National Health Mission(NHM)

State Programme Implementation Plan 2014-15

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

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PART-A: RMNCH+A

CHAPTER - 1: MATERNAL HEALTH

Need based planning for operationalizing additional Delivery points:

In the last 7 years after JSY implementation, case load at delivery points has increased many folds which have affected quality of services. In the next 3 years it is necessary to increase no. of delivery points so that we can provide quality delivery services to the women.

Analyzing the data provided by the districts on KPI-2 & JSY reports, it is evident that 19% of the deliveries are being conducted at sub centers, 18.7 % at the district level facilities. It clearly shows that 62.3 % deliveries load is at L2 level PHCs. Caesarean % in the state is only 2.7 % and we plan to scale it up to at least 5% in the next 3 years. If we want to increase caesarean % at the district and sub district FRUs, then we have to shift load of NDs to non FRU CHC/PHCs i.e. L2 delivery points.

Rationale for Operationalization of additional Delivery points in the next 3 years:

	Delivery points	March 2013	Dec 2013 (3rd Quarter)	% increase
1	L1 sub centers	1383	1923	39%
2	L2 Delivery Points	1001	1014	1.29%
3	L3 Delivery Points	165	185	12.12%

In the last year, we could add 39% additional L1 delivery points, 12.12 % additional L3 delivery points but only 1.35 % additional L2 delivery points, which bears maximum delivery load. It is very clear that we have to plan increase in L2 delivery points. While block level Units are already overburdened and almost 90% have been upgraded to CHCs, our sub blocks PHCs are still underutilized. We have planned to activate sub block level PHCs (at 30-50 thousand population), which are 2696 in number and presently only 200 are active as L2 deliver points. The planning process has focused on addressing inequities in terms of "time to care".

Rationale for Planning Additional L3 facilities:

According to KPI-2 up to 3rd quarter, we have 185 active L3 delivery points. The state is planning to have additional 80 L3 delivery points in year 2014-15 and total 217 in the next 3 years. Each HPD district has planned 1 additional L3 every year essentially. Geographically even distribution has been taken into account while planning to address inequities in terms of "time to care".

Planning for L2 delivery points-

Guiding principle for % increase (target) in institutional deliveries under JSY in next 3 years is as below:

The districts have planned additional L2 delivery points based on proposed increase in Institutional deliveries. The rationale for planning increase in institutional deliveries in the next 3 years is mentioned below-

- If % public institutional deliveries <40% and
  - % private sector deliveries <15%, then target % increase in JSY in 3 years = 18%
  - % private sector deliveries >15%, then target % increase in JSY in 3 years = 12%
- If % public institutional deliveries between 40-50% and
  - % private sector deliveries <15%, then target % increase in JSY in 3 years = 15%
  - % private sector deliveries >15%, then target % increase in JSY in 3 years = 10%
- If % public institutional deliveries between 50-60% and
  - % private sector deliveries <15%, then target % increase in JSY in 3 years = 12%
  - % private sector deliveries >15%, then target % increase in JSY in 3 years = 8%
- If % public institutional deliveries >60% and

- % private sector deliveries <15%, then target % increase in JSY in 3 years = 8%
- % private sector deliveries >15%, then target % increase in JSY in 3 years = 8%

All the districts after calculating an increase in public sector institutional deliveries, have plotted & planned an increase in number of L2 delivery points as rationalized below-

- If additional deliveries to be increased (in 3 years) are <4000, then suggestive increase in L2 facilities (in 3 years) = 9
- If additional deliveries in L2 (in 3 years) between 4000-8000, then suggestive increase in L2 facilities (in 3 years) = 12
- If additional deliveries in L2 (in 3 years) between 8000-12000, then suggestive increase in L2 facilities (in 3 years) = 15
- If additional deliveries in L2 (in 3 years) >12000, then suggestive increase in L2 facilities (in 3 years) = 18

The state is planning to add 812 L2 delivery points in the next 3 years, out of which 253 L2 will be added in the year 2014-15.

Planning for L1 delivery points-

We are focusing to improve quality of care at L1 sub centers and plan to convert at least 375 sub-block PHCs into L1 in year 2014-15 and convert them into L2 in year 2015-16. Similar process will be followed to activate 200-300 sub-block PHCs every year.

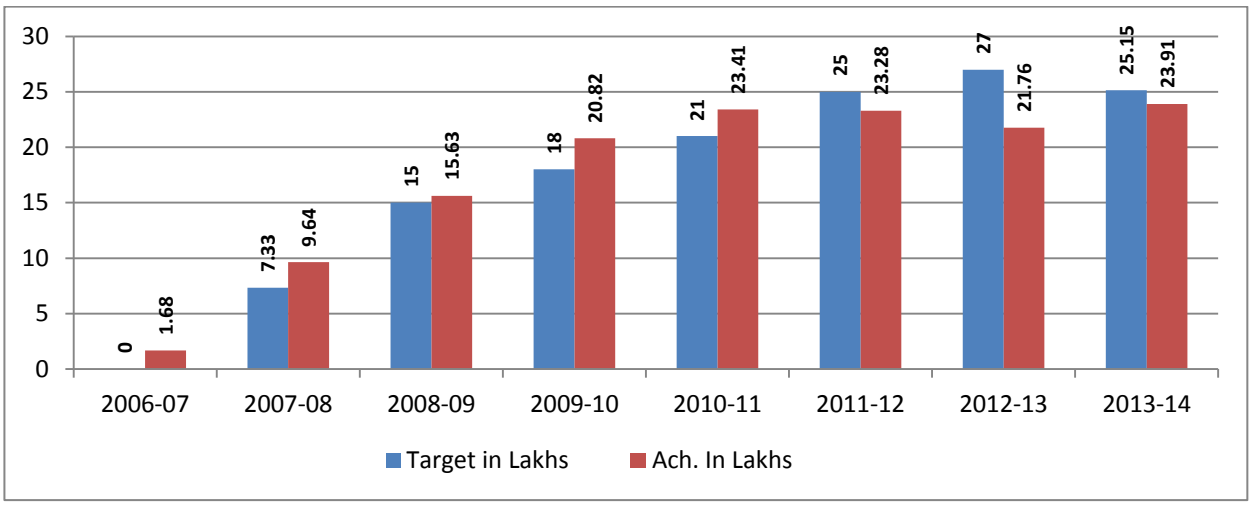
Gap analysis of existing delivery points has been done based on MNH toolkit and strengthening plan has also been included in the PIP in the relevant section.

Janani Suraksha Yojana

The districts have planned increase in institutional deliveries taking into account their institutional deliveries in Public (real time data of JSY) and private sector (AHS 2012). The guiding principle is mentioned above.

JSY progress over the years:

We have witnessed phenomenal success in JSY over the years. In year 2011-12 there was nominal fall but in year 2013-14 the state has achieved 2391049 (95%) under JSY. This amounts to 44.92% of total expected 5322245* deliveries in year 2013-14.



Target setting for JSY for the year 2014-15

- It has been estimated that total 5437995* deliveries will take place in the state in year 2014-15, out of which 2669402 (48.86%) have been planned to be supported by JSY (4% increase every year).

Home deliveries:

- The state has planned 12164 home deliveries of BPL women that will be attended by SBAs for incentive under JSY. The state has removed riders of age (>19 years) and parity (up to 2 children) for availing this incentive in Dec 2013.

Institutional deliveries:

- The target of institutional deliveries has been rationalized by the districts as stated above. The budget has been calculated for the target 26,57,239 for 2014-15 PIP. The ratio of urban/rural deliveries is different in different districts and has been planned in DAPs that way. After compiling the district targets, budget has been calculated for 2396267 (90.18%) Rural and 260972 (9.82%) urban deliveries.
- We find the previous rate of Rs 1500.00 too meager therefore the rate for C-Section in private accredited centers for BPL women has been increased to Rs 2500.00 per case but GOI approved Rs.1500/case. The state has proposed 3589 C-Section deliveries at private accredited centers for BPL women this year.
- 85% of the rural deliveries (2037358) are being proposed to be brought by ASHAs. The G.Os. have been issued for revisions: in ASHA incentives, for entitlements for BPL home deliveries and for ensuring account payee beneficiary payments under JSY.

Budgetary estimates:

The Total budget proposed for JSY is <u>Rs 50958.75 lakhs</u> inclusive of 5% administrative costs, out of which GOI approved Rs.50921.06 Lakhs, as per following details(FMR Code-A.1.3). The state is identifying pockets with <20% institutional deliveries, for which targeted interventions have been proposed under other MH interventions.

Sl.	Budget Head	Proposed 2014-15				Budget Approved
		Unit of Measure	Quantity / Target	Unit Cost (Rs)	Budget (Rs. Lakhs)	(Rs. Lakhs)
A.1.3.	**Janani Suraksha Yojana / JSY**		**2669402**		**50958.75**	**50921.06**
A.1.3.1	Home deliveries	Beneficiary	12164	500	60.82	60.82
A.1.3.2	Institutional deliveries		2657239			
A.1.3.2.a	Rural	Beneficiary	2396267	1400	33547.73	33547.73
A.1.3.2.b	Urban	Beneficiary	260972	1000	2609.71	2609.72
A.1.3.2.c	C-sections in pvt accredited centers	Beneficiary	3589	2500	89.73	53.84
A.1.3.3	Administrative Expenses (5%)	NA			2426.61	2424.81
A.1.3.4	Incentives to ASHA (80%)	Beneficiary	2037358	600	12224.15	12224.15

The state level admin budget (1% of total budget)-

The expenditure of the state level admin budget has been consistently low because of lack of clarity with the state directorates and discontinuation of all accounts at the directorate of FW level. This year following activities are being proposed to be implemented with this fund.

- MNH Toolkit for up to block level

- MDR Booklets for up to block level
- SBA/BEMOC/EMOC protocols for all delivery points
- Standard registers & BHTs for the delivery points (a sample set for all districts)
    - ANC registers
    - PNC registers
    - Maternity (LR) registers
    - Referral in /out registers and slips
    - BHTs
- Printing of IEC material related to MH
- Strengthening of JSY cell at DFW & MH div at SPMU
- Events- SM Day (11th April 2015)
- State and divisional level MH Programme reviews
- Support for monthly/quarterly reporting system of maternal health programmes and delivery points at state & district level
- Support to Obstetrics and Gynaecology Deptt. of medical colleges for reporting and MIS

Janani Shishu Suraksha Karyakram

JSSK has been rolled out in all 75 districts and 100% coverage of pregnant women is being ensured.

JSSK progress over the years: The state progress on free entitlements is quite good comparing to last year.

JSSK	Ach.Mar. 2013	Target 2013-14	Ach. Mar. 2014	Ach. Mar. 2014 in%	% Increase in one year
Free Treatment	1533199	4000000	2767754	69.19	80.52%
Free Diagnostics		2500000	2753430	110.14	
Free Diet	629653	1816840	1550275	85.33	146.21%
Free Dropback	338008	1348112	902861	66.97	167.11%

Free drugs and consumables:

A budget of Rs. 11269.78 Lakhs was proposed for drugs and consumables under JSSK, out of which GOI approved Rs.10110.00 Lakhs only for 47 Lakhs pregnant women(FMR Code-A.1.6.1). This is proposed to be benefiting 4789990 PWs in the state. This will cover OPD & IPD in all delivery points as well as at least 80% ANCs by outreach services. The budget has been proposed @ Rs 350.00 per case for NDs and @ Rs 1600.00 per case for C-Section but drugs and consumables required during antenatal period (outreach as well as institutional) will be covered with this budget pool only.

Free diagnostics:

We propose to provide free basic investigations to 80% of PWs with quality ANC through VHNDs and facility based services. The process of RC for procurement of rapid diagnostic test kits has been initiated and permission has also been granted to be procured locally at the district level. **A budget of Rs 2385.85 lakhs was proposed to cover a total of 4789990 beneficiaries in year 2014-15, out of which GOI approved Rs.3122.00 Lakhs for 4700000 beneficiaries only(FMR Code-A.1.6.2).**

Free diet:

A budget of Rs. 4069.22 Lakhs was proposed under this head, which is approved by GOI (FMR Code-A.1.6.4). It has been observed that C-Section patients start taking meals from 3rd day only and NDs take meals for 2 days. Also the rate of approval of tenders is less than Rs 100.00 per day at some of the districts; therefore the calculations have been made accordingly. A budget of Rs Rs. 4069.22 lakhs is being proposed @ Rs 500.00 for LSCS (proposed for 100% of C-Sections) and @Rs 200.00 for NDs (proposed for 80% of NDs at L2 & L3 only).

Free drop back:

102 Call center is not fully functional yet and may take another 6-9 months therefore drop back of 1125620 beneficiaries has been planned for this year @ Rs 250.00 per beneficiary with existing vehicles. **A total budget of Rs. 2814.05 Lakhs was proposed for 2014-15, which is approved by GOI(FMR Code-A.1.6.5).**

Proposed PIP of JSSK for 2014-15					Budget Approved
Sl.	Budget Head	Proposed 2014-15			
		Unit of Measure	Quantity / Target	Budget (Rs. Lakhs)	(Rs. Lakhs)
A.1.6.1	Drugs & Consumables	Beneficiary	4771704	11269.78	10110.00
A.1.6.2	Diagnostics	Beneficiary	4771704	2385.85	3122.00
A.1.6.3	Blood Transfusion	Beneficiary			
A.1.6.4	Diet	Beneficiary	1828477	4069.22	4069.00
A.1.6.5	Free Referral Transport	Beneficiary	1125620	2814.05	2814.05
	TOTAL BUDGET			**20538.90**	**20115.05**

A total amount of Rs 20538.90 Lakhs was proposed under JSSK programme, out of which GOI approved Rs.20115.05 Lakhs (FMR Code-A.1.6 and its sub heads).

Maternal Death Review

Old activities

- It is estimated that at least 10144 (60% of total estimated) deaths will be reviewed at the community by block teams. An increased rate of Rs 600.00 per CBMDR has been proposed this year. Rs 300.00 will be for MOICs (or BNO who attends CBMDR), Rs 200.00 for HEO/BPM and Rs 100.00 will be for ANM of the area. **Thus, a total budget of Rs 60.86 Lakhs was proposed for this purpose, out of which GOI approved Rs.30.43 Lakhs @Rs.300 each (FMR Code-A.1.4).**

- Quarterly reviews at each division and address to media will be conducted at quarterly basis to spread messages for maternal death reporting from all quarters. For this Rs 25000.00 per review (total Rs. 100000.00 per division) has been proposed. **Thus, A total budget of Rs 18.00 Lakhs was proposed, with is approved by GOI (FMR Code-A.1.5.4).**

- Districts will conduct district level reviews of the programme on every alternate month. As per GOI guidelines sample reviews will be put up before DMs also, and Rs 200.00 each for 2 family members of a family will also be paid from this fund. For this activity Rs 12000.00 per district/year has been proposed. **A total budget of Rs 9.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.1.5.3).**

- Contingency support at block level is proposed for printing of formats etc. has been proposed @ Rs 1000.00 per block and Rs 1000.00 for urban area. **A total budget of Rs 8.95 Lakhs was proposed, which is approved by GOI(FMR Code-A.1.5.2).**

- CBMDR by independent Review teams in high focus 20 districts under 5 high MMR divisions (Faizabad, Basti, Devipatan, Barielly & Allahabad). Rs 3000.00 per review per team is budgeted for each review visit. It is expected that 4429 of reviews (70% of total expected) will be done by these teams. **A total budget of Rs. 132.87 Lakhs was proposed under this intervention, which is approved by GOI(FMR Code-A.1.5.5).**

New Activities-

- **Training and orientation activities for MDR programme-** The district officials were oriented on MDR programme 3 years back. Most of the officials have changed because of transfers and promotions. Revised GOI guidelines have been issued and many programmatic changes have been incorporated since then. An innovative IVRS based reporting mechanism for ASHAs has been initiated. The district CBMDR teams have been oriented this year. District officials, MOICs, DPM, BPM, HEIOs and FBMDR committee members need to be oriented on the programmatic issues again. A SOP guideline for the state in Hindi has been developed with the help of BMGF through PATH. The programme is picking up in the state and reporting has gone up from 1337 (8.58%) to 3274 (21.02%) in last year.

  Therefore, state proposed a training plan, with 9 TOT batched (one between 2 divisions) and 100 district batches. **The detailed budget sheet of Rs 86.09 lakhs is annexed and the budget has been incorporated in the training plan, which is approved by GOI(FMR Code-A.9.3.7.1).**

Incentives for ASHA under Maternal health

a. **Incentive for reporting suspected maternal death by ASHAs**

Incentive for primary informers for reporting a maternal death has been proposed under ASHA incentives @ Rs 200.00 per case. The districts have estimated their expected yearly maternal deaths and ASHA incentives for at least 33812 suspected MDs reporting (twice the expected number) have been proposed. **A budget of Rs 67.62 Lakhs was budgeted under ASHA incentive, which is approved by GOI (FMR Code-B.1.1.3.1.2).**

b. Incentive for treatment of severe anaemia

Detection and line listing of severely anaemic pregnant women is an important activity and ASHA incentive @ Rs 100.00 is being budgeted for preparing line listing and follow up of severely anaemic pregnant women. The same is being proposed this year for 2% of the total expected ANCs**. A budget of Rs 118.28 Lakhs was proposed for this activity to ensure at least 118280 anaemic women to be benefitted by this intervention, which is approved by GOI(FMR Code-B.1.5.1).**

c. Incentive to ASHA for early registration, entry in MCTS and opening beneficiary's bank account- new activity

- Registration status of PW in the first trimester in the State is unsatisfactory. In the year 2012-13, as per HMIS, only 55% of those registered for ANC got the registration done in the first trimester. As per DLHS-3, only 25% and as per AHS-2011-12, only 46.5% of pregnant women got registered in the first trimester. By registering pregnant women in the first trimester, complete check up can be ensured and complications can be managed timely after early identification.
- Also, the entry in the MCTS is less than satisfactory which leads to delayed registration and also impacts generation of work plans which results in poor ANC care. Timely identification of pregnant women and their incorporation in MCTS portal would help achieve multiple objectives like identification of high risk pregnancies, line listing of severely anemic women, their timely referral in case danger signs, complete and quality ANC care, preparation of birth plans and safe institutional deliveries. Generation of work plans which is a direct consequence of entry in the MCTS portal facilitates timely and proper immunization and vaccination of the targeted beneficiaries thus resulting in multiple gains
- Also, in compliance of the new order of GoI regarding transfer of beneficiary incentive to their own account, assistance of ASHAs can be taken in facilitating the opening of bank accounts. Currently, due to absence of bank accounts in the name of the beneficiaries, payments under JSY get delayed. We have district feedback reports of decline in institutional deliveries due to the conditionality of issuing account payee cheque to the beneficiaries of JSY.

It has been proposed that 3798382 of rural ANCs will be covered by ASHAs to receive this incentive @ Rs 100.00 per beneficiary. **A budget of Rs 3798.38 lakhs was proposed under ASHA incentives, which is not approved by GOI with the remarks that funds are already approved under JSY(FMR Code-B.1.1.3.1.1)**.

1. Orientation training of ANMs at block level

New activity

We have 20576 Sub-centers and only 1928 are L1 delivery points till date. It is very clear that majority of the sub-centers are performing outreach activities only but don't have skills to perform those with quality. It has also been observed during monitoring visits that ANMs are not able to measure BP, Hb, urine testing for albumen & sugar. They are not able to fill MCP cards properly, not able to prepare line list of severely anaemic women and not able to identify HR pregnancies.

Therefore it is proposed that a extensive training and capacity building programme will be taken up this year to cover all ANMs throughout the state. 5 batches of state level TOTs have been planned followed by 75 district level TOTs and 1 batch of ANMs at each block.

This 1 day training of ANMs will be conducted at block level facility on a Tuesday which is a day designated for monthly meeting. Skill up-gradation will be conducted by MOIC, HEO/SN, LT. MOICs/MS will monitor their skills after 1 month of training and certify that all the ANMs in their block have the necessary skills to perform outreach services.

A total budget of Rs 187.61 Lakhs was proposed under FMR A.9.3.7.2 & details are annexed on Annexure 2, which is not approved by GOI.

Procurement and Printing plan

It is planned to procure MNH toolkits this year sufficient in numbers to distribute it till district and block level facilities. MDR SOP guidelines developed in line with GOI guidelines will also be printed in the same number. Standard formats of ANC register, LR register, Referral registers/slips and PNC/newborn registers are part of MNH toolkit. A prototype of each will be developed and a set will be distributed up to block level. The cost of this activity will be met with JSY state level admin budget.

Safe motherhood booklets are required at least 50 lakhs per year. Last year these booklets could not be made available since last 2 years because of various reasons. Printing of 12.5 Lakhs booklets is in the pipeline and funds are requested under committed liability. Printing of 37.5 lakhs booklets have been proposed under procurement plan this year.

Protocols (SBA, BEMOC, EMOC) have also been budgeted to be printed on sun-board this year centrally, to be displayed at each and every delivery point.

Printing Plan-

Sl.	Activity	Quantity	Unit cost(Rs)	Budget Proposed (in Lakhs)	Budget Approved (in Lakhs)
1	Safe Motherhood Booklets	3750000	20	750.00	750.00
2	Sunboard posters with 2 hooks (24"x36")				
	SBA Protocols(6)	2500	3600	90.00	-
	BEMOC protocols(16)	1500	9600	144.00	-
	EMOC protocols (18)	300	10800	32.40	-
	JSSK posters(4)	1500	2400	36.00	-
3	ANC/HRP card	5000000	10	500.00	500.00
	Total			**1552.40**	**1250.00**

Thus, a total budget of Rs 1552.40 Lakhs was proposed under FMR B10.7.1, out of which GOI approved Rs. 1250.00 Lakhs only, as above.

Procurement Plan- BP Instrument (dial) with stethoscope, Haemoglobin rapid testing strips kits, Uristix (Sugar& Albumin) are necessary for effective ANC at VHNDs. These tests are very difficult to be carried out during outreach sessions and women are not able to come to PHCs for these tests. Therefore it has been planned that these essentials will be procured under RCs by the districts to be distributed to every ANM before carrying out orientation of ANMs. The process for RC has been started.

Sl.	FMR Code	Activity	Quantity	Unit cost (Rs)	Budget (in lakhs)
1	B16.1.1.3.8	BP Instrument (dial/electronic) with stethoscope	23580	2000	471.60
2	B16.1.1.3.9	Hemoglobin rapid strips test kits (200 strips)	23580	3000	707.40
3	B16.1.1.3.10	Uristix (Sugar& Albumin) 100 test strip bottles	23580	120	28.30
		Total			**1207.30**

A total budget of Rs. 1207.30 Lakhs was proposed under FMR Code- B 16.1.1.3.8, 9 &10 , which is not approved separately by GOI with the remarks that BP instruments are to be procured from sub centre untied funds and funds for Haemoglobin rapid strips test kits & Uristix are approved under JSSK.

2. <u>Regional and State level MH Reviews and MH Orientation workshops</u>

It was observed during field visits by the state and GOI officials that the information sharing is very poor in the districts. The documents, standard tools and guidelines that are shared with CMOs/ACMOs at the state level are not shared with the block officials and other district level officials. Usually the tools like MNH toolkit, MDR booklet, programme implementation guidelines, standard prototypes of registers, BHTs etc. are shared on state NRHM website, but we have seen that district/block officials are not very IT Savvy. The similar concern has been shared by the GOI team during their recent visit to 4 HPDS.

Therefore the state is proposing 5 one day regional workshops with all AD, CMSs of L3 delivery points, ACMOs, CMOs, MOICs, MSs, Div PM, DPMs of the region. At least 1250 officials up to block level are expected to participate in these workshops.

Besides these state level 4 quarterly maternal health Reviews have also been proposed under this head. **For this purpose, an amount of <u>Rs 29.29 Lakhs</u> was budgeted, but GOI approved Rs.35.00 Lakhs (FMR Code- A.1.5.6) for organizing national, state and regional workshops and review meetings on MH activities**.

3- **Performance Based Incentives of Delivery Points**

a) <u>Incentive for SBA trained ANMs for Home deliveries in villages with less than 20% institutional deliveries -</u>

State previously proposed incentive for ANMs for villages with less than 20% institutional deliveries @ Rs 500.00 per delivery for promoting institutional delivery at sub center by SBA trained and @ Rs 250.00 per delivery for home delivery by SBA trained ANM. A budget of Rs 250.00 Lakhs was proposed previously.

But now revised rate is being submitted as per latest GOI guidelines ie. SBA trained Home deliveries incentive for ANM for villages with less than 20% institutional deliveries @ Rs 1000.00

per home delivery conducted by SBA trained ANM in such villages for estimated 20,000 deliveries in HPDs and 30,000 deliveries in NHPDs. **Thus, a total amount of Rs. 500.00 Lakhs was proposed for this activity, which is approved by GOI(FMR Code-A.8.1.8).**

b) Incentive for SBA trained ANMs at SCs conducting more than 5 deliveries per month

In UP there are 20521 sub centers but during previous year ANMs are conducting > 3 deliveries only at 1923 sub centers. So to increase no. of sub centers as delivery points by motivating ANMs, the state proposed this incentive for SBA trained ANMs at SCs conducting more than 5 deliveries per month for each Institutional Delivery at SCs starting from 6th del each month @ Rs. 300.00 per Institutional Delivery at SCs for 1.00 Lakhs deliveries in HPDs and 1.5 Lakhs deliveries in NHPDs. **Thus, a total budget of Rs. 750.00 Lakhs was proposed for this activity, out of which GOI approved Rs.180.00 Lakhs (FMR Code-A.8.1.8) for 60000 deliveries only.**

c) Incentive for SBA trained ANMs/SNs at APHCs/PHCs conducting more than 15 deliveries per month-

In UP very few APHCs/PHCs are functional as DPs So to make more APHCs/PHCs functional as delivery point and to motivate ANMs/SNs to conduct more deliveries state proposed this Incentive for SBA trained ANMs/SNs at APHCs/PHCs conducting more than 15 deliveries per month for Each Institutional Delivery at APHC/PHCs starting from 16th del each month @ Rs. 300.00 per Institutional Delivery at APHCs/PHCs for 20000 deliveries in HPDs and 30000 deliveries in NHPDs. **Thus, a total budget of Rs. 150.00 Lakhs was proposed for this activity, out of which GOI approved Rs.36.00 Lakhs only (FMR Code-A.8.1.8) for 12000 deliveries only**.

d) Incentive for SBA trained ANMs/SNs at APHCs/PHCs conducting more than 50 deliveries per month-

We have to make all Non-FRU CHCs/BPHCS functional as delivery point so state proposed this Incentive for SBA trained ANMs/SNs at Non-FRU CHCs/BPHCS conducting more than 50 deliveries per month for each Institutional delivery at Non-FRU CHCs/BPHCS starting from 51st del each month @ Rs. 300.00 per Institutional Delivery at Non-FRU CHCs/BPHCS for 3.50 Lakhs deliveries in HPDs and 5.50 Lakhs deliveries in NHPDs. **Thus, a total budget of Rs.2700.00 Lakhs was proposed for this activity, out of which GOI approved Rs.630.00 Lakhs only (FMR Code-A.8.1.8) for 210000 deliveries only.**

a. **Revision in Incentives for FRU Operationalization in HPDs - old activity** FMR code A.8.1.10

- **Performance based Incentive**

I. **HPDs:** An incentive for additional LSCS was proposed previously for 2000 C-Sections has been submitted now in revised form as per GOI guidelines as Incentive for EMoC teams for conducting more than 5 CS (i.e. from 6th C/S onward) per month at SDH/FRU CHC and for conducting 10% more CS per month than last year, at the same rate of Rs 3000.00 per C-Section per team (EMOC team & OT staff**)** for 21500 C-Sections.

II. **Non HPDs:** Similarly an incentive for additional LSCS was proposed previously for 2000 C-Sections has been submitted now in revised form as per GOI guidelines as Incentive for EMoC teams for conducting more than 5 CS (ie. from 6th C/S onward) per month at SDH/FRU CHC and for conducting 10% more CS per month than last year, at the same rate of Rs 3000.00 per C-Section per team (EMOC team & OT staff**)** for 32500 C-Sections.

III. Incentive proposed for regular doctors in NHPDs has been removed. (1.d)

3. HR at delivery points under Maternal Health

HUMAN RESOURCE - MATERNAL HEALTH

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

Contractual ANMs –

a. Additional ANMs at L1 Subcenters- The state is proposing to add an additional ANM for 1923 L1 sub centers in the state. Additional ANM is necessary to look after women in labour, perform outreach services, and delivery care services. Additional ANMs are required to be placed at all L1 subcenter delivery points on contract from NRHM to facilitate outreach as well as delivery care and sub center clinic services. Further 166 contractual ANMs are proposed to be placed at 83 district level L3 facilities @ 2 per facility to facilitate ANC record keeping and MCTS recording and immunization of newborns. A total of 2089 contractual ANMs are proposed to be hired on contract in year 2014-15 @ Rs 15,000.00 per month. The increment will be granted based on their outreach/delivery performance on HMIS.

b. Contractual 1st ANMs against vacancies- Directorate of FW has started regular recruitment of 3300 ANMs in the state. At present the state has reported vacancy of 4159 ANMs against regular sanctioned positions. Salary for 6 months is being proposed as the state plans to fill the vacancies by regular appointments.

c. The districts have been advised to calculate requirement of contractual HR (Anaesthetists/ gynaecologists/staff nurses) at delivery points based on the following guideline approved by State Govt. The guidelines have been based on the standards given in MNH toolkit.

Tentative guidance for HR requirements on the basis of case-load				
HR requirement on the basis of per month deliveries (L3)				
L3	**<100**	**100-200**	**200-500**	**500+**
Gynae	1	2	3	5
EmOC trained	1	1	2	2
Anesthetist	1	1	2	2
LSAS trained	1	1	1	1
Paediatrician/F-IMNCI trained	1	1	2	3
LMO	1-2	2	3	3
SN	4	6	8	12
ANM	1	2	2	2
LT (for the entire pool)	1	2	3	3
LA (for the entire pool)	1	1	1	1
Sweeper	3	3	Recommend hiring agency	
HR requirement on the basis of per month deliveries (L2)				
L2	**<100**	**100-200**	**200-500**	**500+**
MO	1-2	3 (1 LMO)	4 (1 LMO)	NA
SN	3	4	8	NA
ANM	1	2	2	NA
LT (for the entire pool)	0	1	2	NA
LA (for the entire pool)	1	1	1	NA

The total requirement & Budget based on the district delivery points gap analysis, has been proposed as mentioned in the table below. **A total budget of Rs 25881.30 Lakhs was proposed, out of which GOI approved Rs. 15961.79 Lakhs only (FMR Code-A.8.1 and it's sub heads) as per table given below:**

Sl.	**FMR Code**	**Description**	**Physical target (numbers)**	**Unit cost (Rs. Per year)**	**Budget proposed (Rs. lakhs)**	**Budget Approved (Rs. lakhs)**
1	**A.8.1.1.1**	**ANM**				
		For DH @2	166	180000	298.80	73.04
		2nd For L1 SCs	1923	180000	3461.40	6885.12
		1st ANMs against vacancy for 6 months	4159	90000	3743.10	
		Sub-total	**6248**	**180000**	**7503.30**	**6958.16**
2	**A.8.1.1.2**	**Staff nurses**				

		DH	218	264000	575.52	
		FRUs	498	264000	1314.72	6156.48
		Non FRU SDH/ CHC	1456	264000	3843.84	
		24 X 7 PHC	1408	264000	3717.12	
		Non- 24 X 7 PHCs	450	264000	1188	
		Sub-total	**4030**		**10639.20**	**6156.48**
3	A.8.1.5	LMO (MBBS)				
		DH	54	480000	259.20	1073.95
		FRUs	102	480000	489.60	
		Non FRU SDH/ CHC	286	480000	1372.80	
		24 X 7 PHC	179	480000	859.20	
		Sub-total	**621**		**2980.80**	**1073.95**
4	A.8.1.3	Specialists				
a	A.8.1.3.1	Gynae				
		DH	107	780000	834.60	278.20
		FRU	300	780000	2340.00	930.80
b	A.8.1.3.3	Anaesthetists				
		DH	50	780000	390.00	130.00
		FRU	153	780000	1193.4	434.20
		Sub-total	**610**		**4758.00**	**1773.20**
		Total HR			**25881.30**	**15961.79**

Annexure 1

Budget details of MDR training programme

Training of trainers- one TOT between 2 divisions (total 9 TOT batches)

Sl.	Budget Head	Norms	Amount(in Rs.)
1	DA to participants (Div. JD,CMS-F / Gynae, ACMO-NRHM (DNO), DHIEO, DivPM, DPM) -	Rs. 400 x 30 participants x 2 days (As per Norms)	24,000
2	Contingency	Rs.300 x 30 participants	9,000
3	Honorarium to state level trainers	Rs. 1000 x 3 trainers x 2 days	6000
4	Tea, Breakfast, Lunch and Dinner	Rs.250 x 33 Participants x 2 days	16,500
5	Travel allowance	Rs. 750.00 x 30 participants	22,500
6	Institutional over heads 15% (communication, Projector, Audio visual aid documentation, photocopy etc.)		9,225
TOTAL			**87,225**
Total participants - 270		**9 batches**	**785025**

District level trainings-

Sl.	Budget Head	Norms	Amount(in Rs.)
1	DA to participants (MO i/c, HEO, BPM) - As per Norms	Rs. 400 x 35 participants x 2 days	28,000
2	Contingency	Rs.200 x 35 participants	7,000
3	Honorarium to trainers	Rs. 400 x 2 trainers x 2 days	1600
4	Tea, Breakfast & Lunch	Rs.175 x 38 Participants x 2 days	13,300
5	State level/ Divisional Observer	Rs. 1000.00 x 1 X 2 day	2000
6	Travel allowance (as per actuals)	Rs. 500.00 x 35 participants	17500
7	Institutional over heads 15 % (communication, Audio visual aid documentation, photocopy etc.)		8835
TOTAL			**78,235**
Total participants - 3210		**100 batches**	**7823500**

Annexure 2

ANM training plan

1	**STATE LEVEL TOT AT SIHFW**	**Total participants - 150**	
Sl.	Budget Head	Norms	Amount(in Rs.)
1	DA to ACMO, DPM	Rs. 400 x 30 participants x 1 days (As per Norms)	12,000
2	Contigency	Rs.300 x 30 participants	9,000
3	Honorarium to state level trainers	Rs. 1000 x 3 trainers x 1 days	3000
4	Tea, Breakfast, Lunch and Dinner	Rs.250 x 33 Participants x 1 days	8,250
5	Travel allowance	Rs. 1500.00 x 30 participants (As per actual)	45,000
6	Institutional over heads 10%(communication, Projector, Audio visual aid documentation, photocopy etc.)		2,400
TOTAL budget for 1 batch			**79,650**
Budget for 5 batches- Rs. in Lakhs.			**3.98**

2	**District level TOT**	**75 batches- participants – 2250**	
Sl.	Budget Head	Norms	Amount (in Rs.)
1	DA to participants (MS/MO i/c/MO, HEO/STAFF NURSE) - As per Norms	Rs.300 x 30 participants x1day	9,000
2	Contingency	Rs.100 x 30participants	3,000
3	Honorarium to trainers	Rs. 400 x 2 trainers x 1 DAY	800
4	Tea, Breakfat & Lunch	Rs.175 x 32 Participants x 1 day	5,600
5	Travel allowance (as per actuals)	Rs. 500.00 x 30 participants	15000
6	Institutional over heads 10 % (communication, Audio visual aid documentation, photocopy etc.)		1840
TOTAL			**35,240**
A total budget for 75 batches - Rs. in Lakhs			**26.43**

3	**Block level Trainings**	820 batches	
Sl.	Budget Head	Norms	Amount (in Rs.)
1	DA to participants (all ANMs) - As per Norms	Rs.150 x 30 participants x1day	4,500
2	Contingency	Rs.200 x 30 participants	6,000
3	Honorarium to trainers	Rs. 300 x 3 trainers x 1 DAY	900
4	Tea, Breakfat & Lunch	Rs.100 x 33 Participants x 1 day	3,300
5	Travel allowance (as per actuals)	Rs. 100.00 x 30 participants	3000
6	Institutional over heads 10 % (communication, Audio visual aid documentation, photocopy etc.)		1470
	TOTAL		19170
A total budget for 820 batches -- Rs. in Lakhs			157.194

TRAINING

Under Maternal Health programme, trainings were proposed at various levels for the year 2014-15. The detailed plan of trainings along with budgetary proposal is given under **Training Chapter**.

IEC/BCC Activities

Under Maternal Health, to carry out IEC/BCC activities a budget of Rs. 2149.23 Lakhs was proposed for the year 2014-15. **Detailed IEC/BCC activities and approvals are given in Mission Flexi pool under IEC/BCC Chapter(FMR Code-B.10.3 and its sub heads). A total of Rs. 682.34 Lakhs is approved for various IEC/BCC activities of MH, CH, FP and Adolscent Health.**

Budget Summary- Maternal Health-2014-15

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.1.3	**Janani Suraksha Yojana / JSY**						
A.1.3.1	Home deliveries	Beneficiary	12,164	60.82	12,164	60.82	
A.1.3.2	**Institutional deliveries**						
A.1.3.2.a	Rural	Beneficiary	2,396,267	33,547.73	2,396,267	33,547.73	
A.1.3.2.b	Urban	Beneficiary	260,972	2,609.72	260,972	2,609.72	
A.1.3.2.c	C-sections	Beneficiary	3,589	89.73	3,589	53.84	@Rs.1500/C-Section
A.1.3.3	Administrative Expenses	-	1	2,426.61	-	2,424.81	
A.1.3.4	Incentives to ASHA	Beneficiary	2,037,358	12,224.15	2,037,358	12,224.15	80% of Rural Deliveries
A.1.4	Maternal Death Review (both in institutions and community)	Expected Maternal Death	10,144	60.86	10,144	30.43	Approved @Rs.300/ for community review meetings
A.1.5	**Other strategies/activities**						
A.1.5.1	Line listing and follow-up of severely anemic women	Beneficiary	118,280	118.28	118,280	118.28	Approved for ANMs not for ASHAs
A.1.5.2	Printing of Formats for MDR	No.	895	8.95	895	8.95	
A.1.5.3	Alternate month district MDR Review	No.	450	9.00	450	9.00	
A.1.5.4	Quarterly Divisional MDR Review	No.	72	18.00	72	18.00	
A.1.5.5	MDR by Independent Evaluation Teams	No.	4,429	132.87	4,429	132.87	
A.1.5.6	Maternal Health Review and orientation Workshops (Regional/State)	No.	9	29.29	3,500,000	35.00	
A.1.6	**JSSK- Janani Shishu Surakhsha Karyakram**						
A.1.6.1	Drugs and consumables	Beneficiary	4,771,704	11,269.78	4,700,000	10,110.00	
A.1.6.2	Diagnostic	Beneficiary	4,771,704	2,385.85	-	3,122.00	For all ANC, INC & PNC
A.1.6.3	Blood Transfusion	NA	3,860	-	-	-	
A.1.6.4	Diet (3 days for Normal Delivery and 7 days for Caesarean)	Beneficiary	1,828,477	4,069.22	1,828,477	4,069.00	
A.1.6.5	Free Referral Transport	Beneficiary	1,125,620	2,814.05	1,125,620	2,814.05	
	Sub-total Maternal Health (excluding JSY)			**20916.16**		**20,467.58**	
	Sub-total JSY			**50958.75**		**50,921.06**	
A.8	**Human Resources**						
A.8.1	**Contractual Staff & Services**			**28258.41**		**18702.81**	
A.8.1.1.1	ANMs						
A.8.1.1.1.a	DH	No.	166	296.10	166	73.04	Approved @Rs.11000/ Month
A.8.1.1.1.f	Sub Centres	No.	6,082	7,173.15	6,082	6,885.12	
A.8.1.1.2	Staff Nurses						

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.1.2.a	DH	No.	218	575.52	4,624	6,156.48	Staff Nurse @18150/- month
A.8.1.1.2.b	FRUs	No.	498	1,314.72			
A.8.1.1.2.c	Non FRU SDH/ CHC	No.	1,456	3,843.84			
A.8.1.1.2.d	24 X 7 PHC	No.	1,408	3,717.12			
A.8.1.1.2.e	Non- 24 X 7 PHCs	No.	450	1,188.00			
A.8.1.3	**Specialists**	-					
A.8.1.3.1	**Obstetricians and Gynecologists**						
A.8.1.3.1.a	DH	No.	107	834.60	407	278.20	Gynecologists @65000/- month
A.8.1.3.1.b	FRUs	No.	300	2,340.00		930.80	
A.8.1.3.3	**Anesthetists**						
A.8.1.3.3.a	DH	No.	50	390.00	203	130.00	Anesthetists @65000/- month
A.8.1.3.3.b	FRUs	No.	153	1,193.40		434.20	
A.8.1.5	**Medical Officers**						
A.8.1.5.1	DH	No.	54	259.20	436	1,073.95	Medical Officer @39600/- month
A.8.1.5.2	FRUs	No.	102	489.60			
A.8.1.5.3	Non FRU SDH/ CHC	No.	286	1,372.80			
A.8.1.5.4	24 X 7 PHC	No.	172	825.60			
A.8.1.5.5	Non- 24 X 7 PHCs/ APHCs	No.	7	33.60			
A.8.1.8	**Incentive/ Awards etc. to SN, ANMs etc.**						
	SBA Trained ANMs for home deliveries incentives for villages with less than 20% institutional deliveries					500.00	
	SBA Trained ANMs at SCs conducting more than 5 deliveries per month					180.00	
	SBA Trained ANMs at APHCs/PHCs conducting more than 15 deliveries/ month					36.00	
	SBA Trained ANMs at Non FRU CHCs/BPHCs conducting more than 50 deliveries/ month					630.00	
	Incentive for EMOC team for conducting 5 CS per month at SDH/FRU CHC					30.00	
	Incentive for EMOC team for conducting 10% CS per month than last year DH/DWH/DCH					450.00	
A.8.1.10	**Other Incentives Schemes**						
A.8.1.10.1	Difficult Area Incentive to 25 High priority districts	No.	25	666.00	-	-	Not Approved
A.8.1.10.2	FRU operationalization - Specialist on-call for C-section (at L3) for Non- high priority districts-	No.	4,644	46.44	-	24.00	

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	Government Sector						
A.8.1.10.3	FRU operationalization - Specialist on-call for C-section (at L3) for Non- high priority districts- Private Sector	No.	4,990	99.80	-	75.00	
A.8.1.10.4	Difficult Area Incentive to Non High priority districts	No.	50	180.00	-	-	Not Approved
	Sub-total HR			**28258.41**		**18,702.81**	
A.9	**TRAINING**						
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	18.00	72	18.00	
A.9.3.1.2	TOT for SBA	Batch	8	12.08	-	-	Committed budget
A.9.3.1.3	Training of Staff Nurses in SBA	Batch	325	335.17	325	335.17	
A.9.3.2	**EmOC Training**						
A.9.3.2.1	Setting up of EmOC Training Centres	Batch	3	23.40	-	9.18	
A.9.3.2.2	TOT for EmOC	Batch	10	7.00	10	7.00	
A.9.3.2.3	Training of Medical Officers in EmOC	Batch	6	88.02	-	26.14	
A.9.3.3	**Life saving Anaesthesia skills training**						
A.9.3.3.1	Setting up of Life saving Anaesthesia skills Training Centres	Batch	2	7.60	2	7.60	
A.9.3.3.3	Training of Medical Officers in life saving Anaesthesia skills	Batch	12	89.04	12	89.04	
A.9.3.4	**Safe abortion services training**						
A.9.3.4.1	TOT on safe abortion services	Batch	1	1.32	1	0.96	
A.9.3.4.2	Training of Medical Officers in safe abortion	Batch	20	11.20	20	11.20	
A.9.3.5	**RTI / STI Training**						
A.9.3.5.2	Training of laboratory technicians in RTI/STI	Batch	5	7.95	5	5.56	
A.9.3.7	**Other maternal health training**	-					
A.9.3.7.1	MDR training of District and Block level officials	Batch	3,210	86.09	-	86.09	
A.9.3.7.2	ANM Refresher Trainings	Batch	900	187.61	-	-	Not Approved
	Sub-Total- Training			**874.49**		**595.94**	
B.1	**ASHA Incentives**						
B1.1.3.1	ASHA incentives under Maternal Health						
B1.1.3.1.1	ANC with Early Registration clubbed with support in bank account opening & MCTC no. of beneficiary	Beneficiary	3,798,382	3,798.38	-	-	Not Approved. Already approved under JSY

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B1.1.3.1.2	Maternal Death Audit Information	No.of deaths	33,812	67.62	33,812	67.62	
	Sub Total- ASHA Incentives			**3866.01**		**67.62**	
B10	**IEC-BCC NRHM**						
B.10.3.1	BCC/IEC activities for MH			2149.23			Approval granted for Rs.682.34 Lakhs at B.10 for MH,CH,FP and Adolscent Health
B.10.3.1.1	Media Mix of Mid Media/ Mass Media		1	1,331.80	-		
B.10.3.1.2	Inter Personal Communication		1	817.43	-		
B13.2.3	Accreditation of Merry Gold Hospitals for C-Sections	No.	80	1,163.75	-	-	Not Approved
B14	**Innovations (if any)**					**-**	
B14.8	Birth waiting homes for difficult to reach areas	No.	5	165.00	-	-	Approval Pended
B16.1	**Procurement of Equipment**						
B16.1.1	**Procurement of equipment: MH**			**2515.29**		**689.46**	
B16.1.1.2	MVA /EVA for Safe Abortion services	No.	408	10.20	408	10.20	
B16.1.1.3.1	Suction Machine for child (foot operated)	No.	970	116.40	623	74.76	
B16.1.1.3.2	Boyle's apparatus	No.	405	648.00	260	166.40	
B16.1.1.3.3	Pulse Oxymeter	No.	1,076	75.32	-	-	Approval Pended
B16.1.1.3.4	Autoclave	No.	992	347.20	-	329.00	
B16.1.1.3.5	Normal Delivery Set	No.	1,780	35.60	1,780	35.60	
B16.1.1.3.6	CS Delivery Kit	No.	203	42.63	-	73.50	
B16.1.1.3.7	Ambu bag (Mother)	No.	1,088	32.64	-	-	Not Approved
B16.1.1.3.8	BP Instruments(Dial/Electronic) with Stethoscope	No.	23,580	471.60	-	-	To be procured from sub centre untied fund
B16.1.1.3.9	Haemoglobin rapid strip test kits	No.	23,580	707.40	-	-	Fund approved under JSSK
B16.1.1.3.10	Uristix(Sugar & Albumin)-100 test strip bottles	No.	23,580	28.30	-	-	Fund approved under JSSK
B.16.2.1	**Drugs & supplies for MH**			**53.50**		**53.50**	
B.16.2.1.2	Drugs for Safe Abortion	No.	26,750	53.50	26,750	53.50	
	GRAND TOTAL			**110,920.57**		**92,180.32**	

Thus, for the above purpose, an amount of Rs.110920.57 Lakhs was proposed, out of which GOI approved Rs.92182.32 Lakhs only.

CHAPTER - 2: CHILD HEALTH

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

Estimated live births per year (As per AHS 2012 Birth rate 25.0 x 19.96 crore/1000)	5,100,000
Estimated number of children under 5 years (14.5 % of 19.96 crore)	2,89,00,000

2. Situation Analysis (State)

Child Mortality	Survey Reference					Trend Analysis
Neo Natal Mortality Rate	59.9/1000 LB NFHS-I	54.9/1000 LB NFHS-II	54.8/1000 LB NFHS-III	40/1000LB (SRS-2011)	37/1000LB (SRS 2012)	Decreasing
Infant Mortality Rate	67 SRS 2008	63 SRS 2009	61 SRS 2010	57 SRS 2011	53 SRS 2012	Decreasing
Under Five Mortality	125.6/1000 LB NFHS-II	112.3/1000 LB NFHS-III	92 AHS 2011	73 SRS 2011	68 SRS 2012	Decreasing

Nutrition	NFHS 3	HUNGaMA Report 2011	
% of children (6-35 months) of age with anaemia	85.1	NA	
% of children (0-3 years) who are underweight (< -3SD)	41.6	Lowest Highest	8.49 – GautamBudh Nagar 25.89 – LakhimpurKhiri
% of children (0-3 years) who are severely wasted /SAM (< -3SD)	6.8	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	7.3	15.6
Children (6-9 months) Complementary feeding	54.5	46	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 of IMR(NHM 2017)	< 36
Goal: 2014-15	45
Achievement - IMR(SRS 2012)	53

Infant mortality rate has been declining very slowly and the State is committed to meet our MDG Goals, hence 2013-14 was celebrated as a year of ***Navjaat Shishu SurakshaVarsh***. For this, emphasis was given to strengthen facilities, services and capacity building of health staff 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 who delivered a baby to care the mother and neonates 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)-**As in the state, institutional deliveries are increasing at various facilities. Sometimes, there is a need of emergency care of neonates. To reduce the neo-natal and peri-natal deaths, all facilities of level-III type should have sick new born care unit. The present status of SNCUs in the State is tabulated below.

- **New Born Stabilization Units(NBSUs)-** At level -3 health facilities, where there is no SNCUs, 4 bedded NBSUs have been established to stabilize neonates of the facilities and work as referral unit for level-2 and level-1 facilities. The present status of NBSUs is tabulated below.

- **New Born Care Corners(NBCCs)-**In each labour room at L-3 and L-2 facilities, new born care corners have been established to prevent birth asphyxia, hypothermia and infections. A government order to establish and making functional of NBCCs has already been issued. 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. The present status of NBCCs is tabulated below.

- **Nutrition Rehabilitation Centres (NRCs)-** To manage Severe Acute Malnutrition (SAM) children 26 NRCs (including 5 in Medical Colleges) have been established and made operational by March 2013. An additional of 22 NRCs are in the process of establishment in the District Male Hospitals. In the year 2014-15, 10 additional NRCs are proposed for establishing in 10 District Male Hospitals of the State. The details of NRCs are tabulated below.

2. Status of SNCU, NBSU, NBCC and NRCs in the State

Sl.	Distict	SNCU		NBSU		NBCC		NRC	
		Func.	Prop.	Func.	Prop.	Func.	Prop.	Func.	Prop.
1	Agra	1	0	2	4	18	24	1	0
2	Aligarh	2	0	2	2	16	20	1	0
3	Allahabad	1	0	3	0	18	8	1	0
4	Ambedkarnagar	0	0	2	1	11	7	0	0
5	Amethi	0	0	0	0	16	5	0	0

Sl.	Distict	SNCU		NBSU		NBCC		NRC	
		Func.	Prop.	Func.	Prop.	Func.	Prop.	Func.	Prop.
6	Amroha	0	0	0	3	8	14	0	1
7	Auraiya	0	0	0	0	8	13	0	0
8	Azamgarh	1	0	3	2	51	93	1	0
9	Badaun	0	1	2	0	6	20	1	0
10	Baghpat	0	0	0	2	7	26	1	0
11	Bahraich	1	0	0	0	15	85	1	0
12	Balia	0	0	1	1	21	60	0	0
13	Balrampur	0	1	1	1	26	10	1	0
14	Banda	1	0	0	0	10	25	1	0
15	Barabanki	0	1	1	4	18	39	1	0
16	Bareilly	0	1	2	1	17	4	1	0
17	Basti	1	0	2	1	122	4	0	0
18	Bhadohi	0	0	2	1	7	3	0	1
19	Bijnour	0	0	0	2	20	4	1	0
20	Bulandshahar	1	0	2	4	20	41	0	0
21	Chandauli	0	0	4	0	12	4	0	0
22	Chitrakoot	0	0	1	0	8	3	1	0
23	Deoria	0	0	0	1	6	47	1	0
24	Etah	0	1	0	1	10	13	1	0
25	Etawah	1	0	1	2	9	65	1	0
26	Faizabad	1	0	5	5	8	25	1	0
27	Farrukhabad	0	1	2	1	8	50	1	0
28	Fatehpur	0	0	3	0	18	3	0	0
29	Firozabad	0	0	2	2	12	12	1	0
30	GB Nagar	0	0	3	1	7	3	0	0
31	Ghaziabad	0	0	0	7	7	38	0	0
32	Ghazipur	0	0	0	3	102	11	0	0
33	Gonda	0	1	2	1	65	25	1	0
34	Gorakhpur	1	0	2	3	24	87	1	0
35	Hamirpur	0	0	1	1	8	72	0	0
36	Hapur	0	0	1	5	2	12	0	0
37	Hardoi	0	1	3	2	20	14	1	0
38	Hathras	0	0	2	1	10	10	0	0
39	Jalaun	0	0	2	2	17	53	0	0
40	Jaunpur	0	0	3	1	23	87	0	0
41	Jhansi	1	0	1	5	18	78	1	0
42	Kannauj	0	1	2	1	12	14	1	0
43	Kanpur (Dehat)	0	0	1	2	11	11	0	0
44	Kanpur Nagar	1	0	1	8	27	60	1	0
45	Kansganj	0	1	0	2	8	3	1	0
46	Kaushambi	0	1	2	1	10	10	1	0
47	Khalilabad	0	1	0	4	67	15	1	0
48	Kushinagar	0	0	1	2	17	24	0	0
49	Lakhimpur Kheri	1	0	0	2	14	99	1	0
50	Lalitpur	1	0	1	1	7	7	7	0
51	Lucknow	3	0	11	13	23	13	0	1
52	Maharajganj	0	1	2	1	61	7	1	0
53	Mahoba	0	0	1	1	6	3	0	1
54	Mainpuri	0	0	1	1	13	77	0	1

Sl.	Distict	SNCU		NBSU		NBCC		NRC	
		Func.	Prop.	Func.	Prop.	Func.	Prop.	Func.	Prop.
55	Mathura	0	0	3	0	14	23	0	1
56	Mau	0	0	1	1	10	36	0	0
57	Meerut	2	0	5	9	15	37	0	1
58	Mirzapur	1	0	2	1	17	22	1	0
59	Moradabad	1	0	1	2	10	30	0	1
60	Muzzafarnagar	0	0	1	3	52	70	0	1
61	Pilibhit	0	1	1	1	0	8	1	0
62	Pratapgarh	1	0	3	1	18	25	1	0
63	Raibareilly	0	0	0	5	14	52	1	0
64	Rampur	0	1	1	1	9	18	1	0
65	Saharanpur	1	0	2	0	13	5	0	0
66	Sambhal	0	0	0	1	8	23	0	0
67	Shahjahanpur	1	0	0	2	15	23	1	0
68	Shamli	0	0	1	1	6	1	0	0
69	Shravasti	0	1	1	2	46	4	1	0
70	Siddharthnagar	0	1	1	2	11	78	1	0
71	Sitapur	0	1	1	2	20	25	1	0
72	Sonbhadra	0	1	2	3	11	103	1	0
73	Sultanpur	0	0	2	1	17	4	0	1
74	Unnao	0	0	3	6	48	30	1	0
75	Varanasi	1	0	3	4	14	4	0	0
UP		**27**	**19**	**120**	**160**	**1473**	**2181**	**48***	**10**

Note: out of 48 approved, 25 are already functional in the State, and 22 new NRCs which were approved in 2013-14 shall be operational by June 2014 and Gonda NRC could not be operationalized due to court case.

3. Priorities/Target For the year 2014-15

- **Sick New Born Care Units (SNCUs)-** Till 2013-14, 27 SNCUs have been established and are functional. In addition, 19 more SNCUs will be established in 2014-15 to have facility to treat severe sick newborns in all the HPDs (High Priority Districts) of the State. GoI has approved operational cost, renovation & repair and one time establishment cost for these 19 new SNCUs in 2013-14, process of establishing has been initiated and are expected to be made functional in 2014-15. Hence, State is proposing operational cost of old 27 functional SNCUs including functional in Medical Colleges, HR for 12 months for existing SNCUs and for 6 months for SNCUs which will be ready in 2nd or 3rd quarter of the financial year 2014-15.

Development of SNCU in Medical Colleges

All the 8 State medical colleges and 1 centrally aided Medical colleges in the state are providing support to various newborn care trainings, newborn care schemes and care to very sick children in the community. Out of 27 functional SNCUs in the State, 8 are operationalized in Paediatric department of the 8 central/state run Medical University/Colleges. In 2012-13 to strengthen sick newborn units, for providing specialized newborn care to the children referred and admitted to these units, funds as approved by GOI for procurement of equipment as per demand and requirement was provided through respective District Health Societies (DHS). However these Sick Newborn Care Units (SNCUs) established in Medical University/Colleges are being up-graded for providing super speciality services for the newborn of the respective area and also referral cases. Hence, additional equipment with up-

graded facility has been demanded by the Medical University/Colleges and the same is proposed in the year 2014-15 as per details given in the table. The proposals received from various medical colleges are as below:-

Sl.	Name of Medical College	Beds	Equipments (in Lakhs)	Total (in Lakhs)
1	S.N.Medical College, Agra	16	112.65	112.65
2	G.S.V.M.Medical College, Kanpur	20	112.63	112.63
3	B.R.D.Medical College, Gorkhapur	43	18.47	18.47
4	CSSMU, Lucknow	40	192.0	192.0
5	LLRM Medical College, Meerut	15	56.06	56.06
6	MLN Medical College, Allahabad	10	56.40	56.40
7	JN Medical College, AMU Aligarh	20	54.95	54.95
8	MLB Medical College, Jhansi	12	55.93	55.93
	Total		**659.09**	**659.09**

Thus, for this purpose, total budget of Rs. 659.09 Lakhs was proposed for development of SNCU in the Medical Colleges under Mission Flexipool, which is approved by GOI(FMR Code-B.16.1.2.9).

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

At present, 27 SNCUs in district women hospitals are fully functional in the state. At district level SNCUs, there is provision of 3 paediatricians (MD/DCH) and 8 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 of the 27 SNCUs.

- **New Born Stabilization Units (NBSUs)-**Up to March 2014, 120 NBSUs are functional and for 2014-15, all the FRUs will have NBSU, where there is no SNCU. Therefore, the targets have been kept total 205 units, i.e additional 85 NBSUs are proposed for establishing in the year 2014-15. The doctors and the staff nurses working in hospitals will manage the NBSU. They are being trained for F-IMNCI and NSSK training programme.

- **New Born Care Corners (NBCCs)-** Up to March 2014, 1473 NBCCs have been established in all labour rooms of DWH, CHCs and PHCs. This year an additional 2181 NBCCs are proposed for establishing in L1 facilities including APHCs and accredited sub centers. But in the year 2014-15, a total of 1000 NBCCs would be established. The doctor and the staff working in hospitals will manage the NBCC. They have been trained for NSSK and equipment handling training.

- **Nutrition Rehabilitation Centres (NRCs)-** Up to March 2014, 26 NRCs are to be established, out of which 25 NRCs are functional. In the year 2013-14, 22 NRCs were approved GOI, out of which 16 have been established and the rest 6 will be established very soon. In the year 2014-15, 10 new NRCs are proposed. The State has target to saturate with facility of NRC in all the 75 districts by 2017.

Under Child Health programme, various human resource are being proposed at various levels for the year 2014-15. The details about human resource along with budgetary approvals are given under Human Resource chapter.

Newborn Screening: A Preventive Child Health Care Initiative in Uttar Pradesh

Introduction - Preventive programs play a major role in public health and are cost effective in terms of money, resources and quality of life. Newborn screening for treatable disorders in which early diagnosis and initiation of treatment before the onset of symptoms is an effective way of preventive disability and infant deaths for a number of disorders. The newborn screening is being practiced in developed countries for more than five decades and has been incorporated in child health care in developing countries like Philipines, Costa Rica, Brazil, Mexico, etc. With improving healthcare in India and decrease in infectious and nutritional diseases; establishment of newborn screening program as a part of child health care facilities is the need of the time.

Background - As the infant mortality rates decrease and approach towards 35 per 1000, the contribution of birth defects and genetic disorders towards mortality and morbidity become significant and health care measures for these disorders are needed. Newborn screening for treatable disorders to prevent intellectual disability and early deaths is one such program. The number of disorders included in newborn screening programs worldwide has reached more than 40. It is only during last 5 years a few newborn screening programs were carried out in India with the support of Indian Council of Medical Research and Department of Biotechnology. The data available has given basic information about prevalence of the disorders tested and has proved the utility and feasibility of such a program. The government supported newborn screening program was also implemented in Gujrat and Goa. Recently such program has been launched in Kerala.

At Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, the department of Medical Genetics and the department of Endocrinology recently completed a newborn screening program funded by the Department of Biotechnology, Government of India. Under this program we screened about 13500 neonates for three disorders with easy, effective and cheap treatment. The disorders tested were congenital hypothyroidism, biotinidase deficiency and galactosemia. The results of this project [Detailed report – see Annexure I] showed the success and feasibility of such outreach preventive program to the underprivileged population many of them residing in rural areas. In this project, 11 neonates were diagnosed with congenital hypothyroidism (2 with transient hypothyroidism) and were put on treatment within 2 to 3 weeks of life; thus preventing the lifelong disability due to untreated congenital hypothyroidism. The crude cost effectiveness on the basis of calculations using minimum wages shows that the newborn screening program is at least 10 to 50 times cost effective in addition to ensuring healthy baby to the family in this era of small family norms. Our experience also showed that the newborn screening program was accepted by all strata of the society with great enthusiasm and was considered as an important baby care measure. The media and medical community also welcomed the program and created much needed population awareness.

