	1166452	199	85	512	2%
4	Bahraich	2550390	2040968	80%	4108	8	0.20	5211419	1898410	581	105	1541	20%
5	Barabanki	2958617	2276000	77%	674	34	5.04	5810000	1550000	3715	1395	4750	504%
6	Basti	2079592	1631720	78%	3418	35	1.00	4150295	1329601	219	132	552	100%
7	Balia	2763743	2383672	86%	3962	1	0.03	5916554	2395487	935	693	1169	3%
8	Deoria	2323978	1775185	76%	3921	2	0.05	4478038	1422683	353	180	1845	5%
9	Gonda	2833093	2320795	82%	3389	1	0.02	5813514	1674237	453	58	1696	2%
10	Kushinagar	3075314	2596828	84%	4000	4	0.10	6455202	1390000	285	137	1884	10%
11	Mahrajanj	2478724	2040109	82%	3558	5	0.12	5200000	1500000	221	10	2211	12%
12	Mau	1795435	1362010	76%	3841	7	0.20	3304185	1271767	1172	239	2322	20%
13	Shawasti	932103	761338	82%	5832	21	0.36	1779770	761338	64	42	120	36%
14	Sultanpur	2195562	1962332	89%	4000	2	0.05	4995564	1924859	217	202	778	5%
		33572698	27010429	80%	52190	127	0.24	67529733	21846344	9378	3386	22559	0.24

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 was conducted in only 14 Districts & this year in 2012-13 due to delay in supply of DEC 100 mg MDA will be observed in February, 2013.

Objective:-

- 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 and Hydrocoelectomy.

Physical Targets V/S Achievements

Sl.	Year	2011		2012		2013
		Target	Achievement	Target	Achievement	Target
1	Population Coverage	1101 Lakhs	270 Lakhs	1122 Lakhs	MDA will be observed in Feb., 2013	1144 Lakhs
2	Mf rate	Below 1 in all endemic districts	It is below 1 in 13 Districts out of 14 Districts where MDA was observed.	Below 1 in all endemic districts	MDA will be observed in Feb., 2013	Below 1 in all endemic districts
3	Hydrocoele operation	All line-listed cases	3386 cases operated out of 9378 line-listed.	All line-listed cases	Report awaited	All line-listed cases

Strategy for MDA

- State Task Force & Technical Advisory Committee Meeting at State H.Q.
- Co-ordination Committee Meetings at District level.
- Line-listing of Filaria cases (Hydrocoele & Lymphodoema etc.)
- M.f. survey at 4 sentinel & 4 random sites in each District.
- Training of M.O.s, Para medicals & Drug Distributors.
- Identification of Volunteers/Drug Distributors.
- Composition of Rapid Response Team.
- Preparation at Village & Sub-centre level involving Village Health & Sanitation Committee and Rogi Kalyan Samiti.
- Media sensitization at District & Block level.
- IEC Activities at local level.
- Post MDA Assessment by Medical Colleges/ Institutions.

Requirement of commodities as per technical norms

Sl.	Name of District	Year 2013-14	DEC 100 mg (population x2.5)		Albendazole 400 mg tabs (Population x 1)	
		Population at Risk	Quantity	Cost (Rs.)	Quantity	Cost (Rs.)
1	Bareilly	3639255	9098138	1819628	3639255	3093367
2	Pilibhit	1660338	4150845	830169	1660338	1411287
3	Shahjahanpur	2446936	6117340	1223468	2446936	2079896
4	Rampur	1903349	4758373	951675	1903349	1617847
5	Lucknow	3739591	9348978	1869796	3739591	3178652
6	Unnao	2535134	6337835	1267567	2535134	2154864
7	Rae-Bareli	2774263	6935658	1387132	2774263	2358124
8	Sitapur	3646673	9116683	1823337	3646673	3099672
9	Hardoi	3334474	8336185	1667237	3334474	2834303
10	Kheri	3271111	8177778	1635556	3271111	2780444
11	Faizabad	2011722	5029305	1005861	2011722	1709964
12	Ambedkar Nagar	1954947	4887368	977474	1954947	1661705
13	Sultanpur	3089601	7724003	1544801	3089601	2626161
14	Amethi		0	0		0
15	Barabanki	2655256	6638140	1327628	2655256	2256968
16	Gonda	2796579	6991448	1398290	2796579	2377092
17	Balrampur	1751488	4378720	875744	1751488	1488765
18	Bahraich	2834779	7086948	1417390	2834779	2409562
19	Shravasti	908411	2271028	454206	908411	772149
20	Basti	2005760	5014400	1002880	2005760	1704896
21	St.Kabir Nagar	1397154	3492885	698577	1397154	1187581
22	Siddharth Nagar	2081123	5202808	1040562	2081123	1768955
23	Gorakhpur	3615564	9038910	1807782	3615564	3073229
24	Maharajgunj	2172213	5430533	1086107	2172213	1846381
25	Deoria	2525389	6313473	1262695	2525389	2146581
26	Kushi Nagar	2902076	7255190	1451038	2902076	2466765
27	Azamgarh	3762454	9406135	1881227	3762454	3198086
28	Mau	1797213	4493033	898607	1797213	1527631
29	Ballia	2627268	6568170	1313634	2627268	2233178
30	Varanasi	3000988	7502470	1500494	3000988	2550840
31	Chandauli	1591461	3978653	795731	1591461	1352742
32	Jaunpur	3647998	9119995	1823999	3647998	3100798
33	Ghazipur	2952522	7381305	1476261	2952522	2509644
34	Mirzapur	2033044	5082610	1016522	2033044	1728087
35	Sonbhadra	1518028	3795070	759014	1518028	1290324
36	St.R.D.Nagar	1266675	3166688	633338	1266675	1076674
37	Allahabad	4837235	12093088	2418618	4837235	4111650
38	Kaushambi	1301480	3253700	650740	1301480	1106258
39	Fatehpur	2145637	5364093	1072819	2145637	1823791
40	Pratapgarh	2586607	6466518	1293304	2586607	2198616
41	Kanpur Nagar	3726955	9317388	1863478	3726955	3167912
42	Kanpur Dehat	1462999	3657498	731500	1462999	1243549
43	Farrukhabad	1538375	3845938	769188	1538375	1307619
44	Kannauj	1351274	3378185	675637	1351274	1148583
45	Etawah	1287015	3217538	643508	1287015	1093963
46	Auraiya	1118413	2796033	559207	1118413	950651
47	Jalaun	1361635	3404088	680818	1361635	1157390
48	Chitrakoot	807360	2018400	403680	807360	686256
49	Banda	1466625	3666563	733313	1466625	1246631

50	Hamirpur	899777	2249443	449889	899777	764810
51	Mahoba	713984	1784960	356992	713984	606886
Total		114456208	286140534	57228107	114456208	97287779

A-Financial assistance required for state H.Q.:-

F.1.4.a	State Task Force Meeting & Technical Advisory Committee meeting	Rs. 0.75 Lakhs
	Training Workshop	Rs. 1.00 Lakhs
F.1.4.e	IEC – Rs. 15.00 Lakhs for State H.Q	Rs. 15.00 Lakhs
Total (a)		Rs. 16.75 Lakhs

B-Financial assistance required for 51 districts:-

F.1.4.a	District Coordination Committee Meeting including sensitization of Media etc.	@ Rs. 14,000 per distt., 2 Meetings (Pre, During & Post MDA) @ Rs 7,000/- per meeting For 51 Distts.	Rs. 7.14 Lakhs
	Mobility POL @ Rs 50,000 per distt.	@ Rs 50,000 per distt. For 51 Distts.	Rs. 25.50 Lakhs
	Printing of Forms/ Registers	@ Rs 100,000 per district For 51 Distts.	Rs. 51.00 Lakhs
	Cost of Morbidity Management of Lymphodema cases @ Rs 50,000 per distt. For 51 distts.	Morbidity Management Kit including 1 Mug, 1 Soap, Towel & Cream costing about Rs 150/- for each Lymphodoema patient & incentive of Rs 750/- for Hydrocoele operation conducted in the Camps only.	Rs. 25.50 Lakhs
F.1.4.b	Micro Filaria Survey	@ Rs 50,000 per distt. For 51 Distts	Rs.25.50 Lakhs
F.1.4.c	Post MDA assessment by Medical Colleges & RD Office etc	@Rs.15000 per dist. X 51 dist	Rs. 7.65 Lakhs
F.1.4.d	Training/ Sensitization of District level Officers on ELF & Drug Distributors including peripheral Health workers	-For District/PHC level Officers on ELF Rs 60000 per distt.	Rs. 30.60 Lakhs
		-For paramedical workers & Lab technicians on MDA, Morbidity Management & LF Microscopy Rs 50000/- per distt.	Rs.25.50 Lakhs
		-For a total of 457824 Drug Distributors @ Rs 50 for each participant.	Rs. 228.91 Lakhs
F.1.4.e	IEC/BCC with Community Mobilisation @ Rs.2.50 Lakhs per distt.	Poster / banner / pamphlet / hand bill / folders for District, PHC, S.C. & Village level	Rs. 127.50 Lakhs
F.1.4.f	Honorarium of Drug Distributors (ASHAs, Volunteers etc)& Supervisors involved in MDA	@ Rs 100 per person For 457824 Drug distributors & 45782 Supervisors.	Rs 503.61 Lakhs
F.1.4.h.II	MF Survey in non-endemic districts	Rs. 70000.00 per District for 24 Districts	Rs. 16.80 Lakhs
TOTAL (b)			Rs. 1075.21 Lakhs
GRAND TOTAL (a+b)			Rs. 1091.96 Lakhs

DENGUE AND CHIKUNGUNIA

Objectives:

- To reduce the incidence of Dengue & effective control on Chikungunia Morbidity.
- Strengthen the State wise Surveillance mechanism for Dengue & Chikungunia by increasing the number of Domestic Breeding Checkers.

Situational Analysis

Year	Dengue Cases	Deaths	Chikungunia Cases	Deaths
2008	51	2	0	0
2009	161	2	0	0
2010	960	8	5	0
2011	155	5	0	0
2012	369	4	13	0

Specific constrains, newer strategy and innovations proposed for implementation of the programme:

- All municipalities & town areas should be involved in source reduction for vector breeding and fogging of insecticide. The bylaws should be effective against those who create the situation favourable for mosquitoes breeding.
- Inter-sectoral coordination, involvement of the village health and sanitation committee, other community based organizations etc. should be ensured by all district level Health Officers.
- Emergency hospitalization plan in case of epidemic/outbreak in each District, by reserving 5-10 beds in each District hospital and ensuring availability of drugs, rapid response team.
- Monitoring & evaluation and constraints for analysis of entomological indices for early warning signals, time lag in receiving reports from Sentinel Surveillance Hospitals & implementation of remedial measures etc. should also be ensured.
- Availability of blood banks and blood component separation facility at district & state level should also be made functional.
- In high risk districts for Dengue, the domestic Breeding Checkers should be employed.

Strategy and innovations proposed for implementation of Mid Term Plan strategies in urban & rural areas:

- Intensification of the entomological surveillance, vector control strategies including community involvement for elimination of vector breeding for transmission risk reduction & prevention of occurrence of outbreak.
- 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 State with advanced diagnostic facility.

• Nodal Officer, Apex Referral Lab, H.O.D. Dept of Micro Biology, SGPGI Lucknow
• Regional Lab, Swasthya Bhawan, Lko
• C.M.S. Mukund Lal Municipal Govt. Distt. Hospital , Ghaziabad
• I/C Blood Bank, LLRM Medical College Meerut
• Prof.& HOD Pathology, ML Medical College, Jhansi
• HOD Micro Biology, MLN Medical College, Allahabad
• HOD, Micro Biology, Instt. of Medical Sciences, BHU Varanasi
• Micro Biologist, Deptt. Of Pathology, SN Medical College Agra
• HOD, SPM Deptt. Co-ordinator, Sentinal Surveillnce Lab. GSVM Medical College Kanpur
• Micro Biologist, Deptt of Micro Biology, CSMMU, Lucknw
• Pathologist, Bhimrao Ambedkar Multi Speciality Distt. Hospital, Sec.39 G.B.Nagar (NOIDA)
• CMS, Distt. Hospital Siddharth Nagar
• CMS, Distt. Hospital, Kheri
• Supt. In Chief, Distt. Hospital, Basti
• Pathologist, Distt. Hospital Saharanpur
• Supt. In Chief, Distt. Hospital, Gorakhpur
• CMS, Distt. Hospital, Bahraich
• CMS, Distt. Joint Hospital, Kushi Nagar at Revindra Nagar, Dhoos
• CMS, Distt. Hospital, Gonda
• CMS, Distt. Hospital, Balrampur
• CMS, Distt. Hospital, Sultanpur
• CMS, Distt. Hospital, Deoria
• CMS, Distt. Hospital, Rae Bareli

Vector control teams (Volunteers required for breeding source reduction and social mobilization) selected & population targeted in High Risk Districts for Dengue

Name of Towns	Population	Dengue cases reported in 2012	Deaths due to Dengue	Chikun gunia cases in 2012	No. of volunteers required for breeding source reduction & social mobilization	Funds required in Lakhs (Honorarium @ Rs 4000 per month for 5 months)
Ghaziabad	2358525	11	1	0	230	46.00
G.B. Nagar	1118890	14	0	0	110	22.00
Lucknow	1959679	55	0	3	200	40.00
Kanpur Nagar	2083617	66	0	2	200	40.00
Gorakhpur	825000	52	0	0	80	16.00
Allahabad	1976000	20	0	2	200	40.00
Sitapur	277000	8	1	0	25	5.00
Hardoi	514538	14	0	0	50	10.00
Total(a)					1095	219.00

CHIKUNGUNIA

- Chikungunia fever is viral disease, caused by an arbovirus of the family TONGAVIRIDAE 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.

Comparative Analysis of Dengue & Chikungunia for the year 2011 & 2012-

Sl.	Name of District	Dengue 2011		Dengue 2012		Chikungunia 2011		Chikungunia 2012	
		Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Lucknow	67	0	55	0	0	0	3	0
2	Sitapur	7	3	8	1	0	0	0	0
3	Rae-bareilly	3	0	6	1	0	0	0	0
4	Unnao	7	0	7	0	0	0	0	0
5	Hardoi	3	0	14	0	0	0	0	0
6	Allahabad	7	0	20	0	0	0	2	0
7	Pratapgarh	0	0	1	0	0	0	0	0
8	Kaushambi	1	0	1	0	0	0	0	0
9	Fatehpur	0	0	10	0	0	0	0	0
10	Varanasi	9	0	7	0	0	0	0	0
11	Jaunpur	1	0	5	0	0	0	1	0
12	Ghazipur	1	0	3	0	0	0	0	0
13	Chandauli	0	0	1	0	0	0	0	0
14	Moradabad	0	0	1	0	0	0	0	0
15	G.B. Nagar	8	0	14	0	0	0	0	0
16	Bijnor	0	0	4	0	0	0	0	0
17	Gaziabad	3	0	11	1	0	0	0	0
18	Gonda	1	0	4	0	0	0	0	0
19	St. Kabir Nagar	0	0	2	0	0	0	0	0
20	Ballia	0	0	2	0	0	0	0	0
21	Faizabad	1	0	1	0	0	0	0	0
22	Sultanpur	8	0	5	0	0	0	1	0
23	Ambedkar Nagar	0	0	7	0	0	0		
24	Barabanki	0	0	4	0	0	0	1	0
25	C.S.Maharaj Nagar	2	0	1	0	0	0	0	0
26	Gorakhpur	1	0	52	0	0	0	0	0
27	Maharajganj	0	0	1	0	0	0	0	0
28	Deoria	0	0	7	0	0	0	1	0
29	Kanpur Nagar	2	0	66	0	0	0	2	0
30	Kanpur Dehat	3	0	8	0	0	0	0	0
31	Auraiya	0	0	5	0	0	0	0	0
32	Kannauj	2	0	2	0	0	0	0	0
33	Etawah	2	0	4	0	0	0	0	0
34	Bareilly	0	0	3	0	0	0	0	0

35	Pilibhit	0	0	11	0	0	0	0	0
36	Badaun	0	0	2	0	0	0	1	0
37	Jhansi	0	0	1	0	0	0	0	0
38	Banda	2	1	4	1	0	0	0	0
39	Hamirpur	0	0	1	0	0	0	0	0
40	Etah	0	0	1	0	0	0	0	0
41	Mathura	0	0	1	0	0	0	0	0
42	Basti	0	0	2	0	0	0	0	0
43	St. R.D. Nagar	0	0	1	0	0	0	1	0
44	Kushinagar	1	0	0	0	0	0	0	0
45	Kheri	1	0	0	0	0	0	0	0
46	Shrawasti	0	0	1	0	0	0	0	0
47	Bahraich	2	0	0	0	0	0	0	0
48	Farrukhabad	1	0	0	0	0	0	0	0
49	Shahjahanpur	1	0	0	0	0	0	0	0
50	Jalaun	2	0	0	0	0	0	0	0
51	Azamgarh	2	0	0	0	0	0	0	0
TOTAL		155	5	369	4	0	0	13	0

Cash assistance required

1- Apex Referral Lab @ Rs 3,00,000.00	Rs. 3.00Lakhs
2a- 22 Sentinal Surveillance Hospitals @ Rs. 100,000.00	Rs. 34.00Lakhs
2b- ELISA reader and washer 3SSHs labs@ Rs.400000	
2c- Test Kits ELISA based NS-1for Dengue 130 kits & Chikungunya 30 kits @ 12000 per kit	Rs 31.20 Lakhs
3-Monitoring /Supervision & Rapid Response in 75 Distts. @ Rs 30,000.00 each	Rs. 22.50 Lakhs
4-Epidemic Preparedness (Logistic & Operational cost) @ Rs 10000.00 for each District	Rs. 7.50 Lakhs
5-Training Workshop & Printing of Guidelines formats/booklets etc. at District @ 22666 (Approx) per distt.& at state @ 5 Lakhs	Rs 20.00 Lakhs
6- IEC/BCC. at District @ 22666 (Approx) per distt.& at state @ 5 Lakhs	Rs. 20.00 Lakhs
TOTAL (b)	Rs.138.20 Lakhs
Grand total(a +b)	Rs 357.20 Lakhs

Requirement of ELISA-IGM kits & NS-1 kits

Names of SSHs & Apex Referral Lab	No. of Mac Elisa Igm kits for Dengue	No. of Mac Elisa NS-1 kits for Dengue	No. of Mac Elisa Igm kits for Chikunguniya
1. Nodal Officer, Apex Referral Lab, H.O.D. Dept of Micro Biology, SGPGI Lucknow	25	50	8
2. Regional Lab, Swasthya Bhawan, Lko	2	4	1
3. C.M.S. Mukund Lal Municipal Govt. Distt. Hospital , Ghaziabad	8	16	1
4. I/C Blood Bank, LLRM Medical College Meerut	3	6	1
5. Prof.& HOD Pathology, ML Medical College, Jhansi	2	4	1
6. HOD Micro Biology, MLN Medical College, Allahabad	5	10	1
7. HOD, Micro Biology, Instt. of Medical Sciences, BHU	10	20	1

Varanasi				
8.	Micro Biologist, Deptt. Of Pathology, SN Medical College Agra	2	4	0
9.	HOD, SPM Deptt. Co-ordinator, Sentinal Surveillnce Lab. GSVM Medical College Kanpur	20	40	5
10.	Micro Biologist, Deptt of Micro Biology, CSMMU, Lucknw	30	60	5
11.	Pathologist, Bhimrao Ambedkar Multi Speciality Distt. Hospital, Sec.39 G.B.Nagar (NOIDA)	10	20	1
12.	CMS, Distt. Hospital Siddharth Nagar	1	2	0
13.	CMS, Distt. Hospital, Kheri	1	2	0
14.	Supt. In Chief, Distt. Hospital, Basti	1	2	0
15.	Pathologist, Distt. Hospital Saharanpur	1	2	0
16.	Supt. In Chief, Distt. Hospital, Gorakhpur	2	4	1
17.	CMS, Distt. Hospital, Bahraich	1	2	1
18.	CMS, Distt. Joint Hospital, Kushi Nagar at Revindra Nagar, Dhoos	1	2	1
19.	CMS, Distt. Hospital, Gonda	1	2	0
20.	CMS, Distt. Hospital, Balrampur	1	2	0
21.	CMS, Distt. Hospital, Sultanpur	1	2	0
22.	CMS, Distt. Hospital, Deoria	1	2	1
23.	CMS, Distt. Hospital, Rae Bareli	1	2	1
TOTAL		130	260	30

KALA –AZAR

Goal:- Kala-azar is targeted for elimination by 2015. The elimination is to bring down the number of Kala-azar cases less than 1 per 10,000 populations at block level.

Situational analysis of the Disease

Kala - Azar is endemic in the 6 distts. of Eastern U.P. bonding Bihar States namely Kushi Nagar, Deoria, Ballia, Varanasi, Gazipur and St. Ravi Das Nagar. The principles of elimination are anti adult measures and complete treatment of patients.

Year wise situation of Kala-azar in the State:-

Year	Case	Deaths
2007	69	1
2008	26	0
2009	17	1
2010	14	0
2011	11	1
2012	05	0

Detail of Kala-Azar Affected Districts in the Year 2011

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	MurliChhapra & 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	

Detail of Kala-Azar Affected Districts in the Year 2012

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	Gazipur	16	1	1	Barathaur
Total		31	2	2	

Monitoring of Diagnosis and Treatment Compliance of Kala-azar Patients in 2012

Districts	Cases	Deaths	Cases Treated	Cases Received full Treatment	% Treatment Compliance
Deoria	2	0	2	2	100%
Gazipur	3	0	3	3	100%

Specific Constrains for Implementation of Programme

- The disease has long incubation period & not detectable in early stages.
- The houses of effected population are kachha.
- 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 in the year 2011 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 Nagar

Strategy and Innovation Proposed

- Case search- The M.O.I.C./Superintendent of PHC/CHC should be made responsible for conducting case search. Case search activities are to be monitored by CMO/ District VBD Officer.
- Complete treatment of cases.
- Behaviour Change Communication / IEC / Advocacy for K.A.
- Vector Control. Spray pumps and accessories should be made functional and spray workers should be trained before starting the round of spray

Requirement of Logistic for Kala-Azar affected Districts

Sl.	Name of District	Population	Name of Items			
			RDT kits	Tab. Multifoscine	DDT50%	Wages for spray (in Rs.)
1	Varanasi	100,000	100	500	9M.T.	270000
2	Gazipur	183,595	75	400	15M.T.	450000
3	Kushi Nagar	100,000	50	300	9M.T.	270000
4	Deoria	171,845	75	400	12M.T.	360000
5	Ballia	100,000	50	200	9M.T.	270000
6	Bhadohi	60,000	50	200	4.5M.T.	135000
Total			400	2000	58.5M.T.	1755000

Budgetary Requirement for the year 2013-14

Sl.	Items	Budget Proposed (Rs. in Lakhs)
F.1.5.b	Operational cost of spray including Spray wages	17.55
	last year spray wages pending i.e.	19.50
F.1.5.a	Spray Pumps & Accessories	1.00
F.1.5	Case Search/Camp approach	6.00
F.1.5.c	Mobility/POL/Supervision	2.00
F.1.5.d	Monitoring & Evaluation	2.00
F.1.5.f	BCC/IEC/Advocacy	6.00
F.1.5.e	Training /Capacity building	1.00
F.1.5.g	Incentive to ASHA	0.06
F.1.5.h	Loss of wages	0.12
Total		55.23

ACUTE ENCEPHALITIS SYNDROME(AES) / JAPANESE ENCEPHALITIS (JE)

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 vishnui* sp 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 & 16 districts in 2012. The Districts of Saharanpur division were also involved up to 2010 to report AES/JE cases but during 2011 & 2012, 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 37.95% in morbidity and 14.81% in mortality due to JE was observed during 2012 over 2011, similarly 0.17% decline in morbidity and 4.46% in mortality due to AES was observed during 2012 over 2011.

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	583	224	27
2012	16	3484	557	139	23

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 still needs attention for control.**

B. Strategy and Innovations proposed

I) Disease Surveillance

a)- The surveillance staff for any disease at periphery level is 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 GoI 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 Deopatan 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. 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 emphasized 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 centers 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).** Hospitals in 20 JE/AES affected district will be equipped paediatric ICU.

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.

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 and the health department will do their regular monitoring.

VII) Training-

- a) **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**).
- b) **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 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 defaecation 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 GoI 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 from State and Divisional Head Quarters.

X) Vaccination

Routine Immunization of all children at the age of nine months and 1.5-02 yrs. to be carried out in all the districts which had vaccination of 1-15 yrs. age group children as per revised strategy of GoI and monitoring will be intensified to achieve 100 % coverage against the target proposed by the districts.

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.
- Lack of health consciousness pertaining to personal hygiene and sanitation in and around human habitation.

Budget requirement for the year 2013-14 under JE/AES

Sl.	Components	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget (Rs. Lakhs)	Remarks
F.1.3	AES/JE					
F.1.3.a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by GoI	One per district for 14 distt.	14	2.5	35.00	Continued Activity
		One per district for 06 distt.	6	5.50	33.00	New Activity
		State Lab	1	165	165.00	Proposal is for up gradation as APEX Lab
F.1.3.b	IEC/BCC specific to J.E. in endemic areas	1 for each district	20	25	500.00	Continued Activity
F.1.3.c	Capacity Building					
	(i) Capacity Building in case management of Medical Officer and paramedical from PHC/CHC at district level. (2 Batches of 20 participant @ 0.50 Lakh/batch as per GoM norms)	40 Participant per district	40 batches for 20 Districts	0.50/batch	20.00	Continued Activity
F.1.3.d	Monitoring and supervision	1 for each district	20	16.4	328.00	
		For State HQ	1	38	38.00	-
F.1.3.e	Procurement of Insecticides (Technical Malathion)	3 MT per district for 11 district	11	2.25/MT	74.25	Continued Activity
F.1.3.f	Fogging Machine	20 for each district (Small)	220 Small Fog machine for 11 District	0.85	187.00	Continued Activity
		1 for each district (Big)	11	9.5 (Rates as per RC issued by CMSD, DGMHS, UP in 31 st Jan. 2013 costing Rs. 9.20640 Lakhs, valid till	104.50	According to model action plan.

Sl.	Components	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget (Rs. Lakhs)	Remarks
				March, 2013.)		
F.1.3.g	Operational costs for malathion fogging	1 for each district	For 11 districts	31.11	342.21	Continued Activity
F.1.3.h	Operational Research	-	-			-
F.1.3.i	Rehabilitation Setup for selected endemic districts	-	-			-
F.1.3.j (A)	ICU Establishment in endemic districts	1 for each district	11	469.13	5160.43	Continued Activity
F.1.3.j (B)	HR & operational cost for exiting ICU in Endemic Districts	1 for each district	10	97.174	971.74	
F.1.3.k	ASHA Incentivization for sensitizing community	One per district	20	1	20	New Activity
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter	-	-			-
F.1.3.m	Establishing district counseling centre	1 for each district	20	18.50	370.00	New Activity
Total AES/JE					8349.13	

Budget Summary- National Vector Borne Diseases Control Programmes (2013-14)

Sl.	Components	Unit Cost	Physical Targets	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)	Remarks
F.1	Domestic Budget Support (DBS)					
F.1.1	Malaria					
F.1.1.a	Human Resources- Contractual Payments					
F.1.1.a.i	MPW Male for VBD only -Contractual	Rs. 6000.00 per month for 12 months	7351	5292.72	1287.00	Approved under FMR code B.22.3
F.1.1.a .ii	Lab Technician	-	-	-	-	
F.1.1.a .iii	VBD Technical Supervisor; 1 for each block	-	-	-	-	
F.1.1.a .iv	District VBD Consultatnt	-	-	-	-	
	Data Entry Operator; One for each district	Rs 11000 p.m. for 12 months	1	1.32	-	Not approved
F.1.1.a..v	- Consultant - M &E – (1)	@ 50000 p.m. for 12 months.	1	6.00	-	Not approved
F.1.1.b	ASHA Incentive	Rs.1.00 lakh per Distt.	29 distts.	29.00	120.00	
F.1.1.c	Operational Cost					
F.1.1.c.i	Spray Wages for DDT 50% spray & Malathian wdp 25% spray	Spray wages for DDT @ Rs 125 per day for 599 labours for 150 days= 112.31 Lakhs & for Malathian 190 labours for 135 days=32.06 Lakhs	For DDT spray in 21 distts. & Malathian spray in 5 distts.	144.37	-	May be met from state resources/ flexipool
F.1.1.c.i.i	Operational Cost for IRS			2.37	-	May be met from state resources/ flexipool
F.1.1.c. iii	LLIN	GoI Supply	121887 No. of LLIN required for the sub centres having API more than 2	-	-	
F.1.1.d	Mobility -Monitoring Evaluation & Supervision Epidemic preparedness	Rs50000/- per distt. For 29 distts & for Rest 46 distt. @ Rs 25000/-	Hiring vehicle for Mobility in 29 H.R.D. for 12	213.20	80.00	

		per distt.	months & for Rest of 46 Districts for 6 months @ 30000 p.m.		
			NAMMIS: 75 Districts @ Rs 70000/- each	52.50	
F.1.1. e	IEC/BCC	At State H.Q.	Print media@ 7.00 Lakhs & Electronic media @ 10.00 Lakhs Wall writing, print media, Flax banner +hand bills+ posters +booklet @ 10.00 Lakhs & advocacy workshop etc@ Rs 0.50 Lakhs	27.50	50.00
F.1.1. e	IEC/BCC	At all 75 distt.	Print media@ 7.00 Lakhs Wall writng, print media, Flax banner+han d bills+posters +booklet @ Rs 37.50 Lakhs& advocacy workshop etc @ Rs 0.75 Lakhs	45.25	
F.1.1. g	Training/Capacity Building	At State H.Q.	training of MOs, 20 Batch for 3 days @ 10000 per batch training of LTs/Las @ Rs 45000/-x 25 batch each for 5 days	31.25	50.00
F.1.1.	Training/Capacity	In all 75 dists.	Training of	27.00	

g	Building		ASHAs for making blood slides & using RDTkits; MOs, H.S., M.I., H.V., M.P.W.s Male for VBD-contractual & ANMs			
F.1.1. h	Zonal Entomological Units		01 Batch for 5 days at state H.Q.	1.00	-	Not Approved
F.1.1. h	Zonal Entomological Units	Strengthening of zonal Entamological labs	06 existing labs @ Rs 1.00 Lakh per lab	6.00	-	
Total Malaria(DBS)				5879.48	300.00	
F.1.2	Dengue & Chikungunya					
F.1.2. a	Strengthening Surveillance					
F.1.2. a. (i)	Apex Referral Labs recurrent	@ Rs. 3.00 lakhs per lab	01 lab at SGPGI, Lko.	3.00	3.00	
F.1.2. a.i (ii)	Sentinal Surveillance Hospital Recurrent	@ Rs. 1.00 lakhs per lab	22	22.00	22.00	
F.1.2. a. (iii)	Elisa facility to Sentinal Surveillance Labs	@ Rs 4.00 Lakhs per lab for Elisa Reader & washer etc.	For 3 SSHs	12.00	-	From state resources
F.1.2. b	Test kits – Mac Elisa IgM kits ;	GoI Supply	for dengue 130 kits; for chikungunia 30 kits	-	-	
	Elisa based NS-1 kits	@ Rs 12000 per kit Total 260 kits		31.20	5.00	Approval given in F.6.h
F.1.2. c	Monitoring/Supervision and Rapid Response	@ Rs 30000 for each district	75 districts	22.50	22.00	
F.1.2. d	Epidemic Preparedness	@ Rs 10000 for each district	75 districts	7.50	7.00	
F.1.2. e	Case Management	-	-	-	10.00	
F.1.2. f	Vector Control & environmental management	Volunteers for 5 months in the distts. of Gaziabad-230, G.B. Nagar-110, Lucknow-200, Kanpur Nagar-200,	1095 volunteers in 8 High risk Districts	219.00	135.00	

		Gorakhpur-80, Allahabad-200, Sitapur-25 & Hardoi-50 @ Rs 4000 per month			
F.1.2. g	IEC/BCC for Social Mobilization	Rs 5.00 Lakhs for State H.Q. & @ Rs 20000 per District for 75 Disstts.		20.00	18.00
F.1.2. h	Inter-sectoral convergence	-	-	-	0.50
F.1.2. i	Training & printing of guidelines, formats etc. including operational research	for all 75 Districts @ Rs 20000 per Distt & Rs 5.00 Lakhs at State		20.00	18.00
Total Dengue/ Chikungunia				357.20	240.50
F.1.3	JE/AES				
F.1.3. a	Strengthening of Sentinel sites which will include	2.50	14	35.00	200.00
		5.50	6	33.00	
	Diagnostics and Case Management, supply of kits by GoI	165	1	165.00	
F.1.3. b	IEC/BCC specific to J.E. in endemic areas	25	20	500.00	80.00
F.1.3. c	Capacity Building				
	(i) Capacity Building in case management of Medical Officer and paramedical from PHC/CHC at district level.	0.50/batch	40 batches for 20 Districts	20.00	40.00
F.1.3. d	Monitoring and supervision	16.4	20	328.00	30.00
		38	1	38.00	
F.1.3. e	Procurement of Insecticides (Technical Malathion)	2.25/MT	11	74.25	50.00
F.1.3. f	Fogging Machine	Rs. 0.85 Lakh	220 for 11 District	187.00	20.00
		Rs. 9.50 Lakh	11	104.50	
F.1.3. g	Operational costs for malathion fogging	Rs. 31.11 Lakh	For 11 districts	342.21	4.00
F.1.3. h	Operational Research		-	-	-
F.1.3. i	Rehabilitation Setup for selected endemic districts		-	-	500.00