With the technical, field and medical experience of newborn screening program, the team of departments of Medical Genetics and Endocrinology at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow is ready, willing and committed to start a newborn screening initiative in Uttar Pradesh and wishes to integrate it in the child care programs with **the support of UP government.**

Plan and Methodology - Newborn screening program is a system involving peripheral hospitals providing obstetric care, providing information, counseling, sample collection, transport samples, laboratory testing in timely manner, communication of results, tracking cases with screen positive results, confirmatory test, initiation of treatment, follow up and audit. The disorders included in the screening program are **congenital hypothyroidism, biotinidase deficiency, galactosemia, Congenital**

adrenal hyperplasia and G6PD deficiency. The latter two were not included in the previous project done at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow; but are reported to be common in India. Annexure II provides the information about the three disorders included in the previous study. All five disorders fulfill the criteria for inclusion in the newborn screening most important of which is that early presymptomatic diagnosis and appropriate treatment will help in preventing intellectual disability (mental retardation) and / or life threatening complications and early death. Indian Council of Medical Research guidelines are followed while choosing the diseases included in the program. **(ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH ON HUMAN PARTICIPANTS -http://icmr.nic.in/ethical_guidelines.pdf)**

Total 15000 neonates will be tested during the first year from the following hospitals.

1. King Georges Medical University, Lucknow
2. District Women's Hospital, Raibarelly
3. District Women's Hospital, Barabanki
4. AwantiBai District Hospital, Lucknow
5. JhalkariBaiMahila Hospital, Lucknow
6. Ram ManoharLohia Hospital, Lucknow
7. Rani LaxmiBai Hospital, Lucknow
8. Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow

Over the period of next two years the district hospitals from other two neighboring districts, namely; Unnao and Sitapur will enrolled and the expected number of neonates tested during second and third year is 20000 per year.

Samples will be collected on a filter paper (five drops) along with the demographic information from all the newborns delivered in the collaborating hospitals after providing information about the utility of newborn screening to the parents. Samples will be collected after 24 hours of life preferably within 48 to 72 hours after birth.Samples will be collected by heel prick using a very fine needle attached to a lancet, making the process pain free. The sample collection procedure and sample collection cards are shown in Annexure III. The samples will be transported to the newborn screening laboratory in Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow within 2days of sample collection. The tests based on semi-quantitative fluorometric assays will be done within 5 days. The screen positive babies will be re-contacted and retested / re-sampled as per the protocol. The babies with positive results will be managed by the medical experts and followed up.**The project will be linked to the Mother and Child Tracking System, so that the follow up of all babies can be ensured.**

The success of the population based program depends on the awareness amongst general population. Hence, the poster based and audiovisual based advertisements, awareness programs for general population and doctors, training programs for medical social workers and paramedical workers will be organized.

Existing Facilities - Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow has already done the project funded by Department of Biotechnology on newborn screening and has technological and medical expertise in the departments of Endocrinology and Medical Genetics. With experience of successful completion of the NBS project, team at SGPGIMS is equipped with technical expertise and field work management skills and ready to set up a model newborn screening initiative in Uttar Pradesh. There is an semiquantitative time resolved fluoremetry based equipment Victor D for newborn screening (Perkin Elmer) and the laboratory has successfully participated in the quality assurance program of the Centre for Disease control which runs a quality control program for all

newborn screening laboratories (Annexure IV- CDC QC report). The newborn screening team at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow in collaboration with Department of Obstetrics and Gynecology at King George's Medical University, Lucknow has established a good collaboration with various government maternity hospitals in Lucknow, Barabanki, Raibarelly. The team of medical experts for newborn screening program are as follows.

Medical Genetics, SGPGIMS	Endocrinology, SGPGIMS	Obstestrics& Gynecology, Pediatrics, KGMU
Dr Shubha Phadke	DrVijayalakshmi Bhatia	Dr Vinita Das
Dr Meenal Agarwal	DrPreetiDabadghao	DrAmitaPandey
DrKausikMandal		Dr Mala Kumar

Justification - The newborn screening program for treatable disorders is a part of child health care worldwide including developing countries. Newborn screening is NOT a test but a preventive program and a system to be a part of established heath care system. With infant mortality approaching the targets, it is the right time to start newborn screening initiative in a few districts in UP and then to include more districts. This pilot program will be a role model which can be replicated in many other districts with the aim of running a statewide newborn screening program as a part of government supported child health care and preventive programs over a period of next 5 to 10 years.

The World Health Organization has recommended newborn screening program for all south east Asian countries for the period 2013 -2017(Annexure V) as a part of prevention and control of birth defects.

Outcome

The burden of raring a handicapped child is immense and affects the financial, social and psychological aspects of all the family members. Prevention is better (and cheaper) than cure. Newborn screening program is considered one of the major preventive programs of modern medicine. It has been proved to be cost effective in the financial mode as well as an important way to ensure a healthy baby to a family, helping them to accept small family norms. Uttar Pradesh will be the one of the first states to provide newborn screening to its population from all socioeconomic strata. This initiative will lead to a statewide program and to advocate and accept the motoof **'A GIRL OR BOY: HEALTHY BABY IS THE JOY'**

BUDGET

Consumables and transport per child will cost Rs 453-00.

Consumables +manpower per child will cost Rs 824-00

Sl.	**Item**	**Budget (Rs)**		
		First Year (15000 neonates)	Second Year (20000 neonates)	Third year (20000 neonates)
I	**Non recurring**			
	Equipment for newborn screening [Victor 2 D – Perkin Elmer]	25,00,000-00	nil	nil
	Deep Freeze [-80 degree C Computer & printer, Refrigerator, Incubator, Micro and multipipette sets	10,00,000-00	nil	Nil
	Software development for data management	50,000-00	nil	nil
II	**Recurring**			
	Consumables			

	(for 15000 newborns in first year & 20000 in second & third year)			
	Kits	60,00,000-00	80,00,000-00	80,00,000-00
	Sample collection kit	1,50,000-00	2,00,000-00	2,00,000-00
	Plasticware, gloves, disposables, common chemicals, consumables for confirmatory tests	1,50,000-00	2,00,000-00	2,00,000-00
	Printing (brochures, cards, posters, etc)	3,00,000-00	4,00,000-00	4,00,000-00
	Stationary, miscellaneous	2,00,000-00	2,50,000-00	2,50,000-00
	Travel	3,00,000-00	4,00,000-00	4,00,000-00
	Manpower			
	Scientific officer X 1 (Rs 50000 per month)	6,00,000-00	6,00,000-00	6,00,000-00
	Program Managers X 2 (Rs 25000 per month)	6,00,000-00	6,00,000-00	6,00,000-00
	Data entry operator X 1 (Rs 15000 per month)	1.80.000-00	1.80.000-00	1.80.000-00
	Technicians X 3 (Rs 17000 per month)	6,12,000-00	6,12,000-00	6,12,000-00
	Field / Medical Social workers X 10 in first year & 12 in third & fourth year (Rs 15000 per month)	18,00,000-00	2,16,000-00	2,16,000-00
	Awareness programs, training programs, multimedia based awareness advertisements, etc	10,00,000-00	10,00,000-00	10,00,000-00
	TOTAL	1,54,42000-00	1,26,58,000-00	1,26,58,000 -00
	Overhead (5 %)	7,72,100-00	6,32,900-00	6,32,900-00
	GRAND TOTAL	**1,62,14,100-00**	**1,32,90,900-00**	**1,32,90,900-00**
Grand Total (for 3 years)				**4,27,95,900-00**

Manpower details

S No	Post	Requisite Qualification	Job responsibilities
1	Scientific officer	M B B S with preferably some administrative experience or Science graduate (Biology) with MBA	Quality control, tracking samples to report & follow up of screen positive cases, preparation of weekly &monthly report, communication with staff of the collaborating hospitals
2	Program Managers	M Sc with 2 years work / lab experience. Knowledge of computers	Daily supervision of lab work, quality control, data management & follow up of positive cases, preparation of reports & communication with hospital
3	Data entry operator	B CA or B Sc with computer training. Two year experience is preferred	Data entry in lab registers & computer with analysis of data, patient report generation
4	Technician	B Sc in biology with 2 years experience in lab work	Patient data entry in registers & lab work, report entry
5	Field worker	M S W or Graduate with 2 year experience in field work related to hospital and patients.	Counseling patients, consent taking, sample collection & transport, communication of reports to hospital staff & patients, helping in awareness program

For the above purpose, Rs.162.14 Lakhs was proposed which is approved by GOI in principle & shifted to A.5.1.5 with a remark that the modelities to be finalized in consulation with National RBSK unit for screening of inborn error of metabolism as per RBSK guidelines.

First Passport to life (Child Health Cards) 0-5 Years of Age ("Zindagi kee Udaan")

Background

India's MDG 4 target is to reduce IMR by two-thirds between 1990 and 2015, i.e., from 80 infant deaths per 1000 live births in 1990 to '28' by 2015. Under MDG 4, another target is to improve the proportion of one-year-old children immunized against measles from 42% in 1992-1993 to 100% by 2015.

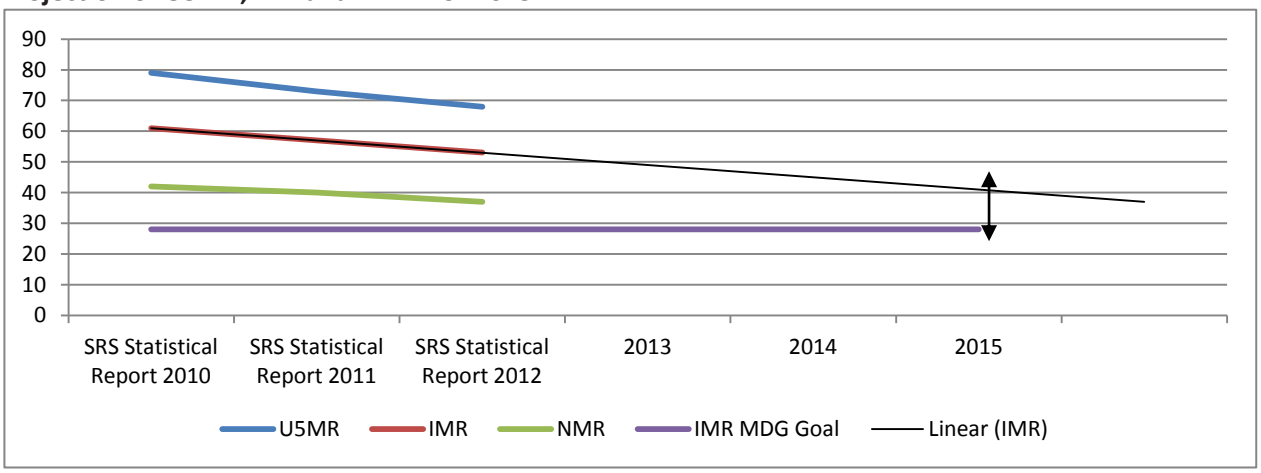
To a large extent, India shapes the global MDGs 4 and 5 targets, because of its share of the global burden of child (23%) and maternal mortality (19%). Moreover, during the past two decades, the 15 most populous states, which account for 95% of India's population, have made variable progress on infant and/or maternal mortality reduction efforts.

Reaching the MDG on reducing child mortality will require universal coverage with key effective, affordable interventions, In order to achieve this MDG the 12th Five Year Plan (2012-2017) has defined the national health outcomes of reducing Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017.

SRS Indicators for Uttar Pradesh

	SRS Statistical Report 2012	SRS Statistical Report 2011	SRS Statistical Report 2010
Crude Death Rate	**7.7**	**7.9**	
IMR	**53**	**57**	**61**
NMR	**37**	**40**	**42**
Early NMR	**28**	**30**	
Peri Natal Mortality rate	**31**	**35**	
Still Birth	**3**	**5**	
U5MR	**68**	**73**	**79**

Projection of U5MR,IMR and NMR for 2015



Major Causes of Mortality in Children Less than 5 years of age

Among children who die before their fifth birthday, **almost one third of them die of infectious causes, nearly all of which are preventable**. As per WHO-CHERG 2012 estimates, the causes of child mortality in the age group 0–5 years in India are (a) neonatal causes (52%), (b) pneumonia (15%), (c) diarrhoeal disease (11%), (d) measles (3%), (e) injuries (4%) and (f) others (15%).

Key Strategies to address these issues

- Early detection and management of illnesses in mother and newborn
- Immunisation
- First level assessment and care for newborn and childhood illnesses
- Micro-nutrient supplementation
- Early childhood development
- Danger sign recognition and care-seeking for illness
- Use of ORS and Zinc in case of diarrhoea

In-order to follow up on these strategies in a systematic way a "Bal Swasthya Kunji (Passport to Life)" is being proposed.

Bal Swasthya Kunji

General

- A tool for Community/families/individuals to learn, understand and follow practices for achieving good health of Young Infants and children.
- Card helps them to know about various types of services which they need to access for the health and well being of Young Infants and children.
- The card empowers them to make decisions for improved health and nutritional status of young children.
- The card tells us about the developmental milestones of the child.

Specific

- Will be provided to each delivered child. (Live birth/Still birth)
- Bal swasthya card will have information about delivery and immediate newborn care.
- Details about Immunization.
- It helps in tracking and assessing the developmental milestones in children so that developmental delays if any can be identified and referred to appropriate level of care.
- It helps in knowing and identifying danger sign in young infant and children and what should be done.
- This card also works as an **OPD booklet** and helps to maintain continuity of treatment (if any given to the child) additionally helps us to track prescription practices and the appropriateness of treatment given to children in context of their birth record in the card.
- The card which will be issued to each delivered child will be linked with the checklist of case sheet (Mother+ Essential Newborn care) where the child was born.
- Recording of MCTS number and Unique ID will help to track the child and can be linked with ANC practices, Delivery practices in MCTS.

How First Passport to life (Child Health Cards) is Different from MCP Card?

Indicator	MCP Card	First Passport to life (Child Health Cards)
Card Issuance	Issued for Pregnant Lady and works till immunization of Child is complete.	To be Issued to each delivered Child (Livebirth/still birth). From Birth until completion of Immunization of Child upto 5 years of age.
General Information	Information about Mother (ANC services) and the newborn child	Information about Child (Helps in maintaining Individual identity of the child.)
Delivery details	Some details are collected	Detailed information regarding delivery and activities related to it are recorded.
Essential New born Care	No such Provision	Details of ENBC given to the child recorded in the child

Immunization	Details about TT doses to mother and child immunization	Details about Child Immunization.
Developmental Milestones	Only for illustrative purposes	Assessment of developmental milestones in children so that developmental delays if any can be identified and referred to appropriate level of care convergence of RBSK programme
Danger Signs	Only for illustrative purposes	Both for illustrative purposes and action that needs to be taken.
OPD Services	No such Provision	Additionally works as an **OPD booklet** and helps to maintain continuity of treatment (if any given to the child) additionally helps us to track prescription practices and the appropriateness of treatment given to children in context of their birth record in the card linked with checklist of new born case sheet.
Linked with other MCH facilities	No such Provision	Recording of MCTS number and Unique ID helps us to track the child and can be linked with ANC practices, Delivery practices in MCTS.

Budget Proposed: In the State, about 51.00 Lakhs children would be born in a year as per AHS 2012 estimates. In the first phase, state proposes child health cards for babies born at district level hospitals/CHCs& PHCs (L2 and L3), estimated number of beneficiaries about 20.00 Lakhs new borns through this intervention by providing First Passport to life (Child Health Cards) in the year 2014-15.

FMR Code	Activities	Unit	Unit Cost	Total	Remarks
A.2.11.3	Printing of First Passport to life (Child Health Cards) 0-5 Years of Age	**20.00 Lakhs**	**15**	**300.00 Lakhs**	

Hence, an amount of Rs.300.00 (20.00 Lakhs children x Rs.15/- per card) was proposed for the year 2014-15, which is not approved by GOI (FMR Code- A2.11.3) with a remark that implementation of MCP cards needs strengthening in the state.

Trainings

Under Child Health programme, various trainings are being proposed at various levels for the year 2014-15. The detailed plan of training along with budgetary approval 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 to be trained for 2 days Navjaat Shishu Suraksha Karyakram (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 was is under progress in the year 2014-15 as per the given target. No additional fund for NSSK training is proposed for the year 2014-15.

2 Days NSSK Training						
Sl.	**Target up to 2013-14**	**Achievement**				
		MOs	Staff Nurse	ANMs	Total	%
1	10807	2174	2035	3264	7154	66.2

- **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 9 Medical Colleges have been involved in various types of child health trainings. These medical colleges are 1.MLN Medical College, Allahabad; 2.LLRM Medical College,

Meerut; 3.GSVM Medical College, Kanpur, 4.SN Medical College, Agra, 5.RML Medical College Jhansi; 6.JN Medical Colleges AMU Aligarh, 7.RIMS Saifai, Etawah and 8.CSMMU, Lucknow; BRD Medical College, Gorakhpur. Till date, the achievement against the target is given below.

Sl.	F-IMNCI Target up to March 2014	Achievement up to March 2014	%	Remarks
1	1742	803	46.1	Medical Officers (under progress)
2	384	16	4.2	Staff Nurses (under progress)

❑ **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 to trained ASHAs and ANMs/LHVs.

Sl.	Phy. Target up to March 2014	Achievement up to March 2014	%	Remarks
1	2083	790	37.9	The training is still under progress

For coordinating with districts, State and other stake holders; a post of training coordinator was created in the year 2008-09 and in 5 Medical Colleges these training coordinators are working under the guidance of HOD/CCSP Coordinator. Since, the State has included 4 additional Medical Colleges for F-IMNCI training of Medical Officers & Staff Nurses and other child health training, **hence one training coordinators @ Rs.40,000/- p.m. for 12 months (9 MC x 12 Month x Rs.40,000/- p.m.=Rs.43.20 Lakhs) for each of the 9 Medical Colleges (total - 9 posts) was proposed for the year 2014-15, which is approved by GOI(FMR Code-A.8.1.5.7).**

❑ **IMNCI plus (CCSP) Training for ANMs/LHVs -**To reduce IMR, 10 days skill development training of Integrated Management of Neonatal and Childhood Illness has been provided to ANMs/LHVs/ASHAs as per GOI approved plan. In the year 2013-14, GOI had approved training of only ANMs and LHVs under IMNCI. However, the training programme couldn't be undertaken due to unavailability of modules. In the year 2014-15, it is proposed to train 6960 ANMs and LHVs with batch size of 24 in 290 batches. In addition, 44 batches of TOT are proposed. Site strengthening and printing of modules are also proposed for the year 2014-15.

Sl.	Target up to March 2013	Achievement up to March 2013	%	Remarks
1	124362	50347	40.5	Includes training of ASHA/ANM/.LHV
2	26049	6714	25.77	Only ANM/LHV

❑ **Home Based Newborn Care (Community Based Intervention):** In the year 2013-14, the trained ASHAs in Module 6 & 7 of 1st and 2nd phase 36 CCSP (IMNCI+) districts were taken up. 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 2014 about 21,206 ASHAs were trained in Module 6 & 7 by the Year 2013-14. In 2014-15 about 28.46 Lakhs beneficiaries will be visited 6/7 times by 1.60 Lakhs trained ASHAs in Module 6 & 7 for care of the newborn in 42 days of delivery, for this as per provision Rs.250 .00 per child will be given to ASHA as incentive. In 2014-15 an amount of **Rs. 6973.57 Lakhs was proposed under ASHA incentives, which is approved by GOI (FMR Code-B.1.1.3.2.6).**

Printing of Formats

Home Based New Care (HBNC) Formats- As per the plan 1.60 ASHAs will be provided training under Module 6 & 7 and it is expected that they will make post-natal visit to about 48.46 Lakhs beneficiaries **in the year 2014-15 for which Rs. 193.84 Lakhs was proposed for printing of formats for the HBNC programme, which is approved by GOI(FMR Code-A.2.11.1).**

Infant Young Child Feeding (IYCF)

The AHS 2011-12 data shows that the rates of early initiation breastfeeding in UP is 36%, whereas exclusive breast feeding is around 19%. There is an urgent need to improve the coverage of these indicators considering the impact of optimal breastfeeding practices on child morbidity and mortality.

State has planned to implement IYCF activities in phased manner. Last year(2013-14) programme implemented in 25 HPDs only.

In the year 2014-15, 25 new districts is proposed to be covered, a list of activities for 2014-15 which are in accordance with GoI guidelines on IYCF (i.e. Guidelines for enhancing optimal infant and young child feeding practices-2013) is presented below. The activities are directed at addressing the IYCF practices linked to institutional deliveries and opportunities provided within the system delivery structures. In subsequent years, other IYCF components including promotion of complementary feeding and breastfeeding will be taken up through community based actions and partnerships.

The key features of PIP 2014-15 on IYCF will be as follows

1) Breastfeeding week celebration across 75 districts.
2) Skill based training in 25 districts using existing master trainers available in the state.
3) IEC and communication activities during breastfeeding week in communities and in institutions.

- **Breastfeeding week Celebration:-**

  It is proposed that the state will celebrate World Breastfeeding Week in a joint manner along with ICDS. Technical support will be sought from UNICEF and other partners working in Uttar Pradesh. Also districts and blocks will be asked to undertake IEC activities, media meeting and workshop to celebrate the event. A total of Rs.47.5 lakhs has been budgeted in the PIP 2014 – 15 under IEC head for the above stated activities and an exclusive State level workshop will be organized at the State for which an amount of Rs. 3 Lakhs is budgeted.

- **Skill Based Training:-**

  The skill based training will be undertaken for promoting optimal Infant and Young Child Feeding practices using IBFAN/BPNI/UNICEF 4-in-1 IYCF counseling course. This training will be effective in building counseling, communication and problem-solving skills among staff which will subsequently help in providing timely, need-based and quality counseling and practical support to mothers delivering in institutions or whenever the children are admitted to hospitals either in SNCU, NRC or District Hospital.

Similarly, in the financial year 2014-15, it is proposed to undertake IYCF trainings in another 25 districts where both NRCs and SNCUs are functional. The idea is to strengthen IYCF practices especially early initiation of breastfeeding within 1 hour in the labour room so that the colostrum feeding is ensured to the new born and also the gap in breastfeeding can be addressed. Initially these activities are planned in high case load facilities where there is an opportunity for strengthening IYCF practices since these children are getting admitted either in NRC, SNCU or District Hospital.

The doctors will undergo 3 day training to become middle level trainers, while staff nurses of NRC, SNCU, DH and block level will be trained for 7 days as counselors. The training to these staff will be provided by pool of National trainers with the technical support of UNICEF. UNICEF and other

development partners' support will be taken for quality assurance of training and monitoring of the IYCF practices for deliveries taking place in institutions. (FMR code A.9.5.5.2.c)

The training will be imparted to staff of NRC, SNCU, Block and District (Male and Female) Hospital staff. From each district 5 staff from NRC (1 Feeding Demonstrator & 4 Staff Nurses), 6 staff nurses from SNCU and 6 staff nurses from District Hospital (3 SN from each Male and Female DH) will be selected. In addition, two staff nurses from each block will be trained on IYCF. In this way all the staff nurses working close to children either in NRC, SNCU or district hospital will be trained on IYCF and 3 health staff from each block will be trained. Thus, a total of 955 staff nurses will be given 7 days training from 25 districts in about 40 batches. (FMR code A.9.5.5.2.c)

Budget Particulars						
A	**Skill based training on IYCF of Doctors**					
3 day training of Medical Officers/Doctors (1/NRC, 3/SNCU, 1+1/DWH+DMH and 1/Block = Total 420 participants from 25 Districts will be trained in 14 batches	**Sl.**	**Items**	**Unit Cost**	**No. of Units**	**No. of Days**	**Total Cost (Rs.)**
	1	Honorarium for Participants (Doctors)	400	30	3	36,000.00
	2	Honorarium to Facilitators (Trainer)	1000	4	3	12,000.00
	3	Food to Facilitators (Trainer) Working Lunch	200	4	3	2,400.00
	4	Food to participants (Breakfast, Tea, Lunch, Dinner)	250	30	3	22,500.00
	5	Course material and Contingency (training related documents and other accessory)	300	30	1	9,000.00
	6	Night stay Participants (Accommodation) - Only for those who come from outside the district	900	30	3	81,000.00
	7	Institutional overheads	8000	1	1	8,000.00
	8	TA to participants (as per actual) - Only for those who come from outside the district (No TA will be admissible for local participants)	2000	30	1	60,000.00
	9	TA for Facilitator (for out side the districts)	3000	2	1	6,000.00
	10	Night stay Facilitators (Accommodation)	900	2	3	5,400.00
	B	**Total**				**2,42,300.00**
	Note 2: The batch size of the Physicians' Training will be 30					
	Observer Visits per batch -only in 25 per cent of total batches organized in a year					
			Unit Cost	**No. of Units**	**No. of Days**	**Total Cost (Rs.)**
	1	Honorarium of state/divisional observer	1000	1	2	2,000.00
	2	Night stay to Observer (Accommodation/Dinner/Breakfast)	2000	1	2	4,000.00
	3	TA for observer to & fro (as per actual)	2500	1	1	2,500.00
		Total				8,500.00
		Doctors Training for 14 Batches				**33,92,200.00**
		Observer visit for 4 Batches				**34,000.00**
Sub Total (A) 420 doctors will be trained in 14 batches @ 30 in each batch & 4 observer visit with total cost of (Lakhs Rs)						**34.26**
B	**Skill based training on IYCF of Staff Nurse**					
3+3SN/DWH+DMH and 2SN/Block = Total 955 participants	**Sl.**	**Items**	**Unit Cost**	**No. of Units**	**No. of Days**	**Total Cost (Rs.)**
	1	Honorarium for Participants	300	24	7	50,400.00
	2	Honorarium to Facilitators (Trainer)	1000	4	7	28,000.00
	3	Food to Facilitators (Trainer) Working Lunch	200	4	7	5,600.00
	4	Food to participants (Breakfast, Tea, Lunch, Dinner)	250	24	7	42,000.00

	5	Course material and Contingency (training related documents and other accessory)	300	24	1	7,200.00
	6	Night stay Participants (Accommodation) - Only for those who come from outside the district	900	24	7	1,51,200.00
	7	Institutional overheads	8000	1	1	8,000.00
	8	TA to participants (as per actual) - Only for those who come from outside the district (No TA will be admissible for local participants)	1000	24	1	24,000.00
	9	TA for Facilitator (for out side the districts)	3000	2	1	6,000.00
	10	Night stay Facilitators (Accommodation)	900	2	7	12,600.00
	C	**Total**				**3,35,000.00**
	Note 2: The batch size of the Staff Nurses and FDs' Training will be 24					
	Observer Visits per batch -only in 25 per cent of total batches organized in a year					
			Unit Cost	**No. of Units**	**No. of Days**	**Total Cost (Rs.)**
	1	Honorarium of state/divisional observer	1000	1	2	2,000.00
	2	Night stay to Observer (Accommodation/ Dinner/Breakfast)	2000	1	2	4,000.00
	3	TA for observer to & fro (as per actual)	2500	1	1	2,500.00
		Total				**8,500.00**
		Training for SN and FD 40 Batches				**134,00,000.00**
		Observer visit for SN and FD for 10 Batches				**85,000.00**
Sub total (C) 955 Staff Nurses & Feeding Demonstrators will be trained in 40 batches @ 24 in each batch & 10 observer visits with total cost of (Lakhs Rs)						**134.85**
Grand Total (A+B) (Lakhs Rs.)						**169.11**

The overall cost budgeted for strengthening Infant and Young Child Feeding practices in state was Rs. 169.11 Lakhs, which is approved by GOI(FMR Code-A.9.5.5.2.C)

IEC/BCC Activities

Under Child Health, to carry out IEC/BCC activities (celebration of breastfeeding, newborn care week, Poster on Newborn care IEC for all NBCCs in the state) a budget of Rs. 141.35 lakhs is being proposed for the year 2014-15. Details of IEC/BCC activities given in Mission Flexi pool under IEC/BCC Chapter.

Procurement

Under Child Health Programme, in 2014-15 **a total budget of Rs. 1015.49 Lakhs was proposed for the procurement of equipments, out of which GOI approved Rs.980.69 Lakhs (FMR Code-B.16.1.2) and for the procurement of drugs and supplies, Rs. 1355.63 Lakhs was proposed, which is approved by GOI (FMR Code-B.16.2.2).** Details of these items are given in Procurement Chapter in Mission Flexi pool.

Facility based management of SAM: Nutrition Rehabilitation Centre (NRC)

Severely Acute Malnourished children are at high risk of morbidity and mortality and such children need special therapeutic care. Severe Acute Malnourished Children with complications needs special therapeutic care at Nutrition Rehabilitation care. There are already 25 such NRCs functional in 19 districts. 22 additional NRCs have been approved in 2013-14 PIP and shall be functional by mid 2014. The operationalization of NRC at Gonda has been delayed due to administrative reasons. It is expected that by end of 2014, it will also become functional.

For FY 2014-15 state shall be strengthening the existing NRCs by introducing some new innovations and improving quality of services through Supportive supervision, quarterly reviews and reorientation/refresher workshops. In addition, for FY 2014-15 PIP, 10 new NRCs are proposed in districts J.P Nagar, Meerut, Moradabad, Lucknow, Mahoba, Mainpuri, Mathura, Muzzafarnagar, Sultanpur and Badohi

As per GOI guidelines, the funds for NRC are proposed under four broad heads viz.

1. Human Resource (FMR Code: **A.8.1.11.f,** A.8.1.5.6, A.8.1.7.5.4 & A.8.1.1.2.f)
2. Operational Cost and Establishment Cost (FMR Code: A2.5)
3. Procurement and Supplies (FMR Code: B.16.2.2.5 & B.16.1.2.7)
4. Data Management Support (FMR Code: A.2.5)

For the first two heads viz. Human Resource and operational and Establishment cost has been divided into three parts for a better understanding i.e. for 26 Old NRCs, 22 New NRCs (approved by GoI in 2013-14 PIP) and 10 New NRCs which are proposed for 2014-15 PIP.

Old NRC (26 in Nos.)

There are total 26 Old NRCs which were approved before 2013-14 PIP. Out of these 26 old NRCs, 5 are at functional in Medical Colleges (Gorakhpur, Aligarh, Kanpur Nagar, Allahabad, Jhansi), 14 functional in District Hospitals (Pilibhit, Shahjahanpur, Hardoi, Raebareli, Unnao, Maharajganj, Farrukhabad, Kannauj, Banda, ChitraKoot, Pratapgarh, Sonbhadra, Lalitpur DH, Lakhimpur Kheri) and 6 are functional at CHC/PHC level at Lalitpur. One NRC planned at Gonda District Hospital is yet to start which is expected to start by Second Quarter of FY 2014-15.

A. Human Resource for Old NRCs FMR Code: A.8.1.11.f, A.8.1.5.6, A.8.1.7.5.4 & A.8.1.1.2.f): In a NRC the Human resource required is one Medical Officer, one Feeding Demonstrator, Staff Nurses (4 in case of 10 bedded NRC and 3 in case of 6 Bedded NRC), one Cook, one Care-taker and one cleaner.

a. Whether New/ or being continued: continued from previous

b. Achievements if continued from previous years:

- NRCs Operational: 25 out of 26 except Gonda NRC
- Total admissions 3326 in 24 NRCs.
- Cure rate 47%
- Defaulter rate 13%
- Death rate 0.4%

c. Justification:

- Human Resource budget proposed for these NRCs would be for 12 months except Gonda which is expected to start by July 2014 hence HR budget is proposed for only 9 months.
- Also this year an increase in Salary per month of Medical Officer to Rs. 40000 p.m., Staff Nurse to Rs. 22,000 p.m., Feeding Demonstrator to Rs. 20000 p.m., Cook to Rs. 7,500 p.m. and Caretaker to Rs. 5,000 p.m. is proposed. The increase in Salary is proposed firstly to make the salaries uniform of these cadre across all programs and secondly to provide an annual increment.
- Also for Jhansi Medical College NRCs shall be upgraded from 6 Bed to 10 Bed NRC. So Staff Nurses shall be increased from 3 to 4 staff Nurses.

d. **Deliverables:** Delivering services in NRC with quality

Funding Proposed: For managing these 26 old NRCs, Budget for Human Resource support is proposed under various FMR codes (FMR specified in table below). Funding proposed for 25 Old NRCs is for 12

months and for Gonda NRC is for 9 months. Total fund required for 26 NRCs would be **Rs.** 492.465 **Lakhs**

FMR Code	Activities	Unit	Unit Cost (in Lakhs)	Total (in Lakhs)	Remarks
A.8.1.5.6	Pay & allowances of Medical Officer (1 each)	25	4.80	120.00	Budgeted for 12 months under District Budget for 25 Old NRCs
A.8.1.7.5.4	Pay & allowances of Feeding Demonstrator (1 each)	25	2.4	60.00	
A.8.1.1.2.f	Pay & allowances of Staff Nurse(4 each at 10 bedded and 3 each at 6 Bedded)	94	2.64	248.16	
A.8.1.11.f	Pay & allowance of Support staff - Care taker (1 nos. each)	25	0.6	15.00	
A.8.1.11.f	Pay & allowance of Support staff - Cook (1 each)	25	0.9	22.50	
A.8.1.11.f	Pay & allowance of Support staff - Cleaner (1 each)	25	0.48	12.00	
A.8.1.5.6	Pay & allowances of Medical Officer (1 each)	1	3.6	3.60	Budgeted for 9 months under District Budget for Gonda NRC
A.8.1.7.5.4	Pay & allowances of Feeding Demonstrator (1 each)	1	1.8	1.80	
A.8.1.1.2.f	Pay & allowances of Staff Nurse(4 each at 10 bedded and 3 each at 6 Bedded)	4	1.98	7.92	
A.8.1.11.f	Pay & allowance of Support staff - Care taker (1 nos. each)	1	0.45	0.45	
A.8.1.11.f	Pay & allowance of Support staff - Cook (1 each)	1	0.675	0.675	
A.8.1.11.f	Pay & allowance of Support staff - Cleaner (1 each)	1	0.36	0.36	
	Total of Human Resource Support for old 26 NRCs			**492.46**	

B. Operational and Establishment Cost for Old 26 NRCs: Under operational Cost, there are revisions under some heads for PIP 14-15. Out of 26 NRCs, Establishment cost is not required hence not budgeted while for Jhansi Medical College NRC shall be upgraded from 6 Beds to 10 Beds and hence Cost for 4 extra Cots and Mattresses is proposed.

a. Whether New/ or being continued: continued from previous

b. Achievements if continued from previous years:
NRCs Operational: 25 out of 26 except Gonda NRC

c. **Justification**: Revision of existing norms and new introduction in this year and there Justification are mentioned below:

- **Cost of Medicine and investigations** is increased from Rs. 300 to Rs. 350 as it was reported by NRCs that the Rs. 300 is not sufficient in most of the cases as it also involves investigations, Medicine and Supplements which are sometime not available from Govt. Supply. Hence a Rs. 50 increase is proposed.
- **Daily wage Compensation for Mother and Food for mother during stay:** Daily wage compensation is increased to Rs. 150 / day from a previous Rs. 100. Also Rs. 50 per day is also proposed as an additional fund to provide food to mother (Breakfast, Lunch, Evening Snack and Dinner). After introduction of these two changes this we certainly motivate the mothers to stay back at NRCs for longer duration thus increasing Referrals, Bed Occupancy and Reduction of No. Of Defaulters.
- **Transportation Cost to Family:** Rs. 200 for bringing the child to NRC during admission, Rs. 100 for bringing child back home after discharge is introduced. Apart from these, an additional Rs. 200 per visit is proposed for four follow up visits of discharged children is proposed. These introductions shall definitely motivate the mothers to bring back their children to NRCs for follow-ups.
- **Incentive for ASHAs for Follow up visits:** Additional Rs. 100 per follow visit within two months incentive is proposed for ASHAs to motivating and bringing the mothers and children to NRCs for follow ups.

- **Contingency:** contingency per month is increased from Rs. 2000 to Rs. 3000 p.m.
- **Funds for Maintenance of equipments and purchase of damaged equipments:** A lump sum fund of Rs. 20,000 is proposed per NRCs as Annual Maintenance fund which is to be used for maintaining old equipment, painting or Repairing of NRCs. Any new purchase has to be done only after consultation from state Officials.
- Contingency for Miscellaneous items like for documentation (Printing of NRC documents-SAM chart, Discharge ticket, NRC register etc. photographs, photocopying, display board of Rs. 20,000 per NRC is proposed.
- **Internet Recharge:** Rs. 250 p.m. is proposed per NRC for recharge of internet which is required for the NRC software which is an online software.
- **Establishment Cost:** Under Establishment Cost, the funds for purchase of Cots and Mattresses is increased from Rs. 2500 per set to Rs. Rs. 12000 per set. This issue was raised by all the NRCs during the recent Review meetings and also market rate was found to be around Rs. 12000 per set.
- **Post FUP for achieving MUAC >12.**5 cm-By proposing Rs. 150 for mothers for Two additional Follow ups (Post two month Follow ups), we can ensure follow up of the discharged children till s/he attains WHZ of -2SD or MUAC greater than 125 mm as per the new WHO guidelines and as specified by MoHFW.

d. Deliverables: Operational funds shall make 26 old NRCs operational for twelve months. We shall have capacity to treat and rehabilitate average 240 SAM cases(10 bed) and 120 SAM cases (6 Bedded NRC) in the six CHC NRC as these units do not have sufficient place to expand existing NRCs.

e. **Funding Proposed:** A funding of Rs. 3,80,79,990 is proposed which will make 26 Old NRCs operational for 12 months from April' 14 to March' 15. Break up and details tabulated below.

FMR Code	Activities	Unit	Unit Cost (in Lakhs)	Total (in Lakhs)	Remarks
A2.5	Establishment and Operational Cost (Old NRCs)	18	16.894	304.09	For Gorakhpur, Aligarh, Kanpur Nagar, Allahabad, Pilibhit, Shahjahanpur, Hardoi, Raebareli, Unnao, Maharajganj, Farrukhabad, Kannauj, Banda, ChitraKoot, Pratapgarh, Sonbhadra, Lalitpur DH, Lakhimpur Kheri
A2.5	Establishment and Operational Cost (Old NRCs)- 6 Bedded at CHC/PHC	6	9.168	55.01	6 NRCs in Lalitpur at CHC/PHC level
A2.5	Establishment and Operational Cost- Jhansi MC NRC	1	17.374	17.37	Jhansi: (upgrading 6 bedded NRC to 10 Bedded so Cost of purchase of 4 Cots and Mattress @Rs. 12000/ Set and Similarly all operational cost calculated as per 10 beds)
A2.5	Establishment and Operational Cost- Gonda DH NRC	1	4.32350	4.32	Funds under OC and EC is proposed only for Three months as funds for six months already available
	Total for 26 Old NRCs	**26**		**380.80**	

Details/Break up of different activities under the Budget Head- Operational Cost and Establishment Cost

FMR Code A 2.5: Operational Cost and Establishment Cost							
Sl.	**Activities**	**Unit per month/ Units**	**Unit Cost (Rs.)**	**Total cost (Rs.) for a Month**	**NRCs for 12 months**	**NRCs located at CHC/PHC**	**Jhansi MC NRC**
1	Medicine @ Rs. 350 per child for 240 children per year	20	350	7000	84000	42000	84000

	(@20 children per month)						
2	Food for children @ Rs. 75 per child/day for 14 days	20	75	21000	252000	126000	252000
3	Daily wage compensation for (food for mothers Rs. 150 per mother/day) and Rs 50 for mothers food for 14 days	20	200	56000	672000	336000	672000
4	Transportation cost for Family to bring children to NRC (Rs. 200 per child)	20	200	4000	48000	24000	48000
5	Transportation cost for Family to bring back children to home after discharge from NRC (Rs. 100 per child)	20	100	2000	24000	12000	24000
6	Incentive to front line workers ASHA/ AWW/ ANM to bring mother & child including transportation @ Rs. 100 per case	20	100	2000	24000	12000	24000
7	Contingency – Gas cylinder, Linen cleaning phenyl, purchase of bedsheets, soap, mosquito repellent, washing powder, etc @ Rs.3000/month,	1	3000	3000	36000	36000	36000
8	Maintenance of equipments (based on actual expenditure) and/or Purchase of new Weighing Scale/Infantometer or other ward equipments (only if non-functional or non-repairable and with the consent of the state)@ Rs. 20000/-	1	20000	20000	20000	20000	20000
9	Contingency for Miscellaneous items like for documentation (Printing of NRC documents-SAM chart, Discharge ticket, NRC register etc. photographs, photocopying, display board etc.@ Rs.20000/-	1	20000	20000	20000	20000	20000
10	Monthly recharge of data card @ Rs.250/- per month for 12 months total = Rs.3000/-	1	250	250	3000	3000	3000
11	Follow Up: Transportation cost for Family to bring children to NRC (Rs. 200 per child) (Maximum four Follow ups)	20	200	16000	192000	115200	192000
12	Follow up: Incentive to ASHA/ AWW/ ANM to bring mother & child including transportation @ Rs. 100 per case (Maximum four Follow ups)	20	100	8000	96000	57600	96000
13	Follow up: Food for children @ Rs. 40 per child/Follow-up (Maximum four Follow ups)	20	40	3200	38400	23040	38400
14	Follow up: Daily wage compensation (for food for	20	150	12000	144000	72000	144000

	mothers Rs. 150 per mother/Follow-up (Maximum four Follow ups)						
15	Post two months FUP for discharged children(conditions) (Rs. 150 per child for maximum of two visits till child MUAC becomes greater than or equal to 125 mm)	20	150	3000	36000	18000	36000
16	Purchase of Cot and Mattress	4	12000	48000	0	0	48000
Total for Operational Cost					**1689400**	**916840**	**1737400**

New NRCs: Proposed in 2013-14 (22 in Nos.)

There are total 22 New NRCs which were approved in 2013-14 PIP. All 22 NRCs were planned in District Hospitals. Out of 22 NRCs, Construction of 16 NRCs **(Bahraich, Balrampur, Barabanki, Bareilly, Badaun, Eta, Kaushambi, Mirzapur, Rampur, Bijnor, SantKabir Nagar, Sitapur, Agra, Azamgarh, Etawah, Deoria)** is already completed and another 6 NRCs **(Shrawasti, Faizabad, Varanasi, Siddharth Nagar, Bagpat, Kasganj)**are expected to get complete by June 2014. Funds for purchase of equipments have received for all 22 NRCs and have been released to individual districts.

A. Human Resource for New NRCs: The recruitment process in the 16 NRCS would be completed by My once the elections are over. Funds for Human Resource for six months were received only for 16 NRCs in supplementary PIP hence Salary for additional three months have been proposed in this PIP while for remaining 6 NRCs funds for Human Resource Support will be proposed for 9 months as all these NRCs is expected to be operational from July 2014.

a. Whether New/ or being continued: New

b. **Achievements if continued from previous years:** Construction for 16 NRCs is completed. Another 6 NRCs are expected to be completed by June 2014. Human Resource is yet to be appointed for all these NRCs. Appointment shall begin only after General Election 2014.

c. Justification:

- Human Resource budget proposed for six NRCs **(Shrawasti, Faizabad, Varanasi, Siddharth Nagar, Bagpat, Kasganj)** would be for 9 months which is expected to start by July 2014 and no fund was received before hence HR budget is proposed for 9 months.
- Human Resource budget proposed for sixteen NRCs **(Bahraich, Balrampur, Barabanki, Bareilly, Badaun, Eta, Kaushambi, Mirzapur, Rampur, Bijnor, SantKabir Nagar, Sitapur, Agra, Azamgarh, Etawah, Deoria)**would be for 3 months which is expected to start by July 2014 and funds are already available till six months so funds for another three months proposed under HR for these NRCs.
- Also this year an increase in Salary per month of Medical Officer to Rs. 40000 p.m., Staff Nurse to Rs. 22,000 p.m., Feeding Demonstrator to Rs. 20000 p.m., Cook to Rs. 7,500 p.m. and Caretaker to Rs. 5,000 p.m. is proposed. The increase in Salary is proposed firstly to make the salaries uniform of these cadre across all programs and secondly to provide an annual increment.

d. **Deliverables:** Human Resource Support for 22 NRCs for nine months which includes NRC Dietician, Care taker, Cook, ANMs, Medical Social Worker and cleaner

e. Funding Proposed: For managing these 22 new NRCs, Budget for Human Resource support is proposed under various FMR codes (FMR specified in table below). Funding proposed for 16 New NRCs is for 3 months and for 6 NRCs is for 9 months. Total fund required for 22 NRCs would be **Rs. 167.79 Lakhs**

FMR Code	Activities	Unit	Unit Cost	Total	Remarks
A.8.1.5.6	Pay & allowances of Medical Officer (1 each)	16	1.2	19.2	Budgeted for 3 months under District Budget for 16 New NRCs **(Bahraich, Balrampur, Barabanki, Bareilly, Badaun, Eta, Kaushambi, Mirzapur, Rampur, Bijnor, SantKabir Nagar, Sitapur, Agra, Azamgarh, Etawah, Deoria)-Under District Budget**
A.8.1.7.5.4	Pay & allowances of Feeding Demonstrator (1 each)	16	0.6	9.6	
A.8.1.1.2.f	Pay & allowances of Staff Nurse(4 each at 10 bedded and 3 each at 6 Bedded)	64	0.66	42.24	
A.8.1.11.f	Pay & allowance of Support staff - Care taker (1 nos. each)	16	0.15	2.4	
A.8.1.11.f	Pay & allowance of Support staff - Cook (1 each)	16	0.225	3.6	
A.8.1.11.f	Pay & allowance of Support staff - Cleaner (1 each)	16	0.12	1.92	
A.8.1.5.6	Pay & allowances of Medical Officer (1 each)	6	3.6	21.6	Budgeted for 9 months under District Budget for **(Shrawasti, Faizabad, Varanasi, Siddharth Nagar, Bagpat, Kasganj)-Under District Budget**
A.8.1.7.5.4	Pay & allowances of Feeding Demonstrator (1 each)	6	1.8	10.8	
A.8.1.1.2.f	Pay & allowances of Staff Nurse(4 each at 10 bedded and 3 each at 6 Bedded)	24	1.98	47.52	
A.8.1.11.f	Pay & allowance of Support staff - Care taker (1 nos. each)	6	0.45	2.7	
A.8.1.11.f	Pay & allowance of Support staff - Cook (1 each)	6	0.675	4.05	
A.8.1.11.f	Pay & allowance of Support staff - Cleaner (1 each)	6	0.36	2.16	
	Total of Human Resource Support for New 22 NRCs			**167.79**	

B. Operational and Establishment Cost for New 22 NRCs: Under operational Cost, there are revisions under some heads for PIP 14-15. Establishment cost is not required for any of these and only Operational Cost is budgeted under district budget under FMR A.2.5

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

c. **Justification**: Funds are proposed for only three months as funds under Operational Cost for six months already received in Supplementary PIP. **(other Specific activity related justification Same as Old NRCs Justification)**

d. **Deliverables:** Operational funds shall make 22 new NRCs operational for nine months. We shall have capacity to treat and rehabilitate average 240 SAM cases (10 beds) per NRC.

e. **Funding Proposed:** A funding of **Rs. 95.117 Lakhs** is proposed which will make 22 New NRCs operational for 9 months from July' 14 to March' 15. Break up and details tabulated below.

FMR Code	Activities	Unit	Unit Cost	Total	Remarks
A2.5	**Establishment and Operational Cost for three months (New NRCs)**	**22**	**4.323 Lakhs**	**95.117 Lakhs**	**For 22 New NRCs approved in 2013-14 PIP Under District Budget**
1	Medicine @ Rs. 350 per child for 20 Children per month (@20 children per month for 3 months)	22	21000	462000	
2	Food for children @ Rs. 75 per child/day for 14 days (@20 children per month for 3 months)	22	63000	1386000	
3	Daily wage compensation for mothers	22	168000	3696000	

	Rs. 150 per mother/day) and Rs 50 for mothers food for 14 days (@20 children per month for 3 months)				
4	Transportation cost for Family to bring children to NRC @ Rs. 200 per child (@20 children per month for 3 months)	22	12000	264000	
5	Transportation cost for Family to bring back children to home after discharge from NRC @ Rs. 100 per child (@20 children per month for 3 months)	22	6000	132000	
6	Incentive to front line workers ASHA/ AWW/ ANM to bring mother & child including transportation @ Rs. 100 per case (@20 children per month for 3 months)	22	6000	132000	
7	Contingency – Gas cylinder, Linen cleaning phenyl,purchase of bedsheets, soap, mosquito repellent, washing powder, etc @ Rs.3000/month (for 3 months)	22	9000	198000	
8	Maintenance of equipments (based on actual expenditure) and/or Purchase of new Weighing Scale/Infantometer or other ward equipments (only if non-functional or non-repairable and with the consent of the state)@ Rs. 20000/-	22	0	0	
9	Contingency for Miscellaneous items like for documentation (Printing of NRC documents-SAM chart, Discharge ticket, NRC register etc. photographs, photocopying, display board etc.@ Rs.20000/-	22	20000	440000	
10	Monthly recharge of data card @ Rs.250/- per month for 3 months	22	750	16500	
11	Follow Up:Transportation cost for Family to bring children to NRC (@ Rs. 200 per visit for 4 follow up visits for 20 Children/ month for 3 months)	22	48000	1056000	
12	Follow up: Incentive to ASHA/ AWW/ ANM to bring mother & child including transportation (@ Rs. 100 per visit for 4 follow up visits for 20 Children/ month for 3 months)	22	24000	528000	
13	Follow up:Food for children @ Rs. 40 per child/Follow-up (@ Rs. 40 per child for 4 follow up visits for 20 Children/ month for 3 months)	22	9600	211200	
14	Follow up: Daily wage compensation (@ Rs. 150 per visit for 4 follow up visits for 20 Children/ month for 3 months)	22	36000	792000	
15	Post two months FUP for discharged children(conditions) (Rs. 150 per child for maximum of two visits till child MUAC becomes greater than or equal to 125 mm) (for 20children/ month for 3 months)	22	9000	198000	
	Total Operational and Establishment Cost for 22 New NRCs	**22**	**4.32 Lakhs**	**95 11 Lakhs**	

NRC Proposed for FY 2014-15 (10 in nos.)

There are total 10 New NRCs are proposed for this PIP. All 10 NRCs are planned in District Hospitals. NRCs are proposed in J.P Nagar, Meerut, Moradabad, Lucknow, Mahoba, Mainpuri, Mathura, Muzzafarnagar, Sultanpur, Badohi districts. Once approved it is expected to be approved by end of second quarter.

A. Human Resource for Proposed NRCs: Funds for Human Resource for six months is proposed for these NRCs as expected to be operational from Third Quarter of FY 2014-15.

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

c. Justification:

- Also this year an increase in Salary per month of Medical Officer to Rs. 50000 p.m., Staff Nurse to Rs. 22,000 p.m., Feeding Demonstrator to Rs. 20000 p.m., Cook to Rs. 7,500 p.m. and Caretaker to Rs. 5,000 p.m. is proposed.

d. **Deliverables:** Human Resource Support for 22 NRCs for six months which includes NRC Dietician, Care taker, Cook, ANMs, Medical Social Worker and cleaner.

e. Funding Proposed: For managing these 10 NRCs, Budget for Human Resource support is proposed under various FMR codes (FMR specified in table below).. Total fund required for Human Resource Support for six months for 10 NRCs would be **Rs. 98.70 Lakhs**

FMR Code	Activities	Unit	Unit Cost (in Lakhs)	Total (in Lakhs)	Remarks
A.8.1.5.6	Pay & allowances of Medical Officer (1 each)	10	2.40	24.00	Budgeted for 6 months under District Budget for 10 NRCs which are proposed in 2014-15
A.8.1.7.5.4	Pay & allowances of Feeding Demonstrator (1 each)	10	1.20	12.00	
A.8.1.1.2.f	Pay & allowances of Staff Nurse(4 each at 10 bedded and 3 each at 6 Bedded)	40	1.32	52.80	
A.8.1.11.f	Pay & allowance of Support staff - Care taker (1 nos. each)	10	0.30	3.00	
A.8.1.11.f	Pay & allowance of Support staff - Cook (1 each)	10	0.45	4.50	
A.8.1.11.f	Pay & allowance of Support staff - Cleaner (1 each)	10	0.24	2.40	
	Total of Human Resource Support for Newly proposed 10 NRCs			**98.70**	

B. Operational and Establishment Cost for Newly Proposed 10 NRCs: Both Onetime Establishment Cost and Operational Cost for six months is proposed in this PIP. Both Heads are budgeted under district budget under FMR A.2.5

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

c. **Justification**: Funds are proposed for One time Establishment Cost and Operational Cost for Six months as it is expected that these NRCs shall be operational from Third Quarter of FY 2014-15.

d. **Deliverables:** Infrastructure for 10 Bedded NRC shall be established in these districts. Funds for Operational Cost shall make NRC operational for six months. If Operational for six months, approximately 120 SAM children may be successfully treated.

e. **Funding Proposed:** A funding of **Rs.112.17 Lakhs is** proposed which will establish 10 new NRCs and operational for 6 months. Break up and details tabulated below.

FMR	Activities	Unit	Unit Cost	Total
A2.5	**Establishment and Operational Cost for three months (New NRCs)**	**10**	**11.217 Lakhs**	**112.17 Lakhs**
1	Medicine @ Rs. 350 per child for 20 Children per month (@20 children per month for 6 months)	**10**	42000	420000
2	Food for children @ Rs. 75 per child/day for 14 days (@20 children per month for 6 months)	**10**	126000	1260000
3	Daily wage compensation for mothers Rs. 150 per mother/day) and Rs 50 for mothers food for 14 days (@20 children per month for 3 months)	**10**	336000	3360000
4	Transportation cost for Family to bring children to NRC @ Rs. 200 per child (@20 children per month for 6 months)	**10**	24000	240000
5	Transportation cost for Family to bring back children to home after discharge from NRC @ Rs. 100 per child (@20 children per month for 6 months)	**10**	12000	120000
6	Incentive to front line workers ASHA/ AWW/ ANM to bring mother & child including transportation @ Rs. 100 per case (@20 children per month for 6 months)	**10**	12000	120000
7	Contingency – Gas cylinder, Linen cleaning phenyl, purchase of bed sheets, soap, mosquito repellent, washing powder, etc @ Rs.3000/month (for 6 months)	**10**	18000	180000
8	Maintenance of equipments (based on actual expenditure) and/or Purchase of new Weighing Scale/Infantometer or other ward equipments (only if non-functional or non-repairable and with the consent of the state)@ Rs. 20000/-	**10**	0	0
9	Contingency for Miscellaneous items like for documentation (Printing of NRC documents-SAM chart, Discharge ticket, NRC register etc. photographs, photocopying, display board etc.@ Rs.20000/-	**10**	20000	200000
10	Monthly recharge of data card @ Rs.250/- per month for 6 months	**10**	1500	15000
11	Follow Up: Transportation cost for Family to bring children to NRC (@ Rs. 200 per visit for 4 follow up visits for 20 Children/ month for 6 months)	**10**	96000	960000
12	Follow up: Incentive to ASHA/ AWW/ ANM to bring mother & child including transportation (@ Rs. 100 per visit for 4 follow up visits for 20 Children/ month for 6 months)	**10**	48000	480000
13	Follow up: Food for children @ Rs. 40 per child/Follow-up (@ Rs. 40 per child for 4 follow up visits for 20 Children/ month for 6 months)	**10**	19200	192000
14	Follow up: Daily wage compensation (@ Rs. 150 per visit for 4 follow up visits for 20 Children/ month for 6 months)	**10**	72000	720000
15	Civil work renovation: Ward	**10**	25000	250000
16	Civil work renovation: Kitchen	**10**	20000	200000
17	Civil work renovation: Bathroom and Toilet	**10**	15000	150000
18	Cots and Mattresses(Along with bed sheets)	**10**	120000	1200000
19	Essential ward equipments	**10**	50000	500000
20	Other ward equipments	**10**	35000	350000
21	Kitchen Equipments	**10**	30000	300000
	Total Operational and Establishment Cost for 22 New NRCs	**10**	**11.217 Lakhs**	**112.17 Lakhs**

To strengthen NRCs in the state, GOI approved Rs.452.40 Lakhs in FMR Code-2.5, as operational costs and for human resource, approval is accorded under Human Resource Chapter (FMR Code-A.8.1 and its sub heads).

Activity: Procurement of Mid Upper Arm Circumference tapes (MUAC tapes)

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

Justification: According to WHO, at community level MUAC tapes (along with bilateral Pitting Oedema) should be used by community Health workers for screening of children for SAM. It is most important tool to identify SAM cases at community level. Availability of MUAC tapes with ASHA will build their capacity to screen for SAM cases. This will improve the case referrals. Funds are proposed for Supply of MUAC tapes to all the ASHAs in the districts with NRCs. Rs. 20 per MUAC are proposed for printing MUAC.

c. **Deliverables:**

- Availability of MUAC tapes with ASHAs
- Skill Building of ASHAs on screening children for SAM at community level
- Increase in Referrals and Bed Occupancy of NRCs

d. **Funding Proposed:** A funding of Rs. 21.85 Lakhs was proposed for purchase of MUAC tapes for all 52 Districts where 58 NRCs are operational, **which is approved by GOI (FMR Code-B.16.2.2.5)**

FMR Code	Activities	Unit	Unit Cost	Total
B.16.2.2.5	Supply of Mid Upper Arm Circumference (MUAC) tapes for NRCs @20Rs. Per MUAC tape for all ASHAs in the Districts with NRCs	109232	20	21.85Lakhs

Activity: Procurement of Computer/UPS/Printer-Scanner/Data Card for NRCs

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

c. **Justification**: Funds are proposed for purchase of a Computer system for all the Old and New NRCs. The computer system is must for NRCs for routine data management and reporting. Also this year, NHM UP with support from Unicef has developed online NRC Software which will improve the quality of data management and help in real time monitoring of NRCs. A fund of Rs. 60,000 per NRC is proposed to purchase a Computer system, a Printer-cum-Scanner, UPS and Data Card.

d. **Deliverables:** Availability of Computer system shall build capacity of NRCs on data management. This will ensure timely reporting by NRCs, improve quality of data and improved monitoring.

e. Funding Proposed: A funding of Rs. 34.80 Lakhs was proposed for purchase of 58 Computer Systems for all 58 NRCs, which is not approved by GOI(FMR Code- B16.1.2.7).

FMR Code	Activities	Unit	Unit Cost	Total
B.16.1.2.7	Procurement of Computer/Printer/ UPS/Data Card- NRC	58	60000	3480000

Activity: Maintenance of NRC Software

NRC MIS was prepared in 2014 with support from UNICEF. The NRC MIS is operational but domain continuation and software maintenance may require some allocation of funds. Accordingly Rs 200,000/- has been proposed to be utilised at the state level

a. Whether New/ or being continued: New

b. **Achievements if continued from previous years: NA**

c. **Justification**: Unicef UP has developed online NRC software. At present Unicef is supporting the maintenance of the software. The Support shall be till September 2014. After NHM-UP shall take over the software. To maintain the software a fund of Rs. 2.00 Lakhs was proposed.

d. **Deliverables:**

- Maintenance of Software for 9 months.

e. Funding Proposed: A funding of **Rs 2.00 Lakhs was** proposed under state budget for maintenance of NRC Software.

FMR Code	Activities	Unit	Unit Cost	Total	Remarks
A.2.5	NRC Software Maintenance Cost	1	200000	200000	Under state Budget

Activity: Operational & Establishment Funds at State level

a. Whether New/ or being continued: New

b. Achievements if continued from previous years: NA

a. **Justification**: During the NRC review meetings and PIP planning exercise, many districts which already had NRCs demanded for extra funds for Beds, Mattresses and other items which are non functional, state and/or is damaged and needs to be replaced. So, solve such issues a flexi-fund of Rs. Twenty lacs is proposed to meet such demands. These funds can only be provided to districts after physical verification of the gap by state officials.

b. **Deliverables:** Quality assurance

c. Funding Proposed: A funding of **Rs 20,00,000** is proposed under state budget as Contingency funds for keeping NRCs operational.

FMR Code	Activities	Unit	Unit Cost (in Lakhs)	Total (in Lakhs)	Remarks
A.2.5	**Operational and Establishment Cost**	**1**	**20**	**20**	**Under State Budget**

Child Death Audit

Background

Reducing infant mortality is one of the key goals under NRHM. Multipronged, evidence based strategies have been adopted in the national programme to prevent neonatal, infant and child deaths. The infant and under five child mortality has shown a steady decline over last three years. However the progress is not uniform across states and even intrastate (inter-district) variations are quite evident from the recent surveys like the Annual Health Survey 2011. Moreover the decline in neonatal mortality is slow and has not kept pace with the overall decline in child mortality. It is well understood that for any further progress to be made, the focus must shift to age groups, populations and geographical areas where mortality is higher/ concentrated. For specific interventions to be made, the medical and systemic causes leading to mortality in newborns and children < 5 years within a particular geographic area and populations must be known. It is also essential that the annual planning process in districts and states takes into account the local context and implementation of key child health strategies are prioritized and based on local morbidity and mortality patterns. This is possible only when a special effort is made to investigate and record the sequence of events leading to child deaths and drawing inferences from the data generated locally. Such an analysis should guide the programme managers at all levels to recognize the key gap areas for service delivery and institute corrective measures.

What is Child Death Review?

Child Death Review is a strategy to understand the geographical variation in causes of child deaths and thereby initiating specific child health interventions. Analysis of child deaths provides information about the medical causes of death, helps to identify the gaps in health service delivery and social factors that contribute to child deaths. This information can be used to adopt corrective measures and fill the gaps in community and facility level service delivery. With uniform Child Death Review process and formats across the states, information can be compared over a period of time and common factors identified and addressed through national programme. This contributes to overall improvement in quality of care and reducing child mortality. Data on causes of neonatal and child deaths are also useful for health planners, administrators, and medical professionals to evaluate trends in causes of mortality over time and thus assess the impact of the on-going health programmes and to make a decision on allocation of resources for different strategies to prevent and manage neonatal and childhood illnesses.