F.1.3. j	ICU Establishment in endemic districts	469.13	11	5160.43	
	HR & operational cost for exiting ICU in Endemic Districts	97.174	10	971.74	640.00
F.1.3. k	ASHA Incentivization for sensitizing community	1	20	20.00	9.00
F.1.3. l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter		-	-	-
F.1.3. m	Establishing district counseling centre	18.50	20	370.00	10.00
Total JE/AES				8349.13	1583.00
F.1.4	Lymphatic Filariasis				
F.1.4. a	District Coordination Committee Meeting including sensitization of Media etc.	@ Rs. 14,000 per distt., for 2 meetings @ Rs 7000/ per meeting	For 51 Distt.	7.14	
	State Task Force Meeting & Technical Advisory Committee meeting & Training Workshop		For State H.Q.	1.75	
	Mobility support, monitoring & Evaluation and printing of forms/registers	Mobility @ Rs 50000 per distt. & printing of forms/registers @ 1.00Lakh per distt.	For State HQ & 51 MDA endemic districts	76.50	150.00
	Cost of Morbidity Management of Lymphodoema cases & Hydrocoele operation	Morbidity Management @ Rs 150 per patient & Incentive of Rs 750 for Hydrocoele operations conducted in the camps only @ Rs 50000.00 per distt.	For 51 MDA endemic districts	25.50	
	Microfilaria survey.	@ Rs. 50,000 per distt.,	For 51 Distts	25.50	25.00
F.1.4. c	Post MDA assessment by Medical Colleges/Research/IC MRI	@ Rs. 15,000 per distt.,	For 51 Distt.	7.65	7.50
F.1.4. d	Training/Sensitization and Honorarium of	-For District PHC level	For 51 Distt.	30.60	155.25

	district level officers on ELF and drug distributors including peripheral health workers.	Officers on ELF Rs 60000 per disstt. -For para medical workers & L.T.s for MDA & LF Microscopy @ Rs 50000 per district		25.50	
		-For D.D. @ Rs 50 for each	For 457824 Drug Distributors	228.91	
F.1.4.e	IEC/BCC with community mobilization	Rs 15.00 Lakhs for State HQ & Rs 2.50 Lakhs per disstt.	For 51 Distt.	142.50	70.00
F.1.4.f	Honorarium of Drug Distributors (ASHAs, Volunteers etc) and supervisors involved in MDA	Rs 100 per person	. For 457824 Drug Distributors & 45782 Supervisors	503.61	300.00
F.1.4.h.	Mf survey in non-endemic disstts.	Rs 70000 per district	24 non-endemic disstts	16.80	16.80
Total for Lymphatic Filariasis				1091.96	724.55
F.1.5	Kala-Azar				
F.1.5	Case search/Camp approach	Rs. 1.00	For 6 Endemic distt.	6.00	1.75
F.1.5.a	Spray Pumps & accessories			1.00	0.50
F.1.5.b	Operational cost for spray including spray wages and pending liability for the year 2011	Rs 17.55 Lakhs & Rs 19.50 Lakhs for pending liability;		37.05	6.00
F.1.5.c	Mobility/POL/Supervision		For 6 Endemic distt.	2.00	0.50
F.1.5.d	Monitoring & Evaluation			2.00	0.50
F.1.5.e	Training/ Capacity building			1.00	
F.1.5.f	BCC/IEC/ Advocacy for KA	1.00 Lakh per distt		6.00	1.75
	Incentive to ASHA			0.06	
	Loss of wages			0.12	
Total Kala-Azar				55.23	11.00
F.6	Cash grant for decentralized commodities & Commodities to be supplied by NVBDCP				
	Drugs				
F.6.a	Chloroquine phosphate tablets	@ Rs 3.80 per 10 tabs	100 Lakhs	38.00	20.00
F.6.b	Primaquine tablets 2.5 mg	@ Rs 0.30 per 10 tabs	15 Lakhs	4.50	1.00

F.6.c	Primaquine tablets 7.5 mg	@ Rs 0.35 per 10 tabs	10 Lakhs	3.50	2.00	
F.6.m	Multiphoscine tablets for KA	Centralised Supply	2000 Tabs	GoI Supply		
F.6.k	ACT (For Non Project states) ACT (adult)			50% Supplie d by GOI & Net Cost= 3.64 From NRH M 1.82 Lakhs	0.50	
	ACT(0-1yr	-@ Rs 22.40/pack	-7000 packs			
	ACT(1-4yr) ACT(5-8yr) ACT(9-14yr.)	-@ Rs4.00/pack				
		-@ Rs6.88/pack	-4000			
		-@ Rs11.79/pack	-4000			
		-@ Rs16.36/pack	-4000			
			-5000			
F.6.f	DEC 100mg tablets-	@ Rs 2 for 10 tabs	2861.41 Lakhs	572.28	400.00	
F.6.g	Albendazole 400 mg tablets	WHO Free Supply			GOI Supply	
Sub Total				620.10	423.50	
F.6.	Diagnostics					
F.6.m	RDT Kits for KA	Centralised Supply	400 kits	GoI Supply		
F.6.i	RDT Malaria (For Non Project states)	@ Rs 80.00 per kit	5 Lakhs kits, (50000 Kits per very high risk 5 distt& 10000 kits per high risk 25 distt)	400.00		
F.6.m	Mac Elisa IgM kits for Dengue	Centralised supply	130 kits	GoI Supply		
F.6.m	Mac Elisa IgM kits for Chikungunia	Centralised supply	30 kits	GoI Supply		
F.6.	Larvicides & Insecticides with Diesel					
F.6.i	Temephos	@ Rs 1100/ per litre	10000 litres	110.00		
F.6.i	Bti (for polluted & non polluted water)-	@ Rs 1440/ per litre	5,000 litres	72.00	50.00	
F.6.j	Pyrethrum Extract 2%		5000 litres		-	
F.6.m	Malathion Technical for Dengue		30 MT (24000 ltrs.)	63.00	-	Not approved
F.6.m	Diesel		456000 ltrs	250.80	-	Not approved
F.6.m	DDT 50%owdp- for Malaria		575 MT	GOI supply	-	
F.6.m	DDT 50%owdp-		58.5 MT	GOI	-	

	for KA			supply		
F.6.m	Malathion 25% wdp	For DDT resistant high risk P.F.prevalent 5 distt.	148 MT	118.40	-	Not approved
F.6.m	Procurement Bednet/LLIN	Centralised Supply	121887 in nos. for subcentres having API more than 2	GOI supply		
F.6.m	Pulse Fog for Dengue	@ Rs 66000 per Pulse fog	125 Pulse fog for 45 high risk distts	82.50	-	Not approved
Sub Total				696.70	50.00	
Budget For Decentralized Commodities				1316.80	473.50	
Grand Total for grant-in-aid under NVBDCP (5879.48+357.20+1091.96+55.23+1316.80)				8700.67		
JE/AES – Budget Details are mentioned in above table				8349.13		
Total Budget				17049.80	3549.89	

Therefore, to implement various activities under NVBDCP, an amount of Rs.17049.80 Lakhs was proposed, out of which GOI approved Rs. 3549.89 Lakhs only. (ROP-FMR Code- F and its sub heads).

Additionality for Strengthening Under NVBDCP

Name of Unit	Head	Unit cost in Lakhs	Total Amount (Rs. In Lakhs)
BRD Medical College GKP	Manpower (HR) for 54 bedded JE / AES ward	427.50	427.50
	Manpower (HR) for 100 bedded JE / AES ward	352.75	352.75
	Medicines	300.00	300.00
	Maintenance	100.00	100.00
	Total	1180.25	1180.25
ICDS	Training for 1540 Batches (40 Participants per batch = 61600)	0.45500 per Batch	700.00
Department of Animal Husbandry for (20 Districts)	Sero Surveillance Birds/Pigs	20 Districts @ Rs. 0.303 Lakhs	6.06
	Disinfection and spray of insecticides in pig shelters	20 Districts @ Rs. 9.364 Lakhs	187.28
Total JE/AES			2073.59
Additionality for Malaria	Rapid Diagnostic Kit Malaria @ Rs. 80.00 per kit 5 Lakhs kits		400.00
Grand Total under NVBDCP			2473.59

The Amount proposed for additionalities for strengthening NVBDCP is not approved by GOI.

CHAPTER-D.4: NATIONAL LEPROSY ERADICATION PROGRAMME(NLEP)

The main objectives of NLEP under the 12th Plan are:

1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country.
2. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
3. Reduction in the level of stigma associated with leprosy.

Situation analysis

State has a prevalence rate of 0.79 per 10,000 populations. At the end of December 2012, 58 districts have achieved elimination. Under the 12th Plan 45 high endemic districts were selected for special activity. Now in only 42 of these districts there are 378 blocks with ANCDR more than 10 per lakh population (as per March 2012 report).

Performance under NLEP

Indicators	2007-08	2008-09	2009-10	2010-11	2011-12
1. No. of new cases detected (ANCDR/ 100,000)	31028(15.9)	7577(13.8)	27473(13.4)	25509(12.52)	24530(12.03)
2. No. of cases on record at year end (PR/ 10,000)	18254(0.94)	16206(0.81)	16484(0.81)	15719(0.77)	13939(0.68)
3. No. of Grade II disability among new cases (%)	471(1.52)	555(2.01)	594(2.16)	645(2.53)	671(2.74)
4. Treatment Completion Rate	91.32	91.26	92.81	93.1	94.78
5. Reconstructive Surgery conducted	610	476	405	190	295

Results to be achieved

Following 8 results are proposed to be achieved at the end of the 12th Plan period (March 2017).

1. Improved early case detection
2. Improved case management
3. Stigma reduced
4. Development of leprosy expertise sustained
5. Research supported evidence based programme practices
6. Monitoring supervision and evaluation system improved
7. Increased participation of persons affected by leprosy in society
8. Programme management ensured

The State has drawn this annual plan for achievements of above results under the following components and functional heads:

1. Case detection and Management

Special activities – Active case detection drive started in 2012-13 in 147 high endemic blocks of high endemic districts if not completed by 31st March 2013 shall be completed in 2013-14.

(A) Intensive Case Detection Drive (ICDD) – in high endemic blocks of low endemic districts.

Special activities in high endemic blocks of low endemic districts will be carried out during the year 2013-14 in 31 blocks with ANCDR >10/100,000 population.

Special activities	No. of Block with ANCDR >10/100,000	Unit cost per Block (Rs.)	Amount Proposed (Rs. In Lakhs) for State	Amount Approved (Rs. In Lakhs)
House to house visit by search team of ASHA, AWW and PRI members for suspecting cases	31	100000.00	31.00	31.00
Confirmation of suspects by team of MO PHC and NMS/PMW	31	10000.00	3.10	3.10
Intensive IEC activity prior to house visit	31	15000.00	4.65	4.65
Sub Total			38.75	38.75

(B) Services in Urban Areas - 52 Urban areas shall be covered.

Sl.	Category of urban area	Number	Unit cost (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	Township	40	114000.00	45.60	45.60
2	Medium city –I	2	240000.00	4.80	4.80
3	Medium city – II	8	472000.00	37.76	37.76
4	Mega city	2	560000.00	11.20	11.20
Sub Total				99.36	99.36

(C) ASHA Involvement - Performance based incentive to ASHA and sensitisation to new ASHA.

Sl.	Activity	Number	Unit Cost per person (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	Sensitization of NewASHAs	13520	100.00	13.52	13.52
2	Incentive to ASHA	Case diagnosis	250.00	4.10	4.10
		Treatment PB	1000.00	6.19	4.08
		MB	600.00	6.12	3.71
Sub Total		-	-	29.93	25.41

(D) Multidrug Therapy - To be supplied to the State by the centre and hence no budget proposed.

2. Materials & Supplies

Procurement of materials and supplies as follows-

Sl.	Item	No. of districts	Unit cost per district (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Supportive Drugs & dressings	75	40000.00	30.00	30.00
2.	Laboratory reagents and equipments	75	8000.00	6.00	6.00
3.	Printing works	75	20000.00	15.00	15.00
Sub Total				51.00	51.00

3. Services through NGO & other Agencies

NGO involved through SET Schemes are as follows:

Sl.	Name of NGO under SET Scheme	Unit cost per NGO (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	Jawahar Lal Nehru Sewa Sansthan, Deoria (Blocks Bhatni and Bhulouni, Deoria)	620000.00	6.20	6.20
2	Nehru Yuya Chetana Kendra, Deoria (Deoria & Baharaj Bajar Block Deoria)	502000.00	5.02	5.02
3	Poorvanchal Sewa Sansthan, Deoria (Dasai Deoria, Kasiya Block Deoria)	700000.00	7.00	7.00
4	Sanjay Gandhi Sewa Sansthan, Deoria (Rudrapur, Gouri Bazar, Deoria)	700000.00	7.00	7.00
5	Gramya Vikas Sansthan,Lucknow (Mohammadi Tahsil, Kheri)	396000.00	3.96	3.96
6	Maksad, Chandan Couki, Paliyakalan, Kheri (Palia Tehsil, Kheri)	400000.00	4.00	4.00
7	Mahila Avam Bal Vikas Samiti, Naini Lar, Deoria (Kopa & Ghosi Block, Mau)	450000.00	4.50	4.50
8	Swargiya Lal Bahadur Shastri Sewa Kusht Sewa Ashram, Azamgarh (Tarwa Firozpur Block)	432000.00	4.32	4.32
9	Tripurari Sewa Avam Shiksha Sansthan, Goura Deoria (Brahmpur, Sardar Nagar Block, Gorakhpur)	450000.00	4.50	4.50
10	Trinity Association for Social Service, St. Kabir Nagar (Brijmanganj & Noutanwa Block, Mahrajanj)	450000.00	4.50	4.50
Total		-	51.00	51.00

4. Operational Research

This activity will be organised from the Central Level. However, States are often involved in Operational Research as a partner.

5. Disability Prevention and Medical Rehabilitation (DPMR)

Sl.	Item	No. required	Unit cost (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	MCR footwear	6250 persons with insensitive feet X 2 pairs	400 (Cost of footwear + handling charges from TLM Naini, Allahabad)	25.00	37.50
2	Aids & appliances	75	17,000.00	12.75	12.70
3	Welfare allowances for RCS patient	100	8,000.00	8.00	8.00
4	RCS reimbursement to Govt. Institutions		At Institute – 5000/-	1.25	7.50
			At camps – 10,000/-	0.80	
Total				47.80	65.70

6. Information, Education and Communication (IEC/BCC)

Objectives of the communication plan will be –

- To develop effective communication vis-à-vis the target audiences and take on the task of effectively delivering the same.
- To complement and support the detection and treatment services being provided through the General Health Care System, making it more acceptable to the community.
- To strive to remove stigma surrounding leprosy and prevent discrimination against leprosy affected persons.
- To specifically cover clients, Health providers, influencers and the masses.

State IEC plan has been drawn up under the following heads:

Sl.	Medium	No. of districts	Unit cost	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Mass Media (TV, Radio Press)	75	39000.00	29.25	29.25
2.	Outdoor Media	75	23000.00	17.25	17.25
3.	Rural Media	75	31000.00	23.25	23.25
4.	Advocacy meeting	75	5000.00	3.75	3.75
Total				73.50	73.50

7. Human Resource and Capacity building

a. **Capacity building** - A Trainings planned at districts are as follows (Table A)-

Sl.	Type of training	No.	Batches (30 persons)	Unit cost per Batch (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Medical Officers 1560 (2 days)	1560	52	50000.00	26.00	Approval is not visible in ROP
2.	Health Supervisors/ Health	1590	53	40000.00	21.20	

Workers 1590 (2 days)						
3.	Training for District Nucleus Teams- 375 District Nucleus members from 75 districts at Training Centre TLM, Naini Allahabad.	375	12.5	45000.00	5.63	
Total		3525	117.5		52.83	

Calculation for State

Sl.	Type of training	Total no. to be trained in the State	No. of course for 30 persons	Unit cost per course (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	District level Training from Table - A	3525	117.50		52.83	Approval is not visible in ROP
Total		3525	117.5		52.83	

b. Human Resource on contract in States

i. Contractual staff at State level

Sl.	Category	No. of posts	Unit cost per month	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Surveillance Medical Officer	1	70000	8.40	4.80
2.	BFO Cum Admn. Officer	1	30000	Not proposed	3.60
3.	Admn. Asstt.	1	16000	Not proposed	1.92
4.	DEO	1	19850	2.38	1.44
5.	Driver	1	13233	1.59	1.32
Total		5	-	12.37	13.08

ii. District Leprosy Societies for District Nucleus - Few contractual posts for the identified 45 high endemic districts have been proposed.

Sl.	Category of post	No. of district identified	Unit cost per month	Unit cost per year	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	District Leprosy Consultant (high endemic districts)	45	30000.00	360000.00	162.00	121.50
2.	Physiotherapist at District Hospital (endemic district)	45	25000.00	300000.00	135.00	135.00
3.	Drivers 45 (41 in position)		11000.00	132000.00	59.40	-
Total					356.40	256.50

iii. Special Provision for selected States/UTs - U.P. not under this head.

- iv. **High endemic Blocks** - One Para Medical Worker on contractual basis for leprosy supervision, monitoring and programme implementation in high endemic blocks of identified high endemic districts, has been proposed.

Sl.	Category of post	No. of high endemic blocks identified	Unit cost per month (Rs.)	Unit cost per year (Rs.)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Paramedical Worker	378	16000	192000	725.76	601.92

8. Programme Management

a. Travel Cost

Sl.	Activity	No. of unit (State/District)	Unit cost (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Travel cost for contractual persons at State level	As 75 district in U.P.	150000.00	1.50	1.50
2.	Travel cost for contractual persons at district level	In 59 districts with contractual staff	25000.00	14.75	11.25
Total				16.25	12.75

b. Review meetings

Sl.	Activity	No. of unit (State/District)	Unit cost (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	State level Review meetings (Quarterly)	4	50000	2.00	2.00
Total		-	-	2.00	2.00

- c. **Office operation and maintenance** - This may be calculated for State/UT according to number of districts

Sl.	Item	No. of districts	Unit cost per district (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1.	Rent, Telephone, Electricity, P&T charges, Miscell. (District)	75	35000	26.25	26.25
2.	State Leprosy Cell		75000	0.75	0.75
3.	Office Equipment Maintenance cost (State Leprosy Cell)		50000	0.50	0.50
Total				27.50	27.50

- d. **Consumables** - This may be calculated for State/UT according to number of districts

Sl.	Item	Districts	Unit cost (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	Stationery Items - District	75	30000	22.50	22.50
2	State Leprosy Cell		50000	0.50	0.50
Total				23.00	23.00

e. Mobility support - Vehicle Hiring and POL/Maintenance

Sl.	Item	No. of districts	No. of Vehicle	Unit cost per district (Rupees)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	District Leprosy Unit	75	1	150000.00	112.50.	11.25
2	State Leprosy Cell		2	200000.00	2.00	4.00
3	Travel expenses for regular staff for specific programmes/training need, awards, etc		-	-	-	5.00
Total					114.50	20.25
Grand Total					1721.94	1327.97

Additionality in Annual Plan

Additionality under NRHM

Details	Under	No. of districts	Rate per unit	Amount in Rs.	Total amount (Rupees)
i. Equipment, Furniture of District Leprosy Referral Unit in District Hospital	DHS	75	20000.00	1500000.00	
ii. Computer Operator @ Rs11000 monthly for operating Computer of District Nucleus	DHS	75	132000.00	9900000.00	
iii. Equipment, furniture etc. for District Leprosy Cell	DHS	75	20000.00	1500000.00	
iv. Office Attendant @Rs8000 monthly	SHS	1	96000.00	96000.00	12996000.00

The Amount proposed for additionalities for strengthening NLEP is not approved by GOI (ROP-FMR Code-B.22.6).

CHAPTER-D.5: NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS(NPCB)

A. Background

India was the 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 Lakhs 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 - **0.3% 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.
- 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	305 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	21
12	Eye Donation Centres	1
13	PMOA(Para medical ophthalmic assistant) Training Schools	3 at Govt. Medical colleges and 86 in Pvt Sector.
14	PMOA Posts/Posted	938/904
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 (2012-13)	15

2. Programme-The component wise status of programme-

Sl.	Intervention	Targets	Achievement till Dec-12	Expected achievement by Mar-12	Remarks
1	Cataract Operation	1026000	357886 (354579-IOL)	1026000 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	5000000	955620	5000000	<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	100000	12843	100000	<ul style="list-style-type: none"> Less availability of manpower for screening of school children.
4	Corneal Collection	1500	496	1500	<ul style="list-style-type: none"> Due to lack of public awareness.
5	Vision Centre	100	100	100	
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 2013-14:

Sl.	Activity	Target for 2013-14	Budget
			Cataract Operation @ 750*568000 (old rates constant from years)
1	Cataract Operations	11.36 Lakhs with 98% IOL operations (50% by Govt + NGO sector)	4260.00
2	School Eye Screening	50 Lakhs Children of aged 8-14 years & free Distribution of 2.00 Lakhs spectacles to poor children	400.00
3	Corneal Blindness	Target of 3000 eye pair collection and 1500 Corneal transplantation	22.50
4	Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)	Treatment of 17000 patients	170.00
Total			4498.50

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	334	6.67	86.62%	98.86%
6	2012-13	10.26	180	3.57	34.88% (till Dec. 12)	99.08%

Strategies to Achieve the Targets of 2013-2014

- 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 2013-14 is 11.36 Lakhs, out of which 50% will be operated in hospitals owned by govt. / NGO sector (5.68 Lakhs) and 50% will be operated in private sector hospitals (5.68 Lakhs). As GOI provides Rs.750/- for an operation in govt /NGO owned hospital, the total requirement is (Rs.750 X 568000 Cat. Opr.=4260.00 Lakhs). **Now the 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*568000=7100.00 Lakhs)
- This year 20 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 20 microscopes we require 120 Lakhs.
- 20 Good performing District Hospitals will be provided Phacoemulsification Machines. The cost of a Phacomachine is 15.00 Lakhs each, therefore for purchase of 20 Phacomachine, we will require Rs. 300.00 Lakhs. 20 Automated Perimeters for stablisms of 20 Glaucoma Units one in each Divisional Hospitals for Rs. 100.00 Lakhs.
- **Repair and maintenance** of Ophthalmic Equipments at District Hospitals-75, Sub-district hospitals-16 @ of Rs. 100000.00 for each hospital.(91 hospitals X 1.00 Lakhs= 91.00 Lakhs)
- 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 at state and district level on World Glaucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme Rs.10.00 Lakhs for State level and 75*1.00 Lakhs=75.00 Lakhs for district level thus (total Rs. 85.00 Lakhs as required)

Sl.	Activity	Unit cost (in Rs.)	Target	Total cost (in Lakhs)
1	Cataract Surgery by govt. and NGO sector	750	5.68	4260.00
2	Phacoemulsification Machines	1500000	20	300.00
3	Operating Microscope	600000	20	120.00
4	Flash Autoclave	250000	75	187.50
5	Auto Refractometer	350000	25	87.50
6	Automated Perimeters	500000	20	100.00
7	Repair and Maintenance of Ophthalmic Equipments	1.00 Lakh	91 hospitals	91.00
8	IEC (WSD,WGD and EDF)	1.00 Lakhs for dist.+10Lakhs for state	75 dist.	85.00
Total				5231.00

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 2013-14

- a. Screening of 50 Lakhs Children of aged 8-14 years
- b. Free Distribution of 2 Lakhs spectacles to poor children @ Rs. 200 each in year 2013-14.

Strategies to Achieve the Targets of 2013-14:

- 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 75 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 2013-14 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. 2013. 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 2013-14

- For replacement of obsolete and non functional equipments / material at vision centre state requires Rs. 50,000 each for 100 vision centres thus a total of Rs.50.00 Lakhs.
- For providing free spectacles to 2.00 Lakh students with rate of Rs. 200 each, total amount required is Rs. 400.00 Lakhs. Thus the **total amount required is Rs. 450.00 Lakhs for this activity.**

Sl.	Activity	Unit cost (in Rs.)	Targets	Total cost (in Lakhs)
1	Replacing obsolete and non functional equipments / material - 75 vision centres	50000	100	50.00
2	Providing free spectacles	200	200000	400.00
Total				450.00

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 2013-14

- Target of 1500 eye collection and 1500 Corneal Transplantation in the year 2013-14 is targeted
- Collection of Donated eye & providing Keratoplasty Services in all Medical Colleges and registered Eye Banks.

Strategies to Achieve the Targets of 2013-14

- Primary eye care medicines will be available at PHC/CHC level.
- 22 Eye Banks are already registered till 2013-2014 and 10 eye banks will be registered in 2013-2014.

Budget Requirements for year 2013-14

- Among all 22 registered eye banks 5 eye banks have received the grant of Rs. 10.00-15.00 Lakhs and rest 17 will require non recurring grant. But in the year 2013-14 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 Lakhs each for eye collection and preservation (non recurring grant). Thus Rs.5.00 Lakhs will be required for this purpose and Rs.1.00 Lakhs 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	Upgradation of NGO Hospital	3000000	1	30.00
Total				88.50

Thus, total amount required for this activity is Rs. 88.50 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 be trained at medical colleges by state govt.
- Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Financial requirement

Sl.	Activity	Unit cost (in Rs.)	Targets	Total cost (in Lakhs)
1	Other than Cataract, corneal blindness and refractive errors	1000.00	17000	170.00
Total				170.00

Total amount required is Rs. 170.00 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 2013-14 -is as under:

Sl.	Staff	Monthly existing Rates	Annual Requirement (In Rs.)	Monthly Revised Rate	Annual Requirement (In Rs.)
A 1	Finance Officer @Rs.25000 monthly +service and other taxes at 20.36% (Rs.5090)	18054.00 (Rs.15000+Taxes (Rs. 3054))	216648.00	30090.00	*361080.00
2	Administrative	8425.2	101103.00	18054.00	216648.00

Sl.	Staff	Monthly existing Rates	Annual Requirement (In Rs.)	Monthly Revised Rate	Annual Requirement (In Rs.)
	Assistant/ Statistical Assistant @Rs.15000 monthly +service and other taxes at 20.36% (Rs.3054)	(Rs.7000+Taxes (Rs. 1425.2))			
3	Data Entry Operator @Rs. 15000 monthly +service and other taxes at 20.36% (Rs.3054)	8,425.2 (Rs.7000+Taxes (Rs. 1425.2))	101103.00	18054.00	216648.00
4	Peon @Rs. 7000 monthly +service and other taxes at 20.36% (Rs.1425)	6018 (Rs.5000+Taxes (Rs. 1018))	72216.00	8425.2	101103.00
Sub-Total			491070.00		895479.00
B.	1 TA/DA to Staff	10000	120000	5000.00	60000.00
	2 POL and Vehicle Maintenance	10000	120000	5000.00	60000.00
	3 Stationery, Consumables, honorarium to staff and SPO ,Contingency and Other expenses		248930	20376.75	244521.00
	4 Hiring Of Vehicles	10000	120000	5000.00	60000.00
	5 Quarterly Review Meeting	25000	300000	20000.00	80000.00
Sub-Total			908930.00		504521.00
Total-			1400000.00		1400000.00
C. D. H. Society Remuneration (salary , review meeting, hiring of vehicle and Other Activities & Contingency)(75 dist. X Rs.2.00Lakhs each distt.=150.00 Lakhs)				15000000.00	
D. Additionality : Computers, Printers and UPS (75 dist.+ 2 state level@50000)				3850000.00	

* Remuneration of contractual staff includes service tax and other taxes. This is in concurrence with the norms of payment to contractual staff employed under NLEP, RNTCP(as approved by GOI New Delhi)

** The above amount was not split in components as a result contractual payments for 2012-2013 were significantly delayed by 5 months.

2. Strengthening Eye Banks

Sl.	Staffs	Nos.	Monthly Rate	Annual Requirement (In Rs. Lakhs)
1	Eye donation counsellors	22	10000.00	26.40
2	Data Entry Operator for MIs work @ Rs.11000/- p.m. (Rs. 11000X12X75)	75 (one for each DBCS)	11000.00	99.00
Total				125.40

H. TRAININGS

Target for year 2013-14

- 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	6 Days	10.00
2	MIS training		1 Day	5.00
3	150 Staff Nurses (2 from each district)	O.T. & Ward Management	4 Weeks	13.00
Total				28.00

Thus, total budget required for above purpose is Rs. 28.00 Lakhs.

Financial requirement under National Programme for Control of Blindness

Grant-In-Aid To States/UTS For Various Activities		Physical Target	Funds proposed as per (existing norms) (Rs. In Lakhs)
*Recurring Grant-in aid	a. For Free Cataract Operation schemes as per financial norms@ Rs.750/- per case	568000	4,260.00
	b. Other Eye Diseases @ Rs. 1000/-	17000	170.00
	c. School Eye Screening Programme@ Rs.200/- per case	200000	400.00
	d. Blindness Survey	0	-
	e. Private Practitioners @as per NGO norms	0	-
	f. Management of State Health Society		
	Activities at SPO- UP office (salary , review meeting, hiring of vehicle and Other Activities & Contingency)		
	(1)Budget & Finance Officer @25,000 monthly	1	3.00
	(2)Administrative Assistant/ Statistical Assistant @15,000 monthly	1	1.80
	(3)Data Entry Operator @15,000 monthly	1	1.80
	(4)Peon @7,000 monthly	1	0.84
	TA/DA to Staff		0.60
	POL and Vehicle Maintenance		1.20
	Stationery, Consumables, Honorarium to staff and SPO, Contingency and Other expenses		2.96
	Hiring Of Vehicles		0.60
	Quarterly Review Meeting		1.20
	Total:		14.00
	District Health Society		
	Remuneration(Salary, review meetings, hiring of Vehicle and other contingency /activities)@ Rs. 2Lakhs	75	150
	g. Recurring GIA to Eye Donation Centers @ Rs.1000/- per pair	100	1.00
	h. Eye Ball Collection and Eye Bank @ Rs.1500/- per pair	1500	22.50
	i. Training PMOA, MIS training & Staff Nurses	350	28.00
	j. IEC		
	1.State level - World Glaucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme	1	10.00
	2.District level -World Glaucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme	75	75.00

Grant-In-Aid To States/UTS For Various Activities		Physical Target	Funds proposed as per (existing norms) (Rs. In Lakhs)
Non- Recurring Grant-in-aid	1. Repair and maintenance of Ophthalmic Equipments at District Hospitals-75, Sub-district hospitals-16.	91	91.00
	1. Procurement of Ophthalmic Equipment		
	20 Phaco Machines 20 District Hospitals and other big hospitals @ 15.00 Lakhs each. (15Lakhs X 20=300Lakhs)	20	300.00
	20 Operating Microscopes (Newly Created District Hospitals and CHCs @ 6.00 Lakhs each. (6 Lakhs X 20=120Lakhs)	20	120.00
	Flash Autoclaves for 75 operating centres in State @ -2.50Lakhs.(2.50 X 75= 125 Lakhs)	75	187.50
	Auto refractometers - 25 @ 3.50 Lakhs	25	87.50
	Automated Perimeters (For Establishment of Glaucoma Unit at Divisional Hospital	20	100.00
	a. For RIO (new) @ Rs.60 Lakhs	0	
	b. For Medical College@ Rs.40 Lakhs	0	
	c. For vision Centre @ Rs.50000/-	100	50.00
	d. For Eye Bank @ Rs.15 Lakhs	2	30.00
	e. For NGO Hospital Upgradation @ Rs.30 Lakhs	1	30.00
	f. For Eye Donation Centre @ Rs.1 Lakh	5	5.00
	g. For Eye Wards and Eye OTS @ Rs.75 Lakhs	-	
	h. For Mobile Ophthalmic Units with tele-network @ Rs.60 Lakhs	-	
	i. Grant-in-aid for strengthening of Distt. Hospitals @ Rs.20 Lakhs	-	
	j. Grant-in-aid for strengthening of Sub Divisional. Hospitals@ Rs.5 Lakhs	-	
Contra actual Power Man	a. Ophthalmic Surgeon@ Rs.25000/- p.m	-	
	b. Ophthalmic Assistant @ Rs.8000/- p.m	-	
	d. Eye Donation Counsellors @ Rs.10000/- p.m.	22	26.40
Total			6157.90

Additionalities for strengthening of NPCB programme

Grant-In-Aid To States/UTS For Various Activities		Physical Target	Funds proposed as per (existing norms) (Rs. In Lakhs)
1	Computer, Printer and UPS for 75 dist. and 2 for SHS office@Rs.50,000/-	77	38.50
2	Data Entry Operator for MIs work @ Rs.11000/- p.m. (Rs 11000X12X75)	75 (one for each DBCS)	99.00
Total			137.50

CHAPTER-D.6: REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME(RNTCP)

Objectives: Universal access to TB Care: To ensure that all TB patients are registered and treated under the programme. Minimum to be achieved:

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 District

1 Projected population (in lakh) for next year i.e. 2013	
1. Rural population	1624.22
2. Urban Population	447.11
Total State Population	2071.33
2 Special Population:	
• Tribal population	47.028
• Hilly population	11.02
• Slum population	23.39
Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers) Use separate row for each type of population	

- No. of districts without DTC: **5/ 75**
- No. of districts that submitted annual action plans, which have been consolidated in this state plan: **75/ 75**

Organization of Services in the State:

Sl.	District	Population (in Lakhs)	Please indicate if the TU is-		No. of DMCs			Number of Taluka / Blocks*	Number of Private providers listed	Number involved in program	
			Govt	NGO	Public Sector*	NGO	Private Sector^			Under PP/NGO scheme	Not under PP/NGO scheme
1.	Agra	45.39	8	0	37	02	0	15	2070	2	0
2.	Aligarh	38.1	7	0	30	0	01	16	436	0	0
3.	Allahabad	61.82	12	0	45	7	0	20	726	0	7
4.	Ambedkar Nagar	25.38	5	0	24	0	0	9			
5.	Amethi	24.77	5	0	18	0	0	16	2	0	0
6.	Auraiya	14.22	3	0	14	0	0	07	0	0	
7.	Azamgarh	49.43	9	0	45	0	0				
8.	Budaun	30.83	6	0	31	0	4	15	33	4	0
9.	Ballia	35.01	6	0	33	0	0	17		0	0
10.	Barabanki	32.58	6	0	29	0	01	15	408	0	0
11.	Baghpat	13.7	3	0	11	1	3	6	61	6	0
12.	Bijnor	37.84	7	0	28	1	0	11	126	1	125
13.	Bulandshahr	35.61	07	0	33	0	0	15	860	0	0
14.	Banda	18.5	4	0	18	0	0	8	66		
15.	Bahraich	32.95	6	0	29	1	0	14	387	1	0
16.	Bareilly	45.45	9	0	42	2	3	15	620	548	72
17.	Balrampur	21.49	4	0	21	01	0	09	0	0	0
18.	Basti	25.88	05	0	24	0	0	14	0	0	0
19.	Chandauli	20.51	4	0	19	0	0	9	203	0	15
20.	Chitrakoot	10.06	3	0	9	0	0	5	0	0	0
21.	Deoria	33.15	6	0	31	0	0	16	465	0	465
22.	Etah	20.63	4	0	16	1	0	8	36	26	10
23.	Etawah	16.36	4	0	20	0	0	7	0	0	0
24.	Faizabad	25.60	5	0	25	0	0	14	0	0	0
25.	Firozabad	25.16318	6	0	21	0	0	9	452	0	0