In UP, it is proposed to select 2 districts based on high IMR (Infant Mortality Rate). For these 2 districts a one-day sensitization workshop is planned for organizing at State headquarter followed by 2-days orientation at the selected districts where 2 officers from child health division of SPMU/Directorate or nominated person will facilitate. The details of the workshop and orientation are given below in the table:

Budget Norm for Child Death Review					
Sl.	**Head**	**Unit Cost**	**No. of Units**	**No. of Days**	**Total Budget (Rs.)**
For Sensitization Workshop					
1	Honorarium to District and block level participants (MOs) for sensitization meeting at State level	400	32	1	12800
2	Working lunch and tea for all participants including development partners	250	60	1	15000
3	TA to District and block level participants (MOs) for sensitization meeting at State level	1500	32	1	48000
4	Contingency (folder, pen, pad training material etc.)	200	60	1	12000
Total for Sensitization Meeting at State level - A					**87800**
For orientation at district level (2 Districts)					
1	Honorarium to State level facilitators (2 persons for 2 districts)	1000	4	2	8000
2	Accommodation for the State facilitators (2 persons for 2 districts)	900	4	2	7200
3	TA for the State facilitators (to & fro) (2 persons for 2 districts)	1000	4	2	8000
4	Honorarium to participants (16 per district)	400	32	2	25600
5	Working lunch and tea for all participants including development partners (20 per district)	250	40	2	20000
6	TA to participants (who are residing outside the Distt. HQ) (16 per district)	Lumpsum	32	1	8000
7	Contingency (folder, pen, pad training material etc.) (16 per district)	150	40	2	12000
8	IOH (Incidental Overhead)	3000	1	1	3000
Total for Training at district level (2 Districts) – B					**267400**
Total budget for Sensitization Workshop and orientation at State & District (A+ B)					**355200**

Verbal Autopsy Plan under Child Death Review

		Sl.	1	2	**Total**
Basic Informati on	**Name of District**	*2*	Faizabad	Sarwasthi	
	No. of Blocks in the District	*3*	11	5	
	Population as per 2011 census	*4*	2470996	1117361	
	Annual Growth rate	*5*	18.3	30.5	
	Estimated Population of 2014-15	*6*	2648908	1255914	
	Estimated live birth in 2014-15	*7*	65958	50488	
	Death rate of U 5 yrs. child as per AHS-2012-13	*8*	115	130	
	Estimated death U 5	*9*	7585	6563	**14149**
Budget	Incentive to ASHA for reporting @ Rs.100/- per case	*10*	758515	656341	**1414855**
	No. of cases (@ 6 cases per block per month) CDR will be done in a year	*11*	792	360	**1152**
	For conducting verbal autopsy @ Rs.250/- per person for 2 person	*12*	396000	180000	**576000**
	Transport for conducting verbal autopsy @ Rs.250/- for the team	*13*	198000	90000	**288000**
	Format printing @ Rs.5/- per case	*14*	3960	1800	**5760**
	Total budget (Col 10+12+13+14)	*15*	1356475	928141	**2284615**

For the above purpose, an amount of Rs.26.40 Lakhs is approved by GOI (FMR Code-A.2.8) with the remarks that revision in the incentives as Rs.50 for ASHA for reporting, Rs.100 for ANM for FBI and for verbal autopsy @Rs.500 for 6 cases.

"Golden Hour New Born Tracking"

Introduction of Tablet Computers as a tool for learning, training, counseling, documenting, and reporting at high case load facilities (for HPDs)

Introduction

The state of Uttar Pradesh (UP) has made strides to reduce maternal mortality ratio (MMR) and infant mortality rate (IMR), yet the state still lags behind Indian national averages. There are very critical periods in the life-cycle of both a mother and newborn in which specific activities must be carried out within the first minute (golden minute) and hour (golden hour) following delivery in order to reduce mortality and morbidity. Unfortunately, those activities are not completely being carried out, and when they are, their quality is poor. The government of UP has identified poor implementation and poor monitoring during these golden minute and golden hour periods as a contributing cause of sustained MMR and IMR in UP. As a means to reduce these gaps, UP wishes to initiate innovative solutions to improve service delivery implementation as well as improve monitoring of service activities at the facility level during the golden hour and golden minute.

Objectives

Increased attention will be given to high facility deliveries, specifically during the first minute (golden minute) and hour (golden hour) after delivery. It is proposed that to reinforce the implementation and monitoring of critical activities and service-components of postpartum care, one staff member of the facility (for e.g. Nurse Mentor, Staff nurse, Counsellor etc.) will be equipped with iPads (or android tablets), to help with: training, teaching, learning, counselling, documenting, and reporting. This measure will assist the state in reaching its 2016-17 target of reducing MMR to 200 and IMR to 32.

Operational model

The proposal will be operational high case load delivery points in HPDs in the first phase. Facility which conduct more than 200 deliveries/ month on average will be chosen. By targeting these high-volume

delivery points, the GoUP will be able to focus its efforts on 8% of all delivery points in HPDs but influence 41% of all estimated deliveries in the HPDs.

Data for HPDs	Total facilities		Average monthly deliveries*	
	Number	Percentage	Number	Percentage (%)
All delivery points	1248	100%	75506	100%
Delivery points conducting 200+ deliveries/month	94	8%	30845	41%

*Based on KPI data for Mar-Dec, 2013

Cost model

The cost entailed for this initiative includes only the purchase of tablet computers for the selected 94 facilities in HPDs.

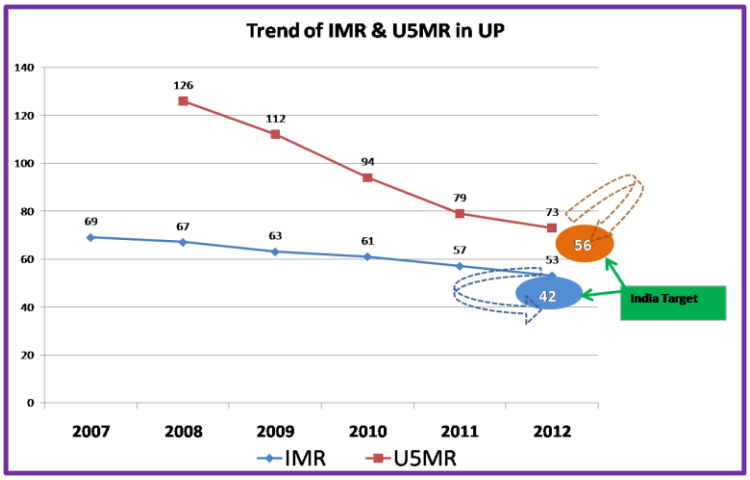
Cost item	Units (No.)	Unit cost (Rs.)	Total cost (Rs. Lakhs)	Remarks
Procurement of Tablet Computes	94	20000.00	18.80	
Building Applications and developing content	To be supported by development partners			
Training of selected staff members	To be supported by development partners			
Total			**18.80**	

For the above activity, total budget of Rs. 18.80 lakhs is approved by GOI (FMR Code- B.16.1.2.10)

Childhood Diarrhoea Management Programme in Uttar Pradesh

Diarrhoea Management

The SRS surveys reveal the decline trend of IMR and U5MR in Uttar Pradesh, but in comparison with India, U5MR and IMR of the state are unacceptably high (See Graph No.1). Diarrhoea is one of the major causes of child mortality 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 diarrhea, as per the MOHFW, GOI directive dated 2nd Nov. 2006.



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

Initiatives taken (2013-14)

State Guideline on Childhood Diarrohea Management - In confirmation to the recommended national policy, GOUP issued a detailed guideline of treatment protocol and implementation strategy of childhood diarrhoea in Feb 13 and circulated with all CMOs, ICDS and other partners. In this

guideline, the component of capacity building of all functionaries (MO/ICs, ANM, Supervisors, ASHA, AWWs) of both departments, treatment of Diarrohea by promoting the usage of Zinc and ORS and three level monitoring system (from ANM to CMO level) has been included. The monitoring format have been developed with technical support of Micronutrient Initiative.

The Problem have been there, in the implementation of these guideline in the State. To improve the situation, With support of GOUP and NRHM, Micronutrient Initiative (MI) initiated interventions in 12 districts of UP (i.e. Lucknow, Hardoi, Sitapur, Barabanki, Shajhanpur, Badaun, Bareilly Faizabad, Sultanpur, Ambedkarnagar, Unnao and Kanpur Dehat) in DAZT project (Diarrohea Alleviation through Zinc therapy) and achieved better results. Number of cases treated with ORS and Zinc increased 94% and reporting of diarrohea cases also improved to more than 5.68 lakhs cases in the year 2012-13.

Programmatic Approach :

Healthcare providers deliver quality care for diarrhoea management

- To ensure Quality care for diarrohea management, all different level functionaries of health and ICDS departments i.e. MOs, CDPOs, HEOs, LHVs, Staff Nurses, Pharmacists, ANMs, ASHAs, ICDS Supervisors and Anganwadi Workers in 12 intervention districts were trained. To execute the trainings, Cascade model has been adopted and effectively implemented through a concurrently supervised team of partners led by MI.

Training on Diarrhoea Management (Achievements)	
Masters Trainers (Medical Officers)	**TOT professional trainers from NGOs**
32 MOs trained as master trainers	120 NGO trainers trained as professional trainers.
1736 MOs, HEOs, CDPOs trained by master trainers	7310 supervisors, ANMs, Staff nurse and pharmacists trained by professional trainers.
	36735 AWWs and ASHAs trained at PHCs

Caregivers made aware about appropriate treatment

- 44600 flip books printed and provided FLWs as IPC tool. Usage of flip books was ensured through training and proper monitoring.
- 9.10 lakhs compliance card provided to caregivers to ensure the zinc intake up to 14 days.

Zinc and ORS supplies are available at all times and in the required volumes

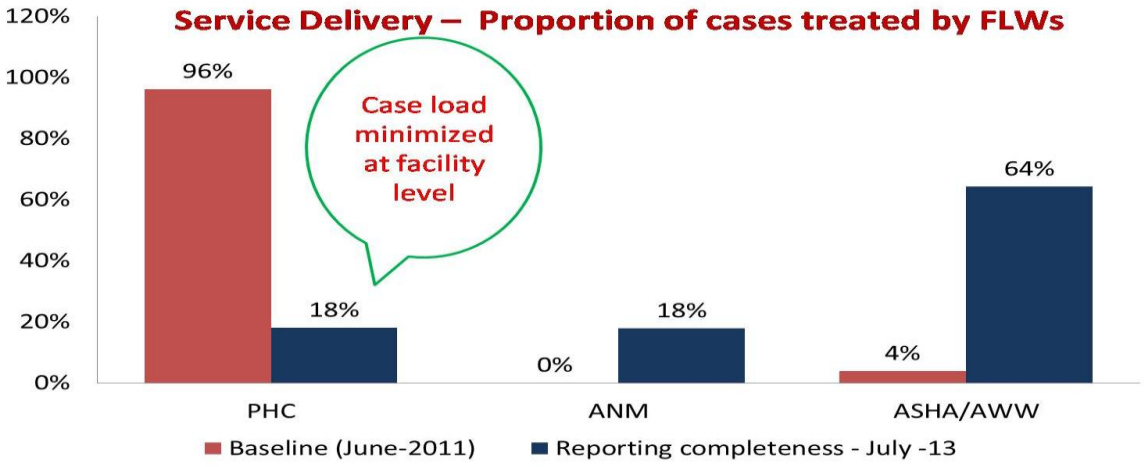
- Procurement and Distribution -
  - Around 10 Lakhs combo-kits of zinc and ORS Procured by MI as a seed supply and distributed to trained FLWs and PHC(OPD)
  - Strengthened procurement and distribution mechanism
- Zinc added in state drug list.
- Technical support at all level for preparing distribution plan as per requirement/supply.

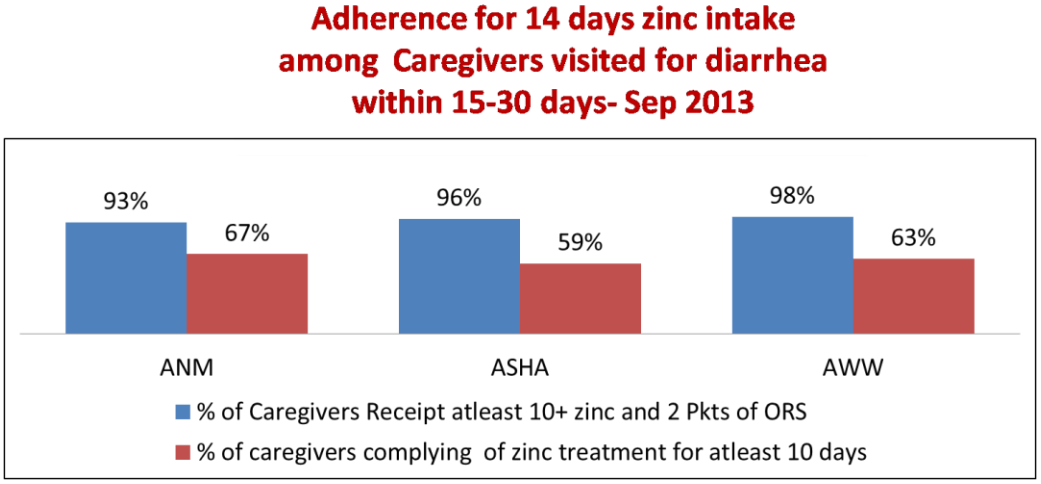
Monitoring and review

- Strengthen monitoring Mechanism of CDMP by establishing 4tier reporting system from gross root to state level.
- 41800 different level reporting and recording formats printed and distributed.
- 119 AROs trained on reporting mechanism
- 18 Field Coordinators involved in 36 low performing blocks through local NGOs for supportive supervision of FLWs.
- Provided support in monitoring through Divisional Coordinators of MI. 5431 FLWs directly supervised and 3445 caregivers visited in last 5 month.
- Reviews at district/block and state levels in BSPM
- Facilitated to report diarrhoea cases in HMIS system

Results of Intervention

- **Case load at facility level has been shifted to frontline workers.**
- Adherence for 14 days zinc intake increased for visits FLWs and follow up with care givers.





- During the knowledge assessment 90% ANM were found aware about the correct doses of zinc followed by 67% in ASHAs and 65% in AWWs.
- Regarding the management of Diarrohea,29% ANMs were found able to treat some hydration level of Diarrohea. More AWWs (35%) were able to manage dehydration level of Diarrohea in comparison of ASHAs (29%).

Challenges

- The number of treated cases declined due to non availability of supply of zinc and ORS due to vendors though budget was timely transferred to districts.
- Treated cases reported only in 12 intervention districts with support of MI.
- Reported data not integrated with HIMS.
- No budget available to do districts wise activities.
- Low Knowledge level of Service providers about treatment plan, benefits of zinc, and ORS doses.
- Lakhk of clarity in distribution of supply to AWWs through Health system.

Proposed Childhood diarrohea intervention for year 2014-15

Keeping in view the results of above intervention, state proposes to scale up these activities in the entire state to increase the use of ORS and Zinc in the treatment of childhood diarrhea to at least 50% in 2014-15. For the year 2014-15, state is planning to implement the following activities:

- Orientation of MOs, CDPOs, HEOs, Supervisors during BSPM and other ongoing meetings at different level
- Monthly reporting on prescribed formats
- Monthly Monitoring and supervision by govt. officials and partners
- Refresher training of all ANMs, AWWs, ASHAs on childhood Diarrhoea management and recording and reporting through various existing platforms (ANM weekly meeting, ASHA Days and Anganwadi Monthly Meeting)
- Create awareness in the community about the importance of Zinc & ORS through various BCC & Social Mobilization activities.
- Integrate the existing reporting into HMIS.
- Observe ORS –Zinc day at the district and block levels
- Celebration of ORS day (29th July in districts)

Support by other Development Partners- Micronutrient Initiative, CHAI, UNICEF and BMGF under RMNCH+A

Presently along with Micronutrient Initiative, other partners i.e. CHAI, UNICEF and BMGF are also available for providing techno-managerial support through field team, scaling up activities will be executed by state govt with support of these partners. The partners will provide support in district and block level review meeting, facilitating in developing distribution plan, supportive supervisions and other programme related activities.

Budget for the proposed activities

1. **State level meeting for Diarrohea Programme**

Sl.	Unit Description	Unit cost (in RS) -A	No. Of Units / quantity - B	Total Cost of the year - C=AxB
1	**State level Joint meeting at state level @ Rs 20000 /batch for 4 batches - 2 from Health (ACMO/DIO & DPM) & DPO meeting in a year**	**20000**	4 batches	**0.80**

2. **District level Activities: (Details in annexure 1)**
   a. Joint planning and review meeting of Health and ICDS at District Level –Rs. 375000
   b. Joint planning and review meeting of Health and ICDS at block Level - Rs. 822000
   c. Printing of guidelines, register and reporting formats -Rs. 2959200
   d. IEC Site banner -Rs. 4473400
   e. Celebration of ORS day district and Block -Rs. 3216000
   - Rs. 11845600

Thus, for the above activities, the budget proposed was Rs. 119.25 Lakhs, which is not approved by GOI (FMR Code- A.2.6). Further, for the procurement of Zinc & ORS, an amount of Rs. 759.79 Lakhs is approved by GOI (FMR Code- B.16.2.2.1), as per the following details:

	Target and Supply of Zinc & ORS for FY 2014-15					
	For 25% cases – 11065699					
0-5 Children (2014)	**Expected Yearly childhood Diarrheal cases @1.71 per child annual asper NCMH 2005, GoI**	**No of tablets of Zinc to be procured for 14-15 (including 700 tables per sub centre**	**District Zinc procurement Budget (14 tablets /episode@ Rs.0.142/tab + 700 tablets per sub centre) (In Lakhs)**	**Total No. of ORS Packets to be procured for 14-15**	**District ORS procurement Budget(2Packets/ episode@Rs. 1.98 /Pkt (In Lakhs) +200 ORS per sub centre**	**Total Budget Zinc and ORS (In Lakhs)**
25884676	44262796	169284486	240.38	26235598	519.46	759.84

Bal Swasthya Poshan Mah (BSPM)

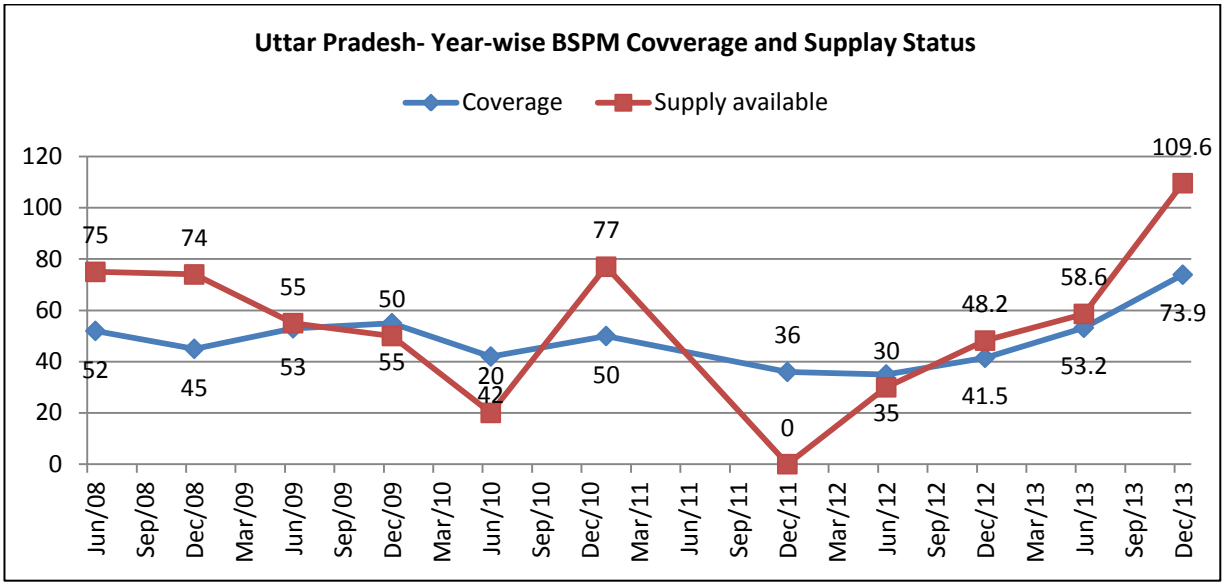
Vitamin A supplementation (VAS) programme in Uttar Pradesh is in line with GoI's policy of ensuring 9 doses of Vitamin-A supplementation for children between 9 months to 59 months age group. The strategy for administering Vitamin A is to provide very first dose along with the measles in the age group 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. In Uttar Pradesh these biannual rounds are held in June and December months.

Biannual Bal Swasthya Poshan Mah – UP is implementing biannual strategy in form of biannual Bal Swasthya Poshan Mah (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 sectors responsible for mobilization of beneficiaries by organizing intensive social mobilization and IEC activities. These biannual months have been linked to village-wise routine immunization sessions organized as per the immunization/ outreach session's micro plan of ANMs.

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; promoting optimal 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 made accordingly.

The continuation and success of the program in recent years has been impacted by irregular and interrupted supplies. However, the supply in the year 2013-14 was able to be managed and appropriate fund was released to districts. During the 2013-14 about 546.9 Lakhs were given to districts to purchase about 936974 Vitamin A bottles of 100 ml.



Activtivity - BalSwasthyaPoshanMah BSPM

Sl..	Unit Description	Unit cost	No. Of Units/quantity	Total (Rs. In Lakhs)
A.1	State level Joint planning meeting of Health and ICDS at District Level @ 20000 per batch x 3 batches x 2 rounds	20000	3 batches x 2 rounds	1.2
A.2	Joint planning meeting of Health and ICDS at District Level @ 2 per district	5000/meeting	2 per year	7.5
A.3	Joint planning meeting of Health and ICDS at block Level (Rs 75/-participant X 40participant/block(health and ICDS)X no of blocks X 2 meetings /yr	3000/meeting/ round	822 blocksX2 roundsX3000	49.32
A.4	Joint sensitization of ASHA and AWW at block level (no budget to be done as part of RI)			0.00
A.5	Mobility support for monitoring of biannual rounds (3 session days)			0.00
A.5a	*District level*	*5000/round*	*2 rounds*	7.50
A.5b	*Block level*	*5000/round*	*2 roundsX 822*	82.20
A.6	District level inauguration of BSPM @ Rs 10000/round/district	10000	2 rounds	15.00
Total Budget for two rounds (FMR Code A.2.7)				**162.72**

B.1	Printing of BSPM guideline, monitoring and reporting formats (Rs 1500/block/round X 2rounds/Block/year)	2 rounds X Blocks X1500	1500/block/round	
B.2	IEC (Posters & Banners)			
B.2a	Posters (2/Block PHC+5/SC+3/DH & CMO)-Size 17"X22"	No.		
B.2b	Banners (2/Block PHC+2/SC+3/DH & CMO)- Size 6'X3' (feet)	No.	Banner @Rs 200/Banner	
B.Total of printing of guidelines, formats, Banners & posters (FMR Code B.10.3.5.4.5)				**121.27**
C	Procurement of Vitamin A (100ml bottles) **(FMR Code B 16.2.2.2)**	No.	Total Budget @Rs 58 per bottle (As per previous RC)	574.00
Grand Total (A+B+C)				**857.98**

To conduct activities under Bal Swasthya Poshan Mah, GOI approved Rs.162.72 Lakhs in FMR Code-A.2.7. And for procurement of Vitamin A bottles, Rs. 573.98 Lakhs is approved in FMR Code-B.16.2.2.2. But for printing of guidelines, IEC/Poster/Banners, budget of Rs. 121.27 Lakhs is not approved.

Budget Summary-Child Health-2014-15

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.2.	**CHILD HEALTH**						
A.2.1	**IMNCI**	**-**	**-**	**-**	**-**	**-**	
A.2.2	**Facility Based Newborn Care/FBNC (SNCU, NBSU, NBCC)**						
A.2.2.1	SNCU	No.of Facility	27	324.00	27	270.00	@Rs.10 Lakhs
A.2.2.1.1	SNCU Data management	No.of Facility	27	13.50	27	13.50	
A.2.2.2	NBSU	No.of Facility	112	-	-	-	
A.2.2.3	NBCC	No.of Facility	1,850	-	-	-	
A.2.3	**Home Based Newborn Care/HBNC**						
A.2.3.1	Visiting newborn in first 42 days of life	-	195,968	344.67	-	-	Not Approved-Included in B.1.1.3.2.6
A.2.3.2	Line listing & follow up of LBW babies and SNCU discharges	-	762,663	381.33	762,663	381.33	District
A.2.3.3	Others (if any)						
A.2.4	Infant and Young Child Feeding/IYCF		-	-	-	-	
A.2.5	Care of Sick Children and Severe Malnutrition (e.g. NRCs, CDNCs, Community Based Programme etc.)	Facility	58	588.07	58	452.40	
A.2.6	Management of Diarrhoea & ARI & micronutrient malnutrition	No.of Children	1	118.46	-	-	Not Approved
A.2.7	Micronutrient Supplementation Programme	No.	1	162.72	1	162.72	
A.2.8	Child Death Review	No.	2	26.40	2	26.40	
A.2.10	**JSSK (for Sick infants up to 1 year)**						
A.2.10.1	Drugs & Consumables (other than reflected in Procurement)	No.	1,012	228.20	1,012	228.20	
A.2.10.2	Diagnostics	NA	2	47.20	2	47.20	
A.2.10.3	Free Referral Transport	NA	-	-	-	-	
A.2.11	**Any other interventions (eg; rapid assessments, protocol development)**						
A.2.11.1	HBNC Formats-Module 6-7 (no. of ASHA*3/month)	No.	4,846,000	193.84	4,846,000	193.84	
A.2.11.2	New Born Screening (Preventive Child Health care initiative)-SGPGI, Lucknow	No.	1	162.14	-	-	Shifted A.5.1.5
A.2.11.3	First Passport to life (Child Health Cards) 0-5 Years of Age	No.	2,000,000	300.00	-	-	Not Approved
A.2.12.1	Provision for State & District level (Dissemination/ Trainings/ meetings/ workshops/ review meetings)	No.	145	14.50	145	14.50	

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	Sub-total Child Health			**2905.03**		**1790.09**	
					-		
A.8	**Human Resources**						
A.8.1.1.2.f	SNCU/ NBSU/NRC etc	No.	594	1,168.92	594	816.02	
A.8.1.3	**Specialists**	-					
A.8.1.3.5.d	(Pediatrician etc) in SNCU,NBSU,NRC	No.	114	666.90	114	364.00	
A.8.1.5	**Medical Officers**						
A.8.1.5.6	MOs for SNCU/ NBSU/NRC etc	No.	58	188.40	58	171.07	
A.8.1.5.7	Other MOs	No.	9	43.20	9	30.10	**for medical colleges**
A.8.1.7.5.4	Other - feeding demonstrator	No.	58	94.20	58	71.28	
A.8.1.11	**Support Staff for Health Facilities**						
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	No.	339	173.61	-	177.81	
	Sub-total HR			**2335.23**		**1630.28**	
A.9	**TRAINING**						
A.9.5	**Child Health Training**						
A.9.5.1	**IMNCI Training (pre-service and in-service)**						
A.9.5.1.1	TOT on IMNCI (pre-service and in-service)	Batch	46	305.26	46	305.26	
A.9.5.1.2	IMNCI Training for ANMs/ LHVs	Batch	290	1,002.53	290	1,002.53	
A.9.5.2	**F-IMNCI Training**						
A.9.5.2.2	F-IMNCI Training for Medical Officers	Batch	10	22.22	10	22.22	
A.9.5.5	**Other child health training**						
A.9.5.5.2	Other Child Health training						
A.9.5.5.2.b	2 weeks observership for facility based newborn care	Batch	15	27.00	15	27.00	
A.9.5.5.2.c	Trainings on IYCF	Batch	54	169.11	54	169.11	
A.9.5.5.2.d	10 Days CCSP - Physician Training(On IMNCI Plus) - Pre-service and In-service - Physician at state level (Medical College)	Batch	5	28.98	5	28.98	
	Sub Total- Training			**1,555.10**		**1,555.10**	
B1.1.3.2	**Incentive to ASHA under Child Health**						
B1.1.3.2.6	Incentive for 6 &7 Module Trained ASHA under HBNC Programme	Per Child	2,789,428	6,973.57	2,789,428	6,973.57	
B1.1.3.2.7	Incentive for Diarrhoeal case referral	Per Case	1,441,894	720.95	-	386.26	
B1.1.3.2.8	Incentive for timely reporting of Diarrhoea Management	No.of ASHA	144,183	720.92	-	-	Not Approved
	Sub Total- Incentives			**8,415.43**		**7,359.83**	

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B.10.3.2	**BCC/IEC activities for CH**			**2102.59**			
B.10.3.2.1	Media Mix of Mid Media/ Mass Media		1	1,270.48	-		Approval granted for Rs.682.34 Lakhs at B.10 for MH,CH,FP and Adolscent Health
B.10.3.2.2	Inter Personal Communication		1	832.11	-		
	Sub Total- BCC/IEC			**2,102.59**		**-**	
B14.1	**Innovations (if any)**	-					
B14.2	Setting up of Paediatric ICU(10 bedded) in Lucknow at Dr. Shayama Prasad Mukharjee Hospital	No.	1	255.68	1	255.68	
B14.16	Social Marketing of Zinc & ORS	No.	1	1,000.00	-	-	Approval Pended
	Sub Total- Innovations			**1,255.68**		**255.68**	
B16.1.2	**Procurement of equipment: CH**						
B16.1.2.2	Procurement of equipments for SNCU-Photothearpy Unit	No. of Units	31	6.20	31	6.20	
B16.1.2.3	Procurement of equipments for SNCU-Radiant Warmer	No. of Units	35	14.00	35	14.00	
B16.1.2.4	Procurement of equipments for NBSU- Photothearpy Unit	No. of Units	134	26.80	134	26.80	
B16.1.2.5	Procurement of equipments for NBSU- Radiant Warmer	No. of Units	145	58.00	145	58.00	
B16.1.2.6	Procurement of equipments for NBCC- Radiant Warmer	No. of Units	454	181.60	454	181.60	
B16.1.2.7	Procurement of Computer/Printer/UPS/Data Card -NRCs	No. of Units	58	34.80	-	-	Not Approved
B16.1.2.8	Procurement of Computer/Printer/UPS/Data Card -SNCUs	No. of Units	27	16.20	27	16.20	
B16.1.2.9	Procurement of Equipments for SNCUs in Medical Colleges	No. of Units	1	659.09	1	659.09	
B16.1.2.10	Tablets for learning, training, counseling documentation & reporting for high case load facilities	No. of Units	94	18.80	94	18.80	
B.16.2.2	**Drugs & supplies for CH**						
B.16.2.2.1	Zinc and ORS for Childhood Diarrohea Programme	No.	1	759.79	-	759.79	
B.16.2.2.2	Procurement of drugs under child health (Vitamin A for BSPM)	No. of Bottles	989,638	573.99	-	573.99	
B.16.2.2.5	Mid Upper Arm Circumference (MUAC) Tapes for NRCs	No. of ASHAs	109,232	21.85	109,232	21.85	
	Sub Total- Procurement			**2,371.12**		**2,336.32**	
	GRAND TOTAL			**20,940.17**	**-**	**14,927.29**	

Thus, for the above purpose, an amount of Rs.20940.17 Lakhs was proposed, out of which GOI approved Rs.14927.29 Lakhs only.

CHAPTER - 3: FAMILY PLANNING

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

The Total Fertility Rate (TFR) of Uttar Pradesh has declined from 4.1 to 3.8 (NFHS 2 and NFHS 3).However; compared to the national average of 2.7 the rates are still very high. To enhance the performance of family Planning it is imperative to meet the desired unmet needs .The unmet need for spacing method has increased from 9% in 1998-99 to 12% in 2005-06 to 29.7% in 2010-11. State Family Planning performance is as follows in last few years. State Family Planning Performance is given below:-

Methods	2009-10	2010-2011	2011-12	2012-13	2013-14 (Up to March.)
Vasectomy	10,276	8199	8658	7176	↓7046
Tubectomy	4, 10, 121	371237	310,185	300472	↑ 319917
Total Limiting	4, 20, 397	379436	318,843	307648	↑326963
IUCD	15, 22, 226	1543354	1,390,745	13, 92 , 238	↑14,84,877
MTP	78,588	77602	70,285	63,678	↑68,937
C C users	9, 74,716	812348	811,852	8, 95, 049	↑8,97,910
OP users	6, 92,972	343058	245,990	1, 13, 214	↑3,49,203
Total Spacing	32,68 ,502	2776362	2374975	2400501	↑2731990

Proposed Activities for the Year 2014-15

❒ **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 gynecologist 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 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. **It**

is planned to organize 13,150 camps in year 2014-15 for which the total budget proposed was Rs.263.00 Lakhs, which is approved by GOI (FMR Code-A.3.1.1).

Further, proposal for mobility of surgeon team @ Rs 1000/ team, totaling to Rs 131.51 Lakhs was also proposed, which is approved by GOI(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 667 NSV camps are proposed this year. For organizing each NSV camp @ Rs 3500/ are admissible to districts. **An amount of Rs.23.35 Lakhs @ Rs.3500/- per camp was required for the year 2014-2015, which is approved by GOI(FMR Code-A.3.1.2).**

❒ **Compensation for Sterilization (Female)**

Female sterilization has tending this year. Till March 2014, around **319,917** sterilizations were performed. Now with the availability of trained providers and accreditated private nursing homes, it is expected that in the year 2014-15 around 5,70,884 sterilizations would be performed. Out of this 5,44,884 cases are expected from public sector which will be compensated @ Rs 1000 and 26,000 cases are expected from private sectors to be compensated at @Rs 1500. An amount of Rs.390.00 Lakhs would be required for private sector compensation and Rs.5448.84 is required for Government Sector Compensation. **In this way, state proposed a total budget of Rs.5838.84 Lakhs for the year 2014-2015, which is approved by GOI(FMR Code-A.3.1.3).**

❒ **Compensation for Sterilization NSV (male)**

Up to December 2014, a total of **7046** male sterilizations have been performed. However, considering that this year all four centers of Trainings for NSV are working, more trained officers and work load is generated through them, therefore it is now estimated that in the year 2014 -15 around 16262 sterilizations would be performed. **An amount of Rs. 243.93 Lakhs @ Rs.1500/- per sterilization was required for the year 2014-15, which is approved by GOI (FMR Code-A.3.1.4).**

❒ **Accreditation of Private centre's/NGOs for Sterilization services:**

Processing accreditation/empanelment for private facilities/providers to provide sterilization services:

The purpose of this proposed activity is to evolve partnership with private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. There are certain hindrances because of which private nursing's homes and centre's have not been accredited.For that we proposed a budget for 6 Regional workshops @ 50,000/- to bring Pvt. Hospital and Govt. officers on one plate form and 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@ 10,000/- per district with private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. **So for 6 Regional and 75 District level workshops, an amount of Rs.10.50 Lakhs was proposed for the year 2014 -15, out of which GOI approved Rs.7.50 Lakhs for 75 district level workshops @Rs.10000 each (FMR Code-A.3.1.5).**

❒ **Spacing method-:**

Plan for providing IUD services at health facilities in districts

After sterilization, the newly introduced CuT 380-A is the most effective and reliable contraceptive. It is the temporary method providing a long term safety. At present 992 facilities are providing daily services and the state plans for fixed day IUCD services at 3193 facilities. The state has already initiated fixed day IUCD services (twice a week). Instructions will be issued from the directorate to revive conducting Sub-centre clinics on every Tuesday and Thursdays to promote IUD services. The accredited sub-centers which have proper space and facilities with a

minimum of 3 deliveries monthly average will be monitored for this activity. **For this activity state proposed total budget of Rs.95.79 Lakhs, which is not approved by GOI(FMR Code-A.3.2.1).**

Compensation / Consumables for IUD

Expected numbers of cases of IUD insertion are 19,74,854 out of which 28291 cases are expected from private sector for which compensation @Rs.75 is proposed and for rest of the cases i.e. 1946564 consumables @ Rs.20 is proposed. **Accordingly total budget of Rs.410.53 Lakhs was proposed in year 2014-15, which is approved by GOI(FMR Code-A.3.2.2).**

- **Orientation/review of ASHA/ANM/AWW (as applicable)for Scheme for home delivery of contraceptives (HDC), Ensuring spacing at birth, Pregnancy Testing Kits (PTK) pacing method-**

A one day orientation meeting is planned for ASHA/ANM/AWW at the block level for 2 schemes promoted by ASHAs: social marketing of FP methods and incentive for adoption of FP methods. They need hands on training on collection of data and record keeping and also FAQs for implementation of the above 2 schemes. For this orientation was proposed Rs.3.60 Lakhs @Rs 20000 per Divisional workshops with block MOI/c and BPMs of 820 blocks in 18 Divisions. This will be followed by orientation of ASHA/ANM/AWW by MOI/c and BPMs at block & then review meetings in every quarter @Rs 5000*4 *820, total Rs.164.00 Lakhs. **Therefore, for this activity total amount of Rs.164.95 Lakhs was proposed, out of which GOI approved Rs.163.40 Lakhs only for 817 blocks against proposed 820 blocks. Divisional workshops are not approved.(FMR Code-A.3.2.5)**

- **Dissemination of FP manuals and guidelines -**

'CTU' Workshops on technical manuals of Family Planning viz. Standards, Updates, QA, FDS approach, SOP for camps, Insurance, etc. It is important to conduct dissemination workshops and contraceptive updates 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. 17.00 Lakhs are proposed for this activity for the year 2014-15 (Rs.15.00 Lakhs for district workshops @ Rs. 20,000/- per workshop per district for 75 districts & Rs. 2.00 Lakhs for state workshops @ Rs. 50000/- for 4 batches).**Accordingly, an amount of Rs. 17.00 Lakhs was proposed for this activity for the year 2014-15, which is approved by GOI(FMR Code- A.3.2.6).**

- **Performance Incentive to Service Providers for PPIUCD Insertion under Family Planning**

To promote the PPIUCD services through service providers -Rs 150 may be paid to the service providers for per insertion as compensation for the extra work done in addition to their normal work. **For this activity, state has proposed total 137253 cases of PPIUCD insertions, for which an amount of Rs.206.61 Lakhs was required, out of which GOI approved Rs.205.88 Lakhs (FMR Code-A.3.2.3).**

- **Orientation workshop, QAC meetings-**

Monitor progress and quality, QAC meetings /review of sterilization failures etc. -

Orientation meeting of QAC members at State in 4 batches @Rs.75000 and one each in district @Rs.10000 is being proposed. Further, to promote family planning in districts, regular monthly meetings of Quality Assurance Committees are essential for which Rs. 9.00 Lakhs (75 districts for 12 months)@Rs. 1000/- per meeting per district has been proposed**. Thus, a total budget of Rs 19.50 Lakhs was proposed, out of which GOI approved Rs.13.54 Lakhs for quarterly meetings at district level and for SQAC biannually(FMR Code-A.3.5.1)**

- **State level half yearly and Divisional Level Quarterly Review Meeting –**

For better performance accountability of divisional additional director is to be ascertained, there should be a competitive feelings between the divisions for performing up to the mark. For this, State level review meeting every 6 months and Quarterly Review meeting at Division is proposed. It provides an opportunity for better performers to share the strategies that helped them to

overcome challenges that they faced. This also provides the state level officials a chance to address common concerns and direct their actions to appropriate interventions. Two state level review meetings are proposed in the year 2014-2015 @ Rs 1.00 lakhs and Quarterly Divisional Review Meeting @ Rs 20,000. **Accordingly, a total budget of Rs.16.40 Lakhs was proposed by the State, which is approved by GOI (FMR Code-A.3.5.2).**

- **Performance reward if any-**

Appreciating good performers is an important strategy to motivate staffs. To improve the quality of sterilization services and to increase demand for them it is proposed to provide rewards in the form of medals, memento certificate to high performing Service Providers of LTT, NSV, PPIUCD, IUCD, CMOs, medical officers, ASHAs, ANMs and other facility staffs like staff nurses who make extra efforts to provide quality services. The rewards will be given on State and Division Level during specific occasions/ public functions. For State level activity Rs 6.00 lakhs and for Divisional activity @Rs3.00 lakhs is required in PIP 2014-15. This activity will be conducted in last quarter. **Thus, the total amount of Rs.60.00 Lakhs was required, out of which GOI approved Rs.50.00 Lakhs only (FMR Code-A.3.5.3).**

- **World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities-**

To observe this special day we proposed activity for awareness regarding population at different colleges, rally, seminar etc at State Level @Rs 5.00 lakhs and at District Level @ Rs 1.00 lakhs and at Block Level @ Rs 0.10 lakhs. **For this activity, total amount of Rs.162.00 Lakhs was proposed for the year 2014-15, which is approved by GOI(FMR Code-A.3.5.4).**

- **Door step delivery of contraceptive by ASHA-**

The contraceptives are supplied to the state by GOI and distributed to the districts as per their projected requirements. In spite of trying various methodologies for distribution and usage of spacing methods, unmet need remains very high. The reasons identified are many from timely availability of choice method to lack of privacy in distribution system. To overcome these constraints and promote usage of spacing methods in rural areas, a new scheme has been launched in 45 High Focus Districts (HFD) of Uttar Pradesh. Under this scheme: packs of Oral contraceptives pills, Emergency contraceptive pills and pack of 3 condoms have been supplied directly to the 75 districts. These supplies are distributed to ASHAs in amount based on the eligible couple register data of ANM to be distributed to the rural population on nominal prizes. The supplies to SCs and PHCs have been replaced by this scheme. The advantage being:

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

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

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

Proposed for increasing accessibility and availability of spacing methods, the scheme will be monitored closely for increasing acceptability of spacing methods among the rural clients in 2014-15. The orientation of ASHAs will be done by MOICs in the regular monthly meetings. No extra budget is required in this activity.

❒ **Enhance Contribution of PRIs and Family members of eligible couples in 50 districts with high unmet need and TFR-**

To improve family planning program in districts of Uttar Pradesh, some activities are being proposed to improve outputs of program. Activities to enhance contribution of PRIs and family members of Eligible Couples in family planning program, state is proposing incentives & IEC activity as per below -

Proposed Panch Sarpanch Sammellan-To create awareness in PRIs, organization of Panch Sarpanch Sammellan at Block Level.

Saas Bahu Sammelan -To emphasis the importance of small family and effect of more children on mother and child health, it is important to create awareness in family. So for that proposed Saas Bahu Sammelan at Block Level.

Proposed NSV Satisfied clients meet at district level.-For promoting NSV and male participation in family planning and to emanate myths from society, proposed NSV satisfied clients meet at district level.

IEC Activities for above activities are as follows:.

Sl.	Name of Activities	Qty/Target	Unit Cost (In Rupees)	Amount Proposed
A	Panch Sarpanch Sammellan at Block Level	523 blocks	10000	5230000
B	Sas Bahu Sammellan at district level	50 districts	15000	450000
C	NSV Satisfied clients meet at District Level	50 districts	15000	450000
Total				**61,30,000.00**

Thus, for the above purpose, an amount of Rs.61.30 Lakhs was proposed, which is approved by GOI (FMR Code- A.3.5.5.2).

Other Activities

❒ **RMNCHA Counseling Corners-**

The counseling corner provides a secluded area in the OPD area where the ANC client flow can be channelized to ensure that every pregnant woman coming to the hospital for antenatal care is provided with an opportunity to review her reproductive goals, be informed about the available FP options right from ante period so that she is prepared for the post partum family planning when she comes to institute for her delivery. Counseling corner provides private space where confidentiality is ensured. She can discuss all the options, clarify her misconceptions and be supported to choose the option most suited to her needs. The family members who can influence her decision can be counseled along with her in the privacy of the counseling corner. This corner is to be placed close to ANC OPD area for maximum reach and effective counseling. The corner requires separate enclosure with table 3 chairs (for counselor, client and her attendant with locked cabinet to secure the counseling aids and registers. Up to year 2013-14 total 290 RMNCH counselors under NRHM, are already placed .This year we are proposing total 400 RMNCH counselors posts .To maintain the privacy proper counseling corner is needed. As new postings will take time after getting the approval from GoI **so state proposes counseling corners for 100 District Level Health Institutions like Medical Colleges, DWH, DCH, where RMNCHA Counselors are posted. For this activity, an amount of Rs.40.00 Lakhs was proposed as follows:**

Total cost for each corner	Total no. of corners proposed	Total cost
40,000 per corner	100 –District level/Medical College/ DCH/CHC FRUs	**Rs.4000000 (Forty Lakhs)**
Partition-8*6 feet	@ Rs.20000.00	
3 Chairs	@ Rs.1500.00*3	
01 Table	@ Rs.4000.00*1	
01 Stool	@Rs 1000.00*1	
O1 Almirah	@ Rs 4000.00*1	
Job Aids	@Rs.1500.00	
Miscellaneous	@Rs.5000.00	

*Above rates are approximate rates for calculation, may vary a little but the total unit cost will not be more than Rs 40,000. No of logistics will increase according to number of counselors posted as State is proposing 02 counselors for delivery points having load of more than 600 deliveries per month .

Uniform - At present there is no dress code for RMNCHA Counselors so they become a part of crowd in OPD and are not recognized seriously as service providers. **Thus, it is proposed that pink color half apron for 389 counselors @ 800 for two sets each would be required, for which total budget of Rs. 3.11 Lakhs was proposed and has been approved.**

For counseling rooms/corners and uniforms, GOI approved total Rs.42.32 Lakhs for 100 counselling rooms/ corners@Rs.40000/each and Rs.800/counselor for uniform for 290 counsellors (FMR Code-A.3.5.5.3).

❒ **Supportive supervision visits by PPIUCD Trainers -**

It has been understood that the uptake and quality of PPIUCD insertion has significantly improved after the Supportive supervision visits by the mentors. The visits allow a chance of individual site evaluation and customization of solutions to address challenges and provide hand holding support to new providers and facilities. This year it is suggested to involve the DPMUs and master trainers for supportive supervision visits especially to sites that are linked to them administratively or through the training experience. This will allow the decentralization and facilitate speed of intervention and result in both improved quality of services and increase of uptake of PPIUCD services. It is proposed that each trainer would cover facilities under his/her division once in 2 months and hence a total of 6 visits per trainer are proposed for the year 2014-2015. The trip shall entail travel cost, lodging and other incidental expenses. A total of 45 trainers are available in the state and hence a total of 270 visits are proposed (45*6 per year= 270 visits). The days of stay will depend upon the need of the site visited.

Total Trainers	No. of visits per year = 6	Cost per visit @15,000/visit
45	45*6= 270	270*15000=Rs. **4050000** (fourty Lakhs fifty thousand only)

For the above purpose, Rs.40.50 Lakhs was proposed, which is approved by GOI(FMR Code-A.3.5.5.4)

❒ **Formation of Comprehensive Website for Family Planning Program.**

To monitor the program in the state as the size of Uttar Pradesh it is essential to have a common platform where reports monitoring visits, QAC meeting, accreditation of private hospitals etc can be uploaded from the districts. This website would be developed with the help of TSU. **Therefore, an amount of Rs.5.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.3.5.5.5).**

❒ **Divisional Level Religious and Community Leaders Meet** -

In the case of Polio eradication campaign it was experienced that involvement of religious leaders in different communities had helped in overcoming the disease. So to create awareness about Family planning program and its implication on maternal and neonatal morbidity and mortality, it is important to involve religious leaders of different religion in this program. We propose divisional level orientation workshop with religious and local leaders. **For this activity the total budget of Rs 9.00 Lakhs @ Rs.50000 per division was proposed, which is approved by GOI (FMR Code-B.14.6), as per following details.**

Sl.	Particulars	Qty	Cost (In Rs.)	Amount Proposed (In Rs.)
A.	**Participants-** Community/Religious/Local Political Leaders, Govt. Officials and Media.-250			
B.	Stationery and Print Materials	250	80/-	20000/-
C	Miscellaneous -Banner, Photos, documentation,	1	5000/-	5000/-
D	Refreshments	250	100/-	25000/-
	TOTAL			50,000/-

- **Additional Incentive Scheme in HPD for empanelled private providers/ Government Officers posted on administrative posts and provider from neighboring districts for attending the camps.**
  - For Private Providers (NSV/LTT Surgeons)-Rs.3000 per camp for minimum 25 and up to 30 cases. Beyond 30 cases surgeon will get Rs 150 per case up to 50 cases.
  - Government Officers posted at administrative posts and Service Providers posted in neighboring districts, who are giving services for NSV/LTT camps are proposed to get Rs.3000 per camp of 30 cases and beyond that Rs.150 per case up to 50 cases per camp.

  Note-*Logistic for the camp will be from the budget issued for camp organization to the district including POL. (Rs.2000 + Rs 1000 for LTT Camps and Rs 3500 for NSV Camps.)*

Thus, total budget proposed for the above scheme is Rs. 12.50 lakhs @ 10 camps per HPD, which is approved by GOI(FMR Code-B.14.7).

- **Indemnity Scheme-**

  As per the GoI norms, to compensate the failure, complications, death of ligation case budget for indemnity scheme is calculated @ Rs 50 per ligation. The disbursement of compensation will be according to GoI guidelines. **For this activity, a total budget of Rs. 100.00 Lakhs was proposed by the state, which is approved by GOI (FMR Code-A.3.6).**

Plans for Post Partum Sterilization:

- **Deployment of Family Welfare Counselor**

  Taking the opportunity of large no. of institutional delivery under JSY scheme the Family Planning counselors 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. Presently we have 290 counselors who are counseling the ANC and PNC mothers for adaptation of Post Partum family planning methods. This year this is proposed to deploy 01 F.W Counselor at all those facility where more than avg. 200 deliveries are being conducted in a month and 01 additional FW Counselors for facility having average, per month more than 600 deliveries. This way number of counselor proposed by districts is 389. **Accordingly, a budget of Rs. 836.81 Lakhs for honorariaum of FP Consellors was proposed for the year 2014-15, out of which GOI approved Rs. 321.44 Lakhs @Rs.10250/month/counselor only for 290 counsellors (FMR Code-8.1.7.5.1).**

- **Performance Incentive to ASHAs under Family Planning**

  Rs 150 may be paid to ASHAs for escorting the clients to the health facility for facilitating the insertion. For this activity, expected no of clients escorting by ASHAs for institutional deliveries and PPIUCD insertion is approx.136653 cases, for which state has proposed total **budget of Rs.204.53 Lakhs for the year 2014-15, which is approved by GOI (FMR Code- B1.1.3.3.1).**

- **Utilization of ASHAs for Family Planning Services**

A scheme launched by GoI was implemented by GO UP from 12thSept. 2013 to incentivize ASHAs for promoting spacing between 2 children and adoption of permanent methods after 2 children in their areas. She will be given an incentive of -

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

This year funds are required in this scheme for adoption of permanent method after 2 children and for spacing after marriage and 1st child. This year approx 170284 couples are expected to adopt the permanent limiting method after 2 children. A budget of Rs.1702.84 Lakhs will be required @Rs 1000.00. For spacing of 2 years after marriage, approx 1,14,676 couples are expected to adopt the service for which a budget of Rs.573.38 @ Rs.500 per client. Ensuring spacing of 3 years after birth of 1st child , 1,12,428 couples are expected to adopt the service for which a budget of Rs. 562.14 is required @ Rs.500. **For this activity, a total budget of Rs. 2838.36 Lakhs was proposed for year 2014-15 PIP, which is approved by GOI (FMR Code- B1.1.3.3.2, B1.1.3.3.3 & B1.1.3.3.4).**

Plans for Family Planning Trainings

SIFPSA has been designated as nodal agency for Clinical Family Planning Trainings. The requirement of funds for IUCD Training, and PPIUCD for Medical Officer training and FWC training for the year 2014-15 for meeting the set objectives will be required. Due to certain unavoidable circumstances the trainings have started late during the last financial year and committed liabilities are there for training. So for LTT, NSV and Minilap any new proposals will be included in supplementary PIP. New trainings for PPIUCD, AYUSH LMOs and RMNCHA Counselors are proposed only. **For these trainings, state proposed a total sum of Rs.82.76 Lakhs in year 2014-15, out of which GOI approved Rs. 51.48 Lakhs under FMR Code-A.9.6 and its sub heads, as per following:**

❒ **PPIUCD Trainings for Medical Officers and Staff Nurse-**

Scale-up plan FY 2014-2015

- State has decided to scale up PPFP services to remaining 24 district level facilities and sub district level facilities. Budget provision will be done in PIP for trainings of 75 sub-district level facilities and need based on site trainings.
- Plan to develop 9 more training sites in remaining 9 divisions.
- For strengthening supportive supervision visits state decided to involve DPMUs and trainers for SSVs.
- Budget for 50 training batches was proposed @ Rs.0.84 Lakh per batch in PIP 2014-15. **In this way, total budget of Rs.42.05 Lakhs was required, out of which GOI approved Rs.39.60 Lakhs (FMR Code-A.9.6.4.3).**

❒ **IUCD Training of AYUSH Lady Medical Officers –**

In order to meet the unmet need of spacing there is an urgent need for increasing the provider base for IUCD services in Uttar Pradesh. With the permission of GoI has taken a policy decision to permit AYUSH providers to perform IUCD insertions after training as per the curriculum being developed by the Govt. of India. With this objective Budget for 50 training batches was proposed @ Rs.0.59 Lakhs per batch in PIP 2014-15. **In this way, total budget for this training is Rs.29.65 Lakhs was required, out of which GOI approved Rs.11.88 Lakhs only(FMR Code-A.9.6.5.2).**

❒ **RMNCHA Counselors Training –**

Presently, FWCs who have already received induction training during May –June 2013 will need refresher training of 03 days. The new proposed 142 RMNCHA Counselors will be trained on all family planning methods, post partum IUCD & sterilizations and also on IPC skills. With this objective budget for 06 training batches was proposed @ Rs.1.84 Lakhs per batch in PIP 2014-15. **In this way, total budget for this training is Rs.11.06 Lakhs was proposed, which is not approved by GOI(FMR Code-A.9.6.8).**

The budgetary details of trainings are as below:

SI	Training Activities	Unit Cost in Lakhs /batch	Physical target (no. of trainees)	No. of Batches	Amount Proposed (Rs in Lakhs)	Amount approved (Rs in Lakhs)
1	IUD Insertion					
1.1	Training of AYUSH LMO	0.59	50	500	29.65	11.88
2.	PPIUCD insertion training					
2.1	PPIUCD Training for Lady Medical Officer and Staff Nurse	0.84	50	500-(300SN & 200 LMO)	42.05	39.60
3.	Induction Training of RMNCHA Counselor 6 Days Training	1.84	142	6	11.06	-

❒ **Procurements of Equipments-**

In this head state has planned to procure –IUD Kits-6500 @ Rs.1500 with a budget of Rs.185.37 lakhs, NSV Kits-700 @1500 with a budget of Rs.10.29 lakhs, Minilap kits-300 @ Rs.4000 with a budget of Rs.9.92 lakhs and PPIUCD Foreceps-900 @ Rs.800 with a budget of Rs.7.06 lakhs is propose. **Accordingly, a total sum of Rs.212.64 Lakhs was proposed for the procurement of family planning equipments in year 2014-15, out of which GOI approved Rs.0.18 Lakhs only (FMR Code-B.16.1.3 and its sub heads). This seems like some error at their end, for which a proposal has been sent to GOI for rectification and additional approval for the required budget.**

❒ **Maintenance Of Laparoscopes' and AMC Cost-**

Districts have proposed a total of 454 laparoscopes for repair. State proposes repair cost at an avg. rate of Rs 0.30 Lakhs/laparoscope. **This way, state proposed an amount of Rs 136.20 Lakhs for the year 2014-15, which is not approved by GOI(FMR Code-A.3.4).**

❒ **State and Divisional Level Human Resources required for FP Program**.

UP being a very large state with 75 district , 18 divisions and a population of more than 20.00crores it is very difficult to reach the farthest officers and get the implementation of the programs. Since the GoI has indicated the Para diem shift towards the family planning programs to reach the MDG Goals and improve the IMR and MMR it is essential to strengthen family planning g team at every level .For this we proposed HR at different level as below who will be dedicated for FP Program only.

- State level one additional Technical Consultant for SPMU
- State level one Data Analyst cum Data Assistant for SPMU
- State level two extra Program Coordinator for SPMU

❒ **PPP Mode-New Proposals**

❒ **FPAI- Improving Access to Family Planning Services through Reproductive Health and Family Planning Centers (RHFPC)**

The Model and outcome

FPA India proposes to work in 5 districts (Hardoi, Moradabad, Rampur, Shahjahanpur, and Sitapur) to increase access to high quality family planning services. More specifically, to increase the contraceptive prevalence rate by 10 percentage points in the intervention districts, with special focus on young people and to increase awareness of maternal health and family planning by 30 percentage points in the intervention districts, among men, women and young people.

Summary Budget: Total budget for 5 districts for 3 years Rs. 19,26,87,198

FAMILY PLANNING ASSOCIATION OF INDIA - DISTRICT LEVEL OPERATIONS COST				
Object Class Category Personnel	**Yr 1(12 Months)-Rs.**	**Yr 2 Rs.**	**Yr 3 Rs.**	**Total for 3 years**
Personnel District Office	10,92,000	12,01,200	13,21,320	36,14,520
Personnel RHFPC	17,88,000	19,66,800	21,63,480	59,18,280
Program Implementation	54,71,000	59,30,100	65,23,110	1,79,24,210
Establishment Cost of RHFPC	4,04,400	4,44,840	4,89,324	13,38,564
M&E	7,60,000	3,41,000	8,75,100	19,76,100
Infrastructure Cost	7,00,000	-	-	7,00,000
Program Cost	51,81,200	6,11,320	61,72,452	1,69,64,972
Indirect Charges @10%	10,79,360	10,51,996	12,07,196	33,38,552
Total Cost per District	**1,18,72,960**	**1,15,71,956**	**1,32,79,152**	**3,67,24,068**
Total for 5 Districts	**5,93,64,800**	**5,78,59,780**	**6,63,95,758**	**18,36,20,338**
Total cost for 1 State	**28,16,000**	**29,76,600**	**32,74,260**	**90,66,860**
Grand Total for 5 districts & 1 state	**6,21,80,800**	**6,08,36,380**	**6,96,70,018**	**19,26,87,198**

For Year 2014-15, an amount of Rs.621.80 Lakhs was proposed for the year 2014-15, which is not approved by GOI (FMR Code-B.13.3.1).

❒ **Empanelment of Private Mobile Surgical teams for Sterilization promotion at Public Health Facilities in all High Priority Districts-**

In order to promote family planning, sterilization performance needs to be refocused and to overcome the situation of surgeons' scarcity, timely reaching of surgical teams, it is proposed that a surgical team of private doctors and paramedical staff shall be formed in the HPDs districts, where there is limited availability of the surgeon to perform sterilization .

The private surgical team will visit to the pre scheduled camps at PHC/CHC and do the sterilizations and IUCD Insertion. ASHAs/ANMs will motivate the clients and bring them to the pre scheduled camps. In order to make the intervention cost effective, it is necessary that maximum number of sterilization shall be done in each camp. ASHAs will bring the clients to the respective facility and at-least 30 cases shall be done in each camp.

Two facilities per districts shall be identified for the intervention. The selection of the facility shall be done by the DHS considering demand of sterilization, accessibility, and availability of doctors.

Proposed area under the intervention

Payment to surgical team per camp			
Particular	Unit	Rate	Total
Surgeon	2	6000	12000
Anesthetist	1	6000	6000
Staff Nurse	2	600	1200
Lab assistant	1	500	500
Support staff	1	300	300
Mobility	1	3000	3000
Use of equipment (conditional)	1	2000	2000
Total			25000

The intervention can be implemented in 20 districts where the TFR is high and service providers in Govtt. Sector is not available. The success of the intervention is likely to dependent on the availability of the private sector and a mechanism that can ensure inter district and intra-district movement of private sector doctors as well as the surgical teams.

Budgetary Implications-

The private surgical team will consist of at-least two surgeons, one anesthetist, two staff nurse, one lab assistant and one support staff and will be paid Rs.23000/- per camp. In case, expected number of cases in the camp is not more than 15, only one surgeon will be allowed in the team and Rs. 17000/- will be paid for that visit. If CMO will not be able to provide the equipments to surgical team, Rs. 2000/- shall additionally be paid.

The team will function under the leadership of a private hospital or nursing home. The said nursing home will coordinate and form the team. The agreement and the payments shall be made to the private nursing home only.

Expected outcome annual			
Particulars	Facility	District	20 Districts
Total facilities	1	2	40
Camps per year	12	24	480
Expected case (30 per camp) per year	360	720	14400
Total expected case (three years)	1080	2160	43200

Budget: The total fund requirement will be as follows for implementing the pilot project for two years in twenty district is as follows:

Budget per district for three years					
Particulars	**Unit**	**Rate**	**Annual**	**Total**	**Total**
Payment to surgical teams	24	25000	600000	1800000	per camp
Camp schedule and handbill distribution	1	50000	50000	150000	LS- per dist.
Camp arrangements	24	5000	120000	360000	per camp
Contingency	1	25000	25000	75000	LS- per dist.
Total			**795000**	**2385000**	

Budget (20 districts)					
Particulars	**Unit**	**Rate**	**Yr I**	**Yr II**	**Total**
Payment to surgical teams	480	25000	12000000	12000000	24000000

Camp schedule and handbill distribution	20	50000	1000000	1000000	2000000
Camp arrangements	480	5000	2400000	2400000	4800000
Contingency	20	25000	500000	500000	1000000
Total			**15900000**	**15900000**	**31800000**

For the year 2014-15, state proposed Rs.159.00 Lakhs for this activity in above 19 districts for the year 2014-15, which is not approved by GOI(FMR Code-B.13.3.2).