Sl.	District	Population (in Lakhs)	Please indicate if the TU is-		No. of DMCs			Number of Taluka / Blocks*	Number of Private providers listed	Number involved in program	
			Govt	NGO	Public Sector*	NGO	Private Sector^			Under PP/NGO scheme	Not under PP/NGO scheme
26.	Farrukhabad	19	04	0	16	0	0	07	120	0	14
27.	Fatehpur	27.28	5	0	22	1	0	13	7	0	7
28.	Gautam Budh Nagar	16.58	3	0	11	2	0	4	0	2	0
29.	Gonda	34.93	6	0	30	00	0	16	31	1	0
30.	Gorakhpur	47.34	9	0	41	0	0	19	0	0	0
31.	Ghaziabad	33.3	5	0	16	3	4	4	215		
32.	Ghazipur	36.89	7	0	32	0	0	16	24	0	0
33.	Hardoi	42.40	8	0	40	0	0	19.0	530	2	0
34.	Hamirpur	13.04053	2	0	12	0	0	7	895	0	0
35.	Hapur	13	3	0	9	0	3	4	254	0	0
36.	Hathras	16.22	3	0	16	0	0	7	17	0	0
37.	Jalaun	18.2	4	0	18	0	0	9	612	0	0
38.	Jaunpur	48.93	10	0	43	3	0	21	417	3	0
39.	Jhansi	20.72	4	0	17	2	0	9	41	13	28
40.	Jyotiba Phule Nagar (Amroha)	19	4	0	0	2	0	6	649	3	0
41.	Kannauj	17.03	4	0	18	0	0	8	0	0	0
42.	Kanpur Dehat	19.15	4	0	19	0	0	10	1800	0	0
43.	Kanpur Nagar	45.72	10	0	39	0	0	10	0	0	0
44.	Kheri	41.68	7	0	36	0	0	15	235	0	92
45.	Kanshiram Nagar	13.63	3	0	9	0	0	7	159	0	0
46.	Kaushambi	16.8	2	1	16	3	0	8	1	34	
47.	Kushinagar	35.00	7	0	34	0	0	14	1504	0	0
48.	Lalitpur	12.23	03	0	11	0	0	06	24	0	0
49.	Lucknow	46	9	0	35	10	0	8	581	7	3
50.	Mainpuri	19	18	0	14	0	0	9	277		
51.	Mau	23.13	4	0	20	1	0	9	529	1	0

Sl.	District	Population (in Lakhs)	Please indicate if the TU is-		No. of DMCs			Number of Taluka / Blocks*	Number of Private providers listed	Number involved in program	
			Govt	NGO	Public Sector*	NGO	Private Sector^			Under PP/NGO scheme	Not under PP/NGO scheme
52.	Mahoba	9.01	3	0	13	0	0	4	510		
53.	Maharajganj	27.11	05	0	25	1	0	12	0	0	0
54.	Moradabad	31.12	6	0	23	3	1	8	585		80
55.	Meerut	35.73	7	0	30	7	0	12	2336	6	1
56.	Mathura	26.3	5	0	24	6	0	10	408	6	
57.	Muzaffarnagar	29.27	06	0	27	1	0	9	1167	0	18
58.	Mirzapur	26.7	6	0	23	0	1	12	373		
59.	Pilibhit	20.73	4	0	20	0	0	7			
60.	Pratapgarh	34.03	7	0	30	0	0	17	26		
61.	Rae Bareli	25.6	5	0	23	0	1	15	639	0	
62.	Rampur	24.05	05	0	0	0	0	5	338	0	0
63.	Sonbhadra	18.30	5	1	20	4	0	9			
64.	Siddharth nagar	26.46	04	0	22	0	0	14	0	0	0
65.	Shahjahanpur	32	6	0	22	0	0	14	0	0	0
66.	Saharanpur	35.26	7	0	27	2	0	11	0	2	0
67.	Shamli	13.57	3	0	11	0	0	5	116	0	0
68.	Sant Kabir Nagar	17.14	3	0	16	0	0	9			
69.	Sant Ravidas Nagar	17.15	3	0	16	03	0	06	366		
70.	Shravasti	11.23	2	0	9	0	0	5	311		
71.	Sitapur	46.37	7	1	41	1	0	19	150	1	40
72.	Sultanpur	24.34	5	0	24	0	0	14	0	0	0
73.	Unnao	32.22	6	0	27	0	0	6	326	0	0
74.	Varanasi	38.15	7	0	30	11	0	8		11	
75.	Sambhal	22.17	4	0	15	2	0	8	98		23
STATE TOTAL		2060.634	413	3	1745	84	22	794	23622	680	1000

*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

Organization of TB-HIV & PMDT services:

Sl.	District	Number of ART Centres	Number of Link ART Centres	Number of ICTCs	Number of Facility Integrated ICTCs	Number of the DRTB Centre		Number of the Culture & DST Laboratory			Whether C-DST Lab is accredited
						Govt	NGO	Public Sector*	NGO	Private Sector^	
1.	Agra	1	0	3	0	0	0	1	0	0	0
2.	Aligarh	01	0	03	0	01	0	07			
3.	Allahabad	1	0	14	14	2	0				
4.	Ambedkar Nagar	0	1	1	0	0	0	0			
5.	Amethi	0	0	1	0	0	0	0			
6.	Auraiya	0	0	02	0	0	0	0			
7.	Azamgarh	1	0	3							
8.	Budaun	0	0	3	3			1			
9.	Ballia	0	1	2	2	0	0	0			
10.	Barabanki	0	01	02	02	0	0	01			
11.	Baghpat	0	1	1	0	0	0	0			
12.	Bijnor	0	1	2	0	0	0	7			
13.	Bulandshahr	0	1	1	1	1		1			
14.	Banda	0	1	5	5	0	0	0	0	0	
15.	Bahraich	0	1	1	1	0	0	0			
16.	Bareilly	1	0	3	0	0	0	0	0	0	0
17.	Balrampur	01	01	01	0	0	0	0			
18.	Basti	0	01	02	02	0	0	05	0	0	0
19.	Chandauli	0	1	2	0	0	0	0			
20.	Chitrakoot	0	1	2	0	0	0	3			
21.	Deoria	1	0	8	0	0	0	0	0	0	0
22.	Etah	0	01	02	0	01	0	01			
23.	Etawah	01	0	09	0	01	0				
24.	Faizabad	01	0	01	0	0	0	5			

Sl.	District	Number of ART Centres	Number of Link ART Centres	Number of ICTCs	Number of Facility Integrated ICTCs	Number of the DRTB Centre		Number of the DST Laboratory		Culture & Private Sector^	Whether C-DST Lab is accredited
						Govt	NGO	Public Sector*	NGO		
25.	Firozabad	0	0	2	0	0	0	1			
26.	Farrukhabad	0	01	01	0	0	0	0			
27.	Fatehpur	0	1	1	1	0	0	0			
28.	Gautam Budh Nagar	0	1	1	1	0	0	1			
29.	Gonda	0	01	02	0	0	0	0			
30.	Gorakhpur	1	0	4	0	1	0	0			
31.	Ghaziabad	0	1	1	0	0	0	0			
32.	Ghazipur	1	0	2	3	0	0	0			
33.	Hardoi	0	0	3	0	0	0	8			
34.	Hamirpur	0	1	1	0	0	0	0			
35.	Hapur	0	0	0	0	0	0	0			
36.	Hathras	0	0	2	0	0	0	1			
37.	Jalaun	0	1	1	0	0	0	0			
38.	Jaunpur	1	0	1	0	0	0	0			
39.	Jhansi	1	0	5	0	0	0	0			
40.	Jyotiba Phule Nagar (Amroha)	0	1	1	0	0	0	0			
41.	Kannauj	0	1	1	0	0	0	0			
42.	Kanpur Dehat	0	1	2	0	0	0	0			
43.	Kanpur Nagar	1	0	5	0	1	0	0			
44.	Kheri	0	1	2	1	2	1	6			
45.	Kanshiram Nagar	0	0	1	1	0	0	3			
46.	Kaushambi	0	1	1	3	0	0	1			
47.	Kushinagar	1	0	0	0	0	0	0	0	0	0
48.	Lalitpur	0	0	01	0	0	0	0			
49.	Lucknow	2	2	14	14	1	0	0			
50.	Mainpuri	1	0	2	2	0		18			
51.	Mau	0	1	5	5	0	0	0			

Sl.	District	Number of ART Centres	Number of Link ART Centres	Number of ICTCs	Number of Facility Integrated ICTCs	Number of the DRTB Centre		Number of the DST Laboratory		Culture & Private Sector^	Whether C-DST Lab is accredited
						Govt	NGO	Public Sector*	NGO		
52.	Mahoba	0	01	02	0	0	0	0			
53.	Maharajganj	0	1	1	1						
54.	Moradabad	0	1	2	0	0	0	0			
55.	Meerut	1	0	7	0	1	1	1			
56.	Mathura	0	1	2	0	0	0	0			
57.	Muzaffarnagar	0	1	2	2	0	0	1			
58.	Mirzapur	0	1	1	1	0	0	0			
59.	Pilibhit	0	0	2	0	0	0	0			
60.	Pratapgarh	1	0	4	0						
61.	Rae Bareli	1	1	4	0	0	0	1			
62.	Rampur	0	0	0	0	0	0	0	0	0	0
63.	Sonbhadra	0	1	1	1						
64.	Siddharthnagar	1	3	1	1	0	0	0			
65.	Shahjahanpur	0	0	2	0	0	0	6			
66.	Saharanpur	0	0	1	1	0	0	0			
67.	Shamli	0	0	1	1	0	0	0			
68.	Sant Kabir Nagar	0	1	1	0	0	0	0			
69.	Sant Ravidas Nagar	0	1	1	0	0	0				
70.	Shravasti	0		1	0	0					
71.	Sitapur	0	1	1	0	0	0	0			
72.	Sultanpur	0	1	2	0	0	0	0			
73.	Unnao	1	1	2	0						
74.	Varanasi	2	0	6	7	1	0	2			
75.	Sambhal	0	0	0	0	0	0	0			
Total		25	44	183	76	13	2	82	0	0	0

RNTCP performance indicators:

Important: Please give the performance for the last 4 quarters i.e. Oct 2011 to Sep 2012

Sl.	District	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Success rate for NSP 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 subjected to C/DST *	No. of TB patients registered on Cat IV / V regimen during the period*
1.	Agra	8329	188	3148	71	89	70	88	27	135	56
2.	Aligarh	7304	201	3135	86	87	218.571	87.2857	299.286	0	0
3.	Allahabad	8510	140	3842	63	87	70	90	65.9	6	0
4.	Ambedkar Nagar	2097	86.6	1479	60.4	89	70	95	662	0	0
5.	Amethi	1198		680	0	0	0	0	0	0	0
6.	Auraiya	1925	141	1109	79.3	86.6	88.3	85	185	0	0
7.	Azamgarh	4717	97	2224	46	86	67	90	0	0	0
8.	Budaun	4789	152	2352	79	91	90	90	29.42	34	0
9.	Ballia	3668	109	2058	61	92	85	95	486	0	0
10.	Barabanki	5689	176.60	2618	80.35	92.07	74	87.5	665	7	2
11.	Baghpat	1817	137	855	65	92.6	95	95	62.1	0	0
12.	Bijnor	4263	113	2532	67	88	75	90	32	0	0
13.	Bulandshahr	6979	112.0	2991	189.36	87.63	91.4	95	89.5	0	0
14.	Banda	2436	132	955	51.6	92	95	90	65	0	0
15.	Bahraich	5119	155.3	2446	74.2	87	75	88	0	0	0
16.	Bareilly	5750	0	2431	53	86	80	87	24	0	0
17.	Balrampur	2179	103	1129	57	85	70	90	10	05	0
18.	Basti	3418	133	1527	60	88	67	85	6.07	0	0

Sl.	District	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Success rate for NSP 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 subjected to C/DST *	No. of TB patients registered on Cat IV / V regimen during the period*
19.	Chandauli	1946	98.18	968	48.83	86.06	70	90	57	0	0
20.	Chitrakoot	1389	435	539	59	91	80	90	163	0	0
21.	Deoria	2369	75.35	1506	47.73	90.21	90	90	45.20	0	0
22.	Etah	3191	170	2159	115	85.79	90	90	17	30	0
23.	Etawah	2561	158.32	1146	72.31	93.63	67	85	68.03	0	0
24.	Faizabad	3375	138	1630	66.38	88.8	71.5	90.5	26	0	0
25.	Firozabad	4138	136.93	1512	52.17	64.57	73.33	90	16	3	0
26.	Farrukhabad	2347	126.83	1031	54.89	85.04	70	90	8.57	0	0
27.	Fatehpur	3309	121	1811	66	93	73	93	41.49	15	0
28.	Gautam Budh Nagar	3121	215.2	1230	84.83	88.8	90.00	95.00	32.84	47	0
29.	Gonda	5191	152.75	1938	58.50	81.24	70	90	11.5	0	0
30.	Gorakhpur	3633	81.44	2540	57.19	86.55	85	90	0	18	0
31.	Ghaziabad	8308	251	3098	99	92	90	90	4.94	0	0
32.	Ghazipur	2842	77.03	1801	49	86.4	70	85	12	0	0
33.	Hardoi	7180	168	3210	77.1	89.1	85	90	36.30	24	0
34.	Hamirpur	1447	115	754	60	90	67	90	149	0	0
35.	Hapur	2922	224	1297	100	0	90	90	8.89	0	0
36.	Hathras	1682	103.54	1118	73.56	93.09	90	90	80	0	0
37.	Jalaun	2586	120	269	63.25	343	85.75	88	47.75	0	0
38.	Jaunpur	5942	125.7	2538	56.5	90	70	91	31	106	0
39.	Jhansi	2397	108.25	1266	236	59	95	90	27.9	0	0
40.	Jyotiba Phule Nagar	2488	133	1487	79	90	93	92	2.41	0	0

Sl.	District	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Success rate for NSP 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 subjected to C/DST *	No. of TB patients registered on Cat IV / V regimen during the period*
							Annualized NSP CDR	Success rate			
	(Amroha)										
41.	Kannauj	1855	109	1064	63	91	70	90	37	0	0
42.	Kanpur Dehat	2018	111	1292	70	90	80	94	74.77	0	0
43.	Kanpur Nagar	6137	138	2504	56	81	80	90	30.24	64	6
44.	Kheri	5986	147	3113	76	92	85	95	13.77	0	0
45.	Kanshiram Nagar	1542	105.32	863	58.95	86.02	90	90	59.43	50	0
46.	Kaushambi	2728	171.66	1154	73	97	82.33	95	36-62	0	0
47.	Kushinagar	3506	101	2301	67	94	90	98	0.28	0	0
48.	Lalitpur	1389	114	853	70	94	95	85	57	0	0
49.	Lucknow	6742	149	2683	62.22	83.33	71.66	90	3.69	75	26
50.	Mainpuri	2022	105.3125	950	49.4791	86	80	85	50.75	17	0
51.	Mau	2007	88	1238	54	92	85	95	68	0	0
52.	Mahoba	750	93	463	55	82	95	90	0.06	0	0
53.	Maharajganj	2195	406	1527	259	88	80	90	4	05	0
54.	Moradabad	3971	130	2614	90	90	95	95	0	1	0
55.	Meerut	6788	192	2962	84	90	86	91	46	0	0
56.	Mathura	2875	111	1298	50	85.40	70	85	11	0	0
57.	Muzaffarnagar	5419	153	2498	71	78.7	95	85	32.6	0	0
58.	Mirzapur	3922	59.8	1732	71.5	95.0	75	96	14.8	0	0
59.	Pilibhit	2073	137.72	1322	67	85.51	90	90	977	0	0
60.	Pratapgarh	4003	124	1999	62	94	70	95	32	20	0
61.	Rae Bareli	3471	138	1431	57	79	77	85	19.79	3	0
62.	Rampur	4174	181	1748	76	87	80	90	27.98	01	01

Sl.	District	Total number of patients put on treatment	Annualized total case detection rate (per lakh pop)	No of new smear positive cases put on treatment	Annualized New smear positive case detection rate (per lakh pop)	Success rate for NSP 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 subjected to C/DST *	No. of TB patients registered on Cat IV / V regimen during the period*
							Annualized NSP CDR	Success rate			
63.	Sonbhadra	1912	104.48	1201	69.08	87.59	75	90	0	0	0
64.	Siddharthnagar	2584	105.70	1599	69.5	92.31	90	85	18.19	0	0
65.	Shahjahanpur	2259	131.33	4618	69.25	89.83	80	90	25.21	0	0
66.	Saharanpur	5363	156.12	2371	482	68.85	70	90	0	0	0
67.	Shamli	1179	163	546	76	0	95	85	28.07	0	0
68.	Sant Kabir Nagar	2149	128.83	1006	61.67	84.67	66.67	88	15.33	0	0
69.	Sant Ravidas Nagar	2743	163	1267	77	93	177	85	5.98	0	0
70.	Shravasti	1046	98.3	652	63.5	90	67	95	132	0	0
71.	Sitapur	7059	163	3056	69	93.1	70	95	28.2	4	0
72.	Sultanpur	2389	97.36	1432	58.79	84.60	90	90	1071	0	0
73.	Unnao	4455	138	2192	68	87	95	90	14	8	0
74.	Varanasi	4924	133	2253	60.7	87.24	67	90	19.46	171	0
75.	Sambhal	2370	112	1475	74	90	80	90	0	0	0
Total		268504	139	130488	78	88	83	89	88	714	91

Section B – List Priority areas at the State level for achieving the objectives planned

Sl.	Priority areas	Activity planned under each priority area
1	Re-organisation of RNTCP Services as per the National Strategic Plan(NSP) 2012-2017	Re-organisation of TB Units as per community development blocks
		Recruitment of additional manpower as per sanctioned positions in NSP
		Advocacy with all stakeholders, arrangement of logistics, completion of civil works as per the revised plan, etc.
2	Provision of universal access to TB Diagnostic and Treatment services to all	Ensuring that all DMCs function at the best of their capabilities
		Ensuring that all diagnosed TB patients are put on treatment
		Increasing no. of TB patients to know their HIV Status and TB-HIV Patients are linked to TB & HIV Services
		Strengthening of lab EQA services
3	Provision of Services for DR-TB Patients	Reaching out to the unreached population by contact investigation, screening of TB in populations with co-morbidities, screening of vulnerable populations, etc
		Ensure all MDR Suspects are subjected to PMDT diagnostic services
4	Building Partnerships	All diagnosed DR-TB Patients to be put on treatment
		Involvement of more and more NGOs under signed schemes
5	Promoting Research	Seeking support from partners(Project Akshya, Professional Bodies, Faith Based Organisations)
		Encourage field-based operational research
		Organise regular CMEs on current updates and new topics

Priority Districts for Supervision and Monitoring by State during the next year

Sl.	District	Reason for inclusion in priority list
1	Ghazipur	Low suspect examination rates
2	Amethi	Low suspect examination rates
3	Deoria	Low suspect examination rates
4	Maharajganj	Low suspect examination rates
5	Shravasti	Low suspect examination rates
6	Chandauli	Low suspect examination rates
7	Jaunpur	Low suspect examination rates
8	Moradabad	Low suspect examination rates
9	Azamgarh	Low suspect examination rates
10	Gorakhpur	Identified for establishment of DR-TB Centre, slow progress in civil works
11	Varanasi	Identified for establishment of DR-TB Centre, slow progress in civil works
12	Jhansi	Identified for establishment of DR-TB Centre, slow progress in civil works
13	Meerut	Identified for establishment of DR-TB Centre, slow progress in civil works
14	Lucknow	Quality of program to be supervised closely, being the State capital
15	Allahabad	CBNAAT Lab, DR-TB Centre

Section C – Plan for Performance and Expenditure under each head:

1. Civil Works

Activity	No. required as per the norms	No. already upgraded/ present	No. planned to be upgraded during next financial year	Estimated Expenditure on the activity (e)			Quarter in which the planned activity expected to be completed	Pl provide justification if an increase is planned in excess of norms (use separate sheet if required)
				Up gradation	Maintenance	Total		
	(a)	(b)	(c)	(e1)	(e2)	(e1+e2)	(f)	(d)
STO Office	1	1	0	0	100000	100000	3Q13	Major up gradations required
STDC	2	1	1	500000	100000	600000	3Q13	Second STDC planned in Thakurganj TB Hospital Lucknow
IRL	3	2	1	100000	100000	200000	3Q13	IRL planned in Varanasi
SDS	4	4	0		400000	400000	3Q13	4 SDS available in state
DTCs	75	70	5	12500000	1000000	13500000	3Q13	New buildings of DTC handed over which need establishment expenses
DR TB Centre		10	11	16500000	1500000	18000000	3Q13	As per norms
C&DST Lab		2	1	1200000	350000	1550000	3Q13	
DDS (for both 1 st and 2 nd Line drugs)	75	46	29	1740000	0	1740000	3Q13	As per norms
TUs	1387	401	100	10000000	4010000	14010000	3Q13	As per norms
DMCs with smear microscopy (ZN staining)	2081	1803	70	4200000	9005000	13205000	3Q13	As per norms
DMCs with smear microscopy (Fluorescent microscopy)				0	75000	75000	3Q13	15 led Microscopes available in state
TOTAL				46740000	16640000	63380000		

To conduct this activity, an amount of Rs.633.80 Lakhs was proposed, out of which GOI approved Rs. 570.42 Lakhs only (ROP-FMR Code- I.1).

2. Laboratory Materials

Activity	Amount permissible as per the norms	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year 2012-13 (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	60300000	16631717	25894213	62139300	
Purchase of Lab Materials by Districts for sample collection, packaging and transport to C-DST laboratory	0	0	56800	8691400	
Purchase of Lab materials for C-DST lab in the district	0	0	0	0	
Lab materials for EQA activity at STDC (eg. Lab consumables for trainings, preparation of Panel slides etc)	0	0	0	1300000	2 STDCs planned
Lab materials & consumables for Culture/DST activity at IRL and other Accredited Culture & DST labs in Govt. sector including Medical Colleges	6300000	0	0	5000000	7 C&DST labs are being identified
Total	66600000	16631717	25951013	77130700	

To conduct this activity, an amount of Rs.771.30 Lakhs was proposed, out of which GOI approved Rs. 617.04 Lakhs only (ROP-FMR Code- I.2).

3.Honorarium / Counselling Charges

Activity	Amount permissible as per the norms	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 in non-tribal TUs / District for Cat I/II patients	Rs 250 per patient on completion of treatment	43842216	41009797	52524335	Honorarium requested exceeds the norms as more than 70% of DOT providers are community volunteers
Honorarium for DOT providers in tribal TUs / District for Cat I/II patients		0	0	0	
Honorarium for volunteers towards sputum collection and transport to DMC as per tribal action plan		0	0	0	
Honorarium to cover travel cost of patients & attendant(s) in tribal areas		0	0	0	
Honorarium for DOT providers of Cat IV patients – Intensive phase*	Rs 1500 per patient on completion of Intensive phase of treatment	117000	62500	825000	Expected No. of Drug Resistant TB Cases in FY 2013-14 is 5500, hence funds required would be Rs 8250000(1500*5500)
Honorarium for DOT providers of Cat IV patients – Continuation phase	Rs.1000/patient on completion of Continuation phase of treatment	0	0	65000	65 patients already on treatment, for whom the DOT providers need to be paid Rs 65000(65*1000)
TOTAL		43959216	41072297	53414335	

To conduct this activity, an amount of Rs.534.14 Lakhs was proposed, out of which GOI approved Rs. 427.31 Lakhs only (ROP-FMR Code- I.3).

Details of the DOT providers:

Type of DOT provider	No. presently involved in RNTCP	Additional enrolment proposed for the next financial year	Honorarium paid during the last four quarters	Remarks if any
ASHA	26159	17618	32986937	
Anganwadi	2062	2063		
Community volunteer	9040	3875		
Private providers / PPs (to whom honorarium is given from this head) (NGO/PP Scheme not signed)	1675	1307		
Total	38936	24863		

4. Annual Action Plan Format Advocacy, Communication and Social Mobilization (ACSM) for RNTCP

Activity	Budget proposed in last Annual Action plan (2011-12)	Amount available in this head (Opening balance +Amount received) (2011-12)	Amount spent by district (2011-12)	Amount spent at State level (2011-12)	Permissible Budget as per population norm for 2013-14	Budget proposed for next financial year (2013-14)			Justification/ Remarks for (d)
	(a)	(b)	(c)		District level State level	District level	State level	Total	(e)
ACSM	21216520	8084270	835032		30544736/ 2000000	27534556	2000000	29534556	

To conduct ACSM activities, an amount of Rs.295.34 Lakhs was proposed, out of which GOI approved Rs.236.27 Lakhs only (ROP-FMR Code- I.4).

Program Challenges to be tackled by during the Year 2013 - 14	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	Desired behavior or action (make SMART: specific, measurable, achievable, realistic & time bound objectives)		Activities	Media/ Material Required	Q1	Q2	Q3	Q4	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 for making TB a priority in the system	Health administrators and system authorities	Present and highlight issues affecting program effectiveness and outcome	Power Point Presentation, focused & brisk information of facts & figures	1	1	1	1	State TB cell	Minutes of the meeting	1) Action taken as per the discussion mentioned in the minutes. 2) Increase in TB suspects Examination per lakh population.	25000
	Formation of State level ACSM strategy	1) MD-NRHM 2) State IEC Bureau 3) State Information Dept.	Regular meeting with members	PowerPoint Presentation, update	1	1	1	1	State TB Cell	Minutes and action taken	State specific ACSM strategy developed & implemented	25000

		4) Civil Society (GFR9 partners) 5) PS, DG, STO, SIECO & consultants										
	To sensitize legislative assembly members in RNTCP.	MLAs of Uttar Pradesh assembly	Sensitization workshop during assembly sessions	PowerPoint Presentation, handouts & reference material	0	1	0	0	State TB Cell	Report of the workshop, photographs	MLAs sensitized in RNTCP	50000
	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	50000
Communication Activities												
To improve TB suspect examination	To Increase awareness in general population about TB, its symptoms, free diagnosis and treatment services; and the need to	Interns from social development institutes (MSW, Rural Management, students etc.)	Orientation/TB program/message dissemination workshops	Briefing, presentation & existing ACSM material	0	1	0	0	State TB cell	List of participants, report of the workshop, evaluation feedback	Draft posters and communication materials developed for printing & dissemination	50000
		Community	Involvement of media	Print, electronic and AIR	1	1	1	1	State TB Cell & Government agencies	No. of media agencies consulted	TB messages printed, displayed & aired regularly.	50000

	adhere to complete full course of treatment	Unreach & vulnerable population	Pilot- TB Audio message production and broad cast in local dialects through community radio stations	Scripted messages to be provided to the agencies	1	1	1	1	State TB cell	Copy of Audio CD and Reports from respective DTOs	Increase in TB awareness among target population	100000
			Radio broadcast of TB spots on AAKASHWANI in the entire state	Audio spots about TB, its symptoms, free sputum examination services available and the need to adhere to complete course of treatment	10 spots	10 Spots	10 Spots	10 Spots	State TB Cell	Report given by the AAKASHWANI, Audio Recordings	Increase in awareness among general population	200000
		Community	Video Scrolls on Regional TV Channels.	Video Scrolls	0	01 (15 days)	0	01 (15 days)	State TB cell	Report given by the Regional TC Channels, Video Recording	Increase in awareness among general population	50000
			Hoardings- 20*10 ft, 5 hoardings each in 5 KAVAI cities	Flex designs	0	15	10	0	State TB cell	Photographs and inspection reports by the districts officials	Increase in awareness among general	150000

			(Kanpur, Allahabad, Varanasi, Agra, Lucknow)								population	
			DLN Network meetings	Power point presentation , video/ audio documentaries, handouts with TB messages	0	0	1	0	State TB cell	Photographs, participants list & training report	Networks are engaged in TB control program	50000
Social Mobilization												
To improve knowledge on TB that will help to increase awareness and case detection					0	1 (in three batches for 89 persons)	0	0	State TB Cell	Photographs and workshop report, participation list	Trainings to 2 state level and 87 state level PPM Coordinators	300000
Challenge 2: Low 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	50000

	To involve indigenous health care providers (AYUSH)	AYUSH doctors	TOT for select AYUSH doctors (one from each TU)	Power point presentation, module & reference material	1 (4 batches of 25 each)	1 (4 batches of 25 each)	1 (4 batches of 25 each)	1 (4 batches of 25 each)	State TB cell	Participant list, training report, photographs	AYUSH doctors representatives trained at TU level to be engaged in RNTCP	
	To obtain commitment from Rural Health Care Providers in TB Care Control	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	100000
	To sensitize media for regular coverage and improved reporting.	Media personnel	Sessions at the Media Houses	PowerPoint Presentation and Patient Testimonies	1	1	1	1	State TB Cell	Photographs and Session Reports	Increase in the number of TB stories covered by media	50000
Communication Activities												
Reduce	To Increase awareness in general population	Community	Counseling by DOT Providers/ LT to the patient at the start of the	Posters, flip books, counseling folders & treatment algorithm,	1	1	1	1	State TB cell	Copies of the poster	Reduction in initial defaulters	100000

initial defaulters	n about TB, its symptoms , free diagnosis and treatment services; and the need to adhere to complete course of treatment		treatment	etc explaining ill effects of incomplete treatment								
		Street Theater Artists	Training & sensitization to Street theater groups on RNTCP	Power point presentation, reading materials(handouts)	1 (East region)	1(West region)	1(Central region)	1(Central region)	State TB Cell	Copy of the Scripts Developed, Contact Details of Master Trainers, participant list & photographs	groups trained & available to organize street theater with support from district	100000
		NGO representatives to promote schemes	State level TOT	Power point presentation, reference material	0	1(for 2 days)	1(for 2 days)	0	State TB cell	Participants list, photographs & TOT report	Trained NGOs available for engagement in RNTCP.	100000
		Community	Putting up RNTCP stalls with key ACSM messages on festive occasions	Canopy & mela kit, reference material(audio & video etc)	1(kumbh mela)	0	0	1(Lucknow mahotsav)	State TB cell	Photographs, feedback and no.of visitors on stall	Awareness created	100000
Social Mobilization												
Reduce initial defaulters, maintain	To empower community to avail TB	Cured patients, civil society representative &	Formation of TB forums at local and district level	Patient Charter(local languages)	1	1	1	1	State TB	Number of TB forums formed and meetings	TB related information reaches to every community	50000 (printing)

n treatme nt adheren ce & achievi ng Univers al Access	treatment services.	system							cell	held		charter in local langua ge)
	World TB Day Observati on	General Public	1) WTBD function and meeting with State level officials and invitees 2) Rally 3) Felicitating best DMC, inaugurating the ACSM produced material 4) Press conference 5)TB forum information to public 5) Felicitation to best workers	Annual update, display material for rally, signature campaign, memento, hard boards for display of messages,	0	0	0	1	Stat e TB cell	Photograph s, Newspaper Cuttings, participant list	Increase in community awareness	250000
Grand Total-												2000000

Note : Salary of 2 State ACSM Officers has been included in the ACSM head @Rs 35000 p/m

5. Equipment Maintenance:

Item	No. actually present	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 Systems* (maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	75	1205341	2306418	3460000	
Office Equipment (Maintenance includes repairs of photocopier, fax, OHP etc)					
Binocular Microscopes (RNTCP) – AMC & Repairs	2062	98835	702040	4124000	
Office equipment at DRTB Centre	10			450000	
C&DST lab Equipment				1362000	C-DST lab at IRL lucknow & Agra
Laptop				0	
LCD Projector	2	0		20000	For STC
Equipment at STDC, SDS, IRL etc	2			100000	For STC
CBNAAT Equipment	2			184000	Available at Allahabad & Varanasi
TOTAL				6240000	

**Computer Systems at DTCs, DR TB Centre, C&DST labs & IRLs etc.(Only for Districts with DR TB Centre or accredited IRLs approved by the state as per the State DOTS Plus Plan)*

For equipment maintenance, an amount of Rs.62.40 Lakhs was proposed, out of which GOI approved Rs.56.16 Lakhs only (ROP-FMR Code- I.5).

6. Training:

Activity	No. in the district	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 for which plan is being submitted (Rs.)	Justification/ remarks
			Q1	Q2	Q3	Q4			
(a)	(b)						(d)	(e)	(f)
Training of MOs			4000	2000					
Training of LTs of DMCs- Govt + Non Govt			100	150					
Training of MPWs			200	370					
Training of MPHS, pharmacists, nursing staff, BEO etc									
Training of Comm Volunteers			1000	1500					
Training of Pvt Practitioners									
Other trainings #									
Re- training of MOs			200	350					
Re- Training of LTs of DMCs			500	750					
Re- Training of MPWs							12115662	44740728	The TA/DA and expenditure on refreshments would be as per the state NRHM norms
Re- Training of MPHS									
Re- Training of Pharmacists									
Re- Training of nursing staff, BEO									
Re- Training of CVs									
Re-training of Pvt Practitioners									
TB/HIV Training of MOs									
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc									
TB/HIV Training of STS									
Training of BMOs in PMDT			110	85					

Training of MOs in PMDT	4000	3000	The training expenditure has exceeded the norms due to pending trainings in the state since last 2years
Training of Para medicals in PMDT	400	550	
Provision for Update Training at Various Levels(key staff & MO-PHIs)	200	250	
Any Other Training Activity(Key staff & MO-PHIs)			
AYUSH / School health / NRHM contractual doctors training			
Sensitization of DMC LTs for sputum collection & transport mechanism for culture & DST			
Orientation / sensitization of nursing staff, chv, pharmacists (school health/ NRHM) etc			
Review meetings			
TOTAL		12115662	44740728

To conduct training/capacity building activities, an amount of Rs.447.40 Lakhs was proposed, out of which GOI approved Rs. 335.55 Lakhs only (ROP-FMR Code- I.6).

7. Vehicle Operations (POL & Maintenance):

Type of Vehicle	Number permissible as per the norms in the district	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 – STC level	1	1			210000	
Four wheelers – STDC level	1	1			210000	
Four Wheelers – District level	75	23	1486860	317500	3550000	
Two Wheelers	1524	401	33000	214500	62900000	
TOTAL					66870000	

For Vehicle operations, an amount of Rs.668.70 Lakhs was proposed, out of which GOI approved Rs.441.70 Lakhs only (ROP-FMR Code- I.7).

8. Vehicle Hiring*:

Hiring of Four Wheeler	Number permissible as per the norms in the district	Number actually present	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)
For STC	3	0		45000	792000	As per new NSP Norms
For STDC	2				660000	For 2 STDCs
For DTO	87	62	4974435	42981481	46200000	Norms revised as per NSP
For MO-TC	1387	401				
TOTAL					47652000	

* Vehicle Hiring permissible only where RNTCP vehicles have not been provided

Under RNTCP for vehicle hiring, an amount of Rs.476.52 Lakhs was proposed, out of which GOI approved Rs. 333.56 Lakhs only (ROP-FMR Code- I.8).

9. Public- private Mix (PP/NGO Support): (A-New schemes w.e.f. 01-10-2008)

Activity	No. of currently involved in RNTCP in the district	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		15762015	2926500	
SC Scheme: Sputum Collection Centre/s	26	124		8920000	7440000	
Transport Scheme: Sputum Pick-Up and Transport Service	15	80	3772192	3086000	1920000	
DMC Scheme: Designated Microscopy Cum Treatment Centre (A & B)	93	66		21243000	9900000	

LT Scheme: Strengthening RNTCP diagnostic services	3	13	1745000	24240000
Culture and DST Scheme: Providing Quality Assured Culture and Drug Susceptibility Testing Services	0	11	956000	7000000
Adherence scheme: Promoting treatment adherence	51	106	8390000	42400000
Slum Scheme: Improving TB control in Urban Slums	9	46	4410000	2300000
Tuberculosis Unit Model	2	7	4386800	4000000
TB-HIV Scheme: Delivering TB-HIV interventions to high HIV Risk groups (HRGs)	2	12	1450000	1440000
Innovative schemes / proposals*				
TOTAL				103566500

B-PPM Focused personnel:

Activity	No. required as per the norms in the district	No. actually present in the district	No. planned to be additionally hired during 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)	
State level PPM Coordinator	2	0	1	0	0	180000	@Rs 30000/ month for 6 months
District level PPM Coordinator	87	0	75	0	0	9900000	@ Rs 22000/ month for 6 months
TBHV*	475	236	172	14864828	19851138	156745560	@Rs 15000/ month + increments
TOTAL						166825560	

**TBHV positions from contractual heads shifted to PPM head*

For PPP/NGO support (Activities A & B), total amount of Rs.2703.92 Lakhs was proposed, out of which GOI approved Rs. 1903.90 Lakhs only (ROP-FMR Code- I.9).