❒ **Innovative Communication Activities for improving Family Planning Services.**

1. Pehel Sakhi Sammelan: Happy User of Family Planning Services interface with Non-user-

Satisfied users could become IUD or PPIUCD ambassadors in the community, keeping this in mind State will organize a community event **"Pehel Sakhi Sammelan"** at 25 HPD districts blocks of UP. **Nearly 250 people from the Blocks are expected to actively participate in the event**. The target will be to have eminent PRIs, ASHAs, MOI/Cs, BPM and District officials from CMO Office like ACMO-FP, DPM etc. join this event. The importance of birth spacing in reducing maternal and child morbity and mortality will be discussed. The effectiveness of modern family planning methods will be explained in detail. Doctors will clarify the myths and misconceptions regarding IUD and PPIUCD. Another appealing aspect of this event will be to have the presence of IUD and PPIUCD user couples along with eligible clients especially pregnant women (6 months pregnancy) having one child. for spacing methods. The satisfied couples or lady user of IUCD/PPIUCD will share their experiences and reveal how a long acting reversible contraceptive have made their family life healthy and happy. Token gifts will give to happy users. Pehel Sakhi Sammelan is a way to bring satisfied users and eligible couples for spacing methods on a common platform to promote the use of IUD and PPIUCD.
Budgetary Implication: **10000 per event, Frequency Once in a year. Place –Block Level**
Facilitator: BPM with support of ASHA/ANM.

Total Budget in this activity proposed is Rs.52.30 Lakhs for 523 blocks of HPD. The budgetary details of one event is as below:

Sl.	Particulars	Qty	Unit Cost (In Rs.)	Amount Proposed (In Rs.)
	Budget for One Event			
A.	**Participants-** Non Users Eligible Couples, Satisfied Clients of NSV, IUCD & PPIUCD, Govt. officials from District and Block Level, ASHAs & ANM.	250		
B.	Tea & Snaks	250	25/-	6250/-
C.	Token Gifts per User @ Rs.50/-	10	50/-	500/-
D.	Misllenious-Banner, Photos , documentation, mike ,pre-publicity, etc.	1	2750/-	2750/-
E.	Total Budget for one Event at Block Level			10000/-
F.	To organize events at 523 blocks of 25 HPDs.	523	10000	52,30,000/-

For the above purpose, GOI approved Rs.44.10 Lakhs only (FMR Code-B.13.3.3)

2. **Male Group meeting: to increase male participation**

Male group meetings will be conducted to increase awareness and correct knowledge of the Spacing and limiting methods among men. These meetings will enhance the acceptability of the IUD, PPIUCD and NSV among males. IPCs through different tools and examples the importance of long term family planning methods will be explained. Husbands of the IUD , PPIUCD and NSV user women will be asked to share their experience and benefits of spacing. In male group meetings, men will be encouraged to promote and support 'small family, happy family' concept. **Nearly 250 people from the Blocks are expected to actively participate in the event**. The target will be to have eminent PRIs, ASHAs, MOI/Cs, BPM and District officials from CMO Office like ACMO-FP, BDO, DPM etc. join this event. The importance of birth spacing in reducing maternal and child morbidity and mortality will be discussed. The effectiveness of modern family planning methods will be explained in detail. Doctors will clarify the myths and misconceptions regarding the IUD , PPIUCD and NSV. Another appealing aspect of this

event will be to have the presence of the IUD , PPIUCD and NSV user couples along with eligible clients especially pregnant women having one child. The satisfied couples or lady user of the IUD , PPIUCD and NSV will share their experiences and reveal how a long acting reversible contraceptive have made their family life healthy and happy. Token gifts will give to happy users. This is a way to bring satisfied users and eligible couples for spacing and limiting methods on a common platform to promote the use of the IUD , PPIUCD and NSV.

- Budgetary Implication: **10000 per event, Frequency Once in a year. Place –Block Level**
- Facilitator: BPM with support of ASHA/ANM.
- **Total Budget in this activity proposed is Rs.52.30 Lakhs for 523 blocks of HPD.**

The budgetary details of one event is as below:

Sl.	Particulars	Qty	Unit Cost (In Rs.)	Amount Proposed (In Rs.)
	Budget for One Event			
A.	**Participants-** Non Users Eligible Couples, Satisfied Clients of NSV, IUCD & PPIUCD, Govt. officials from District and Block Level, ASHAs & ANM.	250		
B.	Tea & Snaks	250	25/-	6250/-
C.	Token Gifts per User @ Rs.50/-	10	50/-	500/-
D.	Misc.-Banner, Photos, documentation, mike,pre-publicity, etc.	1	2750/-	2750/-
E.	Total Budget for one Event at Block Level			10000/-
F.	To organize events at 523 blocks of 25 HPDs.	523	10000	52,30,000/-

The proposed activity is not approved by GOI (FMR Code-B.13.3.3)

❒ **Merry gold Health Network (MGHN)**

MGHN is being implemented by Hindustan Latex Family Planning Promotion Trust (HLFPPT) as the franchisor under the guidance of USAID and State Innovations in Family Planning Services Agency (SIFPSA) since 2007. In order to engage the large and unregulated private sector through network and at the same time to standardize the prices of health services, MGHN is a proven and tested pilot of Social Franchising mechanism under PPP model.

Merry gold Health Network is currently spread over 35 districts of UP rendering essential reproductive & child health and Family Planning services through 240 franchised health facilities and 9,120 Merry gold members (referral network). It is one of the successful models of PPP in health sector having single largest health network in the state for proving quality FP and RH services at affordable pre-fixed prices.

Aims and objectives of the project is to strengthen and compliment the public health care system in 75 districts of Uttar Pradesh in phased manner focusing on maternal health and family planning services under this model of Social Franchising. The objectives are as follows: -

- To provide choice of services of assured quality to people at affordable pre fixed prices and thereby shifting the workload of public health facilities.
- Establish referral mechanism for transporting cases for emergency obstetric care and for neo-natal care between private facilities.
- Increase the outreach of the Government schemes by roll out of the same through MGHN private facilities.
- To sensitize and aware the community on RCH & FP issues through organizing various IEC/BCC activities.
- To ensure the standardized and quality RCH and FP services, capacity building of all network partners on various standard protocols of health facility management and clinical issue.
- Establishment of a regulatory mechanism to monitor the quality and pricing of the services provided by private health providers in the state.

Merry gold Health Network to be established in the next 3 year (2014-17) as below:

Year	Districts to be covered	Merry gold hospital Urban	Merry gold hospital Rural	Merry Silver Clinics*	Merry gold Member
Existing Network					
2013-14	35	47	17	176	9120
Next 3 year Plan (2014-17)					
2014-15	45	80	60	-	8400
2015-16	60	90	70	-	9600
2016-17	75	100	80	-	10800

***Merry Silver clinics would be upgraded in to Merry gold (Rural/Urban) based on MGHN criteria.**

Merry gold Health Network would provide **all** maternal health and family planning services through its 3tier system consisting of **Merry gold (Urban) Hospitals (L1)** for urban areas, **Merry gold (Rural Hospital (L2)** for block and sub-divisional headquarters level and **Merry gold Members (L3)** at the village level to support the outreach/ referral services etc.

Department of Health and Family Welfare, GoUP under NHM would have the ownership of the program with provision of financial assistance whereas HLFPPT would be responsible for overseeing the implementation of the social franchising project and SIFPSA will provide technical support for monitoring, evaluation and documentation etc.

Monitoring and verification:

- HLFPPT will be responsible for overall monitoring of MGHN for ensuring the quality of services and pricing of network services.
- Ensuring proper reporting and record keeping of clients.
- HLFPPT will submit the timely and correct report to the district health system as well as state level.

Expected Outcomes:

	Particular	Yr-1	Yr-2	Yr-3	Total
1	No. of Merry gold hospitals	140	160	180	
2	ANC	168000	230400	302400	700800
3	Total deliveries	33600	57600	86400	177600
4	IUCD	30000	40000	45000	115000
5	Sterilization	10000	12500	15000	37500

Following are estimated budget year wise would be required to implement this program.

Budget Summary					
S. No	**Particulars**	**Year 2014-15**	**Year 2015-16**	**Year 16-17**	**Total**
1	Personnel Costs	232.44	268.88	309.21	810.53
2	Travel Cost	92.50	99.68	107.00	299.18
3	Equipment	5.50	-	-	5.50
4	Training & Workshops, Seminar	141.78	174.00	167.22	483.00
5	Program Cost	367.82	375.03	402.80	1145.65
6	Administration Cost	16.68	15.91	16.68	49.27
7	Indirect Cost	33.87	36.36	38.63	108.86
Total		**890.59**	**969.86**	**1041.54**	**2901.99**

This way, state proposed total budget of Rs. 890.59 Lakhs for the year 2014-15 for services under PPP mode through Marry Gold Health Network (MGHN), which is not approved by GOI (FMR Code-B.13.2.2).

❒ Improving Family planning services through Mobile Team Approach

Background - Uttar Pradesh faces tremendous challenges in improving socio-economic development and the unmet need for family planning and the consequent high fertility rates are considered a major reason for this. The current TFR of the state at 3.3[#] children per woman is far higher than the TFR for India which stands at 2.4[#].

Objectives - The current high unmet need suggests great potential for increased family planning and while GoI and GoUP has been advocating for fixed day approach to increase access to FP services routinely, a huge backlog still exists including sterilization and IUCD insertion. This can be attributed primarily to lack of service providers. To partly mitigate this, the state proposes, in line with the strategy proposed by GoI, a scheme under which a mobile team with vehicles consisting of a team with surgeon, nurses/ANMs, OT technician, data entry operator etc. will be commissioned to be solely dedicated to provide FP services for at least 120-180 days a year. The state proposes to roll this scheme out in about 10 districts in 2014-15, to be chosen on the basis of TFR and CPR.

Operating Model - The mobile team will have a fully staffed and equipped team with medical and paramedical personnel. The team will be based at a district headquarter and will be accredited by the district health authorities. The team will travel to public sector sites PHC/CHCs which do not have the required manpower or facilities, to provide a range of FP/RH services and conduct 'Outreach Camps'. Services offered will include at least counseling, tubal ligation, NSV, IUCD insertion and follow-up. The mobile team will also be responsible for creating awareness about the outreach days and the services that will be provided. A private sector/NGO partner will be chosen to provide these services on the basis of guidelines which will be issued by the state.

Expected outcomes*- Based on development partners/agencies who have worked in this space in UP, following are the estimated outcomes we hope to achieve through this initiative (per district):

- At least 180 outreach camps conducted in each year (15 camps per month)
- Approx 270 clients to be served by a clinical team (an average of 15 clients per camp, this number can go up to 30 clients per doctor as per the government guidelines)
- 540 clients will be provided IUD services
- 270 clients would receive NSV/LTT services
- 1890 clients would receive sterilization services

All clients followed-up once within 24 hours of service delivery.

Financial Outlay*- The approximate cost of providing the services through mobile team has been calculated to be **Rs. 1.5 crores per district** as per the following breakdown:

DESCRIPTION	No.s	Cost /Month or Unit Cost	Annual	%
HR Costs**				
Surgeon	1	65,000	780,000	
Anesthetist	1	65,000	780,000	
Medical Officer	1	50,000	600,000	
Counselor	1	15,000	180,000	
OT assistant	1	15,000	180,000	
Nurse (LHV)	2	22,000	528,000	
Data Entry operator	1	12,000	144,000	
Sub-Total			**3,192,000**	**20**
OPERATIONS COST				
Training Cost & Supportive Supervision	3	50,000	150,000	
Communication Expenses	1	5,000	60,000	
Travel & Conveyance	1	15,000	180,000	

Vehicle- Operational Costs	180	1,800	324,000	
Consumables	1	1,000,000	1,000,000	
Clinical Quality Assurance	1	100,000	100,000	
Camp Costs	180	2,500	450,000	
Technical support from implementing partner			1,800,000	
Other operational costs			436,000	
Sub-Total			**4,500,000**	**30**
EQUIPMENT				
Surgical & Medical Equipment	1	3,000,000	3,000,000	
Start-up Costs (approx one month salaries of team)			400,000	
Vehicle (incl. customization)	1	1,800,000	1,800,000	
Other Equipment Cost			150,000	
Sub-Total			**5,350,000**	**35**
Project Cost (A)			**13,042,000**	**85**
Other project costs and contingency (B)			**1,956,300**	**15**
TOTAL Cost (A+B=C)			**14,998,300**	**100**

The total budgetary support required for this initiative (for 10 districts) is approx. Rs. 1500.00 Lakhs for the year 2014-15, which is not approved by GOI (FMR Code- B.13.2.1).

*Expected outcomes & Financial outlay are provisional and are based on the experience of different NGO (for e.g. Marie Stopes International) in one district in UP and will vary depending on the operating model that the implementing partner will undertake **HR costs are based on contractual staff salaries proposed for 2014-15

Budget Summary- Family Planning-2014-15

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.3	**FAMILY PLANNING**						
A.3.1	**Terminal/Limiting Methods**						
A.3.1.1	Female sterilization camps	Camps	13,150	263.00	13,150	263.00	
A.3.1.2	NSV camps	Camps	667	23.35	667	23.35	
A.3.1.3	Compensation for female sterilization (Provide breakup: APL (@ Rs. 650)/ BPL (@ Rs. 1000); Public Sector (@Rs 1000)/ Private Sector (@ Rs. 1500))	Beneficiary	570,884	5825.68	570,884	5,838.84	Budget of Rs.1000 for public sector & Rs.1500 for private nursing homes per client
A.3.1.4	Compensation for male sterilization/NSV (@ Rs. 1500)	Beneficiary	16,262	243.93	16,262	243.93	
A.3.1.5	Processing accreditation/empanelment for private facilities/providers to provide sterilization services	No.	81	10.50	75	7.50	One workshop at each district @Rs.10000/district
A.3.2	**Spacing Methods**						
A.3.2.1	IUCD camps	Camps	3,193	95.79	-	-	Not Approved
A.3.2.2	Compensation for IUCD insertion at health facilities (including fixed day services at SHC and PHC) [Provide breakup: Public Sector (@ Rs. 20/ insertion)/Private Sector (@ Rs. 75/ insertion for EAG states)]	Beneficiary	1,974,854	410.53	1,974,854	410.53	
A.3.2.3	PPIUCD services (Incentive to provider @ Rs. 150 per PPIUCD insertion)	No. of Insertion	137,253	206.61	137,253	205.88	
A.3.2.4	Processing accreditation/empanelment for private facilities/ providers to provide IUCD services	No.	-	-	-	-	
A.3.2.5	Orientation/review of ASHA/ ANM/ AWW (as applicable)for Scheme for home delivery of contraceptives (HDC), Ensuring spacing at birth (ESB {wherever applicable}), Pregnancy Testing Kits (PTK)	No. of meetings	3,245	164.95	3,268	163.40	1 Quarterly meeting at block level @Rs.5000/meeting
A.3.2.6	Dissemination of FP manuals and guidelines	No.	79	17.00	79	17.00	Rs. 2.00 Lakhs in state in 4 batches and Rs.20000 in each district
A.3.3	POL for Family Planning/ Others (including additional mobility support to surgeon's team if req)	No. of Camps	13,151	131.51	13,151	131.51	
A.3.4	Repairs of Laparoscopes	No.	454	136.20	-	-	
A.3.5	**Other strategies/activities:**						

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.3.5.1	Orientation workshop,QAC meetings	No.	976	19.50	-	13.54	
A.3.5.2	FP review meetings	No.	76	18.40	76	16.40	Rs.20000 per Quarterly Review meeting at Division Level & Rs.100000 biannully at state level.
A.3.5.3	Performance reward if any	No.	19	60.00	19	50.00	State level- Programme to felicitate best performing CMO/ACMO/ANM/ASHA/Service Providers and Motivator (Rs.2.50Lakhs at Divisional Level and Rs.5.00 Lakhs at State Level)
A.3.5.4	World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities	No.	896	162.00	896	162.00	State level Activity- Rs.5.00 Lakhs, District level activitieis-Rs.1.00 Lakh and Block level Rs.0.10 Lakhs
A.3.5.5	**Other strategies/ activities (such as strengthening fixed day services for IUCD & Sterilisation, etc.)**						
A.3.5.5.1	Printing of FP Manuals, Guidelines, etc.					13.36	Shifted from B.10.7.3
A.3.5.5.2	Enhance Contribution of PRIs and Family members of eligible couples in 50 districts with high unmet need and TFR	No.	623	61.30	623	61.30	NSV satisfieid client meets @Rs.15000 in 50 districts -District Level other than HPDs, Saas Bahu Sammelans in 50 Districts other than HPDs@Rs.15000 and in Panch-Sarpanch Sammelans in 523 block of Non-HPDs @Rs.10000.
A.3.5.5.3	Counselling Corner/Room	No.	-	43.11	-	42.32	In First Phase, counselling corners are being proposed in 100 L3 Centres@Rs.40000/district and Uniform for 290 counsellor@Rs.800/counsellor
A.3.5.5.4	PPIUCD Suppportive supervision by trainers and review at state	No.	270	40.50	270	40.50	
A.3.5.5.5	Comprehensive Website for Family Planning programme	-	1	5.00	1	5.00	
A.3.6	Family Planning Indemnity Scheme	No. of	200,000	100.00	200,000	100.00	

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
		Clients					
	Sub-total Family Planning Compensation			**6686.75**		**6,699.18**	
	Sub-total Family Planning (excluding compensation)			**1352.11**		**1,110.18**	
	Human Resources		**-**		**-**		
A.8.1.7.5.1	RMNCH/FP Counselors	No.	393	794.69	290	321.44	@Rs.10250/Month
A.8.1.7.5.3	Honorarium to ICTC counselors for AH activities	No.	35	4.32	35	4.32	
	Sub-total HR			**799.01**		**325.76**	
A.9.6	**Family Planning Training**						
A.9.6.4	**IUCD Insertion Training**						
A.9.6.4.3	Training of AYUSH doctors	Batch	50	42.05	50	39.60	
A.9.6.5	**PPIUCD insertion training**						
A.9.6.5.2	Training of Medical officers		15	12.61		11.88	Shifted from A.9.6.6.1
A.9.6.8	Training of RMNCH+A/ FP Counsellors	Batch	6	11.06	-	-	Not Approved
	Sub-total Training			**65.72**		**51.48**	
	ASHA Incentives				**-**		
B1.1.3.3	ASHA Incentives under family planning (ESB/ PPIUCD/ Others)			2838.36		3,042.89	
B1.1.3.3.1	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion					204.53	Shifted from B.1.1.3.6.2
B1.1.3.3.2	ASHA incentive under ESB scheme for promoting spacing of births	No.	112,428	562.14	112,428	562.14	
B1.1.3.3.3	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	No.	170,284	1,702.84	170,284	1,702.84	
B1.1.3.3.4	Spacing for 2 years after marriage	No.	114,676	573.38	114,676	573.38	
	Sub Total-ASHA Incentives			**2,838.36**		**3,042.89**	
B.10.3.3	**BCC/IEC activities for FP**						
B.10.3.3.1	Media Mix of Mid Media/ Mass Media		1	827.16	-		Approval granted for Rs.682.34 Lakhs at B.10 for MH,CH,FP and Adolscent Health
B.10.3.3.2	Inter Personal Communication		1	674.10	-		
	Sub Total-BCC/IEC			**1,501.26**		**-**	
B.13	**PPP/ NGOs**						
B13.2.1	Improving Access to quality FP services in UP through Mobile Team Approch-outsourcing of FP Services	No.	10	1,500.00	-	-	Not Approved

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B13.2.2	Accreditation of Merry Gold Hospitals for Family Planning Services	No.	140	890.59	-	-	Not Approved
B13.3	NGO Programme/ Grant in Aid to NGO						
B13.3.1	Improving Access to FP services through reproductive health and family planning service centres	No	5	621.80	-	-	Not Approved
B13.3.2	Empanelment of Private Mobile Surgical Teams for Sterilization Promotion at Public Health Facilities in all HPDs	No	25	159.00	-	-	Not Approved
B13.3.3	Innovative Communication activities for FP	No	15	104.60	-	44.10	
	Sub Total-NGO/PPP			**3,275.99**		**44.10**	
B14	**Innovations (if any)**						
B14.1	Intersectoral convergence	-	70,000	369.60	-	-	Not Approved
B14.6	Divisional level religious and community leaders meet	No.	18	9.00	18	9.00	
B14.7	Additional incentive schemes for service providers in HPD	No.	250	12.50	250	12.50	10 camps in each HPDs
	Sub Total- Innovations			**391.10**		**21.50**	
B16.1.3	**Procurement of equipment: FP**						
B16.1.3.1	NSV kits	No.	686	10.29	-	-	
B16.1.3.2	IUCD kits	No.	6,179	185.37	-	0.17	
B16.1.3.3	minilap kits	No.	248	9.92	-	0.01	
B16.1.3.5	PPIUCD forceps	No.	882	7.06	-	-	
	Sub Total-Procurement			**212.64**		**0.18**	
	GRAND TOTAL			**17,122.93**		**11,295.26**	

Thus, for the above purpose, an amount of Rs.17122.93 Lakhs was proposed, out of which GOI approved Rs.11295.26 Lakhs only.

CHAPTER - 4: ADOLESCENT HEALTH/RKSK (RASHTRIYA KISHOR SWASTHY KARYAKRAM)

As per GoI guidelines to implement National Adolescent Health Strategy, Rashtriya Kishor Swasthy Karyakram (RKSK) is being proposed for the State. The target group is 10-19 years of age which will gel with various components of RMNCH to make it comprehensive RMNCH+A. The key interventions being proposed are :

- Establishing AFHS clinics.
- Selection, Recruitment and Training of Peer Educators (PEs).
- Organizing Biannual Adolescent Health Days (AHD) at Block level.
- Weekly Iron Folic Acid Supplementation Programme (WIFS).
- Menstrual Hygiene Scheme (MHS).
- RKSK Training
- Convergence within health and with other partner departments and schemes.
- Wide IEC/BCC, premarital counselling.

Establishing AFHS clinics

A total of 36 AFHS clinics at Divisional Head-Quarter level have been established and made functional in the year 2013-14. These clinics have been 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 has been recruited and trained at each clinic @ Rs.12000/month honoraria. Approval for 36 more clinics in 18 other selected districts (one in each division) was received in the last quarter of 2013-14. The establishment of clinics and recruitment of counsellors is under process (getting delayed due to forthcoming elections).

District level clinics are being proposed in all the remaining 31 districts except 8 (Kasganj, Amethi, Shrawasti, Hapur, Bhadohi, Sambhal, Shamli and Chandauli) where no district level hospital is available in the year 2014-15. Thus there will be 62 new district level clinics with one stand alone counsellors in these clinics. 2 clinics in each of 7 State and 2 Central Medical colleges are also being proposed in the financial year 2014-15 with 2 counsellors in each Medical College – one in Gynae department and one in Paediatrics/ Medicine.

It is also being proposed to establish 4 clinics at CHC level in 18 districts of Ist phase with a comprehensive plan to establish AFHS clinics at CHC level in all the districts in a phased manner during next three years. These clinics will have one counsellors in each CHC. For the first time, 4 clinics are also being proposed at PHC level in Lucknow district as a pilot but there will be no counsellors and clinic will be operational on fixed days by the trained staff posted at PHC.

Therefore total 224 counsellors are being proposed for approval to be recruited in the year 2014-15, where as total 228 clinics are proposed to be made functional which includes 36 of year 2012-13 and 36 of the year 2013-14.

The establishment cost of AFHC at Medical colleges and District hospitals is Rs. 75000/, at CHC Rs. 50,000/ and at PHC Rs. 20,000/. This includes cost for signboard, signage etc. The operational cost at MC/DH is Rs. 2000/ per month and at CHC Rs. 1000/ per month. No operational cost has been proposed at PHC level.

Honoraria of AFHC counsellors is being proposed : 36 existing counsellors @ 18000/ per month for 12 month for Ist phase clinics, 36 counsellors for 9 months of IInd phase clinics (recruitment under process) and for remaining 152 counsellors for the period of 6 months for new clinics.

These clinics will have stand alone counsellors, who will be trained as per GoI guidelines and will be recruited up to CHC level. Premarital counselling will be encouraged along with regular 9.00 am to 4.00 pm OPDs. The counsellors will also conduct outreach sessions on fixed days and hours, twice a week in neighbouring schools/youth clubs or other social hubs.

Due to heavy inflation and increasing cost of livelihood, it is being proposed to provide an honoraria of Rs. 18,000/month to all the counsellors with a mobility support of Rs. 250/per outreach session, as an incentive for 8 days in the month.

Selection, Recruitment and Training of Peer Educators (PEs)

Selection of Peer Educators (PEs) will be done through VHSNCs and ASHAs as per GoI guidelines. As UP is a vast state, with more than 1.36 Lakhs ASHAs, it is being proposed to select and recruit 2 PEs per ASHA in the Ist phase. There will be one male and one female adolescent, preferably one school going and one non school going in the age group of 15-19 years. These PEs will be trained as per GoI guidelines and will be provided with adequate information material. They will also be motivated and incentivised by various methods (PEs sammelan at block level, visit to within and neighbouring districts for exposure to various health facilities, certification, trophy etc.) in kind and no cash incentive will be provided. An amount of Rs. 500/ per PE has been proposed for various activities including selection and orientation. One day orientation meeting about PEs has been proposed at State level (Rs. 50,000 x 2 meetings) at district level (Rs, 5000 x 75 districts) and block level (Rs. 25,000 x 820 blocks). The 5 days PEs training will be proposed after National level training, clarity on content of training is supplementary PIP.

Organizing biannual Adolescent Health Days (AHD) at Block level

It is being proposed to organize Adolescent Health Day (AHD) at block level initially twice a year, which may be expanded to quarterly as per experience/feedback in next year. An estimated number of 250 participants (ASHAs, PEs, Adolescent boys and girls from various villages, selected school teacher, panchayat members, NGOs and AWWs etc.) will attend the function where MOIC will organize some quiz/informative games/exhibition/audio visual shows etc. with some facility of snacks and tea. An amount of Rs. 75/ per person has been proposed for the same.

Weekly Iron Folic Acid Supplementation Programmes (WIFS)

Weekly Iron Folic Acid Supplementation Programmes (WIFS) is being implemented in the State for the last two years. Weekly Iron blue tablets are being provided to all the school going girls and boys in the age group of 10-19 years. The target in the year 2013-14 was about 60 Lakhs which has increased to 67 Lakhs in the year 2014-15 for which budget is being proposed.

In non school going group WIFS was being implemented in 16 MHS districts through ASHAs and 22 SABLA districts through AWWs with an overlap of 5 districts thus covering 33 districts and providing IFA/Albendazole tablets to about 30 Lakhs non school going adolescent girls. As per GoI guidelines, the coverage of non school going adolescent girls is being increased from the year 2014-15 in a phased manner. In the Ist year, it is being proposed to cover all 25 HPDs with the intervention. As 11 HPDs are already covered, remaining 14 are also being proposed to be covered with various activities. Henceforth a total of 46.66 Lakhs non school going adolescent girls will be benefitted with the scheme.

Thus a total of about 116 Lakhs adolescent girls and boys (school going and out of school) are proposed to be covered under the WIFS scheme. To create wide awareness among the communities, it is being proposed to organize workshops at State level, District level and Block level.

Menstrual Hygiene Scheme (MHS)

Menstrual Hygiene Scheme (MHS) is being implemented in the state for the last three years. The utilization rate of sanitary napkins was as low as 11 % in March 2013 for which lots of efforts have been made with extensive monitoring, supervision and review meetings on a regular interval. The district officers and Programme managers have also tried hard and the utilization rate in March 2014 has increased to 45 %.

As the scheme is highly subsidized, beneficial and empowering for girls, it has been decided by the State Government to provide free sanitary napkins to school going girls in public sector from class 6-12 from year 2014-15. The progress is under process.

Government of India is requested to continue the support in 16 existing districts for out of school girls at least for the next two years as State is trying to setup sanitary napkins production plants in the rural areas for provision of economical and quality products. One such plant is well established and functional in Mahoba district which has been replicated in Barabanki district and few more are coming up.

To create wide awareness among the communities, it is being proposed to organize workshops at State level, District level, Block level and with SHGs. Poster at AWC and booklet for FAQ is also being proposed.

RKSK Training

As per GoI guidelines, various RKSK Trainings will be provided to all the programme managers right from State to block, as per requirement. Three days ARSH training has been provided to Medical officers, Staff nurses, ANMs and LHVs during last three years. In the year 2013-14, a total of 5768 ANMs/LHVs have been trained against a target of 6750 (85.45 %). RKSK training at national level is expected soon and state/ district level trainings will be proposed accordingly.

For the year 2014-15, it has been planned to train 6 batches of 30 participants each as master trainers at SIHFW. Similarly ANMs and LHVs will be trained in a batch of 30 each at district level and medical officers in batch of 30 at RHFWTCs. As no. of AFHS clinics is being increased manifold this year (from 72 to 228), the training of counsellors is planned in 7 batches at SIHFW.

As Peer Educator concept is also being introduced this year, the master trainers (MOs and HEOs) for PEs will be trained at RHFWTCs who in turn will train PEs at block level. The budget is as follows:

RKSK Training Budget for 2014-15									
SN	Training Category	Training Institution	Training Load for 2014-15	Participants per batch(30 /batch)	No. of days	Cost per batch (Rs. In Lakhs)	Total Amount (Rs. In Lakhs)	Cost of Training Modules (Appox.100 /module)	Total Amount (Rs. In Lakhs)
1	State level TOT for regional and district trainers	SIHFW	192	6	5	2.99	17.94	0.38	18.32
2	RKSK Counsellors	SIHFW	224	7	6	2.78	19.46	0.45	19.91
3	MO(As trainer also)	RHFWTC	588	20	4	2.04	40.80	1.18	41.98
4	HEO(As block trainer)	RHFWTC	294	10	4	2.04	20.40	0.59	20.99
5	ANM/LHV/SN	District Level	1176	39	5	1.54	60.06	2.35	62.41

6	ASHA+Peer Educators	Block Level	152415	3810	6	1.7	6,477.00	304.83	6,781.83
	Total						**6,635.66**	**309.78**	**6,945.44**

Convergence within health and with other partner departments and scheme

For positive results in various activities under RKSK, convergence within the health department with various sections like – Medical and Health, Family Welfare, Medical Education, SIHFW, RFWTCs and various district units is most essential. Convergence will be maintained by regular meetings and their involvement. Similarly convergence with other departments like- ICDS, Education, MDM, PRI, RD and NGOs will also be maintained by regular meetings at various levels under RKSK. Convergence with other scheme will also be ensured.

IEC/BCC activities

Various IEC/BCC activities are being proposed under B.10 with details. Behaviour change communication activities have been proposed by IPC through ASHAs and AWWs under MHS, by AFHS counsellors in ARSH Clinics and by PEs in the community.

Regional orientation meetings

It has been decided to orient all the MOICs/superintendents of CHCs and District Programme Officers for smooth implementation, supervision and monitoring of the programme. Five one day regional workshops (one central and 4 regional) will be organized during the financial year 2014-15 with about 200 participants in each workshop @ Rs. 1500 per participant.

Monitoring review meeting will be conducted in each quarter at state level. An amount of Rs. 50000/ per meeting is being proposed for the same.

Budget Summary – Rashtriya Kishor Swasthy Karyakram-2014-15

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.4	**ADOLESCENT HEALTH/ RKSK (Rashtriya Kishore Swasthya Karyakram)**						
A.4.1	**Facility based services**						
A.4.1.1	Dissemination/meetings/workshops/review for AH (including WIFS, MHS)	-	1,204	290.95	-	32.20	
A.4.1.2	Establishment of new clinics at DH/Medical college level	0.75	51	38.25	51	12.50	
A.4.1.3	Establishment of new clinics at CHC/PHC level	-	1,213	330.80	1,203	328.80	
A.4.1.4	Operating expenses for existing clinics	0.00	1,333	61.49	1,300	39.08	
A.4.1.5	Mobility support for ARSH/ICTC counsellors	0.00	708	46.80	685	22.71	Rs.200/visit
A.4.1.6	Others (Please specify)	2.25	1	2.12	-	-	Not Approved
A.4.2	**Community level Services**						
A.4.2.1	Incentives for Peer Educators	0.01	203,252	1,524.39	203,252	508.13	Rs.750/PE Annually. PE kits and Diaries are shifted to A.4.5.6
A.4.2.2	Organizing Adolescent Health day	0.19	19,365	968.25	19,365	484.13	Rs.2500/Quarter in HPD only for one Quarter
A.4.2.3	Other (please specify)	-	6,724	100.86	303	100.86	Adolescent Friendly Club at Sub centre
A.4.3	Weekly Iron and Folic Acid Supplementation Programme activities	-	309216	0.00	-	-	
A.4.4	Scheme for Promotion of Menstrual Hygiene activities	-	77200	0.00	-	-	
A.4.5	**Other strategies/activities (please specify)**			**272.74**		**823.01**	
A.4.5.1	State level awareness workshop for MHS (including mobilizing the community and safe disposals)	-	2	2.50	2	2.50	2 Workshops on MHS @ 1.00 Lakh per workshop and Development of booklet on MHS and printing of 10,000 booklet @ Rs. 5 per booklet
A.4.5.2	District level awareness workshop for MHS	0.50	75	37.50	75	7.50	Rs. 10,000 per district per year
A.4.5.3	Booklet on MHS to create awareness/FAQ	0.00	820,000	41.00	-	-	Approval shifted to B.10.7.4.2
A.4.5.4	Posters for awareness on MHS	0.00	172,572	103.54	-	-	
A.4.5.5	Incenerators in girls colleges/schools for safe disposal of sanitary napkins	0.03	2,940	88.20	-	-	Not Approved.
A.4.5.6	PE Kits and Diaries	-	-	-	-	813.01	Approved for 203255 PE kits

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
							and Diaries @Rs.350 per kit and Rs.50 per diary shifted from A.4.2.1
	Sub-total Adolescent Health			**3636.65**		**2,351.42**	
	Human Resource						
A.8.1.7.5.2	Adolescent Health counselors	-	708	505.44	685	336.42	@Rs.12600/Month for cousellors
	Sub Total- Human Resource			**505.44**		**336.42**	
A.9	**TRAINING**						
A.9.7.1	**RKSK trainings**						
A.9.7.1.1	TOT for Adolescent Friendly Health Service training	2.47	6	17.46	-	10.25	
A.9.7.1.2	AFHS training of Medical Officers	1.36	56	115.36	-	37.17	
A.9.7.1.3	AFHS training of ANM/LHV	1.49	168	275.52	168	275.52	
A.9.7.1.5	Training of counselors	2.37	24	68.40	23	50.14	
A.9.7.2	**Training of Peer Educators**						
A.9.7.2.1	State level	0.50	3	1.50	3	1.50	
A.9.7.2.2	District level	-	75	3.75	75	3.75	
A.9.7.2.3	Block Level	-	6,352	6,174.14	6,352	2,763.12	
A.9.7.3	**WIFS trainings**						
A.9.7.3.2	District	0.15	75	11.25	75	11.25	
A.9.7.3.3	Block	0.05	820	82.00	820	82.00	
A.9.7.4	**MHS trainings**						
A.9.7.4.2	District	0.15	75	11.25	75	11.25	
A.9.7.4.3	Block	0.05	820	41.00	820	41.00	
A.9.7.4.4	SHG training	0.05	820	41.00	820	41.00	
	Sub-total Training			**6842.63**		**3327.95**	
	Programme Management				**-**		
A.10.2.4	Consultants/ Programme Officers	3.00	75	112.50	25	25.00	District Programme Coordinator (25)- RKSK @ Rs. 25000/month for4 months.
	Sub Total- Programme Management			**112.50**		**25.00**	
B.1.1.3.4	**ASHA Incentives (Rashtriya Kishor Swasthya Karyakram)**						

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B.1.1.3.4.1	Incentive for support to Peer Educator	0.00	275,012	275.01	-	304.88	
B.1.1.3.4.2	Incentive for mobilizing adolescents for AHD	0.00	275,012	687.53	-	101.63	
B.1.1.3.4.3	Other incentives under RKSK	0.00	275,012	825.04	-	-	Not Approved
	Sub Total- ASHA Incentives			**1,787.58**		**406.51**	
B.10.3.4	**BCC/IEC activities for AH/ RKSK**						
B.10.3.4.1	Media Mix of Mid Media/ Mass Media	-	1	547.00	-		Approval granted for Rs.682.34 Lakhs at B.10 for MH,CH,FP and Adolscent Health
B.10.3.4.2	Inter Personal Communication	-	1	640.25	-		
B.10.7.2	Printing of WIFS cards etc	-	1	107.83	1	102.22	
B.10.7.4.2	AFHC cards	-	1	50.34	1	156.93	
	Sub Total - BCC/IEC			**1,345.42**		**259.15**	
B16.1.6	**Equipments for RKSK & RBSK**						
B16.1.6.1	Equipments for AFHCs	0.15	159	23.85	1,228	85.96	@Rs.10000 per AFHC for 1228 new AFHCs in HPDs
B16.1.6.2	Others	0.011	1,645	17.85	-	1.65	
	Sub Total - Equipments			**41.70**		**87.61**	
B.16.2.6	**National Iron Plus Initiative (Drugs&Supplies)**						
B.16.2.6.3	**WIFS (10-19 years)**						
B.16.2.6.3.a	IFA tablets	0.00	11,191,409	1,678.71	-	1,678.71	
B.16.2.6.3.b	Albendazole Tablets	0.00	22,539,838	225.40	-	225.40	
	Sub Total - WIFS			**1,904.11**		**1,904.11**	
	GRAND TOTAL			**16,176.03**		**8,698.17**	

Thus, for the above purpose, an amount of Rs.16176.03 Lakhs was proposed, out of which GOI approved Rs.8698.17 Lakhs only.

CHAPTER - 5: RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is being implemented in the State from last year which has been established by IIIrd quarter of the year 2013-14. Every block of the state is supposed to have 2 Mobile Health Teams (MHT) with 4 members in each team (2 doctors, 1 paramedical and 1 SN/ANM). The key components are as below :

- Programme Implementation and HR under RBSK
- Mobility support for mobile health team
- RBSK Training
- Procurement
- DEIC

Programme Implementation and HR under RBSK

At present the programme is being implemented in 74 districts of the State with help of regular/optional teams. The State is trying hard to recruit mobile health teams as per GoI guideline in the districts where programme is being implemented through optional teams. The present situation and progress as on 31.03.2014 is as below :-

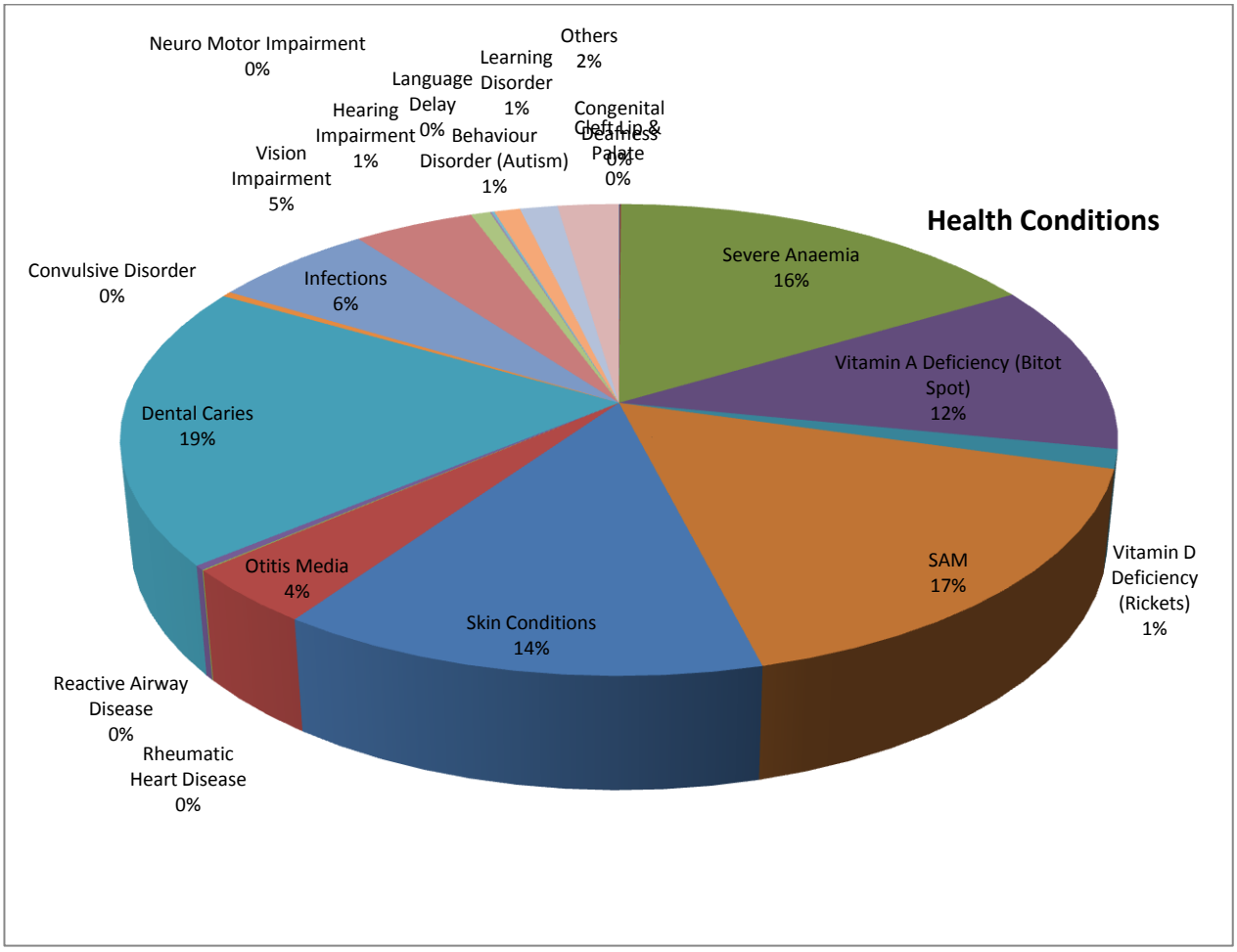
Human Resource under RBSK

Sl.	HR details	Sanctioned in ROP 2013-14	Achievement 2013-14	Proposed for 2014-15
1	MBBS	820	302	500
	BDS	520	491	500
	AYUSH	1940	1341	2280
Total		**3280**	**2134**	**3280**
2	Staff Nurse	915	858	958
	ANMs	725	529	682
Total		**1640**	**1387**	**1640**
3	Paramedical	1410	1314	1314
	Pharmacist	230	76	326
Total		**1640**	**1390**	**1640**

RBSK Progress Report 2013-14:

Sl.	AWCs/Schools	Targeted Children	Screened children (in I round)	% Achievement of I round	Screened children (in II round)
1	AWCs	42.70 Lakhs	28.64 Lakhs	67.07	07.14 Lakhs
2	Schools (Class 1st to 12th)	166.79 Lakhs	122.54 Lakhs	73.47	25.29 Lakhs
Total		**209.49 Lakhs**	**151.18 Lakhs**		**32.43 Lakhs**

As per reports received from the districts, following disease pattern has come up.



Heath conditions	Absolute No.
Cleft Lip & Palate	1329
Congenital Deafness	1859
Severe Anaemia	696950
Vitamin A Deficiency (Bitot Spot)	491376
Vitamin D Deficiency (Rickets)	55590
SAM	702582
Skin Conditions	579569
Otitis Media	166513
Rheumatic Heart Disease	2287
Reactive Airway Disease	13048
Dental Caries	818568
Convulsive Disorder	15525
Infections	260045
Vision Impairment	192878
Hearing Impairment	31130
Neuro Motor Impairment	2643
Language Delay	4431
Behaviour Disorder (Autism)	41565
Learning Disorder	60105
Others	97729

Mobility support for Mobile Health Teams

There was a provision of one vehicle per block (for 2 teams of 3 members each) in the year 2013-14. Now the number of members has increased to 4 and it is not possible for a vehicle to carry 8 members, logistics along with an additional driver. Hence, it is being proposed to provide one vehicle per Mobile Health Team @ Rs. 30,000/ per month in the year 2014-15.

Referral and Management of referred cases

As per reports received from districts during year 2013-14, about 5-6% children are being referred to CHCs or District hospitals. It has been made a practice to call all the referred children to nearest CHC on Saturdays, where team members are present, to take personal care of the sick children and help in getting them investigated and managed at CHC by specialists. Those children, who are referred to District hospital, are carried by the dedicated vehicle under RBSK with one doctor of the team to district hospital for supervised investigations and treatment.

Mobility support is being proposed for transportation of referred children to neighbouring Medical Colleges/Higher centres which is about 0.14 % of the total screened children. An amount of Rs. 11/ per Km. on an average from each district to the neighbouring Medical college. It has also been observed that there are many conditions which need specific investigations which are not free at Medical colleges.

Hence, an amount of Rs. 2000/ per case is being proposed for 0.1 % children to help them in sophisticated investigations done at Medical colleges. Similarly, an amount of Rs. 5000/ per child on an average is being proposed for treatment of 0.1 % of children supposed to be referred at Medical colleges. This amount will be kept at State level and a committee will be formed with DGFW, DGMH, SPMU and KGMC to review the cost of such cases, verification of each case will be done through a committee at division level and funds will be reimbursed to concerned Medical College through DHS. At local level District nodal officers, ADs and nodal officers of Medical Colleges will be responsible for getting the estimates and bills etc. In certain specific cases Mission Director may be authorised to advance some funds to the Medical colleges as per requirement.

There are few conditions like congenital heart disease, retinoblastoma, plastic surgeries etc. which need greater amount for treatment and a pool of Rs. 50.00 Lakhs (Rs. 0.50 Lakhs x 100 such cases) is being proposed additionally for such peculiar conditions.

Human Resource under RBSK

There is a provision of two teams per block with 4 members in each team. There are 2 doctors, 1 SN/ANM and 1 Paramedic/Pharmacist. Same configuration will continue in the year 2014-15 with efforts to complete the teams as soon as possible in all the districts. Present situation is given above. The monthly honoraria of each category is being proposed with some hike as per admin guidelines uniformly in all the schemes.

RBSK Training

National training under RBSK has been completed and 8 National trainers have been trained at Chandigarh & Mumbai. Another batch of 59 trainees was trained at SIHFW Lucknow in the month of Jan. 2014. The approval for training of teams in HPDs has been received on 28 Feb. 2014 from GoI and the same has been approved by EC in March 2014. The training will be conducted at selected 11 regional centres during May and June 2014 for HPDs. It is being proposed to approve the training budget for remaining districts as per CTP being provided by Training section under A.9.

The one day orientation training of staff posted at delivery points has also been approved on 28 Feb. 2014 from GoI and the same has been approved by EC in March 2014. The training will be imparted to 4 Personals per delivery points Staff Nurse/AYUSH/LMO/ANM posted at Level 2&3 Delivery points in the month of June/July &August2014.

One day district level Orientation training to 1MO & 1HEO from each block will be given in the month of June 2014 who will in turn train ASHAs & AWWs, so that they can identify children with Birth Defects, Complicated Health Conditions and Malnutrition during home visit. This training will be after one day State level training of trainers for district level Orientation training which will be imparted in the month of May in three batches of one day each with two participants from each District.

Printing of Cards, Registers and Formats

Individual compliance cards were not printed in the year 2013-14 under National Iron Plus Initiative (NIPI). An amount of Rs. 3/ per card (designed and developed at state level) is being proposed under the scheme for 161.78 Lakhs children of AWCs and Primary Schools.

Similarly, the finally designed RBSK card sent by GoI, is very lengthy and could be printed on a very low quality paper by districts @ Rs. 1.50 per card. Since, the rate sanctioned was too meagre, the amount of Rs. 90 Lakhs sanctioned by GoI letter dated 20 Dec. 2013, has not been released to the districts and only an amount of Rs. 84.87 Lakhs (approved by GoI letter 13.09.2013) is being utilized.

Therefore, it is being proposed to sanction an amount of Rs. 1146.33 Lakhs @ Rs. 5 per card for a total of 229.27 cards. Additionally an amount of Rs. 150/ per register is being proposed for 10 registers per team for whole year. An amount of Rs. 5000/ per block has been proposed for printing of various reporting formats.

Drugs and Supplies

IFA syrup (100 ml bottle with 20 mg elemental Iron per ml with dispenser) is being proposed for children (3 to 6 years) reaching AWCs. Weekly 45 mg. Iron blue tablets have been proposed for children (6 to 10 years) and 100 mg Iron blue for children (10 to 19 years) at the present RC rates available. Since, EDL for Mobile Health Teams has been approved by GoI in March 2014 itself, the districts already have 50 % of the amount (Rs. 18000/ per team) released in the year 2013-14. Hence, only Rs. 18000/ per team is being proposed for the second half of the financial year. All the medicines given in EDL are being rate contracted by DGMH with given specifications and districts will procure accordingly.

Regional orientation meetings

It has been decided to orient all the MOICs/superintendents of CHCs and District Programme Officers for smooth implementation, supervision and monitoring of the programme. Five one day regional workshops (one central and 4 regional) will be organized during the financial year 2014-15 with about 200 participants in each workshop @ Rs. 1500 per participant.

If there will be requirement and feasibility, the two regional orientation workshops/meetings proposed under RBSK and RKSK will be clubbed together and expenditure will be reduced.

Monitoring review meeting will be conducted in each quarter at state level. An amount of Rs. 50000/ per meeting is being proposed for the same.

District Early Intervention Centre (DEIC)

18 DEICs have been approved in the year 2013-14, one in each division. A team of Engineers at DGM&H and SPMU is working on feasibility of new construction/ modification/major remodelling of the available structure. Meanwhile, the efforts are being made to operationalise at least 5 such centres immediately at selected hospitals where 3 to 4 rooms are available and the centre may be functional.

The monthly honoraria for Human Resource of each category for 5 DEICs has been proposed for six months.

Budget Summary - Rashtriya Bal Swasthya Karyakram-2014-15

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.5	**RBSK**						
A.5.1	**Operational Cost of RBSK (Mobility support,DEIC etc)**						
A.5.1.1	Prepare and disseminate guidelines for RBSK	-	-	-	-	-	
A.5.1.2	Prepare detailed operational plan for RBSK across districts	0.01	820	4.10	820	4.10	Rs.500 per block
A.5.1.3	Mobility support for Mobile health team	0.30	1,640	4,428.00	1,640	4,428.00	
A.5.1.4	Operation cost of DEIC	-	-	-	-	-	
A.5.1.5	New born screening- Inborn error of metabolism (please give details per unit cost of screening, number of children to be screened and the delivery points Add details)	-	-	-	-	-	
A.5.1.6	Mobility support for transportation of referred children to neighboring medical colleges(to & fro)	0.00011	4,198,401	461.82	-	-	Not Approved
A.5.1.7	Cost of Investigations at medical colleges/higher institutions	-	-	-	-	-	
A.5.1.8	Cost of Treatment at Medical colleges/higher institutions	0.000	23,319	1,210.94	-	-	Not Approved
A.5.1.9	Monitoring Meetings at State Level	0.00	9	17.15	4	2.00	Orientation workshop shifted to A.9.12.1, as Rs.2.00 Lakhs is approved for state level monitoring meeting @Rs.50000/meeting.
A.5.1.10	Monitoring Meetings at District Level	0.05	750	37.50	450	22.50	Rs.5000 per meeting per month for 450 monitoring meetings
A.5.2	Referral Support for Secondary/ Tertiary care	0.02	23,219	464.38	23,219	464.38	Rs. 2000*0.1% children to be screened in the year.
	Sub-total RBSK			**6623.89**		**4,920.98**	
	Human Resource						
A.8.1.7.4	RBSK teams (Exclusive mobile health team & DEIC Staff)						
A.8.1.7.4.1	MOs - AYUSH/MBBS	-	3,280	11,272.08	-	8,619.06	For MBBS-MO Rs.37800/Month, BDS-MO-

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
							Rs.36750/Month & MO-AYUSH-Rs.25200 Per month
A.8.1.7.4.2	Staff Nurse/ ANM	-	1,640	3,694.74	-	2,556.58	Rs.17325/month for SN and ANM @Rs.10500/month
A.8.1.7.4.3	Pharmacists	-	1,640	3,353.40	-	2,205.40	Rs. 12474 per month for Existing Optometrists /Dental Hygienists/ Physiotherapist only
A.8.1.7.4.4	DEIC						
A.8.1.7.4.4.m	Data entry operator	2.10	75	157.50	-	-	Shifted to A.10.2.8.5
	Sub-total HR			**18477.72**	**0.00**	**13381.04**	
B10	**IEC-BCC NRHM**						
B.10.7.4.1	Printing of compliance cards for National Iron Plus Initiative	-	1	472.45	1	312.12	
B.10.7.4.3	Printing of RBSK card and registers	-	1	1,218.13	1	1,201.50	
B.10.7.4.4	Printing cost for DEIC	-	1	0.13	1	-	Not Approved
	Sub Total- BCC/IEC			**1,690.71**		**1,513.62**	
B.16	**PROCUREMENT**						
B.16.2.6	**National Iron Plus Initiative (Drugs&Supplies)**						
B.16.2.6.1	**Children (6m - 60months)**						
B.16.2.6.1.a	IFA syrups (with auto dispenser)	0.00	18,587,866	1,858.79	-	1,858.00	
B.16.2.6.1.b	Albendazole Tablets	0.00	32,726,946	327.27	-	327.27	
B.16.2.6.2	**Children 5 - 10 years**						
B.16.2.6.2.a	IFA tablets	0.00	9,787,617	978.76	-	978.76	
B.16.2.6.2.b	Albendazole Tablets	0.00	19,575,235	195.75	-	195.75	
B.16.2.7	**Drugs & supplies for RBSK**					**-**	
B.16.2.7.1	Medicine for Mobile health team	0.18	1,640	295.20	-	-	Committed unspent amount to be used.
	Sub Total - Procurement			**3,655.77**		**3,359.78**	
	GRAND TOTAL			**30,448.09**		**23,175.42**	

Thus, for the above purpose, an amount of Rs.30448.09 Lakhs was proposed, out of which GOI approved Rs.23175.42 Lakhs only.

CHAPTER - 6: PRE-CONCEPTION, PRE-NATAL DIAGNOSTIC TECHNIQUE ACT (PC&PNDT)

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 viewed both as 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	902

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

State PCPNDT Cell

A PCPNDT cell has been established at the FW Directorate. Presently 1 Program Assistant and 1 Data Assistant is already working in this cell. In last one year there has been a increase in no of court cases, formation of special community to review the cases, divisional and district level workshop for better implementation of PC-PNDT have also been done, CJMs have also been sensitized on the issues. This has resulted in increased workloads at state cell. So we proposed new posts at State PC-PNDT Cell and at SPMU as follows. This budget is being budgeted under program management chapter.

Sl.	Name of Post	No. of Post	Status
1	Legal Consultant	02	New Post
2	Data Assistant	01	Continue
3	Programme Assistant	01	Continue
4	Program Coordinator	02	New Post
5	Data Assistant	01	New Post
6	Programme Assistant	01	New Post
7	Contingency for the operation of cell	Rs.1.00 lakhs	Continue

Zonal PC-PNDT Cell

Uttar Pradesh being a large state monitoring, follow up of court cases, data collection etc is difficult from state level. For better implementation of PCPNDT Act it is proposed that the state is divided into 6 zones (1.Lucknow 2.Kanpur 3.Varanashi 4.Meerut 5.Gorakhpur 6.Agra) each zone will cover 3 divisions and 12 to 13 districts. For Monitoring and Coordination with district team of different

districts under the zone, state proposed a new post of Zonal Coordinator in each of 6 Zones as above, **but approval is pended (FMR Code-7.1)**.

Divisional Level PCPNDT Cell

A separate divisional level PCPNDT cell is being 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	Status	Unit Cost (Rs.)
1	Zonal Coordinator	06	New Posts	As per State Norms
2	Data Assistants (1 at each division)	18	Continue	As per State Norms
3	Contingency for the operation of cell	18	Continue	Rs.0.20 lakhs per cell

For the above activities, approval is pended (FMR Code-7.1)

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	Status	Unit Cost (Rs.)
1	DEO	75	Continue	As per State Norms
2.	Contingency for the operation of cell	75	Continue	Rs.0.20 lakhs per cell

For the above activities, approval is pended (FMR Code-7.1)

State Inspection & Monitoring Committee

A State level Inspection & Monitoring Committee has been established, which will undertake inspection of ultrasound centers in different districts of Uttar Pradesh. **An amount of Rs.2.00 Lakhs was budgeted for the year 2014-15 for the mobility /Honorarium of State Inspection Monitoring Team, which is approved by GOI(FMR Code-2.7.2)**.

Mobility for Zonal Program Coordinator

Uttar Pradesh being a large state monitoring, follow up of court cases, data collection etc is difficult from state level. For better implementation of PCPNDT Act it is proposed that the state is divided into 6 zones (1.Lucknow 2.Kanpur 3.Varanashi 4.Meerut 5.Gorakhpur 6.Agra) each zone will cover 3 divisions and 12 to 13 districts. For Monitoring and Coordination with district team of different districts under the zone, the program coordinator will travel to the districts. An amount of Rs.0.50 Lakhs per zone is being proposed for this activity. **Total budget of Rs.3.00 Lakhs for the mobility of Zonal Coordinators was proposed for the year 2014-15, which is not approved by GOI.**

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.10,000/- 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). **Total budgeted Rs.1.80 Lakhs for Divisional level Inspection & Monitoring Committees was proposed for the year 2014-15, which is approved by GOI(FMR Code-2.7.2).**

Annual Maintenance and Up-gradation of Website

For on line reporting and registration/renewal etc. of ultra sound centers, a Web Site- **"www.pyaribitiya.nic.in"** has been prepared. For annual maintenance and up gradation of existing website **a budget of Rs 2.00 Lakhs was proposed for this Year, which is approved by GOI(FMR Code-A.7.2.8).**

Trackers for 10 selected districts

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(FMR Code-A.7.2.10)**.

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. Total four batches of meetings would be required to be conducted to cover all the districts. For this purpose, Rs. 0.50 Lakh is being proposed. Other than this 10 districts with lowest child sex ratio and 10 districts with maximum decline in CSR will be reviewed quarterly. An amount of Rs 0.20 Lakhs for this meeting. **In this way, a total of Rs.0.70 Lakh was proposed for this activity, which is approved by GOI(FMR Code-A.7.2.1).**

State Level Orientation cum Training

It is proposed that 3 State Level sensitization workshop will be conducted this year**.**

(1.) District General Counsel and Prosecution Officers training -**An amount of Rs.1.50 lakhs is proposed.**

(2.) Training of Members of State Supervisory Board, District Appropriate Authority, Zonal Coordinators, Divisional Additional Directors, and Districts Coordinators etc. - **An amount of Rs.5.00 lakhs is proposed.**

(3.) Training of District Nodal Officers, Data Entry Operators and Divisional Assistants in view of newly developed website**- An amount of Rs.1.25 lakhs is proposed.**

Thus, a total budget of Rs. 7.75 Lakhs was proposed for above activities, out of which GOI approved Rs.2.75 Lakhs only (FMR Code-A.7.2.9).

Zonal Workshops for District Advisory Committee Members

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 at Zonal Level @ Rs1.0 lakhs per zone. **For this purpose, Rs. 6.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.7.2.9).**

Observing the Girls Child Day

To create awareness regarding declining sex ratio Debate/Slogan/Poster etc competition in Lucknow University and other 4 Girls Degree Colleges in Lucknow @ Rs 25000 is proposed. A sum of Rs 2.00 lakhs for other state level activities to create awareness regarding declining girl sex ratio.**Total budget of Rs 3.25 Lakhs was proposed for this activity at State Level. GOI has not approved this activity with a remark that state may include this activity in it's IEC/BCC plan from the budget approved at B.10.**

District Level Activities

- **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.

To conduct, the above activity, an amount of Rs.25,000/- would be allocated to each district. Accordingly, **an amount of Rs.18.75 Lakhs was budgeted for 75 districts, which is approved by GOI(FMR Code-A.7.2.9)**.

- **Observing the Girls Child Day-** To create awareness regarding declining sex ratio Debate/Slogan/Poster etc competition in University/Girls Degree Colleges and other awareness activities at District Level @ Rs 1.00 lakhs is proposed**. Accordingly, an amount of Rs 75.00 Lakhs was budgeted for this activity at District Level. GOI has not approved this activity with a remark that state may include this activity in it's IEC/BCC plan from the budget approved at B.10**.