10. Medical Colleges

Number of medical colleges present in State:		Public sector		Private / NGO
Number of medical colleges recognized by MCI present in state		12		13
Number of medical colleges participating in program		8		9
Activity	Number in Medical College	Amount permissible as per norms	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
ZTF / STF level :	(a)	(b)	(c)	(d)
ZTF/STF Meeting Organization		600000	600000	
ZTF/STF Office coordination activity			100000	
ZTF/STF Visit expenses			500000	
OR Committee meeting expenses			200000	
Medical College Level :				
Civil Work & Maintenance:				
DMC	26		1875000	
DOTs Centre	28			
DRTB Centre	2			
C-DST Lab/IRLs				
Contractual Staff:				
MO-Medical College	19		9563520	
LT for Medical College	26		4498740	
TBHV for Medical College	22		4054620	
ACSM: Meetings and CME planned	68		340000	
Training:	Numbers to be trained		0	
Faculty Members	614			
Residents & interns,	494		1500000	
Nursing Staff	619			
Para-medical staff	344			
Research and Studies:				
Thesis of PG Students	19		1720000	
Operations Research	5			
Travel Expenses: for attending STF/ZTF/NTF meetings			1685000	
TOTAL			26636880	

For the above purpose, an amount of Rs.266.36 Lakhs was proposed, out of which GOI approved Rs. 213.09 Lakhs only (ROP-FMR Code- I.10).

11. Office Operations (Miscellaneous):

Activity*	Amount permissible as per the norms	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)
STC level:					
STDC level					
IRL					
SDS	24290640	8397524	17793826	24290640	
C&DST lab					
District level:					
Others (specify)					
TOTAL				24290640	

For the above purpose, an amount of Rs.242.90 Lakhs was proposed, out of which GOI approved Rs. 194.32 Lakhs only (ROP-FMR Code- I.11).

12. Contractual Services

	No. required 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 financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)		(d)	(e)	
Asst Programme Officer/ Epidemiologist	1	0	1				@ Rs 50000/month + increments
Medical officer – STC	2	0	2	140741896	174504038	526338384	@Rs 40000/month + increments
DRTB Coordinator	2	0	2				@Rs 40000/month

				+ increments
TB/HIV Coordinator	2	0	2	@ Rs 50000/month + increments
ACSM Officer				
Microbiologist for IRL	2	0	2	@ Rs 50000/month + increments
Sr.LT at IRL	2	0	2	@ Rs 20000/month + increments
State IEC Officer				@ Rs35000/month + increments
Accounts Officer /State Accountant	2	0	2	@ Rs 40000/month + increments
SDS Pharmacist	4	4	0	@ Rs 18000/month + increments
Store Assistant (SDS)	4	4	0	@ Rs 13000/month + increments
DEO (State TB Cell)	2	1	1	@ Rs 20000/month + increments
DEO (IRL)	2	0	2	@ Rs 20000/month + increments
Secretarial Asst	1	0	1	@ Rs 18000/month + increments
Data Analyst	2	0	2	@ Rs 30000/month + increments
DEO – STF (if approved)	0	0	0	@ Rs 20000/month + increments
Technical Officer – procurement & logistics	1	0	1	@ Rs 35000/month + increments
IRL – Microbiologist EQA	2	0	2	@ Rs 50000/month + increments
C&DST Lab – Microbiologist*	2	1	1	@ Rs 50000/month + increments
C&DST Lab – Sr LT*	2	0	2	@ Rs 20000/month + increments

C&DST Lab – DEO*	2	0	2	@ Rs 20000/month + increments
Medical Officer-DTC	Not to be filled	-	22-	@ Rs 40000/month + increments
Senior DOTS plus TB – HIV Supervisor	85	32	54	@ Rs 22000/month + increments
STS	937	376	100	@ Rs 22000/month + increments
STLS	438	363	75	@ Rs 22000/month + increments
DEO	84	70	14	@ Rs 15000/month + increments
Accountant – full time	73	7	67	@ Rs 18000/month + increments
District Program Coordinators		0	76	@ Rs 25000/month + increments
Contractual LT		732	183	@ Rs 13500/month + increments
Driver (if sanctioned from RNTCP)	6	5	1	@ Rs 10000/month + increments
Communication Facilitator (if sanctioned)	0	0	0	NA
DRTB centre Sr. MO	21	0	21	@ Rs 50000/month + increments
DR TB Centre Statistical Assistant	21	1	20	@ Rs 20000/month + increments
DRTB Centre – Counsellor	21	0	21	@ Rs 10000/month + increments
Any other (specify)				
TOTAL			660714384	

For the above purpose, an amount of Rs.6607.14 Lakhs was proposed, out of which GOI approved Rs. 3684.36 Lakhs only (ROP-FMR Code- I.12).

13. Printing:

Activity	Amount permissible as per the norms	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 at State level				28218158	66% printing to be done at State level & 34% to be done at District level, as per norms *Items to be printed at District level : Treatment Cards, Identity Cards, Training Modules for District level trainings, Annexure for PMDT
Printing at District level*				14536627	
TOTAL	45157500	5068036	19071287	42754785	

For the above purpose, an amount of Rs.427.54 Lakhs was proposed, out of which GOI approved Rs. 342.03 Lakhs only (ROP-FMR Code- I.13).

14. Research and Studies (excluding OR in Medical Colleges):

Any Operational Research projects planned by the State (Yes/No) __Yes __

For the research and studies, an amount of Rs.9.00 Lakhs was proposed, out of which GOI approved Rs. 8.10 Lakhs only (ROP-FMR Code- I.14).

15. . Procurement of Drugs:

For the above purpose, an amount of Rs.2.00 Lakhs was proposed, which is not approved by GOI (ROP-FMR Code- I.15).

16. Procurement of Vehicles:

Equipment	No. actually present in the state	No. planned for this year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
4-wheeler **	8	0	0	
2-wheeler	345	501	32565000	
TOTAL			32565000	

For the above purpose, an amount of Rs.325.65 Lakhs was proposed, which is approved by GOI (ROP-FMR Code- I.16).

17. Procurement of Equipment:

Equipment	No. actually present in the district	No. planned for this year	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)	67	48	2880000	
Fax machine	15	45	450000	
Photo-copier	37	45	4500000	
LCD system with laptop	0	3	300000	
Refrigerator	4	75	1875000	
Bar Code Printer	0	0	0	4 SDS
Bar Code Reader with software	0	0	0	
Video Conferencing Unit	0	0	0	
PDA		956	14340000	
Total			24345000	

For the above purpose, an amount of Rs.243.45 Lakhs was proposed, out of which GOI approved Rs.100.45 Lakhs only (ROP-FMR Code- I.17).

18. Patient Support and Transportation charges:

Activity	Amount permissible as per the norms	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)
a) Patient Support & Transportation charges b) Transportation charges - actual travel fare by public transport for MDR TB patient and 1 attendant for travel to DTC/DOTS Plus Site/IRL for follow up examination* c) Transportation charges for sputum samples sent to IRL d) Other (specify)				35200000	For expected 5500 MDR-TB patients annually on treatment -1. @Rs 400/visit to DR-TB Centre for 2 people 2. 400/visit to DTC for 2 persons 3. Rs 300 /visit 8 times for F/U for 2 persons
TOTAL				35200000	

For the above purpose, an amount of Rs.352.00 Lakhs was proposed, out of which GOI approved Rs.246.40 Lakhs only (ROP-FMR Code- I.18).

19. Supervision & Monitoring:

Activity	Amount permissible as per the norms	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)
State Level:					
Supervision & Monitoring					
TA of contractual staff					
DA of contractual staff					
TA & DA of DTO/MODTC for attending the meetings, workshops etc				52983797	
Review meeting expenditure					
Internal Evaluations					
District level:					
TOTAL				52983797	

For the above purpose, an amount of Rs.529.83 Lakhs was proposed, out of which GOI approved Rs.423.87 Lakhs only (ROP-FMR Code- I.19).

20. Additionality Funds from Disease pool fund - Details of the activities for which Additionality Funds are proposed

Sl.	Proposed Activity	Estimated Expenditure	Justification
1	Pretreatment evaluation costs for MDR-TB patients	500000	The provision to reimburse pretreatment evaluation costs to MDR-TB patients not reaching DR-TB centres due to serious illness needs to be considered for 75 districts + 2 DR-TB centres in pvt . medical colleges need reimbursements of the pre-treatment evaluation being done by them .Involvement of these DR-TB centres is important for a geographically large state like UP to provide treatment services to MDR-TB patients
2	Cost of F/U sputum cultures using Liquid Culture technology at SGPGIMS Lucknow for MDR-TB patients consuming CAT-IV	1000000	Expected sample load of 200 samples /month reimbursed @ Rs 400/= per sample. SGPGI cannot be included under C-DST scheme nor does it get funds from the government to support it's lab workload.Thus additional financial support is requested from the program.
3	Procurement of PWBs (Drug boxes) for SLDs (second line drugs)	600000	Estimated cost @Rs 100/PWB (24 PWBs per patient would be required)
4	Equipments for establishing C-DST lab at AMU, Aligarh	2000000	
5	Generators for DTC	37500000	75 Generators at DTC for ACs to maintain the temperature of SLDs
6	Invertors for DMCs	40000000	
7	Digital camera for DMCs	10000000	
8	HR requirement for 12 DR-TB Centres	8640000	4 Nursing staff per DR-TB Centre@Rs 15000/month per DR-TB Centre
9	Outsourcing Waste disposal management at DTCs	750000	Rs 1Lakh per DTC
10	Establishment of 4 Regional TB Program management units	13656000	As per recommendations of Central Internal Evaluation team, Joint Monitoring Mission and innovation at the end of MD NRHM, UP during Zonal PMDT review meeting at Lucknow (Proposal Annexed at the end of PIP)
Total		114646000	
Funds requested from State Resources			
Sl.	Proposed Activity	Estimated Expenditure	Justification
1	POL for Generators	3000000	
2	Water Coolers for DMCs	5000000	
3	CUG Phones for STS/STLS/TBHV	30000000	
Total		38000000	

For the above purpose, an amount of Rs.1146.46 Lakhs was proposed, out of which GOI approved Rs.271.46 Lakhs only.

Budget Summary - RNTCP

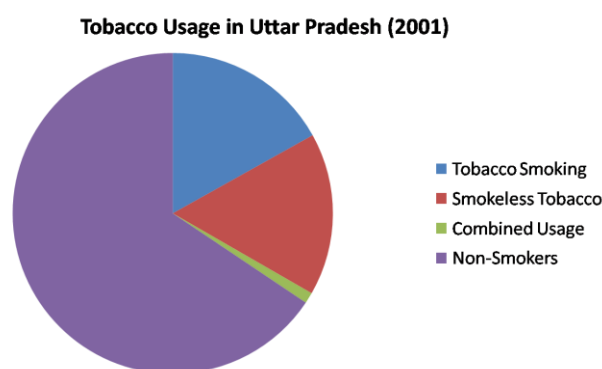
Category of Expenditure	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)
1. Civil works	633.80	570.42
2. Laboratory materials	771.31	617.04
3. Honorarium/Counselling Charges	534.14	427.31
4. ACSM	295.35	236.27
5. Equipment maintenance	62.40	56.16
6. Training	447.41	335.55
7. Vehicle Operation (POL & maintenance)	668.70	441.70
8. Vehicle hiring	476.52	333.56
9. Public-private Mix (PP/NGO support)	2703.92	1903.90
10. Medical Colleges	266.37	213.09
11. Office operations (Miscellaneous)	242.91	194.32
12. Contractual services	5263.38	3684.36
13. Printing	427.55	342.03
14. Research, studies & Consultancy	9.00	8.10
15. Procurement of Drugs	2.00	-
16. Procurement –vehicles	325.65	325.65
17. Procurement – equipment	243.45	100.45
18. Patient support & transportation charges	352.00	246.40
19. Supervision & Monitoring	529.84	423.87
Total	14255.69	10460.18
20. Disease Flexi Pool Fund	1146.46	271.46
Grand Total	15402.15	10731.64

CHAPTER-D.7: NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

A. Background

- a) Globally approx. 5.4 million people die each year as result of diseases resulting from tobacco consumption. More than 80% of these deaths occur in the developing countries. Tobacco is a risk factor for six of the eight leading causes of death.

- b) India's Tobacco problem is more complex than probably any other country in the world; in the late 1980's the number of tobacco attributable deaths in India was estimated at 630,000. Conservative estimates reveal that the deaths attributable to tobacco currently range between eight to nine lakh people per year. The financial burden attributable to tobacco related morbidity and mortality was estimated to be Rs.308.33 billion in 200203



- c) A Survey conducted by the Indian Council of Medical Research in 2001 to measure the prevalence of tobacco use revealed that the overall prevalence of tobacco use in any form was 34.4% in Uttar Pradesh. The observed prevalence was higher than the national Bidi was observed to be the commonest smoking material in both the States.
- d) Males were the predominant users; and the prevalence was higher in rural areas as compared to the urban areas. Persons with education in college had a lower prevalence of tobacco use. Although the prevalence of tobacco use was less in the secondary school educated children also (as compared to illiterates and less educated), the differences were not sharp. This suggests an important role of education in tobacco usage.
- e) Prevalence of tobacco use increased with age. Tobacco use prevalence crossed 50% level among men in the age group of 25-29 years suggesting the early initiation of the habit.
- f) The survey revealed that a very small proportion (3.5% males and 1.4% females) of tobacco users contemplated quitting their habit. A high percentage (90%) of tobacco users knew about at least one harmful effect of tobacco.
- g) Considering that the public health implications of tobacco consumption and the preventable nature of tobacco related morbidity and mortality the Government of Uttar Pradesh has issued notifications to enforce the ***cigarettes and other tobacco products (prohibition of***

advertisement and regulation of trade and commerce, production, supply and distribution) act. The state proposes the strategies to reduce the demand as well as supply of tobacco so as to decrease the disease/disability and deaths associated with tobacco use.

B. National Tobacco Control Programme (NTCP) in Uttar Pradesh

- a) Uttar Pradesh was one of the states to be covered in the pilot phase of the NTCP launched in 2007-08. Uttar Pradesh implemented tobacco control measures in the districts of Lucknow and Kanpur, wherein District Tobacco Control Cells were established and activities pertaining to enforcement and prevention were implemented. Currently the tobacco control program is being implemented in 35 districts of the state. As per the objectives of the NTCP, the state has
 - Built the capacity of the 35 districts to effectively implement the Anti Tobacco Initiatives;
 - Trained 450 health and social workers;
 - Carried out 45 IEC and mass awareness campaign including School Health Programme;
 - Set up a regulatory mechanism to monitor/ implement the Anti Tobacco Laws
- b) As per the recommendation of the Expenditure Finance Committee (EFC) on NTCP held in March the activities of NTCP at state and district level are to be integrated with the existing activities / programs of NRHM which include school health program; IEC/BCC; training of doctors, health and social workers; health melas; and health activities carried out by NGOs. Therefore the state will incorporate anti-tobacco awareness, campaigns and training of health professionals within the overall framework of the state's NRHM plan for the year 2013-2014.
- c) The activities of NTCP at state/ District level shall be integrated with the existing activities/ Programmes of Uttar Pradesh state. School health programme, IEC/BCC, Training of DHOs, Doctors, Superintendent of Police, deputy Director of Public instruction, Health and Social worker, and all concerned officers, Health camps activities are Carried out by state and District Anti Tobacco Control Cells in all districts.
- d) Training :- Training and capacity Building programme will target the school teachers, Health workers, Asha workers, Anganavadi workers, law enforcers, women self help groups, Deputy director in public instructions, Superintendent of Police, and other civil Society organizations etc, for Tobacco Control initiatives including implementation of the law. Dedicated Tobacco Cessation Centers under the Supervision of the medical officers is an integral part of the district programme. These centers will be manned by the Psychologist and will be located in all district hospital. This can also form a part of existing department e.g. Medicine, Psychiatry, Surgery, Oncology etc.
- e) IEC/BCC campaigns:- Tobacco is a risk factor for cancer, chronic Pulmonary diseases and TB deaths etc. IEC/ BCC campaigns are helpful in changing the behaviour and life style of the public. State and District level IEC/Bcc campaigns must include tobacco control and Growing of alternate crops in tobacco farmers. Ex: Agriculture, Horticulture, Fisheries, Sericulture, Animal, Husbandry.

- f) School Health Programme:-The School programme is aimed at creating awareness among the school Children / teachers regarding the harmful effects of tobacco usage and passive smoke awareness is also generated with respect of the provisions under the law.
- g) World No Tobacco Day (WNTD):-
- h) Theme for the forth coming world No Tobacco Day (WNTD) is implementation of health warnings. State Anti Tobacco Cell and other medical institutions are jointly planning various activities to raise awareness and advocate for implementation of COTPA among schools, law enforcers and general public.

C. Proposed Interventions at the State Level

The UP State Tobacco Control Cell will effectively coordinate and monitor the proposed initiatives under the District Tobacco Control Programme. The Nodal Officer at the State level and State Programme Manager NRHM will be responsible for the overall coordination, monitoring and evaluation of the Programme at the State and District level.