Block Level Activities

Sensitization workshop of ANM/ASHA /AWW at Block Level @ Rs.5000/block- To create awareness regarding declining child sex ratio it is essential to orient field workers about the ill effects of declining girl child sex ratio on society ,the effects of repeated abortions on mothers health and MMR. They should also know the provision of punishments to the person involved in sex determination as well as the person doing sex determination. They can also be helpful in identifying non registered USG Centre if any. **Accordingly, an amount of Rs 41.00 Lakhs was budgeted for this activity at Block Level, which is approved by GOI(FMR Code-A.7.2.9)**

- **Observing the Girls Child Day-** To create awareness regarding declining sex ratio Debate/Slogan/Poster etc competition in Inter Schools / Girls Colleges and other awareness activities at Block Level @ Rs 0.05 Lakhs is proposed. Accordingly, **an amount of Rs 41.00 Lakhs** was **budgeted** for this activity at Block Level. **GOI has not approved this activity with a remark that state may include this activity in it's IEC/BCC plan from the budget approved at B.10.**

Budget Summary of PCPNDT- 2014-15

FMR Code	Budget Head	Unit of Measure	Total Proposed 2014-15		Total Approved (As per ROP)		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.7	**PNDT Activities**						
A.7.1	**Support to PNDT cell**	No.	91	136.32	-	-	**Approval pended**
A.7.2	**Other PNDT activities (please specify)**						
A.7.2.1	Review meetings of district nodal officers at state level	No.of Meeting	2	0.70	2	0.70	
A.7.2.2	Visit of state inspection and monitoring committees and divisional level inspection committees (including TA/DA)	-	1	3.30	1	3.30	
A.7.2.3	State level Orientation Workshop	No.of Workshop	-	-	-	-	
A.7.2.4	Gender Sensitization workshop for 25 High Focus Districts-By SIFPSA	-	-	-	-	-	
A.7.2.5	Orientation of members of the District Advisory Committees at Division Level	-	-	-	-	-	
A.7.2.6	District Level Sensitization Workshops	No.of Workshop	74	8.40	74	8.40	
A.7.2.7	Observing the Girl Child Day	No.of Meeting	862	118.00	-	-	Shifted to B.10
A.7.2.8	Upgradation and Maintenance of PC-PNDT Website	Unit	1	2.00	1	2.00	
A.7.2.9	Capacity building of DGCs, CJMs, District Officers, Nodal officers, Ultrasound owners, ASHAs and AWWs Workshops at State, Regional, Division, Districts and Block level	-	1	68.50	1	68.50	
A.7.2.10	Trackers for 10 selected district with lowest sex ratio	No.	1,000	400.00	-	-	Not Approved
A.7.3	**Mobility support**	**No.**	**301**	**9.80**	**301**	**9.80**	
	Sub-total PNDT activities			**747.02**		**92.70**	
B.10.3.5	Creating awareness on declining sex ratio issue (PNDT)		1	294.97	-	146.04	
	GRAND TOTAL			**1,041.99**		**238.74**	

Thus, for the above purpose, an amount of Rs.1041.99 Lakhs was proposed, out of which GOI approved Rs.238.74 Lakhs only.

CHAPTER - 7: HUMAN RESOURCE

Maternal Health

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

- Contractual ANMs –
  - Additional ANMs at L1 Subcenters- The state is proposing to add an additional ANM for 1923 L1 sub centers in the state. Additional ANM is necessary to look after women in labour, perform outreach services, and delivery care services. Additional ANMs are required to be placed at all L1 subcenter delivery points on contract from NRHM to facilitate outreach as well as delivery care and sub center clinic services. Further 166 contractual ANMs are proposed to be placed at 83 district level L3 facilities @ 2 per facility to facilitate ANC record keeping and MCTS recording and immunization of newborns. A total of 2089 contractual ANMs are proposed to be hired on contract in year 2014-15 @ Rs 15,000.00 per month. The increment will be granted based on their outreach/delivery performance on HMIS.
  - Contractual 1st ANMs against vacancies- Directorate of FW has started regular recruitment of 3300 ANMs in the state. At present the state has reported vacancy of 4159 ANMs against regular sanctioned positions. Salary for 6 months is being proposed as the state plans to fill the vacancies by regular appointments.
  - The districts have been advised to calculate requirement of contractual HR (Anesthetists/gynecologists/staff nurses) at delivery points based on the following guideline approved by State Govt. The guidelines have been based on the standards given in MNH toolkit.

Tentative guidance for HR requirements on the basis of case-load				
HR requirement on the basis of per month deliveries (L3)				
L3	<100	100-200	200-500	500+
Gynae	1	2	3	5
EmOC trained	1	1	2	2
Anesthetist	1	1	2	2
LSAS trained	1	1	1	1
Pediatrician/F-IMNCI trained	1	1	2	3
LMO	1-2	2	3	3
SN	4	6	8	12
ANM	1	2	2	2
LT (for the entire pool)	1	2	3	3
LA (for the entire pool)	1	1	1	1
Sweeper	3	3	Recommend hiring agency	
HR requirement on the basis of per month deliveries (L2)				
L2	<100	100-200	200-500	500+
MO	1-2	3 (1 LMO)	4 (1 LMO)	NA
SN	3	4	8	NA
ANM	1	2	2	NA
LT (for the entire pool)	0	1	2	NA
LA (for the entire pool)	1	1	1	NA

The total requirement & budget based on the district delivery point's gap analysis alongwith approvals:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed		Total Approved		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	ANMs						
A.8.1.1.1.a	DH	1.80	166	296.10	166	73.04	Approved @Rs.11000/ month against proposed Rs.15000/month
A.8.1.1.1.f	Sub Centres	1.80	6082	7173.15	6082	6885.12	
	Sub Total		**6248**	**7469.25**	**6248**	**6958.16**	
	Staff Nurses						
A.8.1.1.2.a	DH	2.64	218	575.52	4624	6156.48	Staff Nurse @18150/- month against proposed Rs.22000/month
A.8.1.1.2.b	FRUs	2.64	498	1314.72			
A.8.1.1.2.c	Non FRU SDH/ CHC	2.64	1456	3843.84			
A.8.1.1.2.d	24 X 7 PHC	2.64	1408	3717.12			
A.8.1.1.2.e	Non- 24 X 7 PHCs	2.64	450	1188.00			
	Sub Total		**4030**	**10639.20**	**4624**	**6156.48**	
	Specialists						
A.8.1.3.1	**Obstetricians and Gynecologists**						
A.8.1.3.1.a	DH	7.80	107	834.60	407	278.20	Gynecologists @65000/- month
A.8.1.3.1.b	FRUs	7.80	300	2340.00		930.80	
A.8.1.3.3	**Anesthetists**						
A.8.1.3.3.a	DH	7.80	50	390.00	203	130.00	Anesthetists @65000/- month
A.8.1.3.3.b	FRUs	7.80	153	1193.40		434.20	
	Sub Total		**610**	**4758**	**610**	**1,773.20**	
	Medical Officers						
A.8.1.5.1	DH	4.80	54	259.20	436	1073.95	Medical Officer @39600/- month against proposed Rs.40000/month
A.8.1.5.2	FRUs	4.80	102	489.60			
A.8.1.5.3	Non FRU SDH/ CHC	4.80	286	1372.80			
A.8.1.5.4	24 X 7 PHC	4.80	172	825.60			
A.8.1.5.5	Non- 24 X 7 PHCs/ APHCs	4.80	7	33.60			
	Sub Total		**621**	**2,980.80**	**436**	**1,073.95**	
A.8.1.8	**Incentive/ Awards etc. to SN, ANMs etc.**						
	SBA Trained ANMs for home deliveries incentives for villages with less than 20% institutional deliveries			**500.00**		**500.00**	
	SBA Trained ANMs at SCs conducting more than 5 deliveries per month			**750.00**		**180.00**	
	SBA Trained ANMs at APHCs/PHCs conducting more than 15 deliveries per month			**150.00**		**36.00**	
	SBA Trained ANMs at Non FRU CHCs/BPHCs conducting more than 50			**2700.00**		**630.00**	

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed		Total Approved		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	deliveries per month						
	Incentive for EMOC team for conducting 5 CS per month at SDH/FRU CHC			**120.00**		**30.00**	
	Incentive for EMOC team for conducting 10% CS per month than last year DH/DWH/DCH			**1500.00**		**450.00**	
	Sub Total			**5720.00**		**1826.00**	
	Other Incentives Schemes (Pl.Specify)						
A.8.1.10.1	Difficult Area Incentive to 25 High priority districts	26.64	25	606.00	0	0.00	Not Approved
A.8.1.10.2	FRU operationalization - Specialist on-call for C-section (at L3) for Non-high priority districts-Government Sector	0.01	4644	46.44	0	24.00	On sharing the information of call attended, C-Sec. conducted last year, GOI will approve budget additionally
A.8.1.10.3	FRU operationalization - Specialist on-call for C-section (at L3) for Non-high priority districts-Private Sector	0.02	4990	99.80	3000	75.00	@Rs. 1500/case for below district level facilities & where there is no specialists of OBGY/ANES or LSAS trained doctors
A.8.1.10.4	Difficult Area Incentive to Non High priority districts	3.60	50	180.00	0	0.00	Not Approved
	Sub Total			**932.24**		**99.00**	
	Grand Total			**32,499.49**		**17,886.79**	

Thus, to deploy human resource under maternal health, a total Rs. 32499.49 Lakhs was proposed for the year 2014-15, out of which GOI approved Rs.17886.79 Lakhs only.

Child Health

Under Child Health programme, there is requirement of human resources with following budgetary details:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.1.2.f	Staff Nurse - SNCU/ NBSU/NRC	2.64	594	1168.92	594	816.02	Staff Nurse @18150/- month against proposed Rs.22000/month
	Specialists for CH						
A.8.1.3.5.d	Pediatrician - SNCU,NBSU,NRC	7.80	114	666.90	114	364.00	Paediatrician @65000/- month
A.8.1.5.6	MOs for SNCU/ NBSU/NRC etc	4.80	58	188.40	58	171.07	Medical Officer @39600/- month against proposed Rs.40000/month
A.8.1.5.7	Other Mos- Medical Colleges	4.80	9	43.20	9	30.10	
A.8.1.7.5.4	Others- Feeding Demonstrator	0.00	58	94.20	58	71.28	Rs. 16500/month against proposed Rs.18000/month
	Support Staff						
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	0.51	339	173.61	0	177.81	Revised proposal with minimum wages as per GO-UP
	Grand Total		**1172**	**2,335.23**	**833**	**1,630.28**	

Thus, to deploy human resource under child health, a total budgetary provision of Rs. 2335.23 Lakhs was made for the year 2014-15, out of which GOI approved Rs.1630.28 Lakhs only.

Family Planning

❒ Deployment of Family Welfare Counselor

Taking the opportunity of large no. of institutional delivery under JSY scheme the Family Planning counselors 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. Presently we have 290 counselors who are counseling the ANC and PNC mothers for adaptation of Post Partum family planning methods. This year this is proposed to deploy 01 F.W Counselor at all those facility where more than avg. 200 deliveries are being conducted in a month and 01 additional FW Counselors for facility having average, per month more than 600 deliveries. This way number of counselor proposed by districts is 393. Accordingly a budget of Rs. 794.69 Lakhs for their honoraria will be required for the year 2014-15.

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved 2014-15		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.7.5.1	RMNCH/FP Counselors	393	794.69	290	321.44	@Rs.10250/Month against proposed Rs.18000/month

Thus, to deploy FP Counsellros under Family planning, a total budgetary provision of Rs. 794.69 Lakhs was made for the year 2014-15, out of which GOI approved Rs.321.44 Lakhs only.

Adolescent Health/RKSK (Rashtriya Kishor Swasthy Karyakram)

As per GoI guidelines to implement National Adolescent Health Strategy, Rashtriya Kishor Swasthy Karyakram (RKSK) is being proposed for the State. Under RKSK, there is requirement of human resource with following budgetary details:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.7.5.2	Adolescent Health counselors	0.00	708	505.44	685	336.42	@Rs.12600/Month for cousellors against proposed Rs.18000/month

Thus, to deploy AH Counsellros under RKSK, a total budgetary provision of Rs. 505.44 Lakhs was made for the year 2014-15, out of which GOI approved Rs.336.42 Lakhs only.

Rashtriya Bal Swasthya Karyakram(RBSK)

At present the programme is being implemented in 74 districts of the State with help of regular/optional teams. The State is trying hard to recruit mobile health teams as per GoI guideline in the districts where programme is being implemented through optional teams. Under RBSK, there is requirement of human resource with following budgetary details:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.8.1.7.4.1	MOs - AYUSH/ MBBS	0.00	3280	11272.08	3270	8619.06	For MBBS-MO Rs.37800/Month, BDS-MO-Rs.36750/Month & MO-AYUSH-Rs.25200 Per month against proposed

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
							Rs.40000/month for MBBS MO, Rs.38000/month for BDS MO & Rs.30000/month for AYUSH MO
A.8.1.7.4.2	Staff Nurse/ ANM	0.00	1640	3694.74	1640	2556.58	Rs.17325/month for SN and ANM @Rs.10500/month against proposed Rs.22000/month for SN & Rs.15000/month for ANM
A.8.1.7.4.3	Pharmacists	0.00	1640	3353.40	1640	2205.40	Rs. 12474 per month for Existing Optometrists/Dental Hyginists/ Physiotherapist only against proposed Rs.18000/month
	DEIC						
A.8.1.7.4.4.m	Data entry operator	2.10	75	157.50	0	0.00	Shifted to A.10.2.8.5
Grand Total				**18477.72**		**13381.04**	

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.
- Further, rumenuration for 1468 cold chain handlers(new) & 3 refrigerator mechanics(new) is also being proposed for the year 2014-15.

Posts	Unit Cost (Rs. Lakhs	Total Proposed 2014-15		Total Approved 2014-15		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
Assistant Cold Chain Officer(1)	5.40	1	5.40	1	4.79	
Cold Chain Handler's(4) State Level	1.44	4	5.76	4	5.23	
Cold Chain Handler's(18) Div. Level	1.44	18	25.92	14	18.29	
Cold Chain Handler's(75) Dist. Level	1.44	75	108.00	75	98.01	
Cold Chain Handler's(1468) Cold Chain Point Level	1.20	1468	880.80	0		Not approved
Technician (Refrigerator Mechanic) 9 Div. Level	2.52	9	22.68	9	19.60	
Technician (Refrigerator Mechanic) 3 Dist. Level	1.98	3	2.97	0	0	Not approved
Technician (Refrigerator Mechanic) 12 Dist. Level	2.52	12	30.24	12	26.14	
Vaccine Storekeeper at Div. Level 9	3.24	1	3.24	9	26.14	
Vaccine Van Driver(8) at Div. Level	1.98	8	15.84	8	17.42	
Vaccine & Logistic Manager at State Level	4.20	1	2.10			Shifted under A.10
M & E Officer at State Level	5.40	1	2.70			
Training Officer at State Level	6.60	1	3.30			
Grand Total			**1,108.95**		**215.62**	

Thus, to deploy human resource under Routine Immunization, a total budgetary provision of Rs. 1108.95 Lakhs was made for the year 2014-15, out of which GOI approved Rs.215.62 Lakhs only (FMR Code-A.8.1.7.7) as shown in table above.

Dental Doctors

For the year 2014-15, the state is proposing to deploy dental doctors 104 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. This year approx. 10% hike in monthly remuneration is being proposed for these doctors.

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.3.7.a	DH	4.56	5	22.80	87	375.44	Dental Surgeon @38000/
A.8.1.3.7.b	FRUs	4.56	30	136.80			
A.8.1.3.7.c	Non FRU SDH/ CHC	4.56	59	269.04			
A.8.1.3.7.d	24 X 7 PHC	4.56	10	45.60			
Grand Total				**474.24**		**375.44**	

Thus, to deploy Dental Doctors, a total budgetary provision of Rs. 474.24 Lakhs was made for the year 2014-15, out of which GOI approved Rs.375.44 Lakhs only(FMR Code-A.8.1.3.7 and its sub heads).

Paramedicals

In the state, there are vacancies against sanctioned posts of Lab. Technicians, OT technicians /assistants, 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 2014-15 there is a requirement of following para-medicals staffs to be hired on contractual basis.

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.2.1	**Laboratory Technicians**						
A.8.1.2.1.a	DH	1.80	60	108.00	358	385.66	Laboratory Technician 13100/- month against proposed Rs.15000/month
A.8.1.2.1.b	FRUs	1.80	170	306.00			
A.8.1.2.1.c	Non FRU SDH/ CHC	1.80	243	437.40			
A.8.1.2.1.d	24 X 7 PHC	1.80	218	392.40			
A.8.1.2.1.e	Non- 24 X 7 PHCs	1.80	55	99.00			
A.8.1.2.1.f	Others	1.80	9	16.20			
A.8.1.7.2	**Radiographers**						
A.8.1.7.2.a	DH	1.80	16	28.80	137	156.24	Radiographer @12400/- month against proposed Rs.15000/month
A.8.1.7.2.b	FRUs	1.80	42	75.60			
A.8.1.7.2.c	Non FRU SDH/ CHC	1.80	53	95.40			
A.8.1.7.2.d	24 X 7 PHC	1.80	26	46.80			
Grand Total				**1605.60**		**541.90**	

Thus, to deploy Human Resource-Paramedicals, a total budgetary provision of Rs. 1605.60 Lakhs was made for the year 2014-15, out of which GOI approved Rs.541.90 Lakhs only(FMR Code-A.8.1.2.1; A.8.1.7.2 and its sub heads).

Other Human Resource

In the year 2014-15, 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.

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.8.1.7.5.3	Honorarium to ICTC counselors for AH activities	0.00	35	4.32	35	4.32	
A.8.1.7.8	Staff for Training Institutes/ SIHFW/ Nursing Training	42.84	1	42.84	0	0.00	Not Approved
A.8.1.9	Human Resources Development (Other than above)	1.44	135	194.40	135	157.14	DEOs at DWH, DH, DCH and Medical Colleges @ Rs. 9700/month against proposed Rs.12000/month
	Support Staff for Health Facilities						
A.8.1.11.a	DH	1.00	31	31.00	0	0.00	Approval pended
A.8.1.11.b	FRUs	0.55	71	38.88	0	0.00	Approval pended
A.8.1.11.c	Non FRU SDH/ CHC	0.18	48	8.64	0	0.00	Approval pended
A.8.1.11.d	24 X 7 PHC	0.11	18	1.92	0	0.00	Approval pended
A.8.1.11.e	Non- 24 X 7 PHCs	0.00	21	0.00	0	0.00	
	Grand Total			**322.00**		**161.46**	

Thus, to deploy Human Resource- Others, a total budgetary provision of Rs. 322.00 Lakhs was made for the year 2014-15, out of which GOI approved Rs.161.46 Lakhs only, as per details given above.

Note: For the contractual staff under NHM, a proposal was submitted with hike in salary for year 14-15. But GoI has given approval with only 10% hike in all the categories, hence total budget approved is much less then the proposed budget.

CHAPTER - 8: TRAINING

Training is an important component of effective implementation of programme and capacity building of the personnel to provide quality services in the health sector. The Policy of the State regarding training is to enhance the knowledge, sharpen skills and to develop positive attitude of each and every category of health personnel as per latest development and technology to enable them to provide quality and efficient health services as well as manage health programmes.

As per Govt of India guidelines, State is focusing training on RMNCH+A programme for human resource posted at delivery points. In this regard state has started tracking delivery points for training and developed a format for Distt level programme officer to monitor the status and progress of training under RMNCH+A programmes. State has issued a Govt. order which is available on NRHM web site for reference.

Strategy

1. To improve facilities with the support of Quality Assurance System to provide conducive environment for the staff and for client satisfaction.
2. To ensure quality of services by improving capacity of human resource through training under RMNCH+A.
3. To assess the performance of Staff through Need Based Competency Assessment for skill and skill training as required.

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. CTI coordinates with both directorate and collaborate with National Institutions, Medical Universities, Medical Colleges and other Institutions for training sites to conduct clinical trainings.

There are 87 Government training facilities in the State, for which SIHFW is the apex institute at the State level. There are 11 Regional Health and Family Welfare Training Centres (RHFWTCs), 40 ANM Training Centres (ANMTCs), 30 are DPTT (Achal Prashikshan Kendra), four LHV training centres (health schools) and one PHN training centre in the State. Each of these facilities is located in State owned buildings. These include class rooms, hostels, furniture and audio visual equipment. These training centres needs up-gradation.

Training Plan for 2014-15 – Different type of trainings programme/courses are being planned. The comprehensive training plans of proposed trainings have been provided below:

Comprehensive Training Plan (CTP) for Year 2014-15

1)- MATERNAL HEALTH TRAININGS

Under Maternal Health programme, following trainings are being proposed at various levels for the year 2014-15:

FMR Code	Intervention/ Activity	Target 2013-14	Achievement 2013-14 (Jan-14)	Approved Budget 2013-14	Expenditure 2013-14 (Mar-14)	Proposed for 2014-15		Approved budget 2014-15 (Rs. In Lakhs)	Remarks
						Target	Proposed Budget (Rs. In Lakhs)		
	Training - Maternal health								
SBA Training- It is a ongoing training. TOT – 2 Days , Batch size 30/ Batch, Venue -SIHFW,Unit Cost per batch Rs.1.51 Lakhs, participants- clinician from DWH and FRUs. Field Training – 21 Days, Batch size 4/ Batch, Venue- DWH ,Unit Cost per batch Rs.1.031 Lakhs, Participants- ANM,LHV& SN from delivery point									
A.9.3.1.1	Setting up SBA Training centres	-	-	-	-	72	18.00	18.00	
A.9.3.1.2	TOT for SBA	450	311	22.50	11.84	180	Nil		Rs.10.66 Lakhs are available hence Budget is not required
A.9.3.1.3	Training of ANM, Staff Nurses in SBA	1800	656	464.85	251.42	1440	335.17	335.17	Training of 1440 ANMs/ SNs/LHVs in 325 batches
EmOC Training- It is a ongoing training. TOT – 11 Days , Batch size 2/ Batch, Venue –Medical Colleges decided by FOGSY(Vellure , Gandhigram, Surat, Banglore,Rohatak Etc) Unit Cost per batch Rs.0.70 Lakhs, Participants- Gynecologist. Field Training – 16 Wks. (6 Wks at M.Coll. and 9 Wks DWH last Wks Examination at Med. Coll.)Batch size 8/ Batch, Venue- Medical College Lucknow,Aligarh Meerut,Unit Cost per batch Rs.14.67 Lakhs, Participants- MBBS Med.Officer.									
A.9.3.2.1	Setting up of EmOC Trg. center	2	0	15.60	0	2+1=3	23.40	9.18	2 M.Colleges are conducting training This year 1 more college will be taken up. Running cost and site strengthening cost is being proposed. The total proposed amount is Rs.118.42 Lakhs The SIHFW have Rs.35.04 Lakhs, hence the required budget is Rs.80.04 Lakhs
A.9.3.2.2	TOT for EmOC	10	8	7.00	1.16	10 (5 Batch)	7.00	7.00	
A.9.3.2.3	Training of Medical Officers in EmOC	32	13	48.00	5.73	48	88.02	26.14	
LSAS Training- It is a ongoing training. TOT – 2 Days , Batch size 2/ Batch, Venue –Concerned Medical Colleges (Lucknow, Agra, Meerut, Jhansi, AMU Aligarh and Allahabad) Field Training – 18 Wks. (12 Wks at M.Coll. and 6 Wks DWH), Batch size 4/ Batch, Venue- Lucknow, Agra, Meerut, Jhansi, AMU Aligarh and Allahabad, Unit Cost per batch Rs.7.42 Lakhs, Participants- MBBS Med. Officer.									
A.9.3.3.1	Setting up of Life	5	5	5	0	2	7.60	7.60	The funds have kept committed hence only for

	saving Anaesthesia Skills training centers								2 M. College funds is being demanded. The total proposed amount is Rs.96.64 Lakhs The SIHFW have Rs.53.49 Lakhs hence the required budget is Rs.43.15 Lakhs
A.9.3.3.3	Training of Medical Officers in Life Saving Anaesthesia Skills	40	16	72.00	20.10	48	89.04	89.40	
Abortion Care Training (MVA) - It is a ongoing training. TOT – 5 Days , Batch size 15/ Batch, Venue –SIHFW and DWH Awantibai Lucknw. Unit Cost per batch Rs.1.32 Lakhs Participants - Gyonecologist from Distt Hospital. Field Training – 5 days , Venue- selected 10 DWH, Unit Cost per batch Rs.0.56 Lakhs, participants- MBBS LMO.									
A.9.3.4.1	TOT on safe abortion serveces	30	26	2.00	.28	15	1.32	0.96	For TOT Rs.1.32 is proposed.Rs.0.36 Lakhs is available at SIHFW level hence Rs.0.96 is needed for TOT
A.9.3.4.2	Training of MOs in Safe Abortion	60	33	10.40	2.44	60	11.31	11.20	5 Days MVA Training for MBBS Med. Officer
RTI/STI Training of LTs- It is a ongoing training. Field Training – 2 days at SIHFW/ Lucknow Med. Coll. Batch size 30/ Batch, Unit Cost per batch Rs.1.58 Lakhs. RTI/STI Training of Med. Officer – On going Committed training									
A.9.3.5.2	Training of Lab. technicians in RTIs/STIs	60	45	2.14	1.35	150	7.95	5.56	The total proposed amount is Rs.7.95 Lakhs The SIHFW have Rs.2.39 Lakhs, hence the required budget is Rs.5.56 Lakhs is required
A.9.3.5.2	Training of Medical Officers in RTIs/STIs	3150	1628	76.23	34.13	1522	Nil	-	Funds have been kept committed at dist. level, no further budget is required
BmOC Training- It is a ongoing Committed training. TOT – 2 Days , Batch size 35/Batch, Venue –SIHFW , Participants- Trainers of Medical colleges. Field Training 10 Days at selected Medical Colleges, Batch size 10/ Batch, Venue- Medical College Lucknow, Aligarh Meerut, Jhansi Kanpur Aligarh Unit Cost per batch Rs.14.67 Lakhs, Participants- Med. Officer of L2-L3 CHC centers.									
A.9.3.6	BEmOC training for MOs/LMOs	500	13	96.00	0.60	487	Nil		Committed expenditure for 2013-14 to be booked in FY 2014-15.
MDR Training									
A.9.3.7.1	MDR Training of district & block officials	-	-	-	-	3210	86.09	86.09	
A.9.3.7.2	ANM Refresher Training	-	-	-	-	900	187.61	-	Not Approved. No separate budget for 1 day training required. Can be done during block level meetings.

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 financial year-2013-14 the following funds have been approved for Pre School Education in Nursing Colleges and other training centres as well as mentoring visit by Staff Nurse.

Sl.	Budget Head	Quantity / Target	Quantity / Target	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
1	A.9.10.1	Strengthening of Existing Training Institutions/Nursing School excluding infrastructure and HR.	53	4,745.00	1000.00
2	A.9.3.9	Skill Lab Training	12	400.12	400.12
3	A.9.8.4.2	District level skill training at L2 & L3 facilities of high priority districts	25	237.00	175.50

The State has initiated the process with the support of JHPIEGO and assessment of all training institutions (Colleges of Nursing, GNM Schools and ANMTCs) has been done. The Orientation workshop on GoI/INC performance standards for staff of Nursing colleges, Nursing School, ANMTCs and other training colleges and centres have been completed and proposal has been invited. At the State level, Nursing Cell has been established at Directorate of Medical Health. The Funds have been committed hence state is not requesting for any financial proposal at this stage.

Expansion of District level Skill training at L2, L3 facilities In Non HPDs

In the year 2013-14, to improve RMNCH+A services, and to reduce MMR and IMR in a short span, mentoring and training of staff positioned at delivery points has been initiated. For this purpose high level skilled mentor tutors' team is required for hand holding of the workers at delivery points. This has been initiated in 150 blocks in 25 HPDs, where 100 nurse mentors (1 nurse mentor per block) are being supported by UP-TSU (supported by BMGF) and another 50 are being directly supported by NRHM. The ToT have been completed and recruitment of Nurse Mentors is under progress with the support of UP-TSU

As IMR and MMR is high in the state (as compared to national average), the state proposes to extend this initiative in the 50 non HPDs districts as well. As part of this initiative, the state proposes to recruit and train another 100 nurse mentors (2 nurse mentors/district) who will be deployed in and around the high delivery load facilities (below-district level facilities). UP-TSU/Bill & Melinda Gates Foundation will work as technical support provider for this program.

The long-term plan is that these additional 100 nurse mentors (and the existing nurse mentors) will be incorporated under the skill labs, once they are made operational.

The total budget at FMR Code A.9.1.4 is Rs.357.00 for running the program for six months as per the following details:

Sl.	Item	Description	Amount (In Lakhs)
1	Hiring of Mentor Tutors (B.Sc. - Nursing)	@ 40,000 x 100 x 6	240.00

2	Transportation / POL	@ 20,00 x 100 x 6	12.00
3	Accommodation+DA	@ 1500 x 100 x 6	9.00
4	Mannequins	@1,50,000 x 50	75.00
5	Consumables	@ 1000 x 100 x6	6.00
6	Module Printing	@1000 x 1000	10.00
7	Orientation of Mentors		3.00
8	Monitoring & Evaluation		2.00
	Total		**357.00**

For the above purpose, GOI has not approved the proposed budget (FMR Code-A.9.1.4)

3)- SUPPORT FOR STRENGTHENING REGIONAL HEALTH & FAMILY WELFARE TRAINING CENTRES (RHFWTCS) IN THE STATE.

In the state, 11 Regional Health & Family Welfare Training Centres are functional. These centres are providing various trainings at divisional level under NHM. From the year 2014-15, the training load at these centres will be more as RKSK training, various trainings for Doctors, Nurses is being planned at these regional centres.

To provide quality training and develop conducive environment for the same, it is essential that these centres are strenghthened by providing financial support to overcome the gaps. Districts have identified gaps for various essential components at their level, which is required to be fulfilled. The details of the proposed budget are as follows:

Requirement of Essential Materials for Strengthening of Regional Health & Family Welfare Training Centres			
SN	District	Essential Materials	Amount (Rs.)
1	Meerut	Materials	1036250.00
		Materials for Hostel	211050.00
		Materials for Kitchen of Training Centre	132000.00
		Support materials for training	577000.00
2	Agra	Materials	3182000.00
		Materials for Hostel	5384740.00
		Materials for Kitchen of Training Centre	670000.00
		Support materials for training	880000.00
		Materials for Dining Hall	160000.00
		Support for Administrative Building	780000.00
3	Kanpur Nagar	Materials	3091000.00
		Materials for Hostel	8202500.00
		Materials for Kitchen of Training Centre	888000.00
		Support materials for training	1369000.00
		Other Works	1620000.00
4	Allahabad	Materials	3140000.00
		Materials for Hostel	8491340.00
		Materials for Kitchen of Training Centre	492000.00
		Support materials for training	390000.00
5	Varanasi	Materials	2165000.00
		Materials for Hostel	3089200.00
		Materials for Kitchen of Training Centre	180000.00
		Support materials for training	352000.00
6	Faizabad	Materials	3091000.00
		Materials for Hostel	8202500.00
		Materials for Kitchen of Training Centre	888000.00
		Support materials for training	1369000.00

		Other Works	1620000.00
7	Jhansi	Materials	3935208.00
		Materials for Hostel	3463636.00
		Materials for Kitchen of Training Centre	341800.00
		Support materials for training	1112290.00
8	Gorakhapur	Materials	3648000.00
		Materials for Hostel	5554000.00
		Materials for Kitchen of Training Centre	380000.00
		Support materials for training	315000.00
9	Moradabad	Materials	26787998.00
		Materials for Hostel	4761224.00
		Materials for Kitchen of Training Centre	266102.00
		Support materials for training	614712.00
10	Bareilly	Materials	3935208.00
		Materials for Hostel	3463636.00
		Materials for Kitchen of Training Centre	341800.00
		Support materials for training	1112290.00
11	Lucknow	Materials	3856409.00
		Materials for Hostel	2969600.00
		Materials for Kitchen of Training Centre	493544.00
		Total	**129006037.00**

Therefore, an amount of Rs.1290.06 Lakhs was proposed for the year 2014-15, but not approved by GOI(FMR Code-B.5.10.1.1).

Development/Translation and duplication of training materials

For development/translation and duplication of training materials, **an amount of Rs.7000.00 was proposed, which is approved by GOI(FMR Code-A.9.2.1)**

Virtual Class Rooms in RHFWTCs

For virtual class romms in 11 RHFWTCs, an amount of Rs.366.55 Lakhs was proposed, which is approved by GOI(FMR Code- A.9.2.2.1).

PGDHM Courses

This one year course is being conducted on-line in joint collaboration of PHFI and UNICEF. The course will equip the potential student to apply the principles of management in their practice. The course aims to enhance capacity and skills of participants to manage reproductive and child health programmes. State proposes to nominate 60 candidates from District programme management unit and State programme management unit for the course. **The budgetary requirement was Rs. 33000/candidate X 60 nominations=Rs. 19.80 Lakhs, which is approved by GOI (FMR Code-A.9.11.3)**

4)- CHILD HEALTH TRAININGS

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

FMR Code	Intervention/ Activity	Target 2013-14	Achievement 2013-14 (Jan-14)	Approved Budget 2013-14	Expenditure 2013-14 (Mar-14)	Proposed for 2014-15		Approved Budget 2014-15 (Rs. In Lakhs)	Remarks
						Target	Proposed Budget (Rs. In Lakhs)		
	Training - Child health								
A.9.5.1.1	TOT on IMNCI (pre-service and in service) State Level	14 Batch	Nil	39.91	Nil	48	12.92	12.92	In F.Y. IMNCI training (CCSP) could not be initiated hence as new budget is being proposed for 2014-15
	TOT on IMNCI (pre-service and in service) Distt. Level				Nil	1056	179.25	179.25	
	Site Strengthening for IMNCI Plus (CCSP)				Nil	44	113.08	113.08	
A.9.5.1.2	IMNCI for ANMs/LHVs	714 Batch	Nil	1910.59	Nil	6960	1002.53	1002.53	New budget is being proposed for 2014-15
A.9.5.2.2	F-IMNCI Training for Medical Officers	484	185	64.89	25.98	460	22.22	22.22	
A.9.5.2.3	F-IMNCI Training for Staff Nurses	388	60	51.89	1.76	358	0.00	-	Committed expenditure for 2013-14 to be booked in FY 2014-15
A.9.5.5.1.2	NSSK Training (MOs, ANMs, LHVs)	10807	6665	171.56	29.15	2878	0.00	-	Committed expenditure for 2013-14 to be booked in FY 2014-15
A.9.5.5.2d	10-day Comprehensive Child Survival Training for Medical Officers	578	183	138.88	102.59	504	28.97	28.97	

A.9.5.5.2b	4-day Facility Based Newborn Care Training	180	41	27.09	-	140	0.00	-	No Funds required as supported by UNICEF
A.9.5.5.2b	4-day Facility Based Newborn Care Training (2 Wks Observer-ship)	90	47			90	27.00	27.00	
A.9.5.5.2c	Infant and Young Child Feeding/IYCF (M.O and SN, Feeding Demonstrator)	330	Nil	109.22	Nil	750	34.30	34.30	Addition to Rs.109.22 Lakhs for 2013-14 for training in HPDs , an amount of Rs.169.11 Lakhs is being proposed for further 25 New Distts.
		672	Nil		NIL	1632	134.80	134.80	

5)- FAMILY PLANNING TRAININGS

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

FMR Code	Intervention/ Activity	Target 2013-14	Achievement 2013-14 (Jan-14)	Approved Budget 2013-14	Expenditure 2013-14 (Mar-14)	Proposed for 2014-15		Approved Budget 2014-15 (Rs. In Lakhs)	Remarks
						Target	Proposed Budget (Rs. In Lakhs)		
	Training - Family planning								
A.9.6.1.1	TOT on Laparoscopic sterilization	24	Nil	2.78	Nil	24	Nil	-	Funds kept as committed for FY 2014-15
A.9.6.1.2	Laparoscopic sterilisation training for doctors (teams of doctor, SN and OT assistant)	84	20	14.96	4.17	64	0.00	-	Funds released to DHS for Committed expenditure for 2013-14 and to be booked in FY 2014-15
A.9.6.2.1	TOT on Minilap	3 Batches	11	1.39	1.26	Nil	0.00	-	
A.9.6.2.1	Minilap Training for Medical Officers	52	0	9.26	1.30	52	0.00	-	Funds kept as committed for FY

									2014-15
A.9.6.3.2	NSV Training of Medical Officers	96	0	10.43	3.95	96	0.00	-	
A.9.6.3.2	COE at KGMU and 3 Satellite centres at Allahabad, Kanpur and Meerut	4 Units	4 Units	15.61	Nil	4 Units		-	Budget will be proposed in Supl.PIP
A.9.6.4.1	TOT for IUD	48	33	4.55	2.16	15	0	-	Budget released to DHS for committed training
A.9.6.4.2	Training of Medical Officers in IUD insertion	2150	90	182.08	29.31	2060	0.00	-	Budget released to DHS for committed training
A.9.6.4.4	Training of ANMs / LHVs in IUD insertion	3440	0	189.89	5.65	Nil	0	-	IUD training is being proposed with the support of HLFPPT
A.9.6.4.3	Training of AYUSH LMO for IUD Insertion	NA	NA	Nil	Nil	500	42.05	39.60	5days training of 50 batches of batch size 10 participants/batch @Rs.79200.00
A.9.6.6.1	Budget for capacity building for health providers by HLFPPT (For Cu-T) Trg. ANMs / LHVs	3000	3069	408.44	35.42	5000	0.00	-	In F.Y. Rs.637.83 was approved by GOI for IUD Trg.through HLFPPT , this funds have been kept as committed for FY 2014-15 No funds is being proposed
A.9.6.7.1	PPIUCD TOT	10	10	---	----	Nil	Nil	-	
A.9.6.7.2	PPIUCD Insertion Training	460	194	14.00	6.03	500	0.00	-	Funds kept as committed for FY 2014-15
A.9.6.5.2	PPIUCD 3 days training for Trained Medical Officer	New Proposal				150	12.61	11.88	3days training of 15 batches of batch size 10 participants/batch @Rs.79200.00
A.9.6.8	Family Welfare counselors Trg. On RMNCH+A and IEC,BCC for 6 days (6 batches of 30 participants per batch	150	110	9.04	10.92	180	11.06	-	Integration of RMNCH+A and IEC/BCC Trg.

6)- 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 2014-15.

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
				Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.9.7	**Adolescent Health Trainings / Rashtriya Kishor Swasthya Karyakram Training**							
A.9.7.1	**RKSK trainings**							
A.9.7.1.1	TOT for Adolescent Friendly Health Service training	Batch	2.47	6	17.46	5	10.25	1 ToT-MO, 3 ToT-ANMs & 1 ToT- Counsellors
A.9.7.1.2	AFHS training of Medical Officers	Batch	1.36	56	115.36	20	37.17	20 batches for Mos in HPDs
A.9.7.1.3	AFHS training of ANM/LHV	Batch	1.49	168	275.52	168	275.52	For HPDs
A.9.7.1.5	Training of counselors	Batch	2.37	24	68.40	23	50.14	
A.9.7.2	**Training of Peer Educators**							
A.9.7.2.1	State level	Batch	0.50	3	1.50	3	1.50	
A.9.7.2.2	District level	Batch	0.00	75	3.75	75	3.75	
A.9.7.2.3	Block Level	Batch	0.00	6352	6174.14	6352	2763.12	
A.9.7.3	**WIFS trainings**							
A.9.7.3.2	District	Batch	0.15	75	11.25	75	11.25	
A.9.7.3.3	Block	Batch	0.05	820	82.00	820	82.00	
A.9.7.4	**MHS trainings**							
A.9.7.4.2	District	Batch	0.15	75	11.25	75	11.25	
A.9.7.4.3	Block	Batch	0.05	820	41.00	820	41.00	
A.9.7.4.4	SHG training	Batch	0.05	820	41.00	820	41.00	

7)- PROGRAMME MANAGEMENT TRAININGS

Under this head, various trainings related to programme management and others (like - finance, administration etc.) are being proposed at SIHFW for the year 2014-15.

- **Training of SPMSU staff –** Under this head, training is being proposed for state level officers for community process. **For this propose, one batch was proposed and thus total cost for this is Rs. 1.12 Lakhs, out of which GOI approved Rs.1.00 Lakhs only (FMR Code-B.1.1.6.1)**
- **Training of DPMSU staff -** Under this head, training is being proposed for DCPMs and DDA for community process. **For this propose, two batches were proposed and thus total cost for this is Rs. 9.56 Lakhs out of which GOI approved Rs.9.00 Lakhs only (FMR Code-B.1.1.6.2)**
- **Training of BPMSU staff-** Under this head, training is being proposed for BCPMs for community process. **For this propose two batches were proposed and thus total cost for this is Rs. 49.15 Lakhs, which is approved by GOI(FMR Code-B.1.1.6.3)**
- **Other Program Management Trainings-** In other program management trainings 4 batches each of Gender Sensitization training, Disaster Management Training, HEO foundation training and 2 Batches of training skill training were proposed with budget of Rs. 34.48 Lakhs. Presently, at SIHFW level 30.93 Lakhs are available which is committed budget, **thus remaining 3.55 Lakhs were requested from GOI for the year 2014-15, which is approved (FMR Code-A.9.8.4.1).**
- **Quality Assurance-** Under this programme orientation workshop have been initiated 2 batches have been completed. Training under QA is a new proposal and Orientation Workshops and Trainings are being proposed to orient various officials engaged in the NHM to ensure better quality assurance services. Thus, for this purpose, 13 batches at various levels are being proposed and an amount of Rs.41.44 Lakhs was proposed. **This training includes orientation workshops and trainings. GOI included these training under QA head (FMR Code-A.9.8.4.2).**
- **Financial Management (including CPSMS & Tally) Trainings-** For this purpose, Training of 1 batch of TOT & 3 days training of SPMU & Directorate staff, 14 batches of CMO/ACMO/CMS Training (3 days), 2 batches of DPM Training (3 days), 42 batches of training for Div. officer (Account cum MIS) & BAM and 8 batches of training for DAM & DDAA (5days). **Thus, an amount of Rs. 109.32 Lakhs was required for the year 2014-15, which is approved by GOI (FMR Code-A.9.8.4.3)**

8)- CLINICAL ESTABLISHMENT ACT

Under Clinical Establishment Act, various activities are being proposed at state and district levels for the year 2013-14 GOI approved Rs. 24.70 lakhs for State level Activities and Rs. 558.60 Lakhs for District levels for 70 districts @Rs.7.98 Lakhs per district. Thus, the total amount approved is Rs.583.30 Lakhs(FMR Code-A.9.8.4.2) the process of Clinical Establishment Act is under process funds have been kept committed.

9)- 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(FMR Code-A.9.9.1). **Funds kept committed, hence no new proposal was submitted to GOI.**

10)- RBSK TRAININGS

A.9.7.6.3.1 School Health Training -Training of team – technical and managerial. The TOT under this training programme have been completed, funds have been kept committed and details about the training is given in chapter of RBSK

11)- TRAININGS OF AYUSH DOCTOR

To build capacity of AYUSH doctors, training for AYUSH doctors are being planned and the detail is given under chapter AYUSH.

12)- MDR TRAININGS

To review the Maternal Deaths, the training is planned and the detail is given under chapter Maternal Health-MDR

13)- ORIENTATION TRAININGS OF ANM AT BLOCK LEVEL

For basic Skills of ANM like measurement of BP, HB etc., the training is planned and the details is given under chapter of Maternal Health.

14)- TRAININGS UNDER NATIONAL PROGRAMME & TRAINING RELATED ASHAS

All trainings under National Programme, Routine Immunization, and training related ASHAs have been given in their respective chapter.

15)- 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.
- Construction and Furnishings of new Class Rooms, Tea Lounge, Recreation Rooms, Reception Lounge, Furniture, Mess Lenin 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 activities. For various field visits, transportation support in the form of fuels, POL and maintenance of vehicle, communication is also required. For which a budgetary provision of have been made. Following key activities are being proposed for strengthening of SIHFW in 2014-15:

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 Management Training Unit. In year 2014-15 same man power support is required.		
	Consultant(6)- Gynaecologist, Paediatrician, Public Health (2 each)	45.00	-
	Security Guard & Other support staff - class room, Hostel, Mess Attendant.Rs. 35 Lakhs is required in 2014-15. Rs.14.66 Lakhs is available at SIHFW level this amount is to be committed hence Rs.20.34 Lakhs only is required.	20.34	-
	Contingency support - Library, Communication, Transportation, Electicity & POL. Rs. 20 Lakhs is required in 2014-15. Rs.15.00 Lakhs is available at SIHFW level this amount is to be committed hence Rs.5.00 Lakhs only is required.	5.00	-
	Monitoring & Evaluation of different training programmes by SIHFW & RHFWTCs. Rs. 25.72 Lakhs is required in 2014-15. Rs. 25.72 Lakhs is available at SIHFW level this amount is to be committed hence no amount is required this year.	0.00	-
	Training designing related Workshops, Seminars, Review meetings & study tours of NRHM/Directorate/SIHFW officials etc. Rs. 35.00 Lakhs is required in 2014-15. Rs. 22.21 Lakhs is available at SIHFW level this amount is to be committed hence hence Rs.12.79.00 Lakhs only is required.	12.79	-
SIHFW Strengthening (include Renovation)	For Renovation work of SIHFW (New Class rooms, Hostel , mess and guest room etc) 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. The remaining amount is still lying with CHART. The work was incomplete and has been under CBI surveillance. Now CBI inquiry is completed. Rs.5.00 Crore is approved in 2013-14 Supl ROP but not released to SIHFW. This amount along with committed amount of Rs.1.99 Crore is required to complete the incomplete construction and renovation work including 27 incomplete new rooms in hostel and expansion of Kitchen etc. Presently there are only 2 equipped class room ia available , 3 more equipped class room are required to organize different training courses at SIHFW. Therefore construction and renovation work needs to be completed.	500.00	-
SPHRI	To establish a Public Health Recourse Institute Rs. 2.00 crore has been approved in ROP 2012-13 with remarks - "Approved subject to new HR will be created this time. It should be anchored under SIHFW". On the basis of NRHM E.C. decision Rs. 2.00 crore has been released to SIHFW. As per E.C. NRHM decision for this purpose a technical assistance provider agency - Academy of Management Studies, Lucknow has been selected on the basis of international bidding process. After completion of all procedural formalities a MOU has been signed on 31st March,14 between Member Secretary CHART (SIHFW) & Director AMS Lucknow. Rs. 199.29 Lakhs is available at SIHFW level which is to be kept committed and Rs. 5.00 crore (approx) is required for year	**500.00**	**500.00 (FMR Code- A.9.10.2)**
Sub Total		**4745.00**	**500.00**

CHAPTER - 9: PROGRAMME MANAGEMENT

For effective programme management of activities under NHM 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. **Salary for the existing Human Resource has been proposed for 12 months, while for new HR for six months only.**

The structure of the State Programme Management Unit (SPMU), NHM and Directorate of Family Welfare is designed as follows:

1. Proposed Staffing of Various Cells at SPMU under NHM (Rural)

1. Admn./HR/DAP & Legal Cell under Addl. Mission Director (Rural):

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. No	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Additional Mission Director	1	130000 (as per actual)	15.60	IAS/Senior PCS Officer on deputation	Already approved
2	Senior Advisor, (NHM)	1	125000	7.50	MBBS, MD not below the rank of Director with experience of supervision & monitoring	Approved
3	General Manager (HR)	1	125000	7.50	MBA/Masters in Social Science/ PGDM with specialization in HR and experience of atleast 10-12 years in the field of health	Approved
4	DGM(HR/DAP)	2	80000	19.20	MBA/Masters in Social Science/ PGDM with specialization in HR and experience of atleast 7-8 years in the field of health	Already approved
5	HR Specialist	1	50000	6.00	MBA/Masters in Social Science/ PGDM with specialization in HR and experience of atleast 05 years in the field of health	Already approved

6	Legal Expert/ Consultant	1	50000	6.00	LLB with having 7-8 years experience.	Already approved
7	Legal Expert/ Consultant	1	50000	3.00	LLB with having 7-8 years experience.	Approved
8	SO to MD/AMD	2	35000	4.20	Post Graduate. Good knowledge of Hindi/ English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 05 years working experience.	Approved
9	Programme Coordinator	2	35000	8.40	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
10	Programme Coordinator	5	35000	10.50	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.	Not Approved
11	Office cum Logistic Manager	1	35000	2.10	A degree/ diploma in Logistics/ Material Management with minimum 05 year experience.	Not Approved
12	Store In-Charge	1	20000	1.20	At least Graduate and minimum 03 years experience in the relevant field	Not Approved
13	Computer Operator/Data Entry Operator	5	12000	3.60	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
14	Dispatcher	2	12000	1.44	Graduate with one year diploma or certificate in computer application with good knowledge of Hindi and English typing	Approved
15	Photostate Operator	2	7500	0.90	At least Intermediate having knowledge of English & Hindi language and knowledge of operating photocopier machine	Approved
16	Dak Distributor	2	7500	0.90	At least Intermediate with knowledge of English & Hindi Language	Approved
	Sub Total			**98.04**		

2. **Construction & Infrastructure Cell under Executive Engineer:**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Chief Engineer	1	125000 (as per actual)	7.50	On Deputation	Approved
2	Executive Engineer (Civil)	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Advisor (Technical)	1	45000	2.70	Retired Person equivalent to Supdt. Engineer level or above	Approved
4	Architect	1	50000	6.00	With B.Arch from recognized institution/ university and registered with Council of Architecture, India with 03 year experience	Already approved
5	Assistant Engineer (01-Civil) & (01-Electrical/Mechanical)	2	50000	12.00	BE/B.Tech (Civil) & BE/ B.Tech. (Electrical / Mechanical) with 05 years experience in relevant field	Already approved
6	Assistant Engineer (Civil)	2	50000	6.00	BE/B.Tech (Civil) with 05 years experience in relevant field	Not Approved
7	Junior Engineer (Civil)	3	45000	16.20	Diploma in Civil with 03 years experience	Already approved
8	Junior Engineer (Civil)	3	45000	8.10	Diploma in Civil with 03 years experience	Not Approved
9	Junior Engineer (Electrical/Mechanical)	1	45000	5.40	Diploma in Electrical/ Mechanical with 03 years experience	Already approved
10	Junior Engineer (Electrical/Mechanical)	1	45000	2.70	Diploma in Electrical/Mechanical with 03 years experience	Not Approved
11	Accountant	1	30000	3.60	B. Com with computer knowledge of tally software with min. 05 years experience in Govt. or Semi Govt. Org./ PSUs	Already approved
12	Accountant	1	30000	1.80	B. Com with computer knowledge of tally software with min. 05 years experience in Govt. or Semi Govt. Org./ PSUs	Approved
13	Data Assistant	1	25000	3.00	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
14	Data Assistant	3	25000	4.50	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Not Approved
15	Programme Assistant	2	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with	Not Approved

					relevant experience of min. 3 years. Knowledge of Hindi and English typing.	
16	Computer Operator/Data Entry Operator	2	12000	2.88	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	Already approved
17	Computer Operator/Data Entry Operator	6	12000	4.32	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
	Sub Total			**99.90**		

3. **Maternal Health Cell under GM (MH)**

Sl. No.	**Post**	**No**	**Monthly Honoraria**	**Amount Proposed (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	35000	4.20	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	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
6	Computer Operator/ Data Entry Operator	1	12000	1.44	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			**69.84**		

4. Child Health Cell under GM(CH)

Sl. No.	Post	No	Monthly Honoraria	Amount Proposed (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	State SNCU Clinical Care Coordinator	1	65000	3.90	MD Pediatrics with one year experience OR DCH with 2 year experience of working in SNCUs either in government or private sector	Approved
4	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
5	State SNCU Software Coordinator	1	40000	2.40	MCA with 2 year experience or BCA with 3 year experience of working in health sector especially handling trainings and roll out of Software and data management systems for Maternal and New born health especially relating to SNCUs.	Approved
6	Programme Coordinator	1	35000	4.20	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
7	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
	Sub Total			**50.70**		

5. Rashtriya Kishor Swasthya Karyakram Cell under GM (RKSK)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	7.50	On Deputation	Approved
2	Dy. General Manager	1	80000	4.80	On Deputation/ Open market	Approved
3	Technical Consultant (1- AFHS, 1- MHS)	2	50000	6.00	MBBS with relevant experience of min. 05 years and knowledge of	Approved

					information technology OR on Deputation from State Govt./PSUs	
4	Technical Consultant (1-PEs, 1- WIFS)	2	45000	5.40	MSW/MBA with relevant experience of 5 yrs from market or on deputation from State Govt./PSUs.	Approved
5	Programme Coordinator (1- PEs & AFHS, 1- WIFS & MHS)	2	35000	4.20	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.	Not Approved
6	Computer Operator/ Data Entry Operator	1	12000	0.72	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
	Sub Total			**28.62**		

6. Rashtriya Bal Swasthya Karyakram Cell under GM (RBSK)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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 (1-Implementation, 1-Referral, Follow-up & Treatment)	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	35000	8.40	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/ Data Entry Operator	1	12000	0.72	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
6	Computer Operator/ Data Entry Operator	1	12000	1.44	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			**47.16**		

7. Routine Immunization Cell under GM (RI)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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	35000	8.40	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	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
6	Data Assistant	1	25000	3.00	Graduate preferably first division with one year diploma or certificate in computer application with experience of min. 3 years.	Already approved
	Sub Total			**51.60**		

8. NDCP Cell (National Disease Control Programme) under GM (NDCP)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000/ (as per actual)	15.00	On deputation from PMHS not below the rank of Joint Director. MBBS with DPH or MPH or MD (PSM). Desired qualification specialized in epidemiology with minimum 20 years experience out of which 5 years at State level.	Already approved
2	Deputy General Manager	1	80000 (as per actual)	9.60	On deputation from PMHS not below L-3 or on Contract from open market). MBBS with DPH/DTCD or MPH or MD (Med/PSM) with minimum 15 years experience with 2	Already approved

					years in concerned programme	
3	Deputy General Manager	1	80000 (as per actual)	4.80	On deputation from PMHS not below L-3 or on Contract from open market). MBBS with DPH/DTCD or MPH or MD (Med/PSM) with minimum 15 years experience with 2 years in concerned programme	Not Approved
4	Consultant NVBDCP	1	50000	6.00	MBBS, DPH/MPH having experience of 5-10 years in the relevant field.	Already approved
5	Consultant RNTCP	1	50000	6.00	MBBS, DTCD having experience of 5-10 years in the relevant field.	Already approved
6	Consultant NLEP	1	50000	6.00	MBBS, DCP/DPH/MPH having experience of 5-10 years in the relevant field.	Already approved
7	Consultant IDSP & NIDDCP	1	50000	6.00	MSc/MSW/MBBS having experience of 5-10 years in the relevant field.	Already approved
8	Programme Coordinator	2	35000	8.40	MBA/ MPH/ Master Degree in social science with one year diploma in computer application having experience of minimum 05 years in the relevant field. Knowledge of Hindi and English typing.	Already approved
9	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
10	Statistical Assistant	1	22000	2.64	Graduate with Statistics, one year diploma in computer application desirable	Already approved
11	Computer Operator/Data Entry Operator	2	12000	1.44	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
Total				**69.48**		

9. NCD Cell (Non- Communicable Disease) under GM (NCD)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 as per actual	7.50	On deputation/Open Market, MBBS with MD	Not Approved

					(Community Medicine). With minimum experience of 10 years in Public Health.	
2	Deputy General Manager	1	80000 as per actual	9.60	On deputation from PMHS/ on contract from open market, MBBS with MPH.	Already approved
3	Deputy General Manager	1	80000 as per actual	4.80	On deputation from PMHS/ on contract from open market, MBBS with MPH.	Not Approved
4	Consultant (NPCDCS, NPHCE) Hemophilia	1	50000	3.00	From open market, MBBS/MPH/MBA in health Care Management from reputed organization with 3 years experience in Public Health. Preference will be given to MBBS with specialty in concerned programme. Or Retired Officers not more than 65 years of age from Central/State Govt. / PSU.	One consultant Approved
4	Consultant (NMHP, NTCP) Palliative	1	50000	3.00	From open market, MBBS/MPH/MBA in health Care Management from reputed organization with 3 years experience in Public Health. Preference will be given to MBBS with specialty in concerned programme. Or Retired Officers not more than 65 years of age from Central/State Govt. / PSU.	
5	Consultant NPCB	1	50000	6.00	From open market, MBBS/MPH/MBA in health Care Management from reputed organization with 3 years experience in Public Health. Preference will be given to MBBS with specialty in concerned programme. Or Retired Officers not more than 65 years of age from Central/State Govt. / PSU.	Already approved
6	Consultant (Diabetes)	1	50000	6.00	Ph.D. with waste experience in field of diabetes	Already approved
7	Programme Coordinator	2	35000	4.20	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.	Not Approved
8	Programme Assistant	1	30000	1.80	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT	Not Approved

					etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	
9	Computer Operator/ Data Entry Operator	2	12000	1.44	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
Total				**47.34**		

10. Monitoring and Evaluation Cell for Quality Assurance under General Manager(M&E)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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 – State Quality Assurance Cell	1	50000	6.00	Master Degree in Public Health/ MBBS with 05 years experience in MCH	Already approved
4	Consultant – Management	1	45000	5.40	MBA with min. 08 years experience in the field of health sector	Already approved
5	Programme Coordinator	1	35000	4.20	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
6	Data Analyst	1	29500	3.54	At least a Graduate. A degree/diploma in the field of computer/I.T. & should have a min. experience of 3 years in relevant area having thorough knowledge of latest software/tools, RDBMS etc.	Already approved
7	Computer Operator/ Data Entry Operator	1	12000	1.44	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			**45.18**		

11. **Planning Cell under GM (Planning)**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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	45000	5.40	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	35000	4.20	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	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved.
6	Data Assistant	1	25000	3.00	Graduate preferably first division with one year diploma or certificate in computer application with experience of min. 3 years.	Already approved.
	Sub Total			**40.80**		

12. **Family Planning & PCPNDT Cell under GM (Family Planning)**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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	6.00	MBBS/MPH/MBA/Hospital Management preferably IIHMR/NIT etc. preferably first division with relevant experience of min. 5 years and knowledge of computer and report writing.	Already approved
4	Consultant (01 for FP and 01 for PCPNDT)	2	50000	6.00	MBBS/MPH/MBA/Hospital Management preferably IIHMR/NIT etc. preferably first division with relevant experience of min. 5 years and knowledge of computer and report writing.	Approved
5	Zonal Coordinator	6	25000	9.00	MBA/MPH/Master Degree in social science with one	Not Approved

					year diploma in computer application with relevant experience of min. 03 years.	
6	Programme Coordinator	2	35000	8.40	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
7	Programme Coordinator (01 for FP and 01 for PCPNDT)	2	35000	4.20	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.	Approved
8	Data Assistant (01 for FP and 01 for PCPNDT)	2	25000	3.00	Graduate preferably first division with one year diploma or certificate in computer application with experience of min. 3 years.	One post Approved for FP
9	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
	Total			**64.80**		

13. **AYUSH Cell under General Manger (AYUSH)**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (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	1	50000	6.00	Open Market, Graduate in respective AYUSH pathy with 8 years of working experience in the field of Govt. Ayush hospital preferably state level working experience	Already approved
4	Consultant	1	50000	3.00	Open Market, Graduate in respective AYUSH pathy with 8 years of working experience in the field of Govt. Ayush hospital preferably state level working experience	Approved
5	Programme Coordinator	1	35000	4.20	MBA/MPH/Master Degree in social science with one year	Already approved

					diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	
	Sub Total			**37.80**		

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

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	15.00	On Deputation from related department.	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
3	Consultant	1	45000 (as per actual)	5.40	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	35000	4.20	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	Data Assistant	1	25000	3.00	Graduate preferably first division with one year diploma or certificate in computer application with experience of min. 3 years.	Already approved.
	Sub Total			**37.20**		

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

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. InLakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000	15.00	MBA in Logistics Material Management & Procurement /Masters in Social Science with experience of atleast 10-12 years in relevant field	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	MBA in Logistics Material Management & Procurement/ Masters in Social Science with experience of atleast 7-8 years in relevant field	Already approved
3	Consultant (Equipment)	1	45000	5.40	Consultant (Equipment) - M.Tech./M.E./B.Tech./B.E. in Bio Medical Engineering /Electrical Engineering with 02 years experience in	Already approved

					medical equipment/hospital industry.	
4	Consultant (Drugs)	1	45000	2.70	Consultant (Drug)- M. Pharma/ B. Pharma with 5 years experience	Approved
5	Programme Coordinator	1	35000	4.20	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
6	Data Assistant	1	25000	3.00	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
	Sub Total			**39.90**		

16. **IEC Cell under General Manager (IEC)**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	MBA/Masters in Mass Communication or Journalism with experience of at least 10-12 years in Media or BCC.	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	MBA/Masters in Mass Communication or Journalism with experience of at least 7-8 years in Media or BCC.	Already approved
3	Consultant	1	45000 (as per actual)	5.40	Masters in Mass Communication or Journalism with min. 05 years experience in Media or BCC. Desirable qualification MBA etc.	Already approved
4	Consultant	1	45000 (as per actual)	2.70	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	Approved
5	Programme Coordinator	1	35000	4.20	Masters in Mass Communication or Journalism with min. 03 years experience in Mass Media or BCC, Desirable qualification MBA etc.	Already approved
6	Programme Coordinator	1	35000	2.10	Masters in Mass Communication or Journalism with min. 03 years experience in Mass	Not Approved

					Media or BCC, Desirable qualification MBA etc.	
7	Designer	1	20000	1.20	Graduate, One year diploma in Computer Application, DTP, 3-4 years experience in designing.	Not Approved
8	Computer Operator/ Data Entry Operator	1	12000	1.44	Graduate with one year diploma or certificate in computer application and conversant in coral with good experience in designing	Already approved
9	Computer Operator/ Data Entry Operator	2	12000	1.44	Graduate with one year diploma or certificate in computer application and conversant in coral with good experience in designing	-
	Sub Total			**43.08**		

17. **Community Process & Training Cell under General Manager (CP)**

Sl. No.	**Post**	**No.**	**Monthly Honoraria**	**Amount Proposed (Rs. InLakhs)**	**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	45000	10.80	Masters in Management/ Social Work/ Social Sciences with relevant experience of min. 5 years and knowledge of Information, Communication & Technology	Already approved
4	Programme Coordinator	2	35000	8.40	MBA/MPH/Master Degree in social science with 1 year diploma in computer application with relevant experience of min. 05 years. Knowledge of Hindi and English typing.	Already approved
5	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	Already approved
	Sub Total			**47.40**		

18. MIS Cell at under General Manager (MIS/MCTS)

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	General Manager	1	125000 (as per actual)	15.00	Preferably on deputation, salary as per actual with deputation allowance OR Retired officers not more than 65 years of age from Central/State Govt. / PSUs equivalent to Joint Director OR above of relevant field and salary as per Govt. rules.	Already approved
2	Dy. General Manager	1	80000 (as per actual)	9.60	Preferably on deputation, salary as per actual with deputation allowance OR Retired officers not more than 65 years of age from Central/State Govt. / PSUs equivalent to joint Director OR above of relevant field and salary as per Govt. rules.	Already approved
3	Technical Consultant	3	45000	16.20	At least a Graduate. A degree/diploma in the field of computer/I.T. & should have a min. experience of 8 years in relevant area having thorough knowledge of latest software development tools, RDBMS etc.	Already approved
4	Programme Coordinator	1	35000	4.20	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	Data Analyst	3	29500	10.62	At least a Graduate. A degree/diploma in the field of computer/I.T. & should have a min. experience of 3 years in relevant area having thorough knowledge of latest software development tools, RDBMS etc.	Already approved
	Sub Total			**55.62**		

19. Finance Cell under Finance Controller/Director Finance

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. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Director Finance / Finance Controller	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	50000 (as per actual)	30.00	On Deputation from Govt./Semi Govt. 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)	Already approved
4	Accountant	6	30000 (as per actual)	21.60	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)	Already approved
5	Internal Auditor/ Officer (Audit)	6	32000 (as per actual)	23.04	On Deputation from Govt./Semi Govt. having minimum experience of 10 years as Auditor **OR** CA Inter/ ICWA Inter with min. 05 years experience of audit (on contractual basis)	Already approved
6	Data Analyst (FMR)	1	29500	3.54	At least a Graduate. A degree/diploma in the field of computer/I.T. & should have a min. experience of 3 years in relevant area having thorough knowledge of latest software development tools, RDBMS etc.	Already approved
7	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division	Already approved.

					with one year diploma in computer application with relevant experience of min. 3 years. Knowledge of Hindi and English typing.	
8	Computer Operators cum Account Assistant	2	12500	3.00	Graduate preferably Commerce, proficient in Hindi and English computer typing, Knowledge of MS Office with min. 05 years experience	Already approved
9	Secretary	1	30000	1.80	Graduate. Good knowledge of Hindi/ English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 03 years working experience.	Not Approved
	Sub Total			**120.78**		
	Total			**1095.24**		

- **Salary of Support Staff:**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Remarks
1	Office Assistant	13	7500	11.70	Already approved
2	Office Assistant	05	7500	2.25	New post Approved
3	Electrician	1	10000	1.20	Already approved
Sub Total				**15.15**	
Total (A) (Various Cells of NHM (Rural) + Support Staff Salary)				**1110.39**	

Note - Support Staff i.e. Secretary, 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 NHM (Rural) in various cells:**

Sl.No.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. in Lakhs)	Remarks
1	MCH Consultant	1	50000	3.00	Approved
2	Programme Assistant	5	30000	18.00	Already approved
3	Programme Assistant	1	30000	1.80	Not Approved
4	Data Assistant	5	25000	15.00	Already approved
5	Data Assistant	3	25000	4.50	Not Approved
6	Data Analyst	1	29500	3.54	Already approved
7	Accountant	1	30000	3.60	Already approved
8	Accountant	2	30000	3.60	Approved
9	Computer Operator/ Data Entry Operator (1-RKSK, 1-Demography Cell)	2	12000	1.44	-
10	Legal Expert/ Consultant	2	50000	6.00	Approved
11	Programme Coordinator	2	35000	4.20	Not Approved

	Total (B)	**26**		**64.68**	
	Total (A+B)			**1175.07**	

- **State Urban Health Cell under National Health Mission (Urban) at SPMU level**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed for 12 months (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Addl. Mission Director	1	130000	15.60	On Deputation	Already approved
2	General Manager	1	125000 (as per actual)	15.00	On Deputation	Already approved
3	Dy. General Manager	1	80000 (as per actual)	9.60	On Deputation	Already approved
4	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
5	Consultant	1	50000 (as per actual)	3.00	MBBS with relevant experience of min. 05 years and knowledge of information technology OR on Deputation from State Govt./PSUs	Not Approved
6	Programme Coordinator	2	35000	8.40	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
7	Programme Coordinator	1	35000	2.10	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.	Not Approved
8	SO to AMD	1	35000	2.10	Graduate. Good knowledge of Hindi/ English typing & shorthand. Proficiency in computer applications i.e. MS Word, Excel, Power Point, Internet etc. with minimum 03 years working experience.	Approved
7	Accountant	1	30000	3.60	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	Already approved

					contractual basis)	
8	Data Assistant	1	25000	3.00	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
10	Data Assistant	2	25000	3.00	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Not Approved
11	Computer Operator/Data Entry Operator	1	12000	1.44	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	Already approved
12	Computer Operator/Data Entry Operator	3	12000	2.16	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
13	Office Assistant	5	7500	2.25	10^{th} pass	4 post approved
	Total (C)			**83.25**		

- **State Urban Health Cell NUHM (DG FW Office)**

Sl. No.	Post	No.	Monthly Honoraria	Amount Proposed (Rs. In Lakhs)	Qualification/ Experience	Remarks
1	Consultant	1	50000 (as per actual)	3.00	MBBS with relevant experience of min. 05 years and knowledge of information technology OR on Deputation from State Govt./PSUs	Not Approved
2	Programme Coordinator	1	35000	2.10	MBA/MPH/Master Degree in social science with one year diploma in computer application, experience of min. 05 years. Know. of Hindi and English typing.	Not Approved
3	Accountant	1	30000	1.80	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)	Not Approved
4	Programme Assistant	1	30000	3.60	MBA/MPH/Master degree in Social Science preferably JNU, TISS, IIPS, IIHMR, NIT etc. preferably first division with one year diploma in computer application with	Already approved.

					relevant experience of min. 3 years. Knowledge of Hindi and English typing.	
5	Data Assistant	1	25000	3.00	Graduate with one year diploma or certificate in computer application with experience of min. 3 years	Already approved
6	Computer Operator/ Data Entry Operator	1	12000	0.72	Graduate with one year diploma or certificate in computer application with good knowledge of MS Office and Hindi and English typing	-
7	Office Assistant	2	7500	0.90	10^{th} pass	Not Approved
	Total (D)			**15.12**		
	Total (C+D)			**98.37**		
	Grand Total (A+B+C+D)			**1273.44**		

Budget Summary – Programme Management – State Level- 2014-15

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (As per ROP)	
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)
A.10	**PROGRAMME MANAGEMENT**				
A.10.1	**Strengthening of State society/ State Programme Management Support Unit**				
A.10.1.1	State Programme Manager	42	473.40	42	309.00
A.10.1.2	State Accounts Manager	5	30.00	5	23.14
A.10.1.3	State Finance Manager	3	34.20	3	34.20
A.10.1.4	State Data Manager	29	74.88	29	51.24
A.10.1.5	Consultants/ Programme Officers (including for MH/CH/FP/ PNDT/ AH including WIFS, RBSK, MHS etc.)	89	372.00	89	222.84
A.10.1.6	Programme Assistants	18	57.60	18	37.86
A.10.1.7	Accountants	19	62.64	19	40.55
A.10.1.8	Data Entry Operators	34	31.08	34	25.00
A.10.1.9	Support Staff	32	21.54	32	20.00
A.10.1.10	Salaries for Staff on Deputation (Please specify)	-	-	-	-
A.10.1.11.3	Other - SPMU Staff	33	116.10	33	75.30
A.10.1.11.5	Recruitment and Training Cost - SPMU/DPMU/BPMU and NUHM	3	160.00	3	160.00
	Sub Total - Programme Management- RMNCH+A		**1,433.44**		**1,234.43**
2.1.1	**Programme Management – NUHM**				
	Addl. Mission Director			1	15.60
	General Manager			1	15.00
	Dy. General Manager			1	9.60
	Consultant (Medical)			2	12.00
	Programme Coordinator			**2**	7.92
	Accountant			1	3.37
	Data Assistant			**2**	6.60
	Date Entry Operator/Computer Operator			**1**	1.32
	Programme Assistant			1	3.30
	Office Assistant			1	0.90
	Sub Total - Programme Management- NUHM				**76.56**
B.1.1.5.1	**Programme Management - Community Process**				
	General Manager			1	15.00
	Dy. General Manager			1	9.60
	Consultant (Medical)			2	10.56
	Programme Assistant			**1**	**3.30**
	Team Leader			1	3.30
	ASHA Programme Manager			1	2.70
	State Coordinator			1	4.20
	Regional Coordinators			12	25.20
	Account Assistant			1	0.90
	Monitoring cost				6.00
	Office Expenses				1.80
	Overhead Admn.				2.10
	Sub Total - Programme Management - Community Process				**83.16**
	GRAND TOTAL				**1,394.15**

For Programme Management at SPMU Level, budgetary approvals are accorded under 3 heads i.e. Programme Management- RMNCH+A, NUHM & Community Process.

Rent and Operational Expenses for SPMU, NRHM

SubHeads	Amount approved in 2013-14 (Rs. in Lakhs)	Amount proposed in 2014-15 (Rs. in Lakhs) +	Amount approved in 2014-15 (Rs. in Lakhs)
• **Rent for State PMU***	67.50	72.00	72.00
• Telephones/Fax/EPBX etc and recurring expenditure etc	15.00	15.00	15.00
• Electricity Bill and New Connection /AC AMC and New ACs/ Electrical equipments /New gensets/ POL for Genset etc.	40.00	40.00	40.00
• Stationary/Photo Copier Machine/ Bills/AMC etc.	30.00	30.00	30.00
• Computer Consumables etc.	20.00	20.00	20.00
• Vehicle Hiring/POL for Local and outstation taxies etc.	110.00	110.00	110.00
• Field visit/ meetings at GOI/for officers as per norms(include JRM/CRM visit)	60.00	60.00	60.00
• **Office Establishment **/** office equipments / furniture/ fixtures etc for New/ Old SPMU.	50.00	100.00	50.00
• Library Establishment Procurement of books, Journals / e-journals /research/Surveys/Study tours	10.00	10.00	10.00
• Contingency Support/impress money/Recurring expenses	18.00	36.00	18.00
• Advertisement	10.00	15.00	10.00
• Office Maintenance/ repairs etc	15.00	15.00	15.00
Total	**445.50**	**523.00**	**450.00**

Rent for State PMU* - At present SPMU is running in 03 separate private buildings/floors, an amount of Rs 3.50 Lakhs per month is required to pay the monthly rent of existing space of SPMU. For expansion of SPMU 02 more floors are proposed to be hired for Urban Health Mission, ASHA Resource centre, Meeting hall and Record Sections. At least 6,000 more sq ft carpet area needed at a approx. monthly rent of 50.00 per sq. ft. i.e. Rs 30.00 Lakhs.

Thus, an amount of Rs 72.00 Lakhs ***(Rs 3.50 Lakhs X 12 months for existing building + Rs 30.00 Lakhs for new premises hiring/rent./lease deed)*** required for expansion of SPMU.

Office Establishment ** - For expansion of SPMU 02 more floors are proposed to be hired as more office space is required for Urban Health Mission, ASHA Resource centre, Meeting hall and Record Sections. For establishment in these additional floors an amount of Rs 100.00 Lakhs proposed. Last year, an amount of Rs 50.00 was sanctioned for establishment of approx. 3,500 sq ft newly hired building.

***+ Amount, approved for one subheads under Rent and Operational Expenses for SPMU,NRHM may be used for other expenditure subheads under the same FMR code, if required, with the approval from Mission Director*.**

Thus, for operational expenses of SPMU, an amount of Rs.523.00 Lakhs was proposed, out of which GOI approved Rs.450.00 Lakhs only (FMR Code-A.10.1.11.4) as per the above table.

Divisional PMUs

Divisional Programme Management Units of SIFPSA, established in 18 divisions are also working for programme implementation and monitoring of NHM programme. These units have been placed under the Additional Director of the Division and each unit has a Programme Manager who is assisted by an Officer responsible for accounting and MIS activities. The Divisional PMUs are mentoring the District and Block PMUs as well.

Budget : Divisional PMU: Personnel and Operaptional Cost

Particulars	Proposed budget for 2014-15				Approved budget for 2014-15			
	Unit cost	No. of Months	No of Divisions	Total Salary (Rs. In Lakhs)	Unit cost	No. of Months	No of Divisions	Total Salary (Rs. In Lakhs)
Divisional Project Manager	80000	12	18	172.80	75000	12	18	162.00
Officer Accounts cum MIS	65000	12	18	140.40	56000	12	18	120.96
Office Assistant	23000	12	18	49.68	23000	12	18	49.68
Chowkidar Cum Peon	23000	12	18	49.68	23000	12	18	49.68
Driver	23000	12	18	49.68	23000	12	18	49.68
Sub Total	214000			462.24				-
Operational Expenses	137500	12	18	297.00	75000	12	18	162.00
Grand Total				**759.24**				**594.00**

The Divisional Project Managers, Officer Accounts cum MIS are on pay roll of SIFPSA and are in scales with DA increase as per State Government rules. 11 support staff (Chowkidar cum peons, Drivers and Office Assistants) are again on SIFPSA pay roll and are in scales with DA increase as per State Government rules. Remaining 43 staff are on daily wages.

For the above purposes, an amount of Rs.759.24 Lakhs was proposed for the salaries of Div. PMU staffs and operational costs of Div. units, out of which GOI approved Rs.594.00 Lakhs(FMR Code-A.10.1.11.1)

District PMUs

For management of the programme interventions at the district level, District PMUs have been established in 75 districts of Uttar Pradesh. The recruitment for the posts of DPM, DCPM, DAM and DDM was made in the year 2008-09, through NHSRC, New Delhi. The selection of candidates was quite satisfactory and the managers selected are functioning optimally. The selection of candidates for vacant posts in the financial year 2014-15 will again be done by NHSRC, New Delhi.

For DPMU employees the recruitment are purely on contract on basis from open market to ensure quality.

Budget : District PMU: Personnel and Operational Cost

Particulars	Proposed budget for 2014-15				Approved budget for 2014-15			
	Unit cost	No. of Months	No of Districts	Total Salary (Rs. In Lakhs)	Unit cost	No. of Months	No of Districts	Total Salary (Rs. In Lakhs)
District Programme Manager	42000	12	75	378.00	36000	12	75	318.24
District Accounts Manager	35000	12	75	315.00	29300	12	75	235.57
District Data Manager	23000	12	75	207.00	20000	12	75	162.40
RKSK Coordinators	25000	6	75	112.50	25000	4	25	25.00
Accountants	0	0	0	-	-	-	-	-

Data Entry Operators	12000	9	18	19.44	-	-	-	-
Support Staff	7500	12	75	67.50	7500	12	75	67.50
Operational Cost	80000	12	75	720.00	50000	12	75	450.00
District Community Process Manager	35000	12	75	315.00	29300	12	75	235.57
District Data Assistant	15000	12	75	135.00	-	-	-	-
District Data Officer-HMIS/MCTS	30000	12	75	270.00	-	-	-	-
DEIC Manager				-	33000	4	75	99.00
Grand Total				**2,539.44**				**1,593.28**

There has been no raise in the salaries of DPMU staff for the past two years. The salaries of staff of District PMUs was compared with different states hence the increase in unit cost has been proposed.

For the above purposes, an amount of Rs.2539.44 Lakhs was proposed for the operationalization of DPMUs including salaries of various district level staff and operational expenses, out of which GOI approved Rs.1593.28 Lakhs only (FMR Code-A.10.2 and its sub heads).

Block PMUs

At the block level, the Block MOIC is the head of the Block PMU and is supported by the Block Programme Manager, and Block Data Manager. There are 820 blocks in the State of UP out of which most of the posts are filled up and Block Programme Managers and Block Data Managers are posted on contract. The vacant posts are to be filled up through the District Health Societies.

The Block PMs and Block Accounts Managers are qualified and have gained experience with time. The staff have been trained by Divisional and District PMUs and are working optimally to enhance the NRHM activities hence the raise in the salaries are justified.

Budget : Block PMU: Personnel and Operational Cost

Proposed budget for 2014-15					Approved budget for 2014-15			
Particulars	**Unit cost**	**No. of Months**	**No of Districts**	**Total Salary (Rs. In Lakhs)**	**Unit cost**	**No. of Months**	**No of Districts**	**Total Salary (Rs. In Lakhs)**
Block Programme Manager	24000	12	820	2,361.60	22000	12	820	2,076.80
Block Accounts Manager	15000	12	820	1,476.00	11000	12	820	1,040.16
Operational Cost	12500	12	820	1,230.00	12500	12	820	1,230.00
Block Community Process Manager	15000	12	820	1,476.00	12000		820	675.84
Grand Total				**6,543.60**				**5,022.80**

For the above purposes, an amount of Rs.6543.60 Lakhs was proposed for the operationalization of BPMUs including salaries of various block level staff and operational expenses, out of which GOI approved Rs.5022.80 Lakhs only (FMR Code-A.10.3 and its sub heads)

Audit Fees

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

SUPPORTIVE SUPERVISION / MOBILITY SUPPORT / FIELD VISITS

Recognizing the importance of supportive supervision and close monitoring of the programme is key to reap the fruit of tremendous investment under NHM, the state has started to develop a comprehensive 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 supportive supervisors to make it regular and reliable. Supervisees find this objectives process motivating, because it help 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 lead 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 System will be linked to this monitoring plan and standard monitoring formats for field visits are being developed for all levels by Quality Assurance working group and approved by State Government.

The monitoring visits have to holistically plan to cover all programmes and interventions. This year 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.
   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 officer Director level officer will also visit to field and attend workshops.
b) **Division level**: Additional Director, Joint Director (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 Progarmme Managers, District Community Process Managers, District Account managers.
d) **Block level:** Medical Superintendent of CHC/ Block PHC, BHEO, Block Prograrmme Managers and BDAA (Block Data Account Assistant) and Health Supervisors.
   Note :- The Human resource as proposed in PIP for QAS will be part of the above team as per their place and plan.

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. Advance tour Progarmme 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 analyzed at State level and summary report will be sent to District for necessary action with follow up. Block level supervisory report will be analyzed 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 25 high focus districts and support will be taken from TSU (BMGF) and other development partners.

- **Mobility Support for State Level Officers:** State Level Officers will visit 3 days in a month to their allotted district for that mobility support, per-dium 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. In financial year 2013-14 total 57 teams supervised the different facilities in different Districts. **For this purpose, an amount of Rs.194.57 Lakhs is approved for 6 months (FMR Code-A.10.7.1)**

- **Mobility Support for Divisional Level Officers:** Mobility Support for Additional Director / Joint Director / Divisional PM 1 vehicle with taxi permit @ Rs 30000/- per Month will be hired at Divisional level for AD/JD /Div.PM and minimum 8 visits per month will be done by Ads, JDs & Div PMs. **For this purpose, an amount of Rs.54.00 Lakhs is approved @Rs.3.00 Lakhs per year for each vehicle (FMR Code-A.10.8.1)**

- **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 2 hired vehicles at District HQ @ Rs.30000/- per month for each vehicle will ensure adequate mobility for supervision. In these two vehicles 1 vehicle has been provided to DCPM and DAM for field mobility. **For this purpose, an amount of Rs.450.00 Lakhs is approved with the remarks that "2 vehicles per district @Rs.3.00 Lakhs per year for each vehicle" (FMR Code-A.10.7.2)**

- **Mobility Support for Block Level Officers:** At Block level 1 vehicle @ Rs. 30000/- will be hired on monthly basis and it will be used by MOIC,MOs, BHEO and Block Programme 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 this purpose, an amount of Rs.2460.00 Lakhs is approved @Rs.3.00 Lakhs per year for each vehicle (FMR Code-A.10.7.3)**

Review Meetings:-

State level officers (PS, MD, AMD & Program Managers) would review the progress of programs at periodic interval. State has to review the performance every two month. For conducting these meeting state proposes the following financial support under Review Meetings :-

Sl.	Level of Meetings	Frequency	Total Meetings	Participants	Proposed Budget for Meetings
1	State Level	Every 2 Months	6	Div.ADs,CMOs,ACMOs & Div.PMs etc	6.00 Lakhs
2	Regional Level	Every 2 Months	6	Div.ADs,CMOs,CMSs,ACMOs, Deputy CMOs, Div.PMs, DPMs,DCPMs & DAMs etc	4.00 Lakhs

State Plan for field visit-2014-15

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/Perday	Amount in Rs/Month	Total Amount for 12 Months (Rs)
1	PS MH & FW and Chairman EC	MH&FW	1 entire state	2	7000	2000	4000	26000	312000
2	Mission Director	NRHM	1 entire state	2	5000	2000	3500	21000	252000
3	Director General	MH	1 entire state	2	5000	2000	3500	21000	252000
4	Director General	FW	1 entire state	2	5000	2000	3500	21000	252000
5	Finance controller	NRHM	1 entire state	2	5000	2000	3500	21000	252000
6	Additional Mission Director	NRHM	1 entire state	2	5000	2000	3500	21000	252000
7	Director MCH	FW	1 entire state	2	5000	2000	3500	21000	252000
8	Director Family Welfare	FW	1 entire state	2	5000	2000	3500	21000	252000
9	Director Medical Care	MH	1 entire state	2	5000	2000	3500	21000	252000
10	Director CHC/PHC	MH	1 entire state	2	5000	2000	3500	21000	252000
11	Director National Program	MH	1 entire state	2	5000	2000	3500	21000	252000
12	GM Planning	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
13	DGM Planning	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
14	GM Maternal Health	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
15	DGM Maternal Health	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/Perday	Amount in Rs/Month	Total Amount for 12 Months (Rs)
	Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
16	GM Child Health	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
17	DGM Child Health	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
18	GM RI	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
19	DGM RI	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
20	GM RBSK and ARSH	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
21	DGM RBSK and ARSH	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
22	GM CP	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
23	DGM CP	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/Perday	Amount in Rs/Month	Total Amount for 12 Months (Rs)
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
24	GM IEC	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
25	DGM IEC	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
26	GM EMTS	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
27	DGM EMTS	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
28	GM NUHM	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
29	DGM NUHM	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
30	Executive Engineers	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Suprintendant Engineers	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
31	Assistant Engineers/Architect/ JE	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/Perday	Amount in Rs/Month	Total Amount for 12 Months (Rs)
	Assistant Engineers	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
32	GM Family Planning	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
33	DGM Procurement	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
34	GM National Programme	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
35	DGM National Programme	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
36	GM HMIS/ MCTS	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
37	DGM HMIS/ MCTS	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
38	GM Monitoring and Evaluation	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
39	DGM Monitoring and Evaluation	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/Perday	Amount in Rs/Month	Total Amount for 12 Months (Rs)
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
40	DGM DAP/HR	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
41	GM AYUSH	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
42	DGM AYUSH	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
43	Sr Manager Finance (2)	NRHM	1 entire state	3	2000	1000	2000	30000	360000
44	Consultant (22)	NRHM	1 entire state	3	2000	1000	2000	330000	3960000
45	Program Coordinator (22)	NRHM	1 entire state	3	1500	750	1500	247500	2970000
46	1 Program Assistant/Data Assistant/Computer Operator (11)	NRHM	1 entire state	3	1500	750	1500	123750	1485000
47	For Other Administrative and financial Staff	NRHM				LS			300000
48	CRM,JRM,State Review Mission Teams	NRHM				LS			15000000
49	Review Meetings at State Level and Regional Workshops/Review Meetings								1000000
	Total								**38913400**

For state level activities, an amount of Rs.194.57 Lakhs is approved for 6 months (FMR Code-A.10.7.1)

Supportive Supervision Plan for FY 2014-15

Sl.	Designation	No. In Position	Visit days	Total Visits Month	Work Identified	Reporting	system of analysis at State level by External Agency under the guidance of M&E Cell	Necessary Action	Follow up
	State Plan for field visit								
1	Principal Secretary MH&FW	1	2	1	Work shop/Field visit	Minutes of meeting and direction by P.S.		Action taken report by M&E cell	M&E of SPMU
2	Mission Director/ Additional Mission Director	1	2	1	Work shop/Field visit	Minutes of meeting and direction by MD		Action taken report by M&E cell	M&E of SPMU
3	Director General and Directors	1	2	1	Work shop/Field visit	Minutes of meeting and direction by DG and Director		Action taken report by Directorate Officers	Directorate of MH & FW
4	Finance Controller	1	2	1	Work shop/Field visit	Minutes of meeting and direction by FC		Action taken report	Finance Cell of SPMU
5	State level Officer team (SPMU, Directorate MH&FW)	31 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	Reporting on prescribed Checklists after each visit 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
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, CMO by Finance cell	Finance Cell of SPMU
7	Consultants/Programme	55	3	1	Field visit with or without	Reporting on	Checklist	Summary report for	By M&E cell

	Coordinator/Programme Assistants/ Data Assistants				State level Officers 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	prescribed Checklists after each visit to Monitoring cell	analysis by external agency	necessary action will be prepared and sent to District and DGMH & FW, Divisional AD, CMO by M&E cell	
	Divisional Plan for field visit								
1	Additional Director	18	1	8	1st day- District Male & Female Hospital, Urban Health Posts and any training programme OR 1CHC/Block PHC and 1 SC and Field activities RI, BSGY	Monthly Reporting on prescribed Checklists to State M&E 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
2	Joint Director	36	1	8	1st day- District Male & Female Hospital, Urban Health Posts and any training programme OR 1CHC/Block PHC and 1 SC and Field activities RI, BSGY	Monthly Reporting on prescribed Checklists to State M&E 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	Divisional Programme Management Unit (Consultant & Divisional Accountant at Divisional Level)	36	1	8	1st day- District Male & Female Hospital, Urban Health Posts and any training programme OR 1CHC/Block PHC and 1 SC and Field activities RI, BSGY	Monthly Reporting on prescribed Checklists to State M&E 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
	District Plan for field visit								
2	CMO	75	1	8	1st day- District Male & Female Hospital, Urban Health Posts and any	Monthly Reporting on prescribed	Checklist analysis by external agency	Summary report for necessary action will be prepared and	By M&E cell

					training programme OR 1CHC/Block PHC and 1 SC and Field activities RI, BSGY	Checklists to State M&E cell		sent to DGMH & FW, Divisional AD, CMO by M&E Cell	
3	ACMO/Dy. CMO (9 ACMO/Dyp. CMO per District)	675	1	8	1CHC/Block PHC and 1 SC and Field activities RI, BSGY	Monthly Reporting on prescribed Checklists to State M&E 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
4	DPM	75	1	8	2 CHC/Block PHC and Field activities verification of JSY payment and BSGY	Monthly Reporting on prescribed Checklists to State M&E 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	8	1CHC/Block PHC, 2 VHSC meetings, 5 JSY beneficiaries, meeting with 5 ASHAs	Monthly Reporting on prescribed Checklists to State M&E 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 PHC and verification of 5 JSY beneficiaries	Monthly Reporting on prescribed Checklists to State M&E 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								
1	MOIC /Mos/Block Programme Manager/BHEO/BDAA	820	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

CHAPTER - 10: ASHA/COMMUNITY PROCESS

Programme Management Training (e.g. M&E, logistics management, HRD etc.)

- **Training of SPMSU staff**

This training intends to update State Level Officers viz. officers from Directorate, SPMU & UP TSU on Community Process issues. Strategies across the country that can be implemented in the State. Various guidelines related to ASHA porgramme, Rogi Kalyan Samiti, VHSNC, Inter-sectoral convergence, Community Based Monitoring etc.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
1	111952.50	1.12

For this purpose, an amount of Rs.1.00 Lakh is approved by GOI(FMR Code-B.1.1.6.1)

- **Training of DPMSU staff**

This activity comprise two activities-

1- **5 Days Induction Training of DCPM on Community Process-** This training intends to update District Community Process Manager on Community Process issues. Various guidelines related to ASHA porgramme, Rogi Kalyan Samiti, VHSNC, Inter-sectoral convergence, Community Based Monitoring, finance related activites, Village, block & district health plan etc. It will also be an induction training of newly recruited DCPMs.

2- **5 Days induction training of District Data Assistant (DDA)-** As per Community Process guidelines provided by GoI, State is proposing DDA in all 75 districts, to support DCPMS and perform MIS related work for Community Process Program, this training help them to understand the program and build the capacity to perform as per provider ToR.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
3 batch (DCPM)	200713	6.03
3 batch (DDA)	117803	3.53
Total		9.56

For this purpose, an amount of Rs.9.00 Lakhs is approved by GOI(FMR Code-B.1.1.6.2)

- **Training of BPMSU staff**

State is proposing 820 BCPMs for all 820 blocks, theses BCPM need basic induction training to meet the goals therefore State proposing Induction Training for BCPMs. State has already got the approval to recruit 294 BCPMs in 25 HPDs in 3rd SPIP 2013-14. This activity comprise following activities-

1. State Level ToT for BCPM training
2. 5 Days Induction training of BCPM at RHFWTC
3. Monitoring Cost

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
1 batch (State)	197360	1.97
33 batch (BCPM)	140800	46.46
Monitoring Cost	11*6500	0.71
Total		49.14

For this purpose, an amount of Rs.49.14 Lakhs is approved by GOI(FMR Code-B.1.1.6.3)

Selection & Training of ASHA

ASHA Training on Module 6 & 7

a. Achievements - Upto March'14, 22896 ASHAs were trained in Module 6 & 7. This year (FY 14-15), State proposes Module 6 & 7 training for the estimated number of remaining about 65000 ASHAs.

b. Justification: It's one of the essential trainings of ASHAs. This training also build the capacity of ASHAs in Home based New born Care as well as Mother care ASHAs, so that she can seek the dangerous signs, and take the action accordingly, therefore, this training will bend the curve of IMR & MMR in the State.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
2229	125250	2791.82

For this purpose, an amount of Rs.415.49 Lakhs is approved by GOI(FMR Code-B.1.1.1.2) with detailed justifications.

Activity Proposed: Other Trainings

- **ASHA Training on Induction Module**

The State has selected 136094 ASHAs against targeted number of 160175 as per current rural population. Out of 136094, selected ASHAs, about 7341 have either resigned or are not working. 128753 ASHAs are currently engaged. State had fixed a target of selection & training of 30729 ASHAs which had already been proposed and approved in the previous year PIP. Apart from this, the State proposes selection of about 8000 ASHAs (5% of the total sanctioned ASHAs) as a replacement for resigned/non working/ non-performing ASHAs and these will be selected as per the requirement of specific district.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
300	1.37 Lakhs	411.00

For this purpose, an amount of Rs.402.15 Lakhs is approved by GOI(FMR Code-B.1.1.1.1) for 300 batches @Rs.1.34 Lakhs and cost of LCD/Projector @Rs.0.10 Lakh not approved.

Other Trainings

- **Refresher training of ASHAs (Module 6 & 7)**

Home Base Newborn Care is one of the key programme to help in reducing the IMR. The State has trained about 23000 ASHAs in 1st & 2nd phase of Module 6 & 7. These ASHAs needs refresher training before going in 3rd & 4th phase of this module to master the skills that they have learnt in 1st & 2nd phase.

I. For conducting these trainings, the State is proposing refresher training of trainers at SIHFW & RHFWTCs. In the NPCC meeting, it was observed that training budget should be in line with community process guidelines, therefore, state has revised the cost of refresher training of 801 batches of ASHAs on module 6&7 and for which the amount comes to Rs. 651.78 Lakhs. While, the budget proposed in main PIP 2014-15, was Rs. 503.10 Lakhs.

II. Now, as per the new guidelines, Rs. 31.60 Lakhs is being proposed for conducting orientation training of 24 batches of block trainers on 3 days Refresher Training Module 6&7 at RHFWTC, while the budget proposed in main PIP was only Rs. 25.02 Lakhs.

III. Further, for conducting 2 batches of 1 day orientation workshop for State trainers on Refresher Training Module 6&7 at SIHFW an amount of Rs. 3.20 Lakhs is being proposed, against Rs. 1.37 Lakhs/batch proposed in main PIP 2014-15.

The details are as follows:

No of Units*	Cost per unit (Rs.)	Amount proposed (Rs. in Lakhs)	Amount approved (Rs. in Lakhs)	FMR code
801 batches	80650.00	646.00	609.96	B1.1.1.3.1
Monitoring of block level training by State level observer 66 visit	7900.00	5.21	5.21	
Monitoring of block level training by Divisional level observer 27 visit	600.00	0.16	0.16	
Monitoring of block level training by District level observer 66 visit	600.00	0.39	0.39	
Total		**651.77**	**615.72**	
3 days orientation training of block trainers on Refresher Training Module 6 & 7 at RHFWTC				
24 batches	129035.00	30.96	30.96	B1.1.1.3.2
Monitoring of block level training by State level observer 8 visit	7900.00	0.63	0.63	
Total		**31.60**	31.60	
1 days orientation workshop for State trainers on Refresher Training Module 6&7at SIHFW				
2 batches	160145.00	3.20	3.20	B1.1.1.3.3
Total		**3.20**	**3.20**	

Procurement of ASHA Drug Kits

- **New ASHA Drug Kits**

Justification: (1) Last year about 4500 ASHAs has been trained in Induction Module. Therefore, State proposed ASHA Drug Kit for this Induction Module trained ASHAs. (2) This Year State is proposing 8000 New ASHAs as replacement of non working/ non performing/ resigned ASHAs, the total kit require for new ASHAs will be 11705. The unit cost /ASHA drug kit is Rs. 750.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs in Lakhs)
13712	750	102.84

For this purpose, GOI approved Rs.102.84 Lakhs (FMR Code-B.1.1.2.1)

- **Replenishment of ASHA Drug Kit**

In the FY 2013-14, State replenish near about 128611 ASHA Drug Kits. This replenishment done at PHC/CHC level meetings, these kit help ASHAs to perform their work and building of faith in the community and extend the health services for minor health related problems, therefore, State proposes Rs. 463.39 Lakhs for the replenishment of 154463.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs in Lakhs)
154463	300	463.39

For this purpose, an amount of Rs.463.39 Lakhs is approved by GOI(FMR Code-B.16.2.5.2)

- **New ASHA HBNC Kits**

State proposes 64912 ASHAs for Module 6 & 7 training. HBNC Kit distributed among the ASHAs in first phase of Module 6 & & training. This kit is also essential for Home Based New Born Care. This will include Rs. 1000 for equipment required for HBNC visits & Rs. 300 for medicines which include Syp. Cotrimoxazol, Syp. PCM & GV Paint.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
64892	1300	843.60

For this purpose, an amount of Rs.843.60 Lakhs was proposed, out of which GOI approved Rs.362.31 Lakhs only (FMR Code-B.1.1.2.3.1) @Rs.1000 per HBNC kit for 36231 kits only.

- **Replenishment of ASHA HBNC Kit**

State proposes 95238 ASHAs for Module 6 & 7 training. HBNC Kit distributed among the ASHAs in first phase of Module 6 & & training. This kit is also essential for Home Based New Born Care.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
95238	300	285.71

For this purpose, an amount of Rs.285.71 Lakhs was proposed, which is pended (FMR Code-B.1.1.2.3.2)

Performance Incentive (under Maternal Health)

- **ANC with Early Registration clubbed with support in bank account opening & MCTC no. of beneficiary**

Janani Suraksha Yogna, offers incentive to beneficiary for institutional delivery. There is new provision introduced by GoI that beneficiary will incentivize only with account payee cheque, therefore beneficiary need a bank account. It is observed that in rural areas especially in Uttar Pradesh, women do not have any bank account therefore one need to support her in opening bank account. As ASHA support community to access and utilize health facilities, especially Mother during their pregnancy period, State propose to incentivize ASHA (70% of expected ANC) if she provides ANC with Early Registration clubbed with support in opening of bank account & getting MCTC number. This will help in institutional deliveries at public health institutions as well as several other aspects viz. early registration & early MCTC number that can also indirectly support to combat with gender selective foeticides.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
3798382	100	3798.38

For this purpose, an amount of Rs.3798.39 Lakhs was proposed, which is not approved by GOI with remarks that "funds for ANC/early registration are already approved under JSY (FMR Code-B.1.1.3.1.1)

- **Maternal Death Audit information**

To insure timely reporting of all women death ages between 15 to 49 years old, therefore we can investigate the causes of death and indentify, whether this death fall under maternal death. If yes, what are the reasons? To learn and develop a strategy to combat the indentify problem, so that incidence not repeat in feature.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
33812	200	67.62

For this purpose, an amount of Rs.67.62 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.1.2)

Performance Incentive (under Child Health)

- **Incentive for 6 & 7 Module Trained ASHA under HBNC Programme**

This incentive offers to only those ASHAs, who are trained at least in 1st phase of Module 6 & 7 for providing care Home Base New Born Care with certain conditionality. To cure down the neonatal deaths.

1. State propose 12 months incentive for 22896 ASHAs those are at least in 1st phase of Module 6 & 7;
2. 6 months incentive for ASHAs those are proposed last year i.e. in the FY 13-14 for Module 6 & 7 training;
3. And, 3 month incentive for ASHAs those are proposed in current FY for Module 6 & 7 training

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
2789424	250	6973.57

For this purpose, an amount of Rs.6973.57 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.2.6)

- **Incentive for Diarrhoeal Case Referral**

Pneumonia and diarrhoea are two major causes of mortality among children under 5 in India, accounting for 24% and 13%, respectively (Liu, et al 2012). Among all Indian states, Uttar Pradesh, with one sixth of India's population (200 million) has the highest under-five mortality rate of 68 per 1,000 (see Table 1), far above the Millennium Development Goal # 4 of 42 per 1,000 by 2015 (UNDP, 2011).

In 2006 the Child Health Division of the GoI instituted a policy on the use of Zinc in the treatment of diarrhoeal diseases, which emphasized the need for a) zinc to be made available for distribution at the village level by both private and public frontline workers (FLWs) and b) a communication strategy for creating awareness about the importance of treatment with zinc.

In the State PIP for the year 2013-2014, the following action plan for child health related to diarrhoea and pneumonia was outlined:

- All ANMs to be trained in IMNCI.
- All Medical Officers (MOs) and Staff Nurses (SNs), positioned in FRUs/DHs (First Referral Units/District Hospitals) and 24x7 PHCs (Primary Health Centers) should be prioritized for F-IMNCI (Facility-IMNCI) training so that they can provide care to sick children with diarrhoea, pneumonia and malnutrition.
- Use of Zinc should be actively promoted along with use of ORS in cases of diarrhoea in children. Availability of ORS and Zinc should be ensured at all sub-centers (SCs) and with ASHAs.

In view of above facts, it is suggested that that timely referral of severe diarrhoea and pneumonia cases by ASHA is very important in order to reduce IMR. It is suggested that may be given to ASHAs attending and providing initial treatment to the affected child and of needed refers and escorts the child to the facility. The attending medical officer will certify the severity of the case. Trend shows that 10% of the total diarrhea and pneumonia cases became serious. As such approximately 14 cases will be found in an ASHA area in a year.

Condition for incentive:

- Case need to be admitted at facility
- Case need to be admitted and ASHA should accompany to hospital
- ASHA must have provided ORS-Zn supplement as soon as she diagnose the diarrhoea case and in case of pneumonia, she must have provided oral antibiotics as soon as she diagnose the case.

In view of the data available regarding diarrhea and pneumonia cases, State is proposing that approx. 7 cases of diarrhoea and pneumonia in every 6 months. It is assumed that approximately 90% cases will be reported from field, thus an ASHA would be able to report 6 cases during 6 month. Therefore, an amount of Rs. 1500/ per ASHA for six months will be required.

Following the observations and recommendation at NPCC held on dated 14-8-2014, the State has revised the proposal with the clear cut guidelines and tracking mechanism of referral cases. Therefore, an amount of **Rs. 1931.30 Lakhs was proposed** for 128753 ASHAs under the FMR Code- B1.1.3.2.7.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
128753	1500	1931.30

For this purpose, an amount of Rs.1931.30 Lakhs was proposed, out of which GOI approved Rs. 386.26 Lakhs (FMR Code-B.1.1.3.2.7) with the remarks that "20% budget is approved, as only 20% of ASHAs are trained upto 2nd round of module 6 & 7.

- **Incentive for timely reporting of Diarrhoea Management**

Water borne diseases like diarrhea still accounts as a major cause of deaths among children. As per the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD, 2013), diarrhea and pneumonia kill 26% children globally every year. As per report of UNICEF in 2013, in UP among the children under five years of age, diarrhea kills 50,000 children every year. The malnourished state of children in UP catalyzes the problem of diarrhea further. Simple steps of hygiene like hand washing at critical points along with ORS and zinc supplementation will prevent these deaths.

In the state of Uttar Pradesh, the number of children with diarrhea who received ORS is 12%, 17.3% and 29.2% as per NFHS-3, DLHS-3 and CES-2009 respectively. As per WHO, Only 2% of children receive Zinc therapy during diarrheal episodes. The road map for priority action in the PIP of NRHM of UP states that use of zinc should be actively promoted along with the use of ORS in cases of diarrhea in children. To do this, it advocates availability of ORS and zinc at all sub centers and among FLWs such as ASHAs, AWWs and ANMs. The Zinc Alliance for Child Health (ZACH) has identified UP as a priority state to prevent and control diarrhea cases. The target population of UP to work on diarrheal diseases (0-5 year old children) is 25884676 and the number of diarrheal cases that are expected in a year is 44262796. Among these cases, only one fourth are treated at private facilities.

To increase the treatment coverage of cases at various levels, ASHAs need to be a part of the referral system for diarrheal cases to prevent and treat these cases. Provision of an incentive for the ASHAs in cases where the ASHAs have given Zinc and ORS supplement to the diarrheal cases and have referred cases needing facility based care will improve the coverage. Such incentive may be provided on the conditions- that when ASHA submits monthly report of diarrhoeal cases regularly and timely for 12 months then she should be given Rs 500/= as incentive for this work. The process will motivate ASHAs to submit reports regularly and she would also attach more importance to diarrhoea cases in her area.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
144183	500	720.92

For this purpose, an amount of Rs.720.92 Lakhs was proposed, which is not approved by GOI (FMR Code-B.1.1.3.2.8) with the remarks that "ASHA managing diarrhea is not a GOI policy. ASHA should be depot holder of ORS & Zinc.

ASHA Incentive under Family Planning

- **Incentive for ASHA @ Rs. 1000.00 if a couple adopts permanent methods after 02 children**

To curve down TFR and to promote permanent method among eligible couple after 2 children

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
170284	1000	1702.84

For this purpose, an amount of Rs.1702.84 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.3.3)

- **Spacing for 2 years after marriage**

To curve down TFR and to promote spacing method among eligible couple after marriage before conceiving first child.

No of Units*	Cost per unit (Rs)	Total Cost proposed (Rs Lakhs)
114676	500	573.38

For this purpose, an amount of Rs.573.38 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.3.4)

- **Spacing for 3 years between 2 children**

To curve down TFR and to promote spacing method among eligible couple for spacing 3 years gap between 2 children.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
112428	500	562.14 Lakhs

For this purpose, an amount of Rs.562.14 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.3.2)

ASHA Incentive under Rashtriya Kishor Swasthya Karyakaram

- **Incentive for support to Peer Educator**

Rashtriya Kishor Swasthya Karyakaram offers Rs. 100 for selection of Peer Educator thus one ASHA will get Rs. 200 for the selection of Peer Educator.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
275012	100	275.01

For this purpose, an amount of Rs.275.01 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.4.1)

- **Incentive for mobilizing adolescents for AHD**

Rashtriya Kishor Swasthya Karyakaram offer Rs. 250/day for mobilizing Adolescent on Adolescent Health Day, thus one ASHA will get Rs. 500/ year

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
275012	250	687.53

For this purpose, an amount of Rs.687.53 Lakhs was proposed, out of which GOI approved Rs.101.63 Lakhs only (FMR Code-B.1.1.3.4.2)

- **Other incentive under RKSK**

Rashtriya Kishor Swasthya Karyakaram offer Rs. 100 for mobilizing Adolescent for Adolescent monthly meeting. State proposes this activity for 6 month.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
275012	100	825.04

For this purpose, an amount of Rs.825.04 Lakhs was proposed, which is not approved by GOI (FMR Code-B.1.1.3.4.3)

ASHA Incentive (Other)

- **Assured monthly package (of Rs.1000 based on completion of the prescribed activities)**

The Mission Steering Group (MSG) of the National Health Mission in the first meeting has approved some of ASHA incentive and aforesaid activity is one of them. State is committed to provide incentive to ASHA as per MSG approval, therefore State has issued a GO in this regard.

In this incentive, activities which are routine in nature and hence would, coupled with existing routine activities viz. Mobilizing and attending VHND, PHC Review meeting etc. This incentive will given to ASHAs as per completion of following activities –

Sl.	Activity	Incentives
1	Mobilizing and attending VHND	Rs. 200
2	Convening and guiding VHSNC meeting	Rs. 150

3	PHC Review meeting	Rs 150
4	I- Line listing of household done at beginning of the year and updated after six months, II- maintaining village health register and supporting universal registration of births & deaths, III- preparation of due list of children to be immunized updated on monthly basis, IV- preparation of list of ANC beneficiaries to be updated on monthly basis, V- preparation of list of eligible couples updated on monthly basis.	500 (100x5)

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
1441575	1000	14415.75

For this purpose, an amount of Rs.14415.75 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.6.1)

- **PPIUCD services (Incentive to ASHA @Rs 150 per PPIUCD insertion)**

The Mission Steering Group (MSG) of the National Health Mission in the first meeting has approved some of ASHA incentive and aforesaid activity is one of them. State proposes this incentive for 30% of institutional deliveries (FY 13-14), which was conducted at district level hospitals.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
136353	150	204.53

For this purpose, an amount of Rs.204.53 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.3.1)- FMR shifted from B.1.1.3.6.2

- **Death Registration (For 9 deaths/ASHA)**

State is committed to strengthen Birth & Death Registration system therefore ASHAs are incentivizing with Rs. 20/death registration. It is estimated that there will be 9 death/year in one ASHA area; therefore, State proposes Rs. 20/death registration, maximum 9 cases in a year/ ASHA.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
1441604	20	288.33

For this purpose, an amount of Rs.288.33 Lakhs was proposed, which is not approved by GOI (FMR Code-B.1.1.3.6.3)

- **Incentive to ASHA Facilitator**

ASHA Facilitator has important place to provide supportive supervision to ASHAs, and deposal of their problem. These ASHA Facilitator also perform, Performance Monitoring, it require a frequent filed visit in ASHA are, therefore, State propose 20 visit/month @150/visit for 6815 ASHA Facilitators. In the FY 2013-14, State has total expenditure of Rs. 267.63 under this head.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
81780	3000	2453.40

For this purpose, an amount of Rs.2453.40 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.3.6.4)

Others (support provisions to ASHA such as uniform, diary, ASHA Ghar etc)

- **ASHA Divas/ Annual ASHA Samellan**

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 (13-14). The winners would be felicitated publically in the occasion of the ASHA SAMMELAN on 23rd August and would be given certificate of

appreciation and Cash prize Rs. For the organizing and conducting @300/ASHA, and Rs. 5000.00/block to award cash prize to best performing ASHA.

In the FY 2013-14, ASHA Diwas was organized in 820 blocks of 75 districts, by which 2460 ASHAs were benefited and acknowledged for their good work.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
144178	300	432.53

For this purpose, an amount of Rs.432.53 Lakhs was proposed, out of which GOI approved Rs. 360.45 Lakhs only @Rs.250/ASHA (FMR Code-B.1.1.3.7.1)

- **ASHA Payment Voucher, Payment Register & VHIR Register**

This activity comprise four things, and they are -

1. VHIR Register @ Rs. 200/ASHA
2. ASHA Payment Voucher @ Rs. 25/ASHA
3. Block Master Payment Register @ Rs. 150/block
4. Format for ASHA Facilitator @ Rs. 50/ASHA Facilitator

ASHA is playing a very important role in most of the health programs, it need some sort of documentation to provide best health services, therefore a register like VHIR help ASHA to document all the needful information/ information which will help ASHA to claim by documenting it. Simultaneously, ASHA payment Voucher & Block ASHA payment register help ASHA to get timely payment of incentive as well as document it.

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
144178	300	432.53 Lakhs

For this purpose, an amount of Rs.432.53 Lakhs was proposed, out of which GOI approved Rs. 324.40 Lakhs only (FMR Code-B.1.1.3.7.2)

- **State Level ASHA Awards**

State is planning to extend ASHA Award to next level i.e. at State level. This activity may club with any State level activity to honor the best performing ASHAs. 1st, 2nd, 3rd along with 7 consolation award will facilitated at State Level with a prize money of 25000, 15000, 100000 & 5000 respectively. The budgetary provisions for the same are as below-

Particulars	Cost (Rs.)	Total (Rs.)
Award to ASHA	25000x1=25000	85000
	15000x1=15000	
	10000x1=10000	
	5000x07=35000	
TA/DA to ASHA	1000x10=10000	10000
Institutional Overhead & Contingency	5000	5000
	Total	100000

No of Units*	Cost per unit(Rs.)	Total Cost proposed (in Lakhs)
1	10000	1.00

For this purpose, an amount of Rs.1.00 Lakh was proposed, which is approved by GOI (FMR Code-B.1.1.3.7.3)

ASHA Resource Centre/ASHA Mentoring Group

- **HR at State Level**

State has got approval for constitution of ARC in SPIP 2013-14. But due to Model Code of Conduct, recruitment for approved post not has done yet. It will be done by the end of June'14. Presently, there is one Regional Coordinator (State) working, therefore remuneration for 12 month for the same is proposes. Further, in SPIP 2013-14, there was approval of 4 Regional Coordinator and 1 Regional Coordinator (State), but this Year State proposes total 12 Regional Coordinators as per the Community Process Guidelines provided by GoI, which suggest one Regional Coordinator look after 6 districts. The cost of ARC for 6 month is as follows-

ASHA Resource Center Cost FY 2014-15

Particular	Unit	Month	Monthly Cost	Total (Rs.)
Team Leader	1	6	55000	330000
ASHA Program Manager	1	6	45000	270000
Regional Coordinator (State)	1	12	35000	420000
Regional Coordinator	11	6	35000	2310000
Account Assistant	1	6	15000	90000
Office Expenses	1	6	30000	180000
Monitoring Cost	1	6	100000	600000
Sub Total				**4200000**
IOH 5%				210000
Grand Total				**4410000**

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
1	4410000	44.10 Lakhs

For this purpose, an amount of Rs.44.10 Lakhs was proposed, out of which GOI approved Rs. 83.16 Lakhs for remuneration of HR of community process cell (shifted from A.10.1.6) and HR for ARC (FMR Code-B.1.1.5.1)

- **ASHA Mentoring Group**

ASHA Mentoring Group is a medium by which ASHA mentoring is performed at district and State level. Their amitable contributions towards ASHA program are will know. AMG meeting is a platform, where shape, direction of ASHA program decided, it also plays a important role in ASHA grievance redressal and to support/ review of ASHA program. Like previous year State proposes Rs. 10000/district for conducting quarterly AMG meeting @2500/meeting. Simultaneously, Rs. 200000 for State ASHA Mentoring Group Meetings @50000/meeting.

In the FY 2013-14, about 150 ASHA Mentoring Group Meeting, and 2 meetings at State Level.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
300	2500	7.50
4	50000	2.00

For this purpose, an amount of Rs.9.50 Lakhs was proposed, which is approved by GOI (FMR Code-B.1.1.5.4)

Panchayati Raj Institutions

- **VHSNC Registers**

Village Health Sanitation and Nutrition Committee has key role in Village Health Plan, community mobilization, utilization of United funds, planning for providing essential health services unreached and marginalized sections etc. Regular and effective meetings are required to achieve these goals. Proper and systemic documentation is required for proper monitoring and expenditure audits. In view

of above mention activities a proper register which will include details of the members of the VHSNC, all the GOs & guidelines regarding functioning and financial provisions for VHSNCs. This register will also include pages for agenda & minutes of meeting with financial expenditure details.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
52941	150	79.37

For this purpose, an amount of Rs.79.37 Lakhs was proposed, out of which GOI approved Rs. 77.12 Lakhs for printing of registers for 51413 VHSNCs having joint account (FMR Code-B.8.3.1).

- **Registers for Sub-center Registers**

Sub-center has key role in Village Health Plan, community mobilization, utilization of Untied funds, planning for providing essential health services unreached and marginalized sections etc. Proper and systemic documentation is required for proper monitoring and expenditure audits. In view of above mention activities a proper register which will include all essential details of Sub-center viz. population, age & sex wise information, important contact numbers etc., all the GOs & guidelines regarding functioning and financial provisions for Sub-center. This register will also include pages for agenda & minutes of meeting with financial expenditure details.

Further, these register will used to document, monthly meeting of AAA platform and enable all 3 FLW to shape and record their proposals.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
20404	150	30.61

For this purpose, an amount of Rs.30.61 Lakhs was proposed, which is approved by GOI (FMR Code-B.8.3.2)

Innovations

- **Rogi Sahayata Kendra**

To improve and enhance efficiency of the services, establishment of Rogi Sahayata Kendra in the District Hospitals is being proposed in the 25 HPDs of the State which will empower the public with information and provide guidance of health in Government Hospitals. Following are the main objectives of Rogi Sahayata Kendra:

- To provide information to the patients as to range of services available-both free of cost services and charged ones, mechanisms and concerned authorities to approach in case of grievances as to the availability or quality of services provided
- To increase the uptake and utilization of services by the beneficiaries
- To strengthen the community-facility linkages, enhance the acceptability of the ASHAs in the community by improved provision of health services
- To strengthen the Rogi Kalyan Samitis and increase the utilization of the untied funds by channelizing the feedback of the respondents received by the Rogi Sahyata Kendras to the RKS for proposing necessary ameliorative steps.
- To improve services at the hospitals by education of staff and public about facilities and services available Ex: time taken by doctor to attend a patient, availability of free drugs etc.: timely feedback to the concerned authorities regarding staff and drug shortages etc.
- To enhance transparency and accountability in the delivery of services

This activity has been approved in last year SPIP for 48 District Level Hospital of 25 HPDs. There is 2 new district level hospitals are going to be open in district Lakhimpur Kheri & Shrawasti, therefore, State is proposing 50 Rogi Sahayata Kendra @ Rs.699600/RSK and logistic support for additional 2 new hospitals @ 75000/new hospital.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
50	699600	349.80
2	75000	1.50

For this purpose, an amount of Rs.351.30 Lakhs was proposed, which is approved by GOI(FMR Code-B.14.11).

- **AAA Platform - Monitoring & Microplanning meeting for frontline workers**

For effective and result oriented performance of frontline workers, proper coordination among the village level frontline workers viz; ANM, ASHA and AWW is an important requirement. Better coordination will improve; need based micro planning as well as effective implementation of village level activities like VHSNC meetings, VHNDs etc.

Issues like accessing the unreached and outreach households, identification of a suitable and easily accessible location for VHND organization, monitoring of and supportive supervision to conduction of VHND, identification of households which are resistant to uptake of family planning, immunization and institutional delivery services, preparation of due list for vaccination, follow-up of sterilization cases, etc. do not always get proportionate attention and incorporation in the micro-plan.

Keeping in view the above situation, the State proposes one meeting per month at Sub Center level in the 25 High Priority Districts among the ANM, AWWs and ASHAs whose work area lies within the jurisdiction of the concerned Sub-Center. For, the participation in aforesaid meeting ASHA & AWW will paid @ 50/meeting as conveyance. This activity has been approved in FY 2013-14 SPIP.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
122517	600 (12x50)	735.10

For this purpose, an amount of Rs.735.10 Lakhs was proposed, which is approved by GOI (FMR Code-B.14.12)

Planning, Implementation and Monitoring

- **Community Monitoring (Visioning workshops at state, Dist, Block level)**

Community Based Monitoring and Planning (CBMP) of health services is a key strategy under the National Health Mission (NHM). It ensures that people's health rights are being met through a process of active engagement of the community. CBMP process involves; a) strengthening of Village Health, Nutrition and Sanitation Committees (VHSNCs) at the village/ Gram Panchayat level; b) formation and strengthening of Planning and Monitoring Committees at the Primary Health Centre (PHC), block, district and state levels; c) creating community awareness on NHM entitlements, roles and responsibilities of the service providers; d) training of VHSNC members; d) collect of data and monitoring health services; and e) use of Jan Samwads (Public Dialogues) for advocacy with key stakeholders to highlight gaps and find solutions.