Proposed Budget for the State Tobacco Control Programme 2013-14

Sl.	Component	Calculation	Total (INR)
I	Salaries		
	State Programme Coordinator -1	35000X12	420000
	1.Programme Assistant-1	18000X12	216000
	2.Computer Operator-1	10000X12	120000
II	Training Mass awareness Programme, Printing of Posters & Banners, Rallies , Media Coverage	500000	500000
III	IEC	1500000	1500000
IV	Contingency	100000	100000
TOTAL			2856000

(Rupees Twenty eight Lakhs Fifty Six Thousand Only)

D. Proposed Interventions at the District Level

- This Year, the State plans to scale up the District Tobacco control Program to all 75 districts. All the activities of the District Tobacco Control Programme shall be carried under the supervision and guidance of the District Programme Manager, NRHM.
- Appropriate IEC material and campaign designs will be adapted to meet the needs of the local communities and 10 in each district IEC and mass media campaign be carried out in the implementing districts.
- Awareness regarding ill effects of tobacco consumption will be an integral part of the state's school health program. 50 of schools in each district will be reached this year. In addition, 250 teachers will be trained in each district to disseminate tobacco control message among the school children and the surrounding communities.

- 35 dedicated Tobacco Cessation Centres under will be established in the Internal Medicine Departments of 35 district hospitals. The centres will be managed by the psychologist who will be supported by the medical officer belonging to the department.

Proposed Budget for the District Tobacco Control Programme 2013-14

Sl.	Component	Calculation	Total
1-	Staff salaries:		
	District Programme Coordinator @ Rs.20000 x 1 person	20000X12	240000
	Psychologist @ Rs.15000 x 1 person	15000X12	180000
	Social Worker @ Rs.12000 x 1 person	12000X12	144000
	Data Entry Operator @ Rs.10000/- x 1 person	10000X12	120000
2-	IEC	500000	500000
3-	Training	200000	200000
4-	School Programme	200000	200000
5-	Monitoring the tobacco control laws & reporting	100000	100000
6-	Contingency	50000	50000
7-	One time grant-Equipment 1 computer with printer/accessories and consumables for 1 year	60000	60000
TOTAL			1794000

(Rupees seventeen Lakhs Ninety-four Thousand Only)

Note – Total budgetary allocation for 75 Districts = 1794000X75 = 134550000

E. Budget summary

- Proposed Budget for the State Tobacco Control Programme 2013-14 is Rs. 2856000.00 (Rupees Twenty eight Lakhs Fifty Six Thousand Only)
- Proposed Budget for the District Tobacco Control Programme 2013-14 is Rs.134550000.00 (Rupees Thirteen Crore forty five Lakhs fifty thousand only)
- **Total Budget – 137406000.00(Rs. Thirteen Crore Seventy four Lakhs six thousand only)**

CHAPTER-D.8: NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

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 districts 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 districts viz Mau, Mirzapur, Pratapgarh, Raibareilly, Muzaffarnagar, Shahjahanpur and Allahabad under the programme in 2012-13. We further propose to include twelve more districts viz Aligarh, Azamgarh, Bareilly, Basti, Faizabad, Ghaziabad, Ghazipur, Gonda, Jhansi, Kanpur, Kushinagar, Meerut and Moradabad. Under the program in 2013-2014. 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 lakh 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

Component	No	Amount released till now	Utilized amount till year 11-12	Committed amount in year 11-12	Uncommitted unspent In year 11-12
District Hospital Capacity building	8 district	5320000.00	976315.00	4220000.00	123685.00
CHC/PHC Capacity Building	8 district	3664000.00	384548.00	1802000.00	1477452.00
Screening camp	2 district	200000.00	Nil	Nil	200000.00
Contractual	8	540000.00	Nil	Nil	540000.00

manpower	district				
Hearing aid	2 district	486600.00	Nil	Nil	486600.00
Training	8 district	4557500.00	32410.00	238050.00	4287040.00
Contingency	HQ	10000.00	Nil	Nil	10000.00
Other Receipt (Additionalities under NRHM)	HQ	422000.00	Nil	Nil	422000.00
Bank Interest	HQ	1233718.00	Nil	Nil	1233718.00
Total		16433818.00	1393273.00	6260050.00	8780495.00

From the GOI releases Rs. Thirteen Lakh Ninety three Thousand Two hundred seventy three (Rs1393273.00) was utilized in previous years and Rs. One Crore Thirty three Lakh Eighty four Thousand Eight Hundred Twenty seven (Rs13384827.00) remained as Unspent balance. Since ROP of PIP Year 2011-12 did not mention release of any budget for 2011-12, we could not spend any amount till GOI approval, dated 11.01.2012 for “utilization of unspent balances” was received in Jan 2011. Subsequently Rs. 6260050.00 is in the process of being utilized in 2011-12. Rest amount Rs. 7124777.00 and bank interest Rs1233718.00 needs to be revalidated / adjusted for activities as mentioned in PIP for 2012-13. An amount of Rs. Four Lakh Twenty Two Thousand (Rs. 422000.00) 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 Lakh 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 (census2011), 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), Secretory Otitis Media, Traumatic, Rubella deafness and Noise induced hearing loss and Ototoxicity, 30 % of deafness, though 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 Media	5.2 %
3-	Serious Otitis Media	3 %
4-	Dry perforation	0.5 %
5-	Congenital Deafness	0.2 %
6-	Non infectious & other unknown causes (Presbycusis, NIHL, Ototoxicity)	10.3 %

D. Objectives of the programme

- To prevent avoidable hearing loss on account of disease or injury.
- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- To medically rehabilitate persons of all groups, suffering with deafness.
- To strengthen the existing inter-sectoral linkage for continuity of the rehabilitation programme for persons with deafness.
- 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, Raibareilly, Muzaffarnagar, Shahjahanpur and Allahabad and further in the year 2013-2014 13 districts are Aligarh, Azamgarh, Bareilly, Basti, Faizabad, Ghaziabad, Ghazipur, Gonda, Jhansi, Kanpur, Kushinagar, Meerut and Moradabad.

Districts already covered under the programme

Sl.	District	Population Census 2011	Name of Hospital	ENT Surgeons in dist.	Audiologist/ Audiologic 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

New Districts(7) 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	3	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	20	

New Districts(13) proposed for 2013-2014

Sl.	District	Population	No of centres	ENT surg	Audiologist/ Audiologic Assistant
1	Aligarh	3673849	60	-	NIL
2	Azamgarh	4616509	91	2	NIL
3	Basti	2461056	39	2	NIL
4	Bareilly	4465344	62	2	NIL
5	Faizabad	2468371	48	1	NIL
6	Ghazipur	3622727	57	2	NIL
7	Ghaziabad	4661452	24	2	NIL
8	Gonda	3431386	66	1	NIL
9	Jhansi	2000755	42	2	NIL
10	Kanpur Nagar	4572951	43	9	NIL
11	Kushinagar	3560830	67	2	NIL
12	Moradabad	4773138	39	1	NIL
13	Meerut	3447405	43	2	NIL

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, AWS, 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 school 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 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, and Banda & Varanasi have been trained for the programme at MAMC, New Delhi and CSMMU, Lucknow.
- Pediatrician 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 Audio logical 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 / audio logic assistant would be taken on a contractual basis.

- In year 2013-2014 to develop institutional capacity for ear services & same programme will be extended in (7+13=20) twenty 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 2013-14

Proposal for Establishment of Office and Staff required for State Nodal Officer at Medical & Health Directorate in 2013-14.

Sl.	State Staff	Present status	No.	Cost per month	Cost per Year
1	Administrative Officer-1	NIL	1	15000.00	180000.00
2	Data Entry Operator-1	NIL	1	12000.00	144000.00
3	Driver-1	NIL	1	7000.00	84000.00
4	Peon-1	NIL	1	5500.00	66000.00
5	TA/DA for SNO	NIL	1	5000.00	60000.00
6	Vehicle –Sturdy & convenient for long route (Tavera/Tata Sumo etc)	NIL	1	One time	800000.00
7	POL	NIL		6000.00	72000.00
8	Office Furniture	NIL		One time	100000.00
9	Contingency Office	NIL		5000.00	60000.00
10	Office Phone Internet	NIL		5000.00	60000.00
11	Desktop Computer, UPS, printer & Scanner	NIL	1	One time	60000.00
12	20 CPM A3 Size Photocopier	NIL	1	One time	175000.00
13	Lap top Computer	NIL	1	One time	60000.00
14	Mobile Phone to SNO on rental charge	NIL	1	2000.00	24000.00
15	Miscellaneous	NIL	1	Misc.	50000.00
16	Publicity work	NIL			200000.00
TOTAL					2195000.00

(Total Rupees in words: Twenty-one Lakh, ninety-five thousand only)

Rs. Ten Thousand (Rs.10000.00) remaining as unspent balance of previous year GOI release under NPPCD and Rs. Four Lakh Twenty Two Thousand (Rs.422000.00) from Mission Flexipool (Additionalities under NRHM acct.) from 2011-12.

Proposal for the District Hospital Capacity Building of existing districts (Barabanki, Gorakhpur, Lucknow, Banda, Varanasi, Agra, Saharanpur, Moradabad) in 2013-14.

S l.	Items	Rate each	Req No.	Total Amount
1.	Impedance audiometer	200000.00	6	1200000.00
2.	OAE analyser	300000.00	3	900000.00
TOTAL				2100000.00

(Total= Rs. Twenty One Lakh only)

Rs. One Lakh Twenty three Thousand Six Hundred eighty five (Rs. 123685.00) 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 2013-14

Sl.	Items	Rate each	Req No.	Total Amount
1.	IEC Activities for district per year	200000.00 per dist	8	1600000.00
2.	12- Monthly Screening camps per district per year	10000.00 per camp	12x8	960000.00
3.	Hearing Aid 200 per district per year @2500 per hearing aid	500000.00 per dist	8	4000000.00
TOTAL				6560000.00

(Total Rs. Sixty Five Lakh Sixty Thousand only)

Rs. Six Lakh Eighty Six Thousand Six Hundred only (Rs. 686600.00) 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 2013-14.

Sl.	Name of Post	Remuneration/per month	Required No.	Total Amount per annum
1	Audiometric Assistant	10000.00	8 X 12 month	960000.00
2	Instructor	10000.00	8 X 12 month	960000.00
Total Amount				1920000.00

(Total Rs. Nineteen Lakh Twenty Thousand only)

Rs. Five Lakh Forty Thousand (Rs.540000.00) 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 2013-14.

Sl.	Name of Post	Rate per Annum	Req No.	Total Amount per annum
1-	Honorarium to District Nodal officer @5000per month	60000.00	8	480000.00
2-	Office operation and maintenance of records	60000.00	8	480000.00
3-	Telephone, Fax, Internet, and Postal charges etc.	30000.00	8	240000.00
4-	Vehicle operation and hiring of vehicle	70000.00	8	560000.00
5.	Maintenance of equipments and furniture etc.	30000.00	8	240000.00
Total				2000000.00

(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 2013-14.

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)	87500.00	1	87500.00
2-	Training of CHC,PHC doctors at District Hospital level (2 day): 2 per district	45700.00	16	731200.00
3-	Training of MPW,ANM,AWS,CDPO etc(1day):1 per PHC/CHC	6600.00	302	1993200.00
4-	Training of ASHA, (1 day):60 per district in 6 districts only	3350.00	3350x60x6	1206000.00
5-	Training of primary teachers etc:1per PHC/CHC	5375.00	5375x302	1623250.00
Total				5641150.00

(Total Rs. Fifty Six Lakh Forty one Thousand One Hundred Fifty only)

Rs. Forty two Lakh Eighty seven Thousand and Forty (Rs.4287040.00) remaining as uncommitted unspent balance in 2011-12.

G-Proposed Expenditure for 7 new districts proposed in the year 2012-13 & 13 New District to be included in year 2013-14.

A	District Hospital Capacity Building	Cost per District	No of districts 2012-13	No of districts 2013-14	Total Districts	Total
1	Sound Proof Room in each district hosp.	250000.00	7	13	20	5000000.00
2	1 Pure Tone Audiometer,1 Impedance &1 OAE analyser /per district. (0.5+2.5+3.0lakh)	600000.00	7	13	20	12000000.00
3	1Good /Imported ENT Operating Microscope/per district	800000.00	7	13	20	16000000.00
4	2set microdrill +handle +burrs complete/per district hospital	50000.00	7	13	20	1000000.00
5	2 set ear microsurgery instrument/per district hospital.	20000.00	7	13	20	400000.00
Total		1720000.00				34400000.00
B	CHC/ PHC kits @ 10,000/- per kit as per operational guideline	10000 per kit	488 kits	697 kits	1185 kits	11830000.00
C	Training L2-L7 Medical and other Manpower as per operational guideline	862600.00	7	13	20	17252000
D	Screening Camp 12per district/ year@10,000/-per camp as per operational guideline	120000.00	7	13	20	2400000
E	Hearing aid @Rs2,500X200 per year/district.	500000.00	7	13	20	10000000
F	2 Contractual manpower per district@10,000per month	240000.00	7	13	20	4800000

	salary as per operational guideline					
G	Establishment of District Nodal office in each district	250000.00	7	13	20	5000000
H	IEC activities in each district	200000.00	7	13	20	4000000
Grand Total						89682000.00

(Rs. Eight Crore Ninety Six Lakh Twenty Eight Thousand Two hundred only)

I-Total budget required for NPPCD Programme for the Year 2013-14

Sl.	Activity	For existing Districts	For New District Addition	TOTAL
A	Expenses for Establishment of Office for State Nodal Officer at Medical & Health Directorate	2195000.00	0.00	2195000.00
B	Expenses for the District Hospital capacity building	10520000.00	34400000.00	14140000.00
C	Expenses for CHC PHC kits	2350000.00	11830000.00	4880000.00
D	Expenses for training of Core trainer and Medical, Para Medical, Health Workers	5854650.00	17252000.00	11679350.00
E	Expenses for the District Hospital contractual Staff	1920000.00	4800000.00	3600000.00
F	Expenses for organising Screening Camp	960000.00	2400000.00	1800000.00
G	Hearig Aid	4000000.00	10000000.00	7500000.00
H	IEC	1600000.00	4000000.00	3000000.00
I	Expenses towards establishment of District Nodal	2000000.00	5000000.00	3750000.00
Grand Total		31399650.00	89682000.00	121081650.00

(Total Rupees Twelve Crore, Ten Lakh eighty One Thousand Six Hundred Fifty only.)

GOI has released Rs. 14778100.00 (Rs. One Crore Forty seven Lakh Seventy eight Thousand and One Hundred) in earlier years out of which Rs. 1393273.00 (Rs. Thirteen Lakh Ninety Three Thousand Two Hundred Seventy Three) has been utilized before current year and Rs.13384827.00 (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.1233718.00 till March 2012. Rs. 6260050.00 is in the process of being utilized for various activities in remaining period of 2011-12, out of this CMO Moradabad utilised Rs. 246553.00, CMO Agra utilized Rs. 219755.00, CMO Moradabad returned Rs. 385322.00 and CMO Saharanpur returned Rs. 772825.00 to NRHM as unspent money. Unspent Funds received from additionalities account of NRHM (flexipool) is Rs. 422000.00 (Rs. Four Lakh Twenty Two Thousand).These (Rs. 7124777.00 + Rs. 1233718.00 + Rs. 422000.00+Bank Interest till date) may be adjusted for utilization in year 2013-14.

Thus, total amount proposed for the year 2013-14 as below:

a) For district level activities	- Rs. 121081650.00
b) For state level activities	- Rs. 2195000.00
Total	- Rs. 123276650.00

**BUDGET SUMMARY – NATIONAL DISEASE CONTROL
PROGRAMMES (2013-14)**

FMR Code	Activity	Budget Proposed (Rs. In Lakhs)	Budget Approved (Rs. In Lakhs)
D	National Iodine Deficiency Disorders Control Programme	120.85	24.00
E	Integrated Disease Surveillance Project	941.79	889.62
F	National Vector Borne Disease Control Programme⁶	17049.80	3549.89
G	National Leprosy Eradication Programme	1721.95	1327.97
H	National Programme for Control of Blindness	6157.90	-
I	Revised National Tuberculosis Control Programme	13730.45	10731.64
J	National Tobacco Control Programme	1374.06	-
K	National Programme for Prevention and Control of Deafness	1232.77	-
	Sub Total	42329.57	16523.12
	Additionalities in MFP	3887.51	-
	Total	46217.08	16523.12

⁶ Under this head, Rs.5292.72 Lakhs was proposed for salaries of MPWs(Contractual) in PIP for the year 2013-14, but GOI approved Rs.1287.00 Lakhs for 3575 in-position MPWs @Rs.6000/month for 6 months. Approval of this amount is given under the budget head “Support Service in Mission Flexipool (ROP-FMR Code-B.22.3)

TOTAL APPROVED BUDGET SUMMARY (2013-14)

Sl.	Scheme/Programme	Total Proposed Budget (Rs. In Lakhs)	Total Approved Budget (Rs. In Lakhs)
1	RCH Flexipool	168769.36	115612.94
2	NRHM Flexipool	265475.99	83502.95
3	Immunization and PPI operation cost	27382.46	27049.22
4	NIDDCP	120.85	24.00
5	IDSP	941.79	889.62
6	NVBDCP	17049.80	3549.89
7	NLEP	1721.95	1327.97
8	NPCB	6157.90	-
9	RNTCP	13730.45	11100.78
10	NTCP	1374.06	-
11	NPPCD	1232.77	-
12	Infrastructure Maintenance (Treasury route)	63388.00	63387.88
Grand Total		567345.38	306445.25