State has got approval for constitution of CBM in SPIP 2013-14. But due to Model Code of Conduct, recruitment for approved post not has done yet. It will be done by the end of June'14. This year State proposed Rs.721.21 Lakhs for the CBM as follows:

FMR	Particulars	Physical Target	Proposed Budget (Rs. In Lakhs)	Physical Target	Approved Budget (Rs. In Lakhs)	Remarks
B15.1	**Community Action for Health (Visioning workshops at state, dist, block level, Training of VHSNC, Training of RKS)**					
B15.1.1	State level	10	1.25	10	1.25	
B15.1.2	District level	75	428.05	-	428.05	Approval

						accored but in remarks it is Pended
B15.1.4	Other		291.92		92.00	
B15.1.4.1	Constitution/ Reconstitution of VHSNC	-	-		-	
B15.1.4.2	State level TOT of VHSNC Trainer	1	4.18	1	4.18	
B15.1.4.3	MoU signing and orientation of NGO Heads	1	1.02	1	1.02	
B15.1.4.4	Orientation of NGO Staff and Review Meetings	1	8.40	1	8.40	
B15.1.4.5	Orientation of Community Facilitators	1	12.15	1	12.15	
B15.1.4.6	Printing and IEC	1	32.35	1	32.35	
B15.1.4.7	Remuneration of Staffs & Office Expenses	1	16.62	1	16.62	
B15.1.4.8	Supportive Supervision	1	17.28	1	17.28	
B15.1.4.9	Management Cost (District & Block level)	1	191.10	-	-	Approval Pended
B15.1.4.10	Field Appraisal of NGOs	18	8.82	-	-	Approval Pended
	Total		**721.21**		**521.30**	

For the above purpose, an amount of Rs.721.21 Lakhs was proposed, out of which GOI approved Rs.521.30 Lakhs as per table given above (FMR Code B.15.1 and its sub heads)

Budget Summary – ASHA/Community Process- 2014-15

FMR Code	Budget Head	Unit Cost (Rs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B1	**ASHA**					-	
B1.1.1	**Selection & Training of ASHA**						
B1.1.1.1	Induction training	137,000.00	300	411.00	300	402.15	ASHA induction training.
B1.1.1.2	Module VI & VII	125,250.00	2,229	2,791.82	-	415.49	
B1.1.1.3	Supplementary training for ASHAs						
B1.1.1.3.1	Refresher Training of ASHAs (Module 6 & 7 Trained)	62,809.00	801	503.10	801	615.72	
B1.1.1.3.2	Refresher Training TOT (at RHFWTC)	104,266.67	24	25.02	24	31.60	
B1.1.1.3.3	Refresher Training-State TOT	137,170.00	1	1.37	1	3.20	
B1.1.2	**Procurement of ASHA Drug Kit**						
B1.1.2.1	New Kits	750.00	13,712	102.84	13,712	102.84	
B1.1.2.2	Replenishment	300.00	154,463	463.39	-	-	Shifted to B.16.2.5.2
B1.1.2.3	Procurement of ASHA HBNC Kit						
B1.1.2.3.1	New Kits	1,300.00	64,892	843.60	36,231	362.31	@1000/kit
B1.1.2.3.2	Replenishment	300.00	95,283	285.85	-	-	Approval pended
B1.1.3	**Performance Incentive/Other Incentive to ASHAs (if any)**						
B1.1.3.1	**ASHA incentives under Maternal Health**						
B1.1.3.1.1	ANC with Early Registration clubbed with support in bank account opening & MCTC no. of beneficiary	100.00	3,798,382	3,798.38	-	-	Not Approved. Already approved under JSY
B1.1.3.1.2	Maternal Death Audit Information	200.00	33,812	67.62	33,812	67.62	
B1.1.3.2	**Incentive to ASHA under Child Health**						
B1.1.3.2.6	Incentive for 6 &7 Module Trained ASHA under HBNC Programme	250.00	2,789,428	6,973.57	2,789,428	6,973.57	
B1.1.3.2.7	Incentive for Diarrhoeal case referral	50.00	1,441,894	720.95	-	386.26	
B1.1.3.2.8	Incentive for timely reporting of Diarrhoea Management	500.00	144,183	720.92	-	-	Not Approved
B1.1.3.3	**ASHA Incentives under family planning (ESB/ PPIUCD/ Others)**						
B1.1.3.3.1	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion					204.53	Shifted from B.1.1.3.6.2
B1.1.3.3.2	ASHA incentive under ESB scheme for promoting spacing of births	500.00	112,428	562.14	112,428	562.14	
B1.1.3.3.3	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	1,000.00	170,284	1,702.84	170,284	1,702.84	

FMR Code	Budget Head	Unit Cost (Rs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B1.1.3.3.4	Spacing for 2 years after marriage	500.00	114,676	573.38	114,676	573.38	
B.1.1.3.4	**ASHA Incentives (Rashtriya Kishor Swasthya Karyakram)**						
B.1.1.3.4.1	Incentive for support to Peer Educator	100.00	275,012	275.01	-	304.88	
B.1.1.3.4.2	Incentive for mobilizing adolescents for AHD	250.00	275,012	687.53	-	101.63	
B.1.1.3.4.3	Other incentives under RKSK	300.00	275,012	825.04	-	-	Not Approved
B1.1.3.6	ASHA Incentives (other)						
B1.1.3.6.1	Incentives for routine activities	1,000.00	1,441,575	14,415.75	1,441,575	14,415.75	
B1.1.3.6.2	PPIUCD services (Incentive to ASHA @ Rs. 150 per PPIUCD insertion)	150.00	136,353	204.53	-	-	Shifted to B.1.1.3.3.1
B1.1.3.6.3	Death Registration (For 9 deaths/ ASHA)	20.00	1,441,604	288.32	-	-	Not Approved
B1.1.3.6.4	Incentive to ASHA Facilitator	3,000.00	81,780	2,453.40	81,780	2,453.40	
B1.1.3.7	**Other (support provisions to ASHA such as uniform, diary, ASHA Ghar etc.)**						
B1.1.3.7.1	ASHA Diwas/ Annual ASHA Samellan	300.00	144,178	432.53	144,178	360.45	@Rs.250/AShA
B1.1.3.7.2	ASHA Payment Voucher, Payment Register & VHIR Register	0.00	1	365.11	1	324.40	
B1.1.3.7.3	State level ASHA Awards	100,000.00	1	1.00	1	1.00	
B1.1.4	Awards to ASHA's/Link workers	5,000.00	820	41.00	-	-	
B1.1.5	**ASHA Resource Centre/ASHA Mentoring Group**						
B1.1.5.1	HR at State Level	275,625.00	16	44.10	-	83.16	
B1.1.5.2	HR at District Level (including Grievance Redressal Committee)	-	-	-	-	235.57	
B1.1.5.3	HR at Block Level	-	-	-	-	675.84	
B1.1.5.4	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group (Kindly Specify)	-	304	9.50	304	9.50	
B1.1.6	**Capacity Building of ASHA Resource Centre**						
B1.1.6.1	HR at State Level					1.00	
B1.1.6.2	HR at District Level					9.00	
B1.1.6.3	HR at Block Level					49.15	
B8	**Sub Total - ASHA Cost** **Panchayati Raj Institutions**			**40,590.62**	**-**	**31,428.38**	
B8.3.1	VHSC Registers	150.00	52,914	79.37	51,413	77.12	
B8.3.2	Registers for Sub-Centres	150.00	20,404	30.61	20,404	30.61	

FMR Code	Budget Head	Unit Cost (Rs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	Sub Total - Panchayati Raj Institutions			**109.98**		**107.73**	
B14	**Innovations (if any)**			**1086.40**		**1,086.40**	
B14.11	Rogi Sahayata Kendra		52	351.30	52	351.30	
B14.12	AAA Platform - Monitoring & Microplanning meeting for frontline workers		122,517	735.10	122,517	735.10	High Priority Districts.
	Sub Total - Innovations			**1,086.40**		**1,086.40**	
B15.1	**Community Action for Health (Visioning workshops at state, dist, block level, Training of VHSNC, Training of RKS)**						
B15.1.1	State level		10	1.25	10	1.25	
B15.1.2	District level		75	428.05	-	428.05	Sanctioned with remarks that approval Pended
B15.1.4	Other						
B15.1.4.1	Constitution/ Reconstitution of VHSNC		-	-		-	
B15.1.4.2	State level TOT of VHSNC Trainer		1	4.18	1	4.18	
B15.1.4.3	MoU signing and orientation of NGO Heads		1	1.02	1	1.02	
B15.1.4.4	Orientation of NGO Staff and Review Meetings		1	8.40	1	8.40	
B15.1.4.5	Orientation of Community Facilitators		1	12.15	1	12.15	
B15.1.4.6	Printing and IEC		1	32.35	1	32.35	
B15.1.4.7	Remuneration of Staffs & Office Expenses		1	16.62	1	16.62	
B15.1.4.8	Supportive Supervision		1	17.28	1	17.28	
B15.1.4.9	Management Cost (District & Block level)		1	191.10	-	-	Approval Pended
B15.1.4.10	Field Appraisal of NGOs		18	8.82	-	-	Approval Pended
	Sub Total - Community Action for Health			**721.21**		**521.30**	
B.16.2.5	**General drugs & supplies for health facilities**						
B.16.2.5.2	Other Free Drug Services(State not opted 16.2.5.1)	-	-	-	-	463.39	Shifted from B.1.1.2.2
	Sub Total - Drugs & Supplies			**-**		**463.39**	
	GRAND TOTAL			**42,508.21**		**33,607.20**	

Thus, for the above purpose, an amount of Rs.42508.21 Lakhs was proposed, out of which GOI approved Rs.33607.20 Lakhs only.

CHAPTER - 11: UNTIED FUNDS/AMG/CORPUS GRANTS TO HMS/RKS

FMR	Particulars	Unit Cost (Rs. In Lakhs)	Physical Target	Proposed budget (Rs. In Lakhs)	Physical Target	Approved budget (Rs. inLakhs)	Remarks
B2.1	District Hospitals	10.00	157	1570.00	152	1033.60	Approved Rs.1033.60 Lakhs for 152 DH @Rs.10 Lakhs/DH. Funds approved on the basis of 68% utilization
B2.3	CHCs	5.00	966	4830.00	966	4202.10	Approved Rs.4202.10 Lakhs for 966 CHCs @Rs.5 Lakhs/ CHC. Funds approved on the basis of 87% utilization
B2.4	PHCs	1.75	2696	4718.00	2696	4718.00	Approved Rs.4718.00 Lakhs for 2696 PHCs @Rs.1.75/PHC
B2.5	Sub Centres	0.20	20404	4080.80	20404	2393.02	Approved Rs.2393.02 Lakhs on the basis of utilization of 64%. Rs.2159.36 Lakhs approved for 16870 SCs running in govt. building @Rs.20000/SC & Rs.233.66 Lakhs approved for 3651 SCs in rented building @ Rs.10000/SC
B2.6	VHSC	0.10	98856	9885.60	98856	3496.08	Approved Rs.3496.08 Lakhs for 51413 VHSNCs having joints accounts. Funds approved on the basis of 68% utilization.
	Total			**25084.40**		**15842.80**	

Thus, for the above purpose, an amount of Rs.25084.40 Lakhs was proposed, out of which GOI approved Rs.15842.80 Lakhs only (FMR Code-B.2 and its sub heads).

CHAPTER - 12: HOSPITAL STRENGTHENING

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B.4	**Hospital Strengthening**						
B.4.1	**Up gradation of CHCs, PHCs, Dist. Hospitals**						
B4.1.1	**District Hospitals**					**-**	
B4.1.1.3	Spillover of Ongoing Works	-	28	1,426.88	-	-	Approval pended for 10 trauma wings at DH and for DEIC state to utilize committed unspent amount
B4.1.2	**CHCs**					**-**	
B4.1.2.1	Additional Building/ Major Upgradation of existing Structure	30.00	116	3,480.00	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B4.1.2.2	Repair/ Renovation	15.00	387	5,805.00	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B4.1.2.3	Spillover of Ongoing Works		15	1,875.00	-	-	Pended owing to slow progress of works. States utilize committed unspent.
B4.1.3	**PHCs**						
B4.1.3.1	Additional Building/ Major Upgradation of existing Structure	15.00	584	8,760.00	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B4.1.3.2	Repair/ Renovation	5.00	250	1,250.00	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B4.1.3.3	Spillover of Ongoing Works	-	28	1,050.00	-	525.00	Recommended Rs. 525 Lakhs.
B4.1.3.4	Staff Quarters	-	-	-	-	-	
B4.1.4	**Sub Centers**					**-**	
B4.1.4.2	Repair/ Renovation	1.50	1,923	2,884.50	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B4.1.5	**Others (MCH Wings)**			**52993.96**		**-**	
B4.1.5.3	Carry forward /Spillover of Ongoing Works		140	33,350.00	-	-	Pended. State to demonstrate substantial progress in construction work.
B4.1.5.4	Other construction					-	
B4.1.5.4.1	Carry forward /Spillover of		1	1,524.47	-	-	Pended. State to demonstrate

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed 2014-15		Total Approved 2014-15		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	Ongoing Works (100 bedded Maternity wing in Queen Merry Hospital, KGMU, Lucknow)						substantial progress in construction work. Approval for Additional funds would be done on the basis of progress in works.
B4.1.5.4.2	Carry forward /Spillover of Ongoing Works (100 bedded Maternity wing in S.N.Medical College, Agra)		1	1,232.00	-	-	Pended. State to demonstrate substantial progress in construction work. Approval for Additional funds would be done on the basis of progress in works.
B4.1.5.4.3	Center for Excellence nursing & midwifery centre at KGMU, Lucknow		1	1,000.00	-	-	Pended. State to demonstrate substantial progress in construction work. Approval for Additional funds would be done on the basis of progress in works.
B4.1.5.4.4	200 bedded state referral maternity and child hospital, Gomti Nagar, Lucknow		1	1,162.49	-	-	Pended. State to demonstrate substantial progress in construction work. Approval for Additional funds would be done on the basis of progress in works.
B4.1.5.4.5	200 bedded MCH hospital at infrastructure less districts		5	14,725.00	-	-	Pended. Unit cost is on higher side. State is advised to revise the proposal in lines with support provided for 200 bedded facilities under NHM.
B4.1.6	**SDH**			**210.00**		**-**	
B4.1.6.2	Repair/ Renovation	30.00	7	210.00	-	-	Pended. Proposal generic in nature. Facility specific requirements to be provided.
B.4.3	**Sub Centre Rent and Contingencies**	**0.03**	**3,725**	**111.75**	**3,651**	**109.53**	
GRAND TOTAL				**79847.09**		**634.53**	

Thus, for the hospital strengthening an amount of Rs.79847.09 Lakhs was proposed, out of which GOI approved Rs.634.53 Lakhs only (FMR Code-B.4 and its sub heads)

CHAPTER - 13: NEW CONSTRUCTIONS

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved 2014-15		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B5	**New Constructions**					
B5.1	**CHCs**				**-**	
B5.1.1	New construction (to be initiated this year)	100	27,400.00	-	-	Pended. State to provide name wise list with proper justification and status of land availability.
B5.2	**PHCs**				**-**	
B5.2.1	New construction (to be initiated this year)	100	7,750.00	-	-	Not Approved
B5.4	**Setting up Infrastructure wing for Civil works**				**-**	
B5.4.1	Staff at State level	1	205.26	-	-	Not Approved. Appraised and approved as approprite under A.10
B.5.10	**Infrastructure of Training Institutions --**				**-**	
B.5.10.1.1	Additional Building/ Major Upgradation of existing Structure	11	1,290.06	-	-	No detail of proposal provided. Strengthening of 11 RHFWTCs
B5.10.3	New construction (to be initiated this year)	18	1,859.31	-	-	Not Approved
B5.10.4	Carry forward of new construction initiated last year, or the year before	1	500.00	-	-	Not Approved-No detail found in PIP.
	GRAND TOTAL	**-**	**39004.63**		**0.00**	

For new constructions, an amount of Rs.39004.63 Lakhs was proposed, which is not approved by GOI (FMR Code- B.5 and its sub heads).

CHAPTER - 14: 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 with 75 districts, 820 blocks and more than 1 Lakhs revenue villages. The detailed guidelines regarding preparation of PIP 2014-15 were received from Government of India in October, 2013. The State level consultative meeting with senior officers of State Head Quarter, Division and District were organized from 1st week of November 2013 in which important points relating to various health schemes and activities were discussed in detail, based on which the planning was to be done. Following this meeting, the consultative meetings with representatives of TSU, Developmental Partners and other Government Departments were also organized to get their valuable inputs. Then in the month of January, 2014 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.

The GOI issued final revised guidelines with additional formats on 22nd January 2014, following which the district officials were oriented at state HQ again and instructed to finalize DAPs accordingly.

While formulating the DHAPs, community participation has been ensured at Village, Block and District level with active participation of PRI, ICDS, Rural Development and other important Stake Holders. For the preparation of DAPs detailed instructions along with the tentative resource envelope for RNMNCH+A was informed to the districts on certain norms(30% more allocated to HPDs, etc.), so that the action plans at all levels are prepared logically and compiled in the form of District Action Plan.

This year a facility gap analysis in all 75 districts has been done with the support of TSU and the DAP were made accordingly and submitted to the state. 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, district plans are formulated based on the the facility gap analysis and the actual need. 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. 150.00 Lakhs was proposed for the preparation of PIP in the year 2014-15, which will help in preparation of PIP for the year 2015-16. For this purpose, GOI approved Rs.140.00 Lakhs (FMR Code-B.7.1)**

VHSNC Registers

Village Health Sanitation and Nutrition Committee has key role in Village Health Plan, community mobilization, utilization of United funds, planning for providing essential health services unreached and marginalized sections etc. Regular and effective meetings are required to achieve these goals. Proper and systemic documentation is required for proper monitoring and expenditure audits. In view of above mention activities a proper register which will include details of the members of the VHSNC, all the GOs & guidelines regarding functioning and financial provisions for VHSNCs. This register will also include pages for agenda & minutes of meeting with financial expenditure details.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
52941	150	79.37

For the above purpose, an amount of Rs.79.37 Lakhs was proposed, out of which GOI approved Rs.77.12 Lakhs only for 51413 VHSNCs having joint account (FMR Code-B.8.3.1)

Registers for Sub-center Registers

Sub-center has key role in Village Health Plan, community mobilization, utilization of United funds, planning for providing essential health services unreached and marginalized sections etc. Proper and systemic documentation is required for proper monitoring and expenditure audits. In view of above mention activities a proper register which will include all essential details of Sub-center viz. population, age & sex wise information, important contact numbers etc., all the GOs & guidelines regarding functioning and financial provisions for Sub-center. This register will also include pages for agenda & minutes of meeting with financial expenditure details.

Further, these register will used to document, monthly meeting of AAA platform and enable all 3 FLW to shape and record their proposals.

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
20404	150	30.61

For the above purpose, an amount of Rs.30.61 Lakhs was proposed, which is approved by GOI (FMR Code-B.8.3.2)

CHAPTER - 16: MAINSTREAMING OF AYUSH

The World Health Organization estimates that most people in developing as well as in developed countries receives the bulk of their Health Care from traditional or indigenous health systems. Thus the opportunity to increase the power and reach of the public health sector through integration of AYUSH systems in INDIA cannot be ignored. Prevention of disease or illness is now being emphasized as more significant than treatment, whether we look at it from an angle of cost effectiveness or economic expenditure incurred by state or by the citizen. AYUSH systems highlight the preventive aspect rather than curative one. NHM has identified this significant aspect of AYUSH and thus Mainstreaming of AYUSH at all levels in Health Care delivery system. Hence the Services of AYUSH Doctors and Paramedics are of utmost importance in health care.

Ayurveda, Yoga & naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Systems of Medicines have proven promotive, preventive and curative strengths. The objective of Mainstreaming of AYUSH is to provide AYUSH healthcare facilities at the PHCs, CHCs and district hospitals. The development of the health care institutions scheme has been revised along with addition of some new components in order to Mainstreaming of AYUSH more effectively. Most of the PHCs and CHCs are situated in rural areas; to promote basic health services by AYUSH system under one roof of PHCs, CHCs and district hospitals in the light of RMNCH+A to decrease MMR & IMR. AYUSH Doctors and Paramedics can be effectively & efficiently utilized in so many ongoing schemes/programmes of NHM.

For Mainstreaming of AYUSH under National Health Mission (NHM) in the state, some of the innovations are being proposed in 2014-15, as per following details:

Activities proposed for the year 2014-15

For the year 2014-15 PIP, an amount of Rs 9650.28 Lakhs was proposed in FMR code B.9 for the following activities as per the guidelines of GOI for mainstreaming of AYUSH for co-location of AYUSH facilities at district male, female & combined hospitals, CHCs /PHCs/APHCs

S.N.	Name of Work	Amount Proposed (Rs.in Lakhs)	Amount Approved (Rs.in Lakhs)
1	Budget for HR at District level (contractual AYUSH male and female doctors and AYUSH Pharmacists)	8717.04	21415.73
2	Budget for others Activity (Contingency & IEC/BCC activities for promotion & Mainstreaming of AYUSH)	696.93	253.23
3	Training (Orientation, Skill up gradation & SBA Training of AYUSH doctor)	236.31	0
4	Budget for Drugs & Supplies for AYUSH	**4088.00**	**2044.00**
Grand Total		**13738.28**	**23712.96**

A- Human Resource

Salaries of Contractual AYUSH Medical Officers

One of the key strategies of National Health Mission (NHM) is the Mainstreaming of AYUSH doctors into the existing health care delivery system. Under Mainstreaming of AYUSH, there is a workforce of Contractual AYUSH doctors working in rural and semi-urban sectors, which are performing AYUSH OPD at district male, female & combined hospitals / CHCs / PHCs & are effectively participating and supportive supervising routine immunization, family planning, child health, maternal health, adolescent health & other national programmes, particularly in the rural areas. In U.P. the salary structure of regular allopathic & AYUSH doctors are equal. Therefore, on behalf of “Equal work Equal salaries” for contractual AYUSH doctors and keeping In view of several court cases regarding this matter, salary of contractual AYUSH doctors is being proposed @Rs.30000/Month for the year 2014-15. In the year 2013-14, AYUSH OPD performed in the state is about one crore and in the year 2014-15, it is expected to reach about two crore.

For the year 2014-15, an amount of Rs. 7358.40 Lakhs was proposed for the salary of 2044 approved contractual AYUSH doctors,but GOI has approved Rs.20514.04 Lakhs (FMR Code-B.9.1 & its sub heads). This appears to be due to some error for which GoI has been intimated for due correction.

Salaries of Contractual AYUSH Pharmacists

In the year 2013-14, AYUSH OPD performed in the state is about one crore and in the year 2014-15, it is expected to reach about two crore. Since, there is a huge gap in no. of contractual AYUSH pharmacists in respect to already approved contractual AYUSH doctors (759 AYUSH pharmacists against 2044 contractual AYUSH doctors). Therefore, additional 369 contractual AYUSH pharmacists is being proposed in the year 2014-15 in order to manage medicine inventory & facilitate smooth running of AYUSH OPD in the state.

For the year 2014-15, an amount of Rs. 1358.64 Lakhs was proposed for the honorarium of 1128 contractual AYUSH pharmacists @ Rs 12000/month (for 12 months honorarium of already approved 759 contractual AYUSH pharmacists and 6 months honorarium of newly proposed 369 AYUSH pharmacists), out of which GOI approved Rs.901.69 Lakhs only (ROP FMR Code-B.9.2 & its sub heads) for the existing posts only.

Budget for Contingency

As per GOI guide line (Rs 30000 per annum contingency fund for PHCs, Rs.50000 per annum as lump sum as contingency fund for CHC, Rs.70000 per annum as lump sum as contingency fund for DH) .

For smooth functioning of AYUSH OPD, Rs 204.40 Lakhs @ 10,000/unit per annum for 2044 units was proposed in 2014-15 for contingency of PHC, CHC and DH/CDH etc. In order to meet out routine expenses of consumables incurred in providing AYUSH health care services to patients. **This amount is not approved by GOI (FMR Code-B.9.3.1)**

Budget for IEC/BCC for AYUSH

For The year 2014-15, an amount of Rs. 492.53 Lakhs was proposed in IEC/BCC for promotion of Mainstreaming of AYUSH at all levels & to develop the interest of people for natural life style and maintain the health free from diseases and health problems. Budget of Rs 187.00 Lakhs for IEC/BCC of AYUSH was approved in 2012-13 ROP. **GOI approved Rs.253.23 Lakhs for promotion of AYUSH as per details given in annexure B.10 (FMR Code-B.9.3.2) for defined activities**.

- **Radio Jingles:**

The Broadcasting of Radio jingles from all channels (12 stations) of All India Radio (AIR) of U.P. One spot of AYUSH of 60 seconds duration will broadcast each day for 90 Days. As it has a wider reach to the rural and urban masses, it will help to awareness building and public education about the AYUSH systems and their potential strength & promote health care by traditional system of prevention and treatment area under the mass media activities of AYUSH, taken at the State level.

Therefore Rs 2.40 Lakhs is being proposed in 2014-15 PIP for development of total 8 radio jingles (each of 60 seconds duration) for different pathy & systems of AYUSH @ Rs 30,000 per 60 seconds jingle (as per DAVP rates). And for rotational broadcast of developed 8 radio jingles, one each day for 90 days, thus broadcasting of 90 radio jingles of AYUSH @ Rs 5500/10 seconds for 60 seconds spot, Rs 29.70 Lakhs is being proposed in 2014-15 PIP. **In this way Rs 32.10 Lakhs was proposed in 2014-15 PIP (service tax @ 12.36% is added on the total amount), out of which GOI approved Rs.29.70 Lakhs (FMR Code-B.10 – Annexure-8), for broadcasting of radio jingles, as per following:**

Media Plan For radio jingle

S.N	Activity	rate/ 10 seconds	rate/spot for 60 seconds	Unit cost (in Rs.)	Total physical target	Total Amount Proposed (Rs in Lakhs)	Total Amount Approved (Rs in Lakhs)
1.	Development of 8 radio jingles (each of 60 seconds duration) for different pathy & systems of AYUSH (as per DAVP rates)	-	Rs 30,000 for master version up to 60 seconds	30000	8	2.40	-
2.	Radio Spots ; AIR - all channels (12 Stations) category-I, category-II Free	5,500	Rs 33,000 for broadcast of 1 radio jingle/ day	33,000	90	29.70	29.70
Total						**32.10**	**29.70**

- **TV Spots -** In Electronic media, Telecasting of video spots from Doordarshan U.P. to promote health care by traditional system of prevention and treatment; it will also help awareness building and public education about the AYUSH system and their potential strength area. One video spot of 60 seconds duration will be telecasted each day (news before and after) for 90 days.

  Therefore Rs 28.0 Lakhs is being proposed in 2014-15 PIP for development of master version of total 8 video spots (each of 60 seconds duration) for different pathy & systems of AYUSH @ Rs 3,50,000 per 60 seconds video spot (as per DAVP rates). And for rotational telecast of developed 8 video spots one each day (news before and after) for 90 days, thus telecasting of 90 video spots of AYUSH @ Rs 10000/10 seconds for 60 seconds spot, Rs 54.0 Lakhs is being proposed in 2014-15 PIP**. In this way Rs 82.00 Lakhs was proposed in 2014-15 PIP (service tax @ 12.36% is added on the total amount) out of which GOI approved Rs.54.00 Lakhs (FMR Code-B.10 – Annexure-8), for telecasting TV spots at Doordarshan, Lucknow, as per following:**

Media Plan For TV spots

S.N	Activity	rate/ 10 seconds	rate/spot for 60 seconds	Unit cost (in Rs.)	Total physical target	Total Amount Proposed (Rs in Lakhs)	Total Amount Approved (Rs in Lakhs)
1.	Development of 8 video spots (each of 60 seconds duration) for different pathy & systems of AYUSH (as per DAVP rates)	-	Rs 3,50,000 for master version up to 60 seconds	3,50,000	8	28.00	-
2.	Doordarshan Lko. (News before and after)	10000	Rs 60,000 for telecast of 1 video spot/ day	60,000	90	54.00	54.00
Total						**82.00**	**54.00**

- **Print media and news paper Advertisement -** Rs 30.00 lakhs was proposed for the year 2014-15, for print media and news paper advertisement. The fund of Rs 15 lakhs was approved for the same in 2012-13 PIP. In IEC/BCC activity, news paper advertisement on different occasions like on Dhanvatri day, Haniman day, Unani day, Yoga day, international pregnancy & infant loss remembrance day and World Health Day for general information about AYUSH system. To create

an interest and faith in AYUSH systems which are more popular in country & easy to practice. **This amount is approved by GOI (FMR Code-B.10 – Annexure-8).**

- **AYUSH Seminar: -**AYUSH seminar will be organized on yearly basis. In this activity we call specialist doctor of AYUSH, manufacturer of AYUSH drugs & medicines, member of AYUSH drug related research institute, Head of department, professor, reader and lecturer of AYUSH colleges, all head of department & in charge of AYUSH directorate, representative of AYUSH related universities of India, representative of AYUSH related renowned magazine, renowned AYUSH practitioner, AYUSH related government authority, member of CCIM, CGHS AYUSH doctor of UP, to promote AYUSH systems and discussions regarding what new researches are in process and what have done recently for development of AYUSH in the light of RMNCH+A. The discussion will be in view of natural life style and maintain the health free from diseases and health problems. **For this purpose, Rs. 10.00 Lakhs was proposed in 2014-15, out of which GOI approved Rs.5.00 Lakhs only(FMR Code-B.10 – Annexure-8).**

- **Hoardings -**Hoardings will be installed one each at 820 Blocks & 75 Districts HQ at CHCs, Block PHCs & DH at most eye catching places and prime locations for awareness building and public education about the AYUSH system and their potential strength area. **For this purpose, Rs. 134.25 Lakhs was proposed, out of GOI approved Rs.89.50 Lakhs for 895 hoardings@Rs.10000/hoarding (FMR Code-B.10 – Annex.-8).**

- **Bus Panel -**Buses moves from, cities to cities, cities to village and village to village and covers a long distance and different geographical areas. Through this medium we will cover huge population of different – different location to build the awareness and public education about the AYUSH system and their potential strength area. We are proposing 1000 bus panel. The cost of one bus panel is Rs 15000 including Vinyl printing, pasting, maintenance & bus rent for six months. **For this purpose, Rs 150.00 Lakhs was proposed for the year 2014-15, out of which GOI approved Rs.17.17 Lakhs only @Rs.1710/panel(FMR Code-B.10-Annexure-8).**

Plan For IEC/BCC Activities for the Year 2014-15 PIP

Sl	Activity	Unit of meas.	Unit cost (in Rs)	Total target	Total Amount Proposed (Rs in Lakhs)	Total Amount Approved (Rs in Lakhs)
1.	Development of 8 radio jingles (each of 60 seconds duration) for different pathy & systems of AYUSH (as per DAVP rates)	No	30,000	8	2.40	-
2.	Radio Spots ; AIR - all channels (12 Stations) category-I, category-II Free broadcasting (of 60 seconds @ Rs 5500/10 seconds)	No	33,000	90	29.70	29.70
3.	Development of 8 video spots (each of 60 seconds duration) for different pathy & systems of AYUSH (as per DAVP rates)	No	3,50,000	8	28.00	-
4.	Doordarshan Lko. (News before and after)TV Spots telecasting (of 60 seconds @ Rs 10000/10 seconds)	No	60,000	90	54.00	54.00
5.	News paper Advt. (as per DAVP rates)	No	5,00,000	6	30.00	30.00
6.	Ayush seminar	No	1000000	1	10.00	5.00
7.	Hoarding (20ft X 10ft) (for 820 blocks &75 district)	No	15,000	895	134.25	89.50
8.	Bus Panels (Vinyl printing pasting, rent & maintenance) for six months	No	15,000	1000	150.00	17.17
Total					**438.35**	**225.37**
Service tax @12.36					**54.18**	**27.86**
Grand Total					**492.53**	**253.23**

- **Exposure visit / Study tour -** For the year 2014-15, Study tour/exposure visit of AYUSH expert and SPMU AYUSH cell staff is being planned to study the new interventions being practiced in AYUSH systems regarding RMNCH+A & for the purpose funds are demanded in the FMR code A.9.1 or from already available funds in NHM for the same purpose. This visit/study tour may be interstate or intrastate, so that we can follow & apply new techniques, system and knowledge which are being effectively & efficiently practiced within the state or in other states. In this way all people of the state can avail those unique / quality services of AYUSH system.

- **Mobility Support/ Field visits -** For the year 2014-15, Supportive supervision of AYUSH programme in coordination with district officers is planned and for the purpose funds are demanded in the FMR code A.10.7.1 or from already available funds in NHM for the mobility support/field visits. This fund will be utilized for the state level officer visit to districts for supportive supervision & monitoring of AYUSH programme in state such that people can avail assured quality health services of AYUSH system & RMNCH+A related activities of AYUSH.

B.9.4- Training

There is a need for upgrading the professional competence and skills of AYUSH doctors. Emerging trends of health care and scientific outcomes necessitate time to time enhancement of professional knowledge of AYUSH doctor. Good clinical practices are one major area where AYUSH doctors need to be regularly updated to keep up the standards of health care delivery in accordance with the emerging demands. Overall structure of the training and skill up gradation is aimed at encouraging AYUSH doctors to undergo need base professional training and bridge the knowledge gaps.

For the year 2014-15, a total sum of Rs.236.31 Lakhs was proposed for Orientation training of AYUSH doctor about NHM, Skill up gradation training of AYUSH doctor about new researches, knowledge regarding new updation in old techniques of AYUSH like ksharsutra / Panchkarm / Ilaz-ul-tadveer etc & SBA training of AYUSH doctor. **This amount is not approved by GOI (FMR Code-B.9.4)**

- **1. Orientation training of AYUSH Doctor:**

This training programme for AYUSH doctors aims to provide a comprehensive understanding of NHM and the role & responsibility of Ayush doctor for various activities relating to NHM in context to Reproductive, Maternal, Neonatal and Child Health + Adolescent Health (RMNCH+A). So that the services of AYUSH practitioners can be effectively & efficiently utilized for the RMNCH+A activities under NHM (in compliance of OM of GOI, MOHFW No.Z-33014/38/2013-RCH (DC) dated 10th march 2014). This orientation training covers the following subjects:-

a. Concept of AYUSH in NHM.
b. Overview of NHM - Goals and Objective.
c. Maternal Health Programme.
d. Child Health Programme.
e. ARSH Programme.
f. National Programme.
g. Family planning programme.
h. Routine immunization.
i. Role and Responsibilities in District Level Activities in NHM.
j. Programme Monitoring and Evaluation an Overview.

For Orientation training of AYUSH doctor, firstly a 2 days TOT training will be organized at Govt. institute, Lucknow @ Rs.2,51,600 in which 50 trainers are trained. These trainers will further train AYUSH doctors at division level through Training module which contain the matter regarding all Programme under NHM and AYUSH doctor participation in supervisory light of RMNCH+A activities at district, PHC, CHC and district level.

At division level this Orientation training programme consists of 2 days duration per batch and 30 doctors in one batch. A total of 68 batches for Ayush doctors are planned @Rs.1,57,600 / batch. In this

way proposed budget for Orientation training programme of AYUSH doctors at division level will be Rs.107.168 lakhs. This Orientation training programme will be conducted at RFPTC divisional head quarter

In this way Rs 109.684 lakhs is being proposed in the year 2014-15, in which Rs. 2.516 Lakhs for TOT and Rs. 107.168 Lakhs for training of AYUSH doctor at division level by the trainer train in TOT (details of budget are given in following table).

- **2. Skill up gradation Training of AYUSH doctor:**

Panchkarma / ksharsutra / illaz-ul-tadveer are helpful for management of certain chronic & lifestyle disorders and they are important and integral constituent of AYUSH treatment. In order to provide these specialized services of AYUSH system at newly constructed AYUSH wings at district hospitals. Rs 19.2 Lakhs is being proposed in the year 2014-15 PIP for Skill upgradation Training of AYUSH doctor, which will be especially focused on Panchkarm/ ksharsutra / Ilaz-ul-tadveer(details of budget are given in following table).

A) Ksharsutra training:

For the year 2014-15 Rs. 7.20 lakhs is being proposed for Ksharsutra training at state level for Skill upgradation of AYUSH doctor. This training is of 15 days per batch & There will be 3 batches of 10 doctors @ Rs 2,40,000/ batch at AYUSH Govt. institute of U.P.

B) Panchkarma / Ilaz-ul-tadveer:

For the year 2014-15 Rs. 12.00 Lakhs is being proposed for Panchkarma / Ilaz-ul-tadveer training for Skill upgradation of AYUSH doctor. This training is of 90 days per batch & There will be 3 batches and 10 doctors per batch @ Rs4,00,000/batch at renowned Govt. institutes of AYUSH in other States.

- **3. SBA training for AYUSH doctor:**

As per direction of GOI, under Mainstreaming of AYUSH only those AYUSH doctor who are posted at delivery points where ANC & PNC are conducted (L3&L2 level), are proposed to be trained as SBAs after addition of 7 days hands on practice in the existing 21 days curriculum of the SBA Training thus, a total of 28 days training programme is scheduled for one batch. There are six Medical colleges in the state which are selected for the purpose of the SBA Training and each of them conduct 6 batches and 5 AYUSH doctors per batch thus a total of 180 AYUSH doctors (6X6X5=180) are proposed for the SBA Training.

Therefore, for the year 2014-15 Rs.107.424 lakhs is being proposed for SBA training of 36 batches of AYUSH doctors @ Rs.298400.00 per batch (details of budget are given in following table).

- **4. IUCD insertion training for AYUSH doctor:**

In order to meet the unmet need of spacing there is an urgent need to train the AYUSH LMO (L3&L2 level) for IUCD insertion services in UP. Therefore a six days training of AYUSH LMO (except Yoga & Naturopathy providers) to perform IUCD insertions as per the curriculum being developed by Govt. of India is being planned. A total of 50 batches of 10 AYUSH LMO per batch is being proposed & fund are already demanded in the FMR code A.9.6.8. (In compliance of GOI DO. No. N. 11027/11/2012-FP dated 10th October, 2013)

Procurement of Drugs & Supplies for AYUSH:

As per GOI guide line (Rs 3.00 Lakhs per annum for procurements of drug ,medicine and other consumable for PHC , Rs 5.00 Lakhs per annum for procurements of drug and medicine for CHC and 2.50 Lakhs per annum for procurements of drug , medicine and other for DH.) For the Year 2013-14 To purchase drugs and medicines at facility level under AYUSH, a revised provision of Rs 3.00 Lakhs/unit

made against the Rs 1.25/unit have already being proposed in 2013-14 PIP but still pending for approval (FMR Code -B.16.2.8).

Therefore, an amount of Rs. 4088.00 Lakhs @ 2.00 Lakhs/unit was proposed in the FMR code B.16.2.8 of 2014-15 PIP for procurement of drugs and supplies for 2044 Contractual AYUSH doctor for dispensing AYUSH drugs at facility level. In the Year 2013-14 only Rs 500.00 lakhs was approved in the FMR code B.16.2.9 for Drugs and supplies of AYUSH. And about one crore AYUSH OPD was performed in 2013-14. In 2014-15 by providing AYUSH drugs & supplies at 2044 units, will facilitate people with AYUSH pathy and can achieve about two crore AYUSH OPD.

For the above purpose, GOI approved Rs.2044.00 Lakhs only @Rs.1.00 Lakh for each unit (FMR Code- B.16.2.8).

CHAPTER - 17: INFORMATION, EDUCATION & COMMUNICATION/BEHAVIOUR CHANGE COMMUNICATION

The Union Cabinet, vide its letter dated 1st May, 2013, approved the launch of National Health Mission (NHM) as an overarching mission with the aim of delivering universal healthcare across all urban and rural areas. The National Urban Health Mission (NUHM) and the National Rural Health Mission (NRHM) have been integrated as sub-missions to NHM and the focus of the program have been expanded to include non-communicable diseases as well.

Vision of the NHM:
"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

Core Values:

- Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.
- Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.
- Build environment of trust between people and providers of health services.
- Empower community to become active participants in the process of attainment of highest possible levels of health.
- Institutionalize transparency and accountability in all processes and mechanisms.
- Improve efficiency to optimize use of available resources.

BCC Component under NHM:
One of the core strategies of NHM is to 'create mechanisms to strengthen Behaviour Change Communication efforts for preventive and promotive health functions, action on social determinants and to reach the most marginalized.' Behavior Change Communication (BCC) was proposed as an important adjunct to every program and on a number of themes. BCC program will be based on systematic identification of key behaviours and health care related practices and attitudes, which are detrimental to good health and those which promote good health, as well as analysis to understand the determinants of such behavior. This shall be the basis of determining the mix of media, message and communicators through which a measurable change in behaviours and health care practices shall be secured.

Uttar Pradesh one of the highly populated State:
As per details from Census 2011, Uttar Pradesh has population of 19.98 Crores, an increase from figure of 16.62 Crore in 2001 census. Total population of Uttar Pradesh as per 2011 census is 199,812,341 of which male and female are 104,480,510 and 95,331,831 respectively. The total population growth in this decade was 20.23 percent while in previous decade it was 25.80 percent.

Description	2011	2001
Approximate Population	19.98 Crores	16.62 Crore
Actual Population	199,812,341	166,197,921
Male	104,480,510	87,565,369
Female	95,331,831	78,632,552
Population Growth	20.23%	25.80%
Sex Ratio	912	898
Child Sex Ratio	902	942
Total Child Population (0-6 Age)	30,791,331	31,624,628
Male Population (0-6 Age)	16,185,581	16,509,033
Female Population (0-6 Age)	14,605,750	15,115,595
Literacy	67.68 %	56.27 %

Male Literacy	77.28 %	67.30 %
Female Literacy	51.36 %	43.00 %

Description	Rural	Urban
Population (%)	77.73 %	22.27 %
Total Population	155,317,278	44,495,063
Male Population	80,992,995	23,487,515
Female Population	74,324,283	21,007,548
Population Growth	17.97 %	28.82 %
Sex Ratio	918	894
Child Sex Ratio (0-6)	906	885
Average Literacy	65.46 %	75.14 %
Male Literacy	76.33 %	80.45 %
Female Literacy	48.48 %	60.96 %

Health Profile of Uttar Pradesh:

The basic health profile of the district, presented in Table 3, is represented mainly by the fertility and mortality indicators of the State. These figures clearly show that the State should do intensive work , since on almost all the parameters it stands very far to the indicators of India. Notwithstanding this, there would still be a need for intensive efforts to improve the performance, since the performance in the state of Uttar Pradesh on all these indicators is considerably behind the desirable objective of attainment of millennium development goals. Uttar Pradesh, with a Maternal mortality rate of 300 per hundred thousand live births and a Neonatal mortality rate of 45 per thousand live births faces an uphill task of achieving targets of MDG 4 & 5 which cannot be accomplished just by improving number of institutional deliveries alone where quality of institutional delivery also is equally crucial to reducing NMR and MMR.

NRHM Goals for Second Phase (2012-17)- Table 3

Indicators	Current Status of UP	Current Status of India	Year 2013 -14	Year 2014 - 15	Year 2015 -16	Cumulative target for next five years 2016-17
Infant Mortality Rate (IMR)	53 (SRS 2012)	42 (2012)	51	45	38	32
Neonatal Mortality Rate (NMR)	42*		38	33	29	24
Maternal Mortality Ratio (MMR)	300 (AHS-2011-12)	200 AHS-2011	280	250	225	200
TFR (SRS 2011)	3.4	2.5	3.22	3.14	3.05	2.98
Complete Immunization	40.9% (CES 2009)	61 (CES 2009)	60%	70%	80%	90%

*73% of IMR is contributed by NMR Target set with annual decline of 4.4%

Identification of key behaviors in all components:

For next 3 years NRHM, UP goals is clear in all component. To develop strategic BCC planning for State first NRHM did a State level meeting with support of Technical Support Group-BCC of all component officers of NRHM and Development Partners to identify the key behaviors, barriers and enablers in each component. Each component identified 3-4 key behaviors which have direct impact on the indicators of particular component and also identified the barriers and enablers so that BCC plan can address these barriers and enablers to achieve the objectives decided by different component.

Program	Identified Key behaviors	Key Gaps to address in State BCC PIP -2014-17	
		Community Level	Facility level
Maternal health	-Early detection of Pregnancy	-Mother in law especially the decision makers in the family could	-Lack of complete knowledge on danger signs

	-Early registration for ANC -Anemia and TT -Identification of high risk pregnancy.	not perceived the benefits of institutional delivery -Family members have little concern for mother's health -Mother and other family members have low/no perceived benefits of ANC/PNC -Myths & misconceptions related to pregnancy and pregnant mother, the existing wrong practices for ex: there is no need to visit doctors during pregnancy time. -Lack of awareness on danger signs -Traditional methods of overcoming the malnutrition	identification and on referral criteria -Lack of System support for managed referral. -Lack of provider skills, for example - measuring BP, counseling for timely referral -Inadequate human resource and infrastructure (number of maternity beds, Water and Sanitation Facilities) -Lack of coordination among ASHAs, ANMs and Staff Nurses. They all have crucial role in quality delivery service process.
Family Welfare	-Increased Male involvement in Family Planning Program -Increase complete information about all available family planning methods	-Social Norms- Fertility within one year; lack of couple communication -Son Preference, Religious beliefs, Lack of Knowledge, -Late detection of pregnancy -Myths and misconception related to FP methods -MIL prefer only doctors to insert IUCD	-Lack of proper counseling skill - Lack of availability of quality services at the time of 48 hours stay after delivery. -Lack of sensitization of service providers - Lack of complete information regarding all available family planning methods. -Lack of FP methods/choices available. - PP FP counseling/services are not available at facility.
New Born and Child Health	-Early initiation of breastfeeding within 1 hour just after the delivery (importance of colostrum) - Danger sign identification and management of complication -Timely identification of Mal nourished babies -Referral of severe malnourished children at NRC in Medical college,	Lack of awareness among family members (MIL/Husband) regarding how to support mother for first breastfeeding -Myths and misconceptions related to breastfeeding -Lack of knowledge in identifying the danger sign -No proper identification of mal -nourished children -Lack of proper care of mal nourished babies	Frontline workers only counsel not support to mother for first breastfeeding. -Lack of knowledge in identifying the danger sign - Lack of skills regarding preparedness for complicated conditions - No proper identification of mal -nourished children - Lack of proper care of mal nourished babies
Routine Immunization	-Acceptance of "zero dose vaccine in the community -Increased acceptance of the vaccination	- Myths in the community regarding the apprehensions of the immunization.	-Lack of supplies, lack of knowledge regarding the timely immunization
Adolescent Health	-Prevention of anemia by providing weekly IFA and by providing Albendazole tabs every six months -To increase menstrual hygiene and health	-Ignorance from Family member - Culture of silence - No perceived benefits on adolescent health	-Lack of proper place and counseling services for adolescent at facility level

IEC/BCC plan to address the gaps:

SN	Communication goals	Approaches& Interventions
1	Build mass awareness on identified key behaviors on RMNCH+A	**Whole year campaign to address the key identified behaviors related to RMNCH+A theme. All media will focus on 3-4 behaviors throughout the year.** **Mass media:** Radio PSAs, ASHA Radio, radio Infotainment serial (SIFPSA), TV PSAs, Tele-serial Kyunki Jeena Isi kaNaamhai (UNICEF). **ALL UNDER HAUSALA BRANDING.** **Mid Media, outdoor media:** Poster, Hoarding, Health Centre Wall paintings, Local festivals/ Mela **Tapping into Schemes (within Health) which has proven outreach potentials:** including JSSK, RBSK and so forth. **Tapping into Schemes (Outside Health):** Sabla (ICDS), Nirmal Bharat Abhiyan (PRD), Laptop VitaranYojana, MeenaManch (Upper Primary Schools), NSS, NYKS, Scouts & Guides.
2	Change individual level behaviours on identified key behaviors	**Inter-personal Communication:** Household Counseling, Group counseling, Delivery site counseling (for all single shot priority behaviours), VHND, VHSNC meeting, Calendar of Community events at AWC (GodaBharai Diwas, Annaprashan Diwas, Kishori Diwas, Janme Diwas).
3	Change social norms on identified key behaviors	**Study/Identify** community or area specific social norms; **Mapping** of social/ community institutions; Traditional media approaches; **Targeted interventions** (religious leaders, scholars, healers and so forth)
4	Enforce standard protocols of Health Education &Counseling in the private sector	**Partnership** with the Associations of private practitioners, traditional healers; Establish mechanism for mapping of critical private sector partners through such Associations; targeted Advocacy events (during the Breastfeeding week, Nutrition month).
5	Converge BCC interventions across departments and Civil Society Partners (Health, ICDS, Panchayati Raj, Education, NSS, Scouts & Guides, NYKS)	**Establish forums** at the state, district and block level. The TSG at the state should include department representatives from ICDS, PRD. District level BCC Cells should be established with cross department representation. Mapping of key inter-related priority behaviours (such as exclusive breastfeeding and complementary feeding for ICDS and hand washing with soap & toilet use for PRD). Joint interventions and results documentation.

State IEC/BCC plan:

For Preparation of State PIP of year 2014-17, a need assessment exercise was done by conducting a State Level IEC/BCC Workshop on 31.01.2014 at SPMU, NRHM, Lucknow. All programme Units of NRHM and all TSU-IEC/BCC participated in the workshop. In the workshop group work was done to identify the key priority behaviors and barriers at community level and facility level. The state plan prepared address the needs emerged.

Similarly Need Identification Workshop of IEC/BCC was also done at the Division level by NRHM with the support of UNICEF and other IEC/BCC TSUs. In all 18 Divisional Workshops Divisional PMs, DPMs, DCPMs Dy. CMOs, Dist. HEOs of all 75 Districts, representatives from SPM, UNICEF and TSUs were present. The Situational Analysis, Priority Behaviours, Barriers and Media Plan prepared in the Workshops have been compiled and attached as annex-1. On the basis of needs emerged in the Divisional Workshops the District specific IEC/BCC Plans have been prepared.

Strengthening of State IEC Bureau, Uttar Pradesh(FMR B.10.1)

Status of State IEC Bureau

Information, Education and Communication wing was established to advocate the information of services being provided by the Department of Medical Health and Family Welfare to the masses. For

strengthening of this wing State Health Education Bureau was merged with the State IEC Bureau by the Government Order No. 10108/5-10-99-G-106/95 Dated 07th January,2000 of Health Anibhag-10.
The State IEC Bureau has at present 21 staff. The list of 21 staff posted in IEC Bureau includes 2 Officers of Group A, 2 Officers of Group B, 11 Staff of Group C and 6 staff of Group D. The position wise list State IEC Bureau is annexed.

Background
The Information, Education & Communication or Social and Behaviour Change Communication component is a critical component of the Department of Health & Family Welfare and National Health Mission. This is included across various thematic components of RMNCH+A such as, maternal, child, reproductive and adolescent health.

In the state of Uttar Pradesh, the Call to Action and RMNCH+A is under implementation in full swing and this has been further strengthened by the state-specific **Hausala** campaign.

The NHM UP, with close support of UNICEF and the Technical support Group on BCC (TSG-BCC) has recently developed a BCC Operational Guideline to promote priority behaviors while enhancing visibility of key flagship schemes, services and entitlements.

The State and District-level BCC plans have been designed under **3-pronged objectives**: **need to make facility client and community friendly; need to create enabling environment within the family and the community** and **need to focus on behavior change and demand generation** within the primary stakeholders or clients including mothers, fathers and so forth.

Henceforth, there are set of interventions planned so as firstly, the Service Providers have complete knowledge, interpersonal communication skills and friendly attitude to serve the families and community; secondly, the mothers, fathers and key caregivers within the family are aware and have relevant skills and positive attitude to utilize health services and adopt age-appropriate practices and, thirdly, the key opinion leaders and influencers support optimum utilization of services and practice of key RMNCHA behaviours and optimally

The four pronged media plan, conceived by NHM, is all set to combat the communication challenges such as: l**ack of awareness, lack of health education, maintenance of practice and implementation of specific behaviour.**

The four elements of the plan are-

- Mass information campaigns using extensive mass and mid media to create exposure running across all types of stakeholders
- Inter-personal communication to overcome fear myths; mentor mothers and foster strategies such as positive deviance
- Social Mobilization to create enabling and supportive environment specially by involving men
- Advocacy to garner support from media, medical associations and institutions perpetuating gender based discrimination and other harmful practices.

In order to implement the ambitious BCC plans of NHM, a strong institution base is mandatory.

Proposed plan
Why need of strengthening of State IEC Bureau: Broadly, the success of prospective 2014-17 NHM BCC plan is dependent on the capacity of state, division, district, block and field level functionaries. The comprehensive strategy goes beyond the conventional mode of material production and campaigns, and is primarily into social & behaviour change through approaches like interpersonal

communication, positive deviance, peer counseling, community dialogue. Mass information campaign, social marketing and similar approaches have been tactfully built to support the former.

The State IEC Bureau, as per the capacity assessment initiative by UNICEF (2008) and subsequent analysis, faces following challenges: Vacancies in IEC cadre of the department; Over-emphasis on printing and production of materials and ad hoc use; Lack of technical expertise in BCC at the state, district and block level; Missing monitoring & evaluation of IEC interventions; Insufficient funds allocated for IEC interventions; Lacking coordination of Bureau with NHM- both with BCC Unit and other thematic sectors like MH, RH and so forth; Missing coordination with Development Partners such as Health Partners Forum and other I/NGOs working in Uttar Pradesh.

A quick analysis of gaps:
As per IEC Bureau's situation assessment, there is huge vacancy at the state level. The State IEC Bureau and the State Health Education Bureau have been merged through order no.- 10108/5-10-99-G-106/95 (Dated 7 January 2000, Medical Section- 10). There are sanctioned post of 57 under these two institutions and currently only 18 are filled up. Among technical officers only 2 under State IEC Bureau (led by an in-charge Joint Director) and 2 under Health Education Bureau are filled up.

There are 444 Health Education Officers placed at the district and block out of which only 88 have received any training on IEC and BCC. The capacity building of MOs. ANMs is another huge task that should be taken up urgently. In the below table, as status of trained (BCC) staff has been presented. District-wise table is given in the annexure.

Medical Officers		**HEOs**		**ASHAs**		**ANMs**	
Total	Trained	Total	Trained	Total	Trained	Total	Trained
5111	102	444	88	101079	25229	15684	1144

In the next 3 years (2014-17), so as to meet the needs of NRHM and DoH&FW, there is need of revamping of the Bureau.

Some other constraints and Gaps as discussed with the Joint Director, IEC Bureau are as follows:

1- Different IEC activities of Health are directly being implemented by various sections of Medical Health and Family Welfare. There is no sharing of and coordination with IEC Bureau.
2- The Bureau is not aware of the IEC Activities being carried out by the Department itself.
3- State IEC Bureau has no funds for IEC Activities.
4- State Direction position is in charge of DG, Family Welfare who has least interest in IEC Bureau activities.
5- There are a large number of positions sanctioned in State IEC Bureau but lot of them are vacant.
6- The sanctioned positions do not have the IEC/BCC Experts.
7- There are many gaps at the policy level which need to be discussed and sorted out at the higher level.

The multiple roles of State IEC Bureau will be as follows-

Expected Role of State IEC Bureau:

1. Development of communication strategies related to key RMNCH+A components and implementation
2. Design of communication materials, production, distribution, media buy and monitoring of roll out
3. Capacity building of Health functionaries to plan, implement, monitor and document BCC interventions
4. Knowledge management or documentation with focus on integration of reporting and monitoring with the HMIS system and documentation of good practices, lessons learned and state-wide dissemination.

Actions with timeline:

SN	Actions	Role	Timeline		
			2014-15	**15-16**	**16-17**
1	Clarity of roles and responsibility of State IEC Bureau	MD/AMD, NHM, DG (FW)	(By end May)	x	x
2	Filling up of vacant posts in Bureau	PS, MD, DG	(By end July)		
3	Establishment of a BCC Cell for RMNCH+A with a professional team with focus on HPDs (at least 4 experts): • Team leader, Expert in strategy development, overall management • Expert, Materials designing, production & dissemination • Expert, Capacity Building • Expert, Reporting, Monitoring & Documentation	MD, AMD (UNICEF may support 1 position for 1-2 years)	(By end July)	x	x
4	Printing, production, distribution of BCC package for RMNCH+A, including • Facility branding of High Priority districts • ASHA radio • TV EE programmes	State IEC Bureau with NHM funds	x	x	x
5	Capacity building, orientation of state, district and block IEC functionaries, including DPM/DCM/BPM/BCM (At least once in a year), including:	State IEC Bureau with NHM funds (UNICEF to provide all technical support)	x	x	x
6	Establishment of BCC Cell at the districts and blocks. Lead by DCM, the Cell will implement facility branding, other mid-media, social mobilization and IPC interventions from District BCC plans.		X (At least 5 districts)	X (All 25 HPDs)	X (All 75 districts)
7	All the proposed activities (plan) should be put for approval of Executive Committee of NHM.	Principal Secretary, Health	x	x	x
8	Monthly Review Meetings of IEC Bureau in the Chairmanship of MD,NHM.	MD/AMD, NHM, DG (FW)	x	x	x
9	Supportive Supervision of IEC Bureau by Dev. Partners	Health Development Partners.	x	x	x

Proposed Budget for IEC Bureau Strengthening

Infrastructural Support:

SN	Name of Item & Specification	Unit Cost (Approx. Rs)	Quantity	Total Amount with tax (Rs.)(A)
1	IR ADV 4045/Digital Multifunctional copier Machines (A-3) minimum copying Speed (cpm) 45/45 paper nos (original/image) A3/A3, RAM Hard Disk (MB) 256 WITH 20 GB HDD, Bye Pass 50 Sheets (DGS&D Rate)	3,25,000	02	6,50,000
2	- Computer Lenove dual core 20 inch TFT inbuilt CPU Complete with windows - UPS Microtex 750 va - Cannon image closs laser Multifunctional Machines Modal no. 4450 (print copy, Scan, Fax)	60,000	04	2,40,000

	- pendrive 4 GB (4 computers-one for Account section, 1 for store and 2 for office)			
3	- Laptop (1 for joint Director IEC, 1 for Director IEC)	85,000	02	1,70,000
4	-Computer table and chair	25,000	04	1,00,000
5	-Inverter with Battery	30,000	02	60,000
6	-Split and window A.C. (2 split and 2 window A.C.)	50,000	04	2,00,000
7	-Office renovation (partition, floring, fall ceiling, furniture, curtons etc.)	15,00,000	-	15,00,000
8	Contingency and maintenance (for telephone installation and bills, internet, photocopy paper, file covers, envelope and other office stationary)	1,00,000 per month	36 months (2014-2017)	36,00,000
9	Republic day celebration	5,00,000	3 years (2014-17)	15,00,000
Total Amount	**Rs. 80,20,000**			

HR Support:

SN	Name of post	Number of Post	Monthly Honoraria	Period (2014-15 to 2017)	Total Amount (B)
1	IEC specialist cum consultant	01	50,000	36 month	18,00,000
2	Programme assistant	01	21,000	36 month	7,56,000
3	Data cum Account assistant	01	21,000	36 month	7,56,000
4	Fourth class cum sweeper	01	5,500	36 month	1,98,000
Total Amount					**35,10,000**

Capacity Building Support:

SN	Budget Head	Quantity/ Target	Unit cost	Proposed amount in lakhs	Remarks
1	IEC orientation Workshop for HEOs, DHEIOs & dy. DHEIOs Rs. 200 for refresh ments Rs. 500 stationary & other miscellaneous Exp.	1100	Rs. 700 Unit cost	Aprox. 14.14	workshop will be held at state level & in battches twice in year 14-15
2	For other, nodal officers at Distt. Rs. 300 for refresh ments & Rs. 500 for stationary & other miscellaneous Exp. (Half yearly)	500	Rs. 800 Unit cost	Aprox. 8	7,56,000
				22.14 Lakhs	

Development of State IEC/BCC Strategy(FMR B.10.2)

1. **The State IEC/BCC Strategy:** The state IEC/BCC strategy for NHM has been developed with the support of UNICEF, Lucknow. The draft strategy has been shared with TSUs and NHM State Programme Officers of all Programme Units. The strategy paper is now finalized. After final approval of MD, NHM the printing of IEC/BCC Strategy booklet will be done. The cost proposal for Printing of IEC/BCC Strategy Booklet and Operational Guideline is as under:

Sr.	Activity	Quantity	Unit Cost in Rs.	Total Cost in Rs.
1	Printing of IEC/BCC Strategy Booklet	1000	300	3,00,000
2	Printing of Operational Guideline	500	200	1,00,000

The other proposals under State IEC/BCC Strategy is as under:

2. **District and Block Level Nodal for IEC/BCC:** The current district and block level Health setup does not have any Technical Experts for IEC/BCC activities due to which the implementation of IEC/BCC Plan is either not being done or done in improper manner. Each district already has ACMO-NRHM and DCPM. For implementation of IEC/BCC Activities at the district ACMO-NRHM is proposed to be the Administrative In-charge IEC/BCC and DCPM is proposed to be the Programme In-charge

IEC/BCC. To nominate the District IEC/BCC Nodal a circular is proposed to be issued by MD, NHM, U.P. The draft circular and ToR for the circular is attached as annexure-

Similarly each District has a Block Health Education Officer at each block. The Block HEOs will be nominated for block level IEC/BCC Nodal. He /She will be responsible for implementation and monitoring of IEC/BCC activities at his/her blocks. The draft Circular and ToR for Block level Nodal IEC/BCC is attached as annexure-

These Nodal officers are not only will be the responsible for effective planning and implementation of all IEC/BCC activities proposed in PIP 2014-15 but also ensure the monitoring and evaluation of each IEC/BCC activity.

3. **Capacity Building Program:** For effective implementation and monitoring of IEC/BCC activities at district, block and village level, NRHM nominated Nodal District HEOs/ACMO-NRHM and DCPM at district level and HEO at Block level will be trained in IEC/BCC Components. A specific training on Behavior change communication skills, relevant tools, monitoring and evaluation of BCC campaign and program will be provided to all District HEOs/ACMOs, DCPMs and HEOs with technical support of UNICEF Lucknow. This training also support to them to adapt the strategies related to IPC, Social Norms, Partnerships (Private Sector) and Convergence with other departments and Civil Society Organizations. The Trainers Training of District HEOs/ACMOs and DCPMs will be organized at the state level. After ToT of district level Nodals these Trainers with the support of IEC/BCC Unit of SPMU, Unicef and other TSUs will conduct the BCC Training of HEOs at the Division Level. The technical and financial support for State ToTs will be provided by UNICEF, Lucknow and Divisional Training will be held with technical support of Unicef and Financial support of NHM. The proposed cost for training is as under:

150 participants will be trained in 3 batches:

Activity	days	Total participants	Par unit charges	Total Charges	Total budget for 3 batches
Training on BCC	3 days	50	Rs 2500/day/participants (fooding/lodging etc)	Rs 375000	1125000
Stationary and BCC Kit for each participants			Rs 200/participants	Rs 10000	30,000
			Total Budget	Rs 11,55000	

	3 Days IEC/BCC Training for HEIO Year- 2014-15				
	Programme Budget for DHS/ RHFWTC				
	Participants- 40 per Batch				
	Participants- Block HEIOs				
	Budget for one batch-				
SN	**Activities**	**Rate in Rs.**	**No of participant**	**Days**	**Total (in Rs.)**
1	Perdiem to participants (Paramedicals & Others)	300	40	3	36000
3	Honorarium to State Trainers (Other then faculty /officials of SIHFW)	1000	2	3	6000
4	Honorarium to in house Faculty /Officials	500	2	3	3000
	Food to trainer Working Lunch	200	4	3	2400
5	Food to Participants Breakfast, Tea, Lunch, Dinner	250	40	3	30000
6	Course material and contingency (training related documents and other	200	40	3	24000

	accessory materials)				
7	Stay arrangement for participants	0	40	0	0
8	Institutional overheads 15 %	1500	4	3	15210
9	TA to participants (as per Govt. Rule)/ Out side Facilitator	750	40	2	60000
	Total Budget for 1 Batch				176610
	For 25 Batches				**44,15,250**

4. **Exposure Trips/ Educational Tour:** The exposure trips of selected Officials of IEC/BCC Unit at SPMU and IEC/BCC Nodals at District and Block along with selected Officials of TSG-BCC to successful IEC/BCC Interventions of other State will be organized with the support of TSG-IEC/BCC. One visit in each Quarter is proposed. The visit Plan will be coordinated and managed by TSG. Each visit will be financed by separate TSG. The detail specific Visit Plan will be prepared after discussion with TSG.

Implementation of IEC/BCC Strategy(FMR B.10.3)

Media Mix Activities: IEC/BCC Unit at SPMU, NHM will provide to District Units (DHS) the designs and prototypes of Information to be published through Advertisements in local News Papers along with Guidelines of Implementation, Monitoring and Documentation on (MH)- institutional delivery, 48 hours stay just after delivery, safe motherhood day, role of family members in quality delivery, (CH)-Early initiation of breast feeding, Awareness about Danger signs and its management, (FP)-Spacing of Birth, Family Planning Methods, promotion of male sterilization, (ARSH)- Personal and Menstrual Hygiene Management, (RI)-Importance of Total Immunization, (PCPNDT)-Importance of Girl Child etc. Districts will use these materials as per their need. IEC/BCC Unit at SPMU, NHM will also provide to District Units (DHS) a repository of Audio and Video Spots on each programme (on DVD) which the Districts can use to telecast on local cable TV Channels.

1. Media Plan for Radio Spots

The Broadcasting of Radio spots from Akashvani Lucknow & Private FM Radio Stations of Uttar Pradesh under the Mass Media Activities of Maternal Health, Child Health, Family Planning, and RKSK has been taken at the State Level. Two spots of MH, CH, FP, ARSH and PCPNDT will broadcasted each day for 90 days from each station of AIR Lucknow. As it has a wider reach to the rural and urban masses, the results will be more visible in terms of betterment of health indicators. The media plan for Radio Spots is as under:

Media Plan for Radio Spots from AIR, Lucknow
Identified Priority behaviours to be promoted- (Maternal Health, 2 spots each day from each station) ANC Checkups, Institutional Delivery, 48 hrs. Stay after delivery**, (Family Planning, 2 spots each day from each station)** Birth Spacing, Adoption of FP Methods, Increase male sterlization**, (Child Health-2 spots each day from each station)** Initiation of early breast feeding, Danger sign recognition and management of complications , Increased Acceptance for vaccination,**(ARSH & PCPNDT-1 spot on ARSH and 1 spot on PCPNDT each day from each station)** Adolescent personal and Mentrual Hygiene, Importance of Girl Child Spots- MH(Chance kyon lena yaar, ...), FP-(Ek,Teen Do, ...), CH-(.....), ARSH-(To be developed), PCPNDT-(To be developed)

S. No	Station	No. of Spots	Rate/10 sec/ Cat.I	Rate/10 sec/ Cat.II	Duration in Ten Seconds	Rate for 1 Day/ Cat.I	Rate for 30 days/ Cat.I	Rate for 30 days/ Cat.II	Service Tax@ 12.36%	Grand Total
1	AIR-NEWS	8	4400		4.5	158400				

	After Flat 15% discount					134640	4039200		499245	
2	AIR-all channels (12 Stations) Category-I, Category-II free	8	5,500	3450	4.5	198000		3726000		
	After Flat 15% discount					168300				
	Additional 7% discount					156519	4695570		580372	
3	AIR-FM Rainbow -1 Stations Category-I, Category-II free	8	550	440	4.5	19800		475200		
	After Flat 15% discount					16830	504900		62406	
4	Vividh Bharati, (4 stations) Lucknow,Kanpur, Allahabad, Varansi	8	1560	1320	4.5	56160		1425600		
	After 7% Discount					52229				
	After Flat 15% discount					44394	1331834		164615	
	Total						10571504	5626800	1306638	11878142

Media Plan of Radio Spots from Pvt. FM Radio Stations

Identified Priority behaviours to be promoted- (Maternal Health, 2 spots each day from each station) ANC Checkups, Institutional Delivery, 48 hrs. Stay after delivery**, (Family Planning, 2 spots each day from each station)** Birth Spacing, Adoption of FP Methods, Increase male sterlization**, (Child Health-2 spots each day from each station)** Initiation of early breast feeding, Danger sign recognition and management of complications , Increased Acceptance for vaccination,**(ARSH & PCPNDT-1 spot on ARSH and 1 spot on PCPNDT each day from each station)** Adolescent personal and Mentrual Hygiene, Importance of Girl Child

Spots- MH(Chance kyon lena yaar), FP-(Ek,Teen Do), CH, ARSH(To be developed), PCPNDT-(To be developed)

SN	Radio Channels	No. of Spots	Rate/ 10 sec/	Duration in Ten Seconds	Amount for 1 day	Amount for 90 days	Stations
1	92.7 Big FM	**8**	360	**4.5**	12960	1166400	**Kanpur, Agra, Aligarh, Allahabad, Bareilly, Jhansi** (Covering Districts -Agra, Firozabad, Etah, Mahamayanagar, Mathura, Aligarh, Bulandshahar, Barabanki, Allahabad, Jaunpur, Pratapgarh, Rampur, Badaun, Pilibhit, Shahjahanpur, Bareilly, Jhansi, Kanpur, Unnao, Fathehpur, Ramabynagar)
2	93.5 Red FM	8	240	4.5	8640	777600	**Lucknow, Kanpur, Varanasi, Allahabad** (Covering Districts- Lucknow, Barabanki, Raibareli, Sitapur, Gonda, Unnao, Pratapgarh, Kaushambi, Bhadoi, Allahabad, Varanasi, Jaunpur, Gazipur, Mirzapur, Chandauli, Azamgarh, Kanpur, Unnao Kanauj, Hamirpur, Fatehpur)
	Total					**1944000**	

2. Media Plan for TV Spots

Telecasting of video spots from Doordarshan Lucknow and Private TV Channels of Uttar Pradesh will be done at the State level. Two spots each of maternal Health, Child Health, Family Planning, ARSH and PCPNDT will done from each channel each day. The spots provided by Govt. of India and other tested spots of Development Partners will be telecasted. The media plan for TV Spots is given below:

Media Plan for Video Spots on Doordarshan, Lucknow							
SN	**Channel**	**Programme**	**Rate for 10 Secs. (in Rs.)**	**Rate for 30 sec.**	**No. of 3 spots each day for 90 days**	**Total Amount**	**Remark**
1	Doordarshan Lko.	News before and After	10000	30000	270	81,00,000.00	75 spots of MH, 60 for CH, 75 for FP, 60 for RI,
		Swasth Bharat	8000	24000	270	64,80,000.00	75 spots of MH, 60 for CH, 75 for FP, 60 for RI,
		Krishi Drashan	2000	6000	270	16,20,000.00	75 spots of MH, 60 for CH, 75 for FP, 60 for RI,
			Total			**1,62,00,000.00**	
			+12.36% Service tax			**20,02,320.00**	
			15% contingency			**24,30,000.00**	In case rate is increased.
			Grand Total			**2,06,32,320.00**	

Media Plan from Private TV Channels:

Media Plan of TV Spots from Pvt. TV Channels							
SN	**Radio Channels**	**No. of Spots**	**Rate/10 sec/ (DAVP)**	**Duration in Ten Seconds**	**Amount for 1 day for 8 spots**	**Amount for 90 days**	**Service Tax@12.36%**
1	BigMagic	**8**	380	**3**	9120	820800	**101451**
2	Sahara Samay Uttar Pradesh	8	128	3	3072	276480	**34173**
3	Z Uttar Pradesh	8	128	3	3072	276480	**34173**
4	ETV Uttar Pradesh	8	128	3	3072	276480	**34173**
				Sub Total		1650240	**203970**
				Service Tax@12.36%		203970	
				Grand Total		**1854210**	

3. BCC/ IEC Mass MediaCampaign Through TV Serials:

Media Plan (of SIFPSA) for Telecast of TV Serial "Kyunki jeena isi Ka Naam hai" :

- UNICEF's TV serial "Kyunki jeena isi Ka Naam hai" are very relevant for the NHM programs. "Kyunki jeena isi Ka Naam hai" was aired on Doordarshan's National Network; its evaluation findings show that it was an effective program. As UNICEF is agreed to provide the episodes of the TV serial to the state for local airing, it is proposed that airing of the serial on Doordarshan, Uttar Pradesh. The Budget proposal for this is as under:

SN.	Name of Serial	Duration	No. of Episode	Unit Cost	Total Cost	Remark
1	Kyunki Jeena Isi ka Naam Hai	30 mins.	50 episode 2 times	30000	30.0	Episodes will be telecast after updating

4. <u>BCC/ IEC Mass Media Campaign Through Radio Drama Series:</u>

Media Plan (of SIFPSA) for Telecast of Radio Serial "Kuch Tum Kaho Kuch Hum" for Adolescents Health:

This Media Campaign will be developed and implemented by SIFPSA for which the funds will be allocated to SIFPSA.

Justification of Activity:

- According to NFHS-3 survey 58.6% Girls were married Before 18 and 51.4% Boys before 21.At the time of survey girls of 15 to 19 years, 15.3% were pregnant.
- In U.P it has been found that adolescent girls and boys face a number of problems associated with general health, growth and development, changes associated with puberty, and the reproductive systems. Girls, in particular, complain of menstrual disorders, symptoms of anaemia, and reproductive tract infections.
- 13 episodes of Radio Forum including Songs, Drama and Panel discussion is proposed addressing above mentioned problems.
- **This Radio drama Forum was developed by the technical advice and support of , JHUCCP, SIFPSA, Family Welfare Dept, and other stake holders of U.P These scripts are field tested in Harchand pur Raibarelly Meerut and Ballia.**
- Radio forum program has been proposed in support of ARSH Campaign/Clinics of NRHM.
- **Issued covered in Program:-**Anaemia, Health and Hygiene, Sex Abuse, Gender, Violence, Drug abuse , My family , Age at Marriage, Successful Marriage, Woman Empowerment, , Safe mother hood and child health, Planned parenthood, Lesson learnt.

Why Radio:-

- Does not require electricity.
- Cost per message is low
- Cost per listener is low
- The medium of imagination
- One can listen and work at same time.
- Radio is an important component of mass media with a maximum reach in rural Uttar Pradesh, thus offering a unique media edge both in terms of cost effectiveness and reach13 episodes of Radio Forum including Songs, Drama and Panel discussion is proposed.. This is more so in the context of rural audiences that are the largest and most critical segment of our programme's target groups. AIR Primary channels have maximum coverage in U.P; hence it is proposed to air this radio drama series through 12 AIR primary channels.

Priority Behaviours for Mass Media campaign on Adolescents health are as under:-

		Primary	**Secondary**
	• Promote information about health and development during adolescence	Rural non-school and school going adolescent (11-19 years)	**Parent / teachers / community members / gatekeepers**
	• Promote communication between adolescents and parents		
	• Lack of information for responsible parenthood		
	• Gender inequality		
	• Sexual harassment and violence Substance abuse		
	• Nutritional deficiency		
	• Lack of access and use of adolescent friendly services		
	• **Age At marriage**		

Activities are planned as per the State BCC strategy Mass Media as per table below

Letter to ASHA at village level to promote the Program at VHND and VHNC. **Announcement through Sehat Sandesh Vahini Video Van.** **Promotion through ASHA news letter**	Communication by ARSH Counsellor to promote the program	• To promote the program airing of 10 sec Promo 7 days before airing of Radio Forum. • Airing of 13 episodes of Radio Forum program from 12 Primary Channels of Uttar Pradesh.

Proposed Budget
Airing of Radio Forum Kuch Tum Kaho Kuch Hum on Adolescents health

SN	Activities	For Entire U.P@	No of spots in a day	Total Days /Episodes	Total	Comments
1	10 sec Promo	5500	4	7	154000	Will be aired in Primary and FM channels of AIR U.P
2	Production of Radio Forum @	15000	0	13	195000	Production will be done by AIR Lucknow on their approved rate
3	Airing of Radio Forum Duration 15 Minutes	33000	13		429000	AIR Primary Channels are covering entire U.P (Villages and media dark areas)that's why airing will done by AIR Primary Channels U.P on their approved rate
4	Technical support	5000		30	150000	Technical Support by SIFPSA Rs 5000 per man day for 30 days
5	Total				928000	
6	ST @ 12.36%				114700.8	
7	Grand Total				1042701	

5. **Media Plan for Messaging through Slide Shows in Cinema Halls:**
The messages of Maternal and Child Health, RI, Family Planning, ARSH and PCPNDT is proposed to be displayed at 277 Cinema Theatres of Uttar Pradesh covering 75 districts of the State. Each day 4 shows will display 8 slides which will include 4 slides on maternal health and 4 slides of Family Planning. The slides show is proposed to be done by an empanelled agency of Directorate of Advertising & Visual Publicity, Audio Visual Wing, Ministry of Information and Broadcasting, Soochna Bhawan, New Delhi. Display of slide show will be done on DAVP Rates. Some of the Advantages Digital Cinema Platform are as follows:
    - Captive audience-No Remote Control hence maximum recall
    - Transparent-electronic logs provided with invoice as proof of screening
    - Clutter free: There are limited numbers of messages played in UFO Digital Cinema making it a high recall media.
    - New Movie every week – UFO Theatres show only First week or recent title ensuring high visibility of each messages to audience across India
    - Multiple language option: Can show messages in any language depending upon the State where message is to be screen.
    - Unique Reach: Cinema provides unique reach and has no duplication like audio-video media

Media Plan of for Mass Awareness Campaign through Cinema Slides									
1	2	3	4	5	6	7	8	9	10
SN	**Seating Capacity**	**No. of Theatres**	**No. of Shows/Day (4 shows)**	**Rate/ 10 sec.**	**Rate/ 30 sec.**	**No. of spots**	**Spot Duration**	**Activity**	**Total Outlay**
						in each	**(Second)**	**Period in Days**	

						show			
1	With Seating Capacity of more than and equal to 500	111	444	15	45	2	30	30	1198800
2	With Seating Capacity of less than 500	116	464	13	39	2	30	30	1085760
	Total	**227**	**908**				**Total**		**2284560**
							Service Tax@12.36%		**282371.616**
							Grand Total		**2566931.62**

6. Mass Messaging through News Paper Advertisement:

Messages of NHM Programmes will also be displayed on special occasions through advertisement in widely circulated News Papers of the State. This will be done on DAVP Rates through either Dept. of Information and Public Relations or through empanelled agency of NHM. The Publication plan of messages are as under:

SN	Details of messages	News Papers	No. of Advt.	Size	Languages	Rate	Amount in Rs.
1	Safe Motherhood Day	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
2.	Breast Feeding Week	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
3.	New Born Care Week	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
4.	Girl Child Day	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
5.	International Women's Day	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
6.	World Population Day	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
8.	Launch of RKSK Programme	In Editions covering whole Uttar Pradesh	01	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000
9.	IEC of ARSH	In Editions covering whole Uttar Pradesh	06 (Bi-monthly)	16x25 inches	Hindi, Urdu, English	DAVP Rate	5,00,000 x 6 =30,00,000
10.	Other Advt. as per need	In Editions covering whole Uttar Pradesh	02	16x25 inches	Hindi, Urdu, English	DAVP Rate	10,00,000
	Total						80,00,000

1. **Mid Media and BCC materials plan:**

The RMNCH+A theme adopted in Uttar Pradesh has been given the brand name "Hausala". All IEC Campaign being done through print media, mass media, mid media and new media under NHM has the brand name "Hausala".

The A/V, radio and other mass media products, available with UP/Govt. of India and other Health Partners will be adapted. Need-based Radio infotainment series (ASHA Radio), with focus on strengthening counseling and community education through VHND, VHSC may be initiated and the broadcast program may be supported with two-way educational sessions with ASHAs during their monthly meetings. Selected print reading materials will be developed.

- A minimum package of IPC materials (Flip book on RMNCH+A, educational posters/ danglers for institutional delivery & other community based facility),
- In support of the Adolescent Health and Menstrual Health & Hygiene (MHM), a BCC package is under development (UNICEF) and shall be used in 2014. See the brief on NHM communication strategy (Annex).
- Year 2014-15 NRHM will develop spots/print ad/pamphlets/posters/wall writing and other content on different RMNCH+A theme in local popular dialect of Uttar Pradesh i.e. Urdu, Awadhi, Bundelkhandi, Bhojpuri, Khadi Boli, Ladhmaar etc.

IEC/BCC Unit at SPMU, NHM will provide to District Units (DHS) the designs and prototypes of pamphlets and posters and other print materials, Designs of Wall Painting, Hoardings and Banners along with Guidelines of Implementation, Monitoring and Documentation on (MH)- institutional delivery, 48 hours stay just after delivery, safe motherhood day, role of family members in quality delivery, (CH)-Early initiation of breast feeding, Awareness about Danger signs and its management, (FP)-Spacing of Birth, Family Planning Methods, promotion of male sterilization, (ARSH)- Personal and Menstrual Hygiene Management, (RI)-Importance of Total Immunization, (PCPNDT)-Importance of Girl Child etc. Districts will print and use these materials as per their need. A Compiled Booklet of all these prototypes, Designs and Guidelines will be developed and circulated to all District Units in hard and soft copies.

2. The Mid Media Activities under Maternal Health, Child Health, Family Planning, ARSH, RI, and PCPNDT, which will be taken from the State Level are given in the table below:

SN	Activity	Unit Cost	Quantity	Total Cost (Rs. in Lakhs)	Detail
Mid Media Activities of Maternal Health					
1	Printing of IEC Materials and Job Aids				Mid Media Activities of Maternal Health have been proposed from JSY Admn. Fund. The amount for Safe Motherhood Booklet which was committed in the year 2013-14 has again been proposed in the committed expenditure.
2	Running of video clips of maternal health on LED TV in 102 Ambulance service	500	2000 pendrives	10.0	The video clips capsule will be given to GVK to ensure its display.
Mid Media Activities of Child Health					
1	**Celebration of Breast Feeding Week**				It is proposed that the State will celebrate breastfeeding week in a joint manner along with ICDS on IYCF during the breastfeeding week. Districts and blocks will be asked to undertake IEC activities, media meeting and workshop to celebrate the event. A total of Rs 47.5 lakhs has been budgeted in the PIP 2014 – 15 for the above stated activities and an exclusive State level workshop will be organized at the State for
i	State level Workshop during World Breastfeeding Week	3.0	1	3.0	
ii	World Breastfeeding Week - IEC activities/Mass media meeting at State level	7.0	1	7.0	
iii	District and block level workshop/ media conference for World breastfeeding week	.40	75	30.0	
iv	World Breastfeeding Week - IEC activities/Mass media @ Rs. 10,000/- per district			7.5	
	Total			**47.5**	

					which an amount of Rs.3 Lakhs is budgeted.
2	**Celebration of New Born Care Week**				It is proposed that the state will celebrate newborn week in a joint manner. Districts and blocks will be asked to undertake IEC activities, media meeting and workshop and baby show at district and FRU level to celebrate the event. A total of Rs 48.5 lakhs has been budgeted in the PIP 2014 – 15 for the above stated activities and an exclusive State level workshop will be organized at the State for which an amount of Rs.4.0 Lakhs is budgeted.
i	State level Workshop during Newborn Week @ Rs. 4.0 Lakhs	3.0	1	4.0	
ii	Newborn Week - IEC activities/Mass media meeting @ Rs. 7 Lakhs at State level	7.0	1	7.0	
iii	District and block level workshop/ media conference for Newborn week @Rs.40,000/district (including baby show at DWH @ Rs.5000/- and at 2 FRUs @ Rs2500/- per FRU)	.40	75	30.0	
iv	World Breastfeeding Week - IEC activities/Mass media @ Rs. 10,000/- per district			7.5	
	Total			**48.5**	
3	**Posters on नवजात शिशु पुर्नजीवन प्रवाह चित्र for SNCUs, NBSUs, NBCCs and First Referral Units and 24x7 Delivery Points**	Rs.500/-per poster (size 2'x3')	L1-3368 L2-1000 L3-167 Delivery Points-4535 Total-9070	**45.35**	District-wise Requirements and Distribution sheet is annexed.
Mid Media Activities of ARSH/RKSK/RBSK					
1	RKSK Launch				
i	Exhibition with 4 stall	1000	4	.04	
ii	Backdrop	5000	1	.05	
iii	Banners	200	500	1.0	
iv	Standeez	1500	10	.15	
v	Booklet/ Operational Guideline	125	1000	1.25	
	Total			**2.49**	
2	Peer Educator Booklets	25	10000	**2.5**	Will be developed by ARSH Unit, SPMU
3	Posters regarding WIFS/NIPI	60	25000 Health Facility	**15.0**	Will be developed by ARSH Unit, SPMU
4	Handbills for Adolescent Friendly Health Clinics (AFHC)				
i	For Existing 36 clinics at division level HQ Districts	1.5	12000x36 =432000	6.48	
ii	For 36 new clinics for which funds have already been released in last quarter of 2013-14	1.5	6000x36 =216000	2.16	
iii	For 62 new clinics proposed at district level	1.5	3000x62 =186000	1.86	
iv	For 18 new clinics proposed at Medical College	1.5	6000x18	1.62	
	Total			**12.12**	
Mid Media Activities of Family Planning					
1	Bus Panels on UPSRTC	1710	5000 buses	**85.50**	Bus panels of FW

	Buses				Programme is going on activity. It will be completed by July,2014. After July this activity will be done through empanelled agency of UPSRTC.
2	Printing of IEC Materials				The budget for printing of IEC Materials on FW has already been sanctioned in 2013-14 supplementary PIP. Once it is utilized the proposal will be submitted in supplementary PIP.
Mid Media Activities of PCPNDT					
1	Shows by Folk Media Song Team in 10 Districts having lowest sex ratio			46,44,000	Proposal has been prepared by SIFPSA. The activity will be done through SIFPSA.
2	Gender Sensitization and PCPNDT one day sensitization workshop, a project for 10 high focused districts of U.P. with low sex ratio.			11,49,250	Proposal has been prepared by SIFPSA. The activity will be done through SIFPSA.
Mid Media Activities of Routine Immunization					
1	Advocacy Workshop with Religious Gurus	200000	2	400000	
Mid Media Activities of AYUSH					
					Since the FMR B.10 does not have the AYUSH Component, the IEC/BCC Activities of AYUSH has been inbuilt in Ayush FMR Code.
Mid Media Activities of National Programme					
					The IEC/BCC Activity of National Programme has been inbuilt in their own programme FMR.
Mid Media Activities of EMTS					
1	Printing of pamphlets on 102 and 108 Ambulance Service	1.5	10000 x 75district	11.25	The budget will be allocated to DHS for printing and distribution of handbills.

3. National Health Mission, U.P. - Newsletter

In this proposal a quarterly newsletter would be printed and procured by state level which contains - three month activities of N.H.M., U.P., operational guidelines, success stories and achievements of all health programs along with state level health partner's activities. This newsletter will be uploaded in website of N.H.M. U.P..

SN	Specification	Rate	Quantity	Target Audience
1.	8 Pages, 4 Colored, 150 G.S.M. Art Paper, Size – A4 Paper.	12 Rs. approx.	56,000 Approx.	D.M., Commissioner,Directorate Health and Family Welfare, Additional Direcor, C.M.O., CMO, NRHM, Div. P.M., D.P.M., D.C.P.M., Medical Officer, District Health Education Officer, Block Health Education Officer, A.N.M., ASHA

	(7.50"*11.50")			Sangini, State Level Health Partners and Other Aligned Central and state Government department
Service tax 12.36% will be payable extra at actual printing cost.				
Contingency @20% of the Total Amount in view of Additional employees and officers of N.U.H.M..				

Distribution plan of this newsletter is as given below-

SN	Target Audience	Specification	Total
1.	District Magistrate	75 District and 5 copy each	375
2.	Commissioner	18 Division and 10 copy each	180
3.	Directorate Health and Family Welfare	All state level officers	1,000
4.	Division level Additional Director	10 copy each	180
5.	Chief Medical Officer	75 District and 5 copy each	375
6.	A.C.M.O. N.H.M.	75 District and 2 copy each	150
7.	Div. Program Manager	18 Division and 5 copy each	90
8.	District Program Manager	75 District and 2 copy each	150
9.	District Community Process Manager	75 District and 2 copy each	150
10.	Medical Officer including AYUSH	1 copy each	12000
11.	District Health Education Officer	75 District and 2 copy each	150
12.	Block Health Education Officer,	820 blocks and one copy each	820
13.	A.N.M.	Approx. 20,000 Regular A.N.M. and 12,000 contractual A.N.M. one copy each	32,000
14.	ASHA Sangini	Approx. 6000 ASHA Sangini and one copy each	6,000
15.	State level Health Partners	10 copy each	1,000
16.	Other Aligned Department	25 copy each	1,000
17.	State Level N.H.M. Officers	Approx. 150 one each	150
18.	For Record	For future Publishing work	230
Grand Total			**56,000**

Proposed Cost for this activity –

Proposed total cost for this Quarterly Newsletter for 4 issue in year is Rs. 26,88,000/. Service tax 12.36% will be payable extra at exact printing cost and 20% contingency for National Urban Health Mission field employees and officers

Inter Personal Communication:

B.10.3.1.2 IPC for MH:

B.10.3.2.2 IPC for CH:

B.10.3.3.2 IPC for FP:

B.10.3.4.2 IPC for AH/RKSK:

1. Social Mobilization activities

To reduce the MMR and IMR in UP it is very essentials to focus on identified key behaviors on RMNCH+A theme. By quality ASHA's home visit behavior change is possible among family members especially to increase institutional deliveries, 48 hours stay and early registration of pregnant lady for quality ANC. Generally during home visits ASHAs only discuss with pregnant lady but now discussion with mother in law, husband and any other decision makers of family is also very crucial for behavior change among community and it came as a urgent need during the divisional workshops. ASHAs can negotiate with decision makers of family for early registration, institutional delivery and 48 hour stay for mother and baby.

2. Sehat Sandesh Wahini (Video Van project) for promotion of NHM schemes with focus on villages of selected blocks having Scheduled Tribe Population

Introduction and its Objective

Information and education are indispensable for socializing the young/couples/families into health promoting norms and behavior. To promote appropriate healthy behavior more focused and effective approach should be adopted. Education with entertainment program in decentralized form is always effective to mobilize the community for promoting health seeking behavior. Sehat Sandeshwahini project is being implemented in 11 divisions of the state. Due to wide publicity by video van staff through PA system, door to door visits in coordination with ASHA/ANM/AWW and PRI members, the audience size is quite large to watch the film and interactive sessions with counselor also gives an opportunity to audience to get answer to their queries which are the main attraction of the program.

Presently, Sehat Sandeshwahini project is being implemented by SIFPSA on behalf of NHM-UP. In the first phase out of 18 divisions, 11 divisions namely Kanpur Nagar, Lucknow, Gorakhpur, Basti, Allahabad, Faizabad, Devi Patan, Aligarh, Mirzapur, Moradabad and Chitrakoot are being covered. All the 48 districts of 11 divisions are being covered through 526 blocks. Per block 20 villages are selected for video shows under Sehat Sandehwahini. A total of 10520 shows are likely to be held. The first phase of the program is likely to be completed by July, 2014.

Now, in the second phase the following activities are proposed which are as below: -
To implement Sehat Sandeshwahini project in remaining 7 divisions i.e. Varanasi, Azamgarh, Agra, Meerut, Bareilly, Jhansi and Saharanpur.

Additional focus on villages of 60 blocks where sizeable Scheduled Tribe population resides.

Three cycles are proposed for Melas i.e. Magh Mela, Allahabad, Nauchandi Mela, Meerut and Lucknow Mahotsav, Lucknow each.

As per census 2011 there are 16 districts where ST population is more than ten thousand. Though scattered but generally they live in mix caste groups so the whole village would be benefitted by the show. As we are focusing on Tribal population therefore those blocks which were covered earlier would also be covered in particular blocks for video van show. Total 60 blocks having sizeable tribal population have been identified which are as below: -

SN	Name of Division	Name of districts	No of blocks	Name of blocks where Tribal population reside
1.	Mirzapur	Sonbhadra	8	Robertsganj, Chatra, Chopan, Nagawan, Ghorawal, Dudhi, Myorpur, Baghni
2.		Mirzapur	5	Lalganj, Halia, Madihan, Rajgarh, Pahari
3.	Azamgarh	Balia	8	Siyar, Sikandarpur, Rasra, Balia Sadar, Bansdih, Maniyar, Rewti, Bairiya
4.		Mau	3	Fatehpur Mandav, Dohrighat, Badraw
5.	Gorakhpur	Gorakhpur	1	Khorabar
6.		Deoria	1	Desahi
7.		Maharajganj	3	Nautanwa,Nichlaul, Siswa
8.		Kushinagar	3	Dudahim, Kasya, Vishunpura
9.	Jhansi	Lalitpur	5	Lalitpur, Talbehat, Takhora, Birdha, Madhwara
10.	Lucknow	Lakimpur Kheeri	2	Palia, Nighasan
11.	Varanasi	Chandauli	5	Naugharh, Chakiya, Dhanapur, Barhani, Chandauli
12.		Ghazipur	5	Mohmmadabad, Ghazipur, Godaur, Mardah, Mirzapur
13.		Varanasi	3	Harruan, Baragaon, Pindra
14.	Devi Patan	Balrampur	2	Pachperwa, Gainsadi
15.		Bahraich	1	Mihipurwa
16.	Basti	Sidhartnagar	5	Bansi, Naugarh, Itwa, Birdpur, Barhni
Total			60	

Strategy

All the 234 blocks of 38 districts of Uttar Pradesh would be covered under this program. Video van agencies would be selected through tender at state level. Duration of work agreement could be for six months stating from September or after monsoon and ends by the end of financial year. A minimum of 20 villages would be covered for video van show per block. Two additional cycles per block is proposed in Tribal concentrated blocks as mentioned above which would be in addition to routine one cycle per block thus total 60 villages/ shows per tribal concentrated block is proposed so that in due course all the villages/hamlets would be covered under Sehat sandeshwahini project. Three additional cycles are proposed for Melas ie Magh Mela, Allahabad, Nauchandi Mela, Meerut and Lucknow Mahotsav, Lucknow each. Magh Mela would be managed by Varanasi division vehicles, Nauchandi Mela from Meerut division and similarly, Lucknow Mahotsav would be covered by Kakhimpur Kheeri vehicle. A total of about 70 video vans would be required to cover all 234 blocks. Villages would be selected on the basis of minority population, having poor health indicators, less JSY beneficiaries and resistance to adopt spacing or limiting methods for family planning and far off areas but have road connectivity whereas in case of Tribal blocks, villages would be selected focusing on tribal concentration area with road connectivity.

Video vans

Video vans may be preferably of TATA ACE or similar size and capacity in good condition fully equipped with all modern audio video system with alternative arrangement and with power back up and LED screen having minimum 60 inch for shows.

Video van staff

There would be one driver, one operator and one health counselor in video van. The team would do the publicity before show and take round of village to inform people about show and coordinate with ASHA/ANM and PRI member of the village. Counselors would be oriented about NHM scheme at state level before launching of project. The counselor would interact with the audience and reply the queries raised by audience after show and maintain feedback register. HIEO and other monitoring officers would also help counselor to reply to audience. This would help to know the reaction of audience about the program and their health behavior. Publicity materials would also be distributed by van staff which would be provided by health department. Contraceptives could also be promoted in the venue.

Program schedule

A minimum of twenty days show would be organized in a general block which is to be treated as one cycle. In Tribal concentrated blocks total three cycles would be organized having 20 days show per cycle. If the population of a particular village is more than 5000, in that case 2 shows could be planned to cover whole village provided the venue is centrally located for that pocket. Van would make halt at PHC/CHC and make move to its destined village till all the shows are performed. Publicity would be done by van staff in coordination with gram pradhans/PRI members, ASHAs of the village and Anganwadi workers& ANM of the area to inform the dwellers about the program.

Shows

Audio/Video CDs will be revised and developed after incorporating new schemes launched under NHM. Only one show would be scheduled in a day which would be of two hours duration held between 6.00 to 8.00pm depending upon season. The van has to reach before two to three hours of the show and publicize the program in the village to gather the public. Venue would be centrally located area/ panchayat ground/ school campus etc where anyone is free to reach.

Monitoring

Hundred percent programs would be monitored by block level officers. Monitoring officers at block level include BPM/HEO/MO/MOIc/ANM of the area. Monitoring by district level officers ie District PM/DCM/ DAM/ DHIEO/ ACMO and other district officials would be done on turn basis for minimum 10% of the total shows. Div. Project Manager/ SIFPSA would also monitor minimum 10% of the shows. Show would be verified by ASHA/ Gram Pradhan/ other PRI members countersigned by any one of

the block level monitoring officers. Status of progress would be briefed to DM by Div PM/CMO in the monthly review meeting chaired by DM.

Documents to be submitted for payment

Agency would submit the verification report alongwith two photographs of the show, two minutes video recording of the show and Feedback of audience maintained by counselor to Div. PMU. Based on it payment would be released to the agency.

Video van cycles with focus on ST population villages for FY 2014-2015

Division	Sl	District	no of blocks	no of cycles proposed	no of blocks having ST pop	additional cycles proposed in ST area @ 2 cycles / block	total cycles proposed (5+7)
1	2	3	4	5	6	7	8
Jhansi	1	Jalaun	9	9	0	0	9
	2	Jhansi	8	8	0	0	8
	3	Lalitpur	6	6	5	10	16
Lucknow	4	Lakhimpur Kheri	0	0	2	4	4
	5	Lucknow Mahotsav*	1	1	0	0	1
Gorakhpur	6	Deoria	0	0	1	2	2
	7	Gorakhpur	0	0	1	2	2
	8	Kushinagar	0	0	3	6	6
	9	Maharajganj	0	0	3	6	6
Basti	10	Siddharthnagar	0	0	5	10	10
Bareilly	11	Badaun	18	18	0	0	18
	12	Bareilly	15	15	0	0	15
	13	Pilibhit	7	7	0	0	7
	14	Shahjahanpur	15	15	0	0	15
Varanasi	15	Chandauli	9	9	5	10	19
	16	Ghazipur	16	16	5	10	26
	17	Jaunpur	21	21	0	0	21
	18	Varanasi	8	8	3	6	14
Devi Patan (Gonda)	19	Bahraich	0	0	1	2	2
	20	Balrampur	0	0	2	4	4
Mirzapur	21	Mirzapur	0	0	5	10	10
	22	Sonbhadra	0	0	8	16	16
Meerut	23	Baghpat	6	6	0	0	6
	24	Bulandshahar	16	16	0	0	16
	25	Gautam Budha Nagar (Noida)	4	4	0	0	4
	26	Ghaziabad	4	4	0	0	4
		Meerut	12	12	0	0	12
	27	Nauchandi Mela*	1	1	0	0	1
	28	Hapur	4	4	0	0	4
Saharanpur	29	Muzzaffar Nagar	9	9	0	0	9
	30	Shamli	5	5	0	0	5
	31	Saharanpur	11	11	0	0	11
Azamgarh	32	Azamgarh	22	22	0	0	22
	33	Ballia	17	17	8	16	33
	34	Mau	9	9	3	6	15
Agra	35	Agra	15	15	0	0	15
	36	Firozabad	9	9	0	0	9
	37	Mainpuri	9	9	0	0	9
	38	Mathura	10	10	0	0	10
Allahabad	39	Magh Mela*	1	1	0	0	1
Total			**297**	**297**	**60**	**120**	**417**

Estimated budget of Sehat Sandeshwahini for FY 2014-15

An estimated cost of Rs 436.33 Lakhs is kept for FY 2014-15 to cover 8280 villages in 234 blocks covering 38 districts of the state whereas the budget projection for the FY 2015-2016 and 2016-2017 is Rs 954.60 Lakhs and Rs 1001.60 Lakhs respectively to cover whole blocks of UP with emphasis on Tribal concentrated areas.. Details are as below: -

SN	item	FY 2014-15		
		unit	rate	Amount (Rs)
1	rent of the van including driver, operator and counselor, fuel, equipment for show, fabrication of vehicle etc@ 95000/-*417 cycles	417	95000	39615000
2	production of audio/video CDs	1	200000	200000
3	designing/ development of prototype for video van	1	25000	25000
4	mobility to PHC level monitoring officers `BPM/HEO/ANM @ 200/-*20shows *417 cycles	417	4000	1668000
5	Assessment and Documentation, evaluation, printing of reports 200 copies etc	1	800000	800000
6	program support cost ie advertisement, publicity, handbill printing, orientation to van staff, etc.	1	500000	500000
7	Technical support by SIFPSA total 85 mandays @ Rs. 5000/- per manday	85	5000	425000
8	Contingency	1	400000	400000
	Total		**2029000**	**43633000**

Projected budget for Sehat Sandeshwahini FY 2015-17

Item	FY 2015-16			FY 2016-17			FY 2015-17
	unit	rate	Amount (Rs)	Unit	rate	Amount (Rs)	Grand total (Rs)
rent of the van including driver, operator and counselor, fuel, equipment for show, fabrication of vehicle etc@ 95000/-*940 cycles	940	95000	89300000	940	100000	94000000	183300000
production of audio/video CDs	1	250000	250000	1	250000	250000	500000
designing/ development of prototype for video van	1	25000	25000	1	25000	25000	50000
mobility to PHC level monitoring officers@ 200/-*20shows *940 cycles	940	4000	3760000	940	4000	3760000	7520000
Assessment and Documentation, evaluation, printing of reports 200 copies etc	1	500000	500000	1	500000	500000	1000000
program support cost ie advertisement, publicity, printing of handbills, orientation to van staff, etc.	1	800000	800000	1	800000	800000	1600000
Technical support by SIFPSA total 85 mandays @ Rs. 5000/- per manday	85	5000	425000	1	5000	425000	850000
Contingency	1	400000	400000	1	400000	400000	800000
Total		**2079000**	**95460000**		**2084000**	**100160000**	**195620000**

Expected Outcome

The audience would be fully aware about NHM schemes, services and facilities, maternal health, family planning and other health related issues with latest technology development in primary health. Decentralized activity would help community especially tribal population to generate awareness and

mobilize them for promoting health seeking behavior. As a result health indicators of the district would improve which may lead to decrease in MMR/IMR positively.

This mix media (mid media and IPC) activity has been proposed by SIFPSA and will be executed by SIFPSA for which the funds will be allocated to SIFPSA.

Creating Awareness on Declining Sex Ratio(FMR Code:B.10.3.5)

1. **IEC campaign on 'Lok Geeto Me Beti'**

Back Ground:

The villages of Uttar Pradesh hold key for the economical, agricultural and industrial strength of the state. Uttar Pradesh is the most populated state in India and a major portion of the state`s total population lives in the villages.Uttar Pradesh is facing a big problem related to GenderequitySex ratio is an important indicator to measure gender equity. The rapidly decreasing sex ratio in UP is likely to create severe gender imbalance that can destroy the social fabric. It should also viewed both as child right issue (girls are killed either through sex selective abortions or die prematurely due to violence and negligence). Number of females/males per thousand males indicates the trend in sex ratio over the two decades of India and Uttar Pradesh as shown in table below-

Source: Census

	Population sex ratio	Child sex ratio	Population sex ratio	Child sex ratio
1991	927	945	876	927
2001	933	927	898	916
2011	940	914	908	899

NHM-UP selected 20 high focus districts in 2013-14, which are Agra, Baghpat, Bulandsahar, G.B.Nagar, Ghaziabad, Meerut, Muzaffar Nagar, Jhansi, Hathras, Hardoi, Bijnor, Etawah, Kanpur Nagar, Shrawasti, Mathura, Varanasi, Badaun, Auraiya, Faizabad and Firozabad, all have lowest sex ratio (as per ASH 2010)to organize the sensitization work shops .

In 2014-15sensitizationworkshop are proposed in more 10 highly sensitivedistricts.which are Banda, Chitrakoot, Shajhanpur, Kashiram Nagar/Kasganj, Jalaun, Hamirpur, Etah, Ghazipur, Ballia and Ramabai Nagar, out of which 8 have lowest sex ratio (as per census 2011) and 2 districts (Ballia and Ghazipur) showed serious decline as comparison with 2001 sex ratio. The workshop major aims is to create awareness about gender equity and PC&PNDT Act sensitization in selected 10 focus districts and improve child sex ratio at birth as well as gender equity awareness.

Gender Sensitization IEC campaign: LokGeeto Mei Beti

Dance and music have always been an integral part of the village society in Uttar Pradesh. The most popular forms of folk music, dance and theatre include Rasiya, Khayal, Naqal (mimicry), Nautanki, Qawwali, Ramlila, Raslila, Swang, etc.

In support of above mentioned NRHM Sensitizationworkshopsand to create the power full environment for behavioral changes of targeted community an IEC campaign on "Lokgeeto me beti" is developed. In this project we are proposing to weave the girl child issues such as Gender, Female feticide, Age at Marriage, Unmatched Marriage in famous folk songs of Uttar Pradesh later on these songs will be presented in front of Villagers to motivate them to accept the important role of girl in the society.

Objectives:

- To create an environment in decreasing the female feticide.
- To create an environment among the villagers related to the importance of a girl child in the society.
- To create awareness about the result of Gender equity.

Strategy:

- IEC campaign 'LokGeeto Mei Beti' is planned for 30 districts having low sex ratio.In first phase it is planned to cover 6 blocks /districts. Each block will have 6 performances at village level covering remote villages. In all 180blocks/year and 1080 villages/year shall be covered each year.About 50% blocks(540 blocks) of these districts shall be covered during 3 year duration.
- 4 Days TOTtraining will be organized at state level for selected folk songs groups which are registeredwith Information Department U.P.
- Total 20 troupes shall be trained consisting of 4 participants per troupe. Area wise local troupes shall be preferred for TOT.
- Demo presentation of the song and drama will be given in front of folk troupes and for recapitulation and correct presentation CDs of demo presentation will be distributed to the folk troupes.
- After training troupes will perform the show according to the allotted blocks and villages .

Priority Behaviours for Folk songs campaign Lok Geerton Me Beti on PCPNDT are as under:-

		Primary	**Secondary**
	To create an environment in decreasing the female feticide.	Parent / teachers / community members / gatekeepers	**All Children from the age of 9 to 19**
	To create an environment among the villagers related to the importance of a girl child in the society.		
	To create awareness about the result of Gender equity.		

Activities are planned as per the State BCC strategy Mass Media as per table below

Folk songs with drama performance at village level.	Letter to MOIC for the folk performance / Monitoring	• Training of folk troupes • Implementation of folk • Guide lines /Implementation schedule for DPMs /DPMUs/DCMc

A. Lok Geeton Me Beti Proposed ToT budget (State level Activity)						
SN	**Activity**	**Days**	**@**	**Numbers**	**Total**	**Comments**
1	Folk troupes			20		Troupes registered from Information dept will be trained
2	Participant per troupe		4	80		
3	Honoraria	4	200	80	64000	
5	Fooding and lodging	4	750	80	240000	
6	TA		500	80	40000	
7	Charges for reharsal hall	4	2000		8000	
8	Arrangement of mikes	4	5000	6	20000	
9	Photocopies of Scripts and typing other expenses				10000	
10	Workshop assistant	4	1500	2	12000	
11	Expert fees	4	3000	2	24000	
12	Cost of stage presentation of the show" Lok geeton me beti by the training agency in front of all folk troupes				50000	
13	Video Recording Photographs of				5000	

	Show					
14	CDs of presentation to distribute among folk troupes		100	25	2500	
15	Total Cost				475500	

B. Three years implementation plan(Village level activity)

Proposed budget for Implementation plan of Lok geeto me beti 2014-15											
SN	**Sensitive districts**	**Blocks per districts**	**Total blocks**	**no of village per block**	**total shows in village**	**cost per show**	**sound and light per show**	**Per show pocket allowance**	**total cost per show**	**cost for 1080 shows**	**Comment**
1	30	6	180	6	1080	3000	500	800	4300	4644000	Fess to the troupes will be based on the approved rates of Information Department
2	Proposed budget for Monitoring of three years									400000	

C. Proposed budget for Implementation plan of Lok geeto me beti 2015-16

Sl no	**Sensitive districts**	**Blocks per district**	**Total block**	**no of village per block**	**total shows in village**	**cost per show**	**sound and light per show**	**Per show pocket allowance**	**total cost per show**	**cost for 1080 shows**	**Comment**
1	30	-------	180	6	1080	3000	500	800	4300	4644000	Fee to the troupes will be based on the approved rates of Information Department

D.Proposed budget for Implementation plan of Lok geeto me beti 2016-17

Sl no	**Sensitive districts**	**Blocks per district**	**Total blocks**	**no of village per block**	**total shows in village**	**cost per show**	**sound and light per show**	**Per show pocket allowance**	**total cost per show**	**cost for 1080 shows**	**Comment**
1	30	-------	180	6	1080	3000	500	800	4300	4644000	Fess to the troupes will be based on the approved rates of Information Department

Total Budget proposed for A+B+C+D=14807500 (Rs one forty eight lakhs seven thousand and five hundred only)

Gender Mainstreaming and PC&PNDT one day Sensitzation Workshop, A Project for 10 high focus Districts of U.P. with lowest sex ratio

Introduction:

Sex ratio is an important indicator to measure gender equity. The rapidly decreasing sex ratio in UP is likely to create severe gender imbalance that can destroy the social fabric. It should also viewed both as child right issue (girls are killed either through sex selective abortions or die prematurely due to violence and negligence). Number of females/males per thousand males indicates the trend in sex ratio over the two decades of India and Uttar Pradesh as shown in table below-

Source: Census

	Population sex ratio	**Child sex ratio**	**Population sex ratio**	**Child sex ratio**
1991	927	945	876	927
2001	933	927	898	916
2011	940	914	908	899

Improving the "status of women" have become part of the vocabulary of Indian population policy documents. Unfortunately, little attention has been paid to the content of this well-meaning phrase. The mission of PNDT program is to improve the sex ratio at birth by regulating the PC&PNDT misused for sex selection.

- **Sex is a fact of human biology; we are born male or female; it is men who impregnate, and women who conceive, give birth and breast-feed the baby. On this biological difference we construct an edifice of social attitudes and assumptions, may feel threatening, attacking the very foundations of our understanding of ourselves, our personal and social relations, our culture and traditions. Gender roles defined and followed by sexes are deep rooted and are often difficult to change without supportive social environment available to change.**
- **Women's health is not only manifestation of biology but also social, political and economic context of women's lives. Inequality with respect to gender and among women residing in different geographical regions, social classes and indigenous and ethnic groups often erect barriers for women in achieving the highest attainable standard of health. Gender roles defined and followed by sexes are deep rooted and are often difficult to change without supportive social environment available to change.**

The National Commission for Women was set up by an Act of Parliament in 1990 to safeguard the rights and legal entitlements of women. The 73rd and 74th Amendments (1993) to the Constitution of India have provided for reservation of seats in the local bodies of Panchayats and Municipalities for women, laying a strong foundation for their participation in decision making at the local levels.

Consequently, the access of women particularly those belonging to weaker sections including Scheduled Castes/Scheduled Tribes/ Other backward Classes and minorities, majority of whom are in the rural areas and in the informal, unorganized sector – to education, health and productive resources, among others, is inadequate. Therefore, they remain largely marginalized, poor and socially excluded.

To run this programme NHM-UP selected 10 high focus districts, which are Banda, Chitrakoot, Shajhanpur, Kashiram Nagar/Kasganj, Jalaun, Hamirpur, Etah, Ghazipur, Ballia and Ramabai Nagar, out of which 8 have lowest sex ratio (as per census 2011) and 2 districts (Ballia and Ghazipur) showed serious decline as comparison with 2001 sex ratio. Most of them are neither advance nor poor we can say an average district of U.P. in context of women status. The objective is creating awareness on declining sex ratio issue, PC&PNDT Act and try to remove gender discrimination mentality.

Goal:

The workshop major aims is to creat awareness about gender equity and PC&PNDT Act sensitisation in selected 10 focus districts and improve child sex ratio at birth as well as gender equity awareness.

Objectives:

- Creating an environment through positive social equality for full development of girl/women.
- The de-jure and de-facto enjoyment of all human rights and fundamental freedom by women on equal basis with men in all spheres – economic, social and health aspects.
- Equal access to participation and decision making of women in social issues.
- Equal access to women at all levels as man / Changing societal attitudes and community practices by active participation and involvement of both men and women.

- Elimination of gender discrimination.
- Creating awareness about PC&PNDT Act.

Strategies:

- Planning for selected 10 district/blocks.
- Responsibilities for implementation of action points.
- To organize one day workshop for finalization of orientation and sensitization programme's topics/contents.
- To select 3 trainers from each district and conduct Orientation.
- Sensitisation of 1200 person (minimum 600 (50%) women and men of selected 10 districts) to change their societal attitudes.
- Gender sensitization and awareness about PC&PNDT Act.
- IEC Activities by 10 active ASHAs in each district under which several wall writings, 2-Group Meetings and Women day Celebration)
- Mechanisms to ensure efficient monitoring/mentoring of workshop through SPMU/Div.PMU/District PMU/SIFPSA officers.

Activities:

- Orientation of Gender & PC&PNDT Workshop and sensitize people with help of SPMU/Div.PMU/District PMU/SIFPSA /NGO/Health staff.
- To create an enabling environment of Gender equality and women empowerment in 10 high focus districts, which are Banda, Chitrakoot, Shajhanpur, Kashiram Nagar/Kasganj, Jalaun, Hamirpur, Etah, Ghazipur, Ballia and Ramabai Nagar, out of which 8 have lowest sex ratio and 2 districts showed serious decline as comparison with 2001 sex ratio.
- To sensitize about PC&PNDT Act.
- To Preparation of suitable IEC/ informative material for reference and use during and after the workshop on specific Gender equality and women empowerment.
- Convergence with grassroot women welfare department viz. ICDS, PRI, health Department (ANM/ASHA) and selected NGO members etc.
- IEC activities will be run in each district to create awareness about Gender equity & PC&PNDT act by selected active ASHAs. Under IEC activities all selected ASHAs will sensitized people through Wall writings, Group Meetings and Women day Celebration

Coverage:

1200 covering both male and female population in the age groups 21-60 years in selected 10 high focus districts of UP for gender sensitisation.

Expected Outcome:

Gender workshop for sensitization of 2400 male, female population in the 10 high focused districts of UP (which are Banda, Chitrakoot, Shajhanpur, Kashiram Nagar/Kasganj, Jalaun, Hamirpur, Etah, Ghazipur, Ballia and Ramabai Nagar, out of which 8 have lowest sex ratio (as per census 2011) and 2 districts (Ballia and Ghazipur) showed serious decline as comparison with 2001 sex ratio.). Sensitized people to built and accept a creating environment & opportunity for girl/women through positive social equality for her full development/progress.

1. One day Orientation Programme for District/Division Officer Budget :

SN	Particulars	Unit	No. of days	No. of participants	Rates in Rs	Total
1	Refreshment-Tea and lunch (For 30 officers from 10 district/ division and 5 from SPMU/SIFPSA/ trainers team)	30	1	35	150/day/participant	**5250**
2	Training Material (30-District officers and 5 5 extra kit for SPMU/SIFPSA/ trainers team has been provided)	30	1	35	200/participant	**7000**
3	Contingency	-	1		5000 fixed	**5000**

One-One Day 40 Gender sensitization District workshop

Sl.No.	Particulars	Unit	No. of days	No. of participants	Rates in Rs	Total
1	Refreshment- Tea and lunch @ Rs. 120/- per participant per day	40 batches(30 participant per batch and 3 trainers team per batch)	1	1320 (120 tea and lunch for trg. team)	125x1320	**165000**
2	Honorarium and conveyance to Trainers@ Rs. 600/- per trainer per day	3 trainers in 40 batches	1	-	600x3x40	**72000**
3	Honorarium for participant@ Rs. 200/- per participant per day	1200	1	1200	1200x200	**240000**
4	Training Material@ Rs. 150/- per participant per day	1200	1	1200	1200x150	**180000**
5	Contingency/Miscellaneous	3000	1	-	40x3000	**120000**
6	IEC Activities by active ASHAs (Wall writings@ Rs 100/-, 2-Group Meetings@ Rs 200/- each and Women day Celebration@ Rs 500/-)	10	3	-	1000x10x10(@ Rs. 1000/- (for 10 active ASHAs of each district)	**100000**
	Grand Total					***877000***

Note: *Cost of 3 extra refreshment in each workshop for trainers has been provided*
One orientation programme for district trainers is and district workshops of 1-1 day in 40 batches (Batch size of one workshop is 30 participants/batch). Honorarium provision for 3 Trainers for 1 day workshop -Total 4 batches training load per trainer per district.

Sl. No.	Activity	Total (Rs)
1	One Orientation Programme (One Day) of District/Division Officer	**122250/-**
2	One Day Gender sensitization District workshop in year one and two	**877000/-**
3	Technical support by SIFPSA	**150000/-**
Total	GRAND TOTAL	**1149250/-**

4	Stay and DA (1000 for stay and 500 for DA)	-	1	30	1500/day/participant	**45000**
5	TA (TA to and fro-actual)	30	1	30	Assuming 2000 /participant	**60000**
	Total					**122250**

About Project:
Coverage-1200 covering both male and female population in the age groups 21-60 years in selected 10 high focus districts of UP for gender sensitisation.
Cost of the Activity- Rs. 999250/-.

Cost of Technical support by SIFPSA-Rs. 150000/- for 30 man-day's @ Rs. 5000/- per day.
Grand Total-Rs. 1149250/-
Cost per participants- Rs. 957.70/- we can say Rs. 958/-.

Expected Outcome:
Gender workshop for sensitization of 1200 male, female population in the 10 high focus districts of UP (which are Banda, Chitrakoot, Shajhanpur, Kashiram Nagar/Kasganj, Jalaun, Hamirpur, Etah, Ghazipur, Ballia and Ramabai Nagar). Sensitized people will build and accept
a creating environment & opportunity for girl/women through positive social equality for her full development/progress.

FMR Code: B.10.4 Inter-Personal Communication Tools for the Frontline Workers

1. **Flip Book for ASHA on RMNCH+A**

IPC tools					
SN	**Activity**	**Unit Cost**	**Quantity**	**Total Cost**	**Details**
1	Flip Book for ASHAs on RMNCH+A (The Flip Book will be developed by Unicef and they will also fund the printing of Flip Book for 5 Districts)	Rs 250	1,52,048 ASHAsX500	38012000	size-landscape 30'x 24' , four colour, 170 GSM Art card paper. Flip Books for 5 Districts will be borne by UNICEF, Lko.
2	Flip Book Printing for ASHAs in remaining 70 Districts by NRHM	Rs.			

2. **Mobile Kunji for ASHA:**
   The ASHA Mobile kunji has been proposed to help ASHA in communicating and solving the health related queries and issues of the community during her home to home visit. This proposal and its cost has been put up under MIS programme.

FMR Code:B.10.5- Targeting Naturally Occuring Gathering of People/ Health Mela/Mahotsav
Every year Advocacy of NHM programmes is done through organizing Exhibition Stalls at several prominent Melas of Uttar Pradesh. This year also the Exhibition Stalls have been proposed at Kumbh mela at Allahabad, Lucknow Mahotsav at Lucknow and Taj Mahotsav at Agra @ Rs.10.00 Lakhs per mela/mahotsav.

Under this Budget Head a lumpsum amount of Rs. 30.0 Lakhs is also proposed for need based miscellaneous advocacy proposals which will be done with the approval of Executive Committee of NHM.

Others: B.10.6- Innovative IEC/BCC Strategies

FMR Code:B.10.6.1- Innovative IEC/BCC Strategy

1. Branding of Health Facility in High Priority Districts

Background: In the state of Uttar Pradesh, the Call to Action and RMNCH+A is under implementation in full swing and this has been further strengthened by the state-specific Hausala campaign.

The NHM UP, with close support of UNICEF and the Technical support Group on BCC (TSG-BCC) has recently developed a BCC Operational Guideline to promote priority behaviors while enhancing visibility of key flagship schemes, services and entitlements. The State and District-level BCC plans have been designed under 3-pronged objectives: need to make facility client and community friendly; need to create enabling environment within the family and the community and need to focus on behavior change and demand generation within the primary stakeholders or clients including mothers, fathers and so forth. Under the first objective of making facility client and community friendly, there is need of facility branding so as:

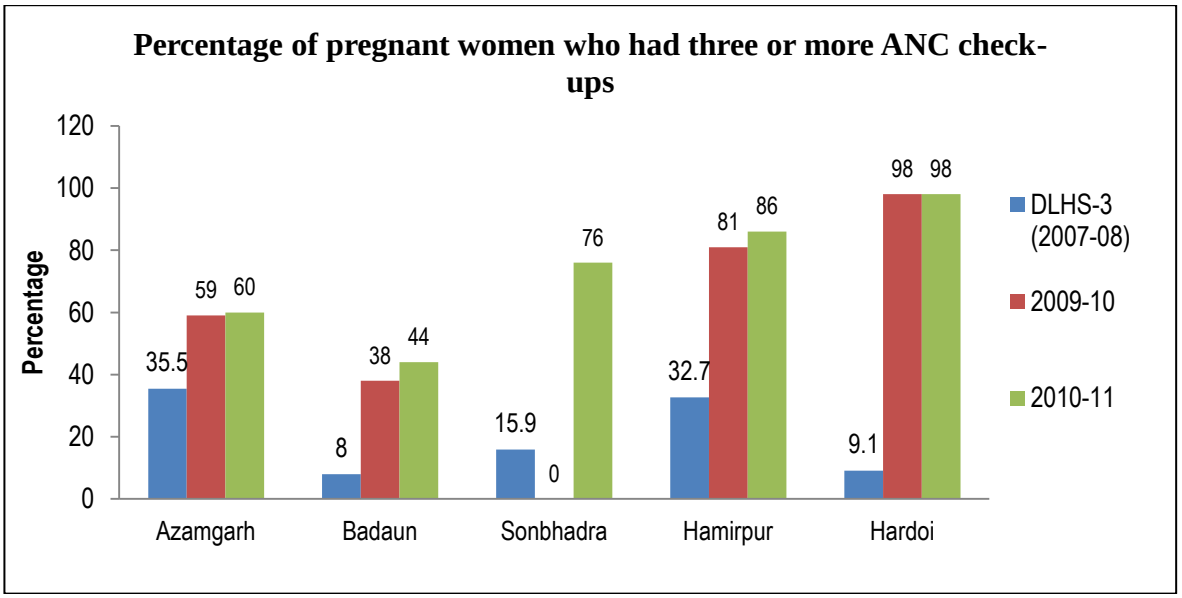
Why Facility Branding
The situation analysis of less than optimum service uptake in the health sector suggests that the challenges lie at the level of –

1. Families and communities who fail to demand the full package of health services since they **lack complete information** and in-depth knowledge of it. In the graph 1, the uptake of ANC services in different districts of Uttar Pradesh (source- DLHS 2007-08 and HMIS 2009-10 and HMIS 2010-11) has been plotted. **Discussions with pregnant women in the villages highlighted that women**

understand ANC as receiving a tetanus injection and IFA tablets. None of them reported to have been examined by a doctor during the pregnancy period.

2. Medical functionaries at the facility and community fail to be accessible, friendly, prompt, credible and quality service providers. Less than 50% medical, paramedical and technical staff was found present at CHCs in one of the surveys in UP.
3. The Common Review Mission Team also observed that the Health Facility lack the proper display of important information

Over the years, the successful public health programmes such as Polio Eradication Initiatives and Janani Suraksha Yojana (JSY) has lifted the brand image of health services in Uttar Pradesh. In both, specially the Polio Eradication, branding of the service played significant role. ***Even in the remotest villages, a glimpse of yellow poster is recognized as arrival of Polio Sunday!*****Graph 1**



There is need of facility branding to

- Support the clients in special and community at large – to receive complete information, education and counseling about health service packages; and
- Support the service providers to be accessible; to take pride as service providers and to offer different services in a client- friendly and personalized manner.

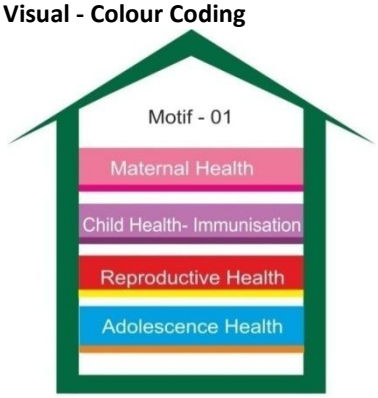
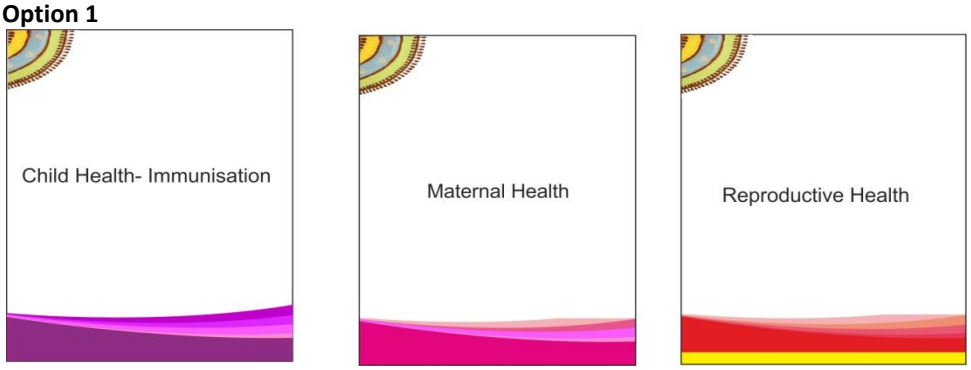
What institutions will be covered under FB

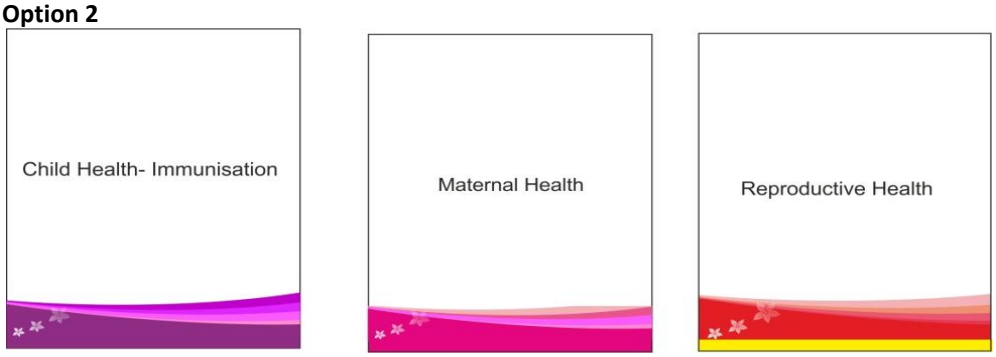
- All health service centres including-District Hospitals, CHC, PHC, Sub centre, AFHS Clinic
- All Mobile & outreach services including RBSK, 102, 108, Other mobile camps
- All outreach services including VHND, RI sites, VHC/ PRI Centre

What materials will be required as part of branding

- Brand picture/ logo
- Signage (for key services)
- Wall painting
- Educational Poster (on select themes like immunization schedule, Benefits of initiation & exclusive breastfeeding, FP methods)
- LCD and video tapes/ CDs
- Charter of services/ display for citizens awareness on available services
- Availability of counseling aid (FAQ picture booklet) and give away pamphlets specially covering RMNCH+A themes

An Example of facility branding

<table>
<tr><td>01</td><td>Visual - Colour Coding
 
</td><td>Group of services (RH, CH, AH) may be given specific colour code so that beneficiaries can easily identify and relate
Brand colour followed by the dark color of the same or as suggested.</td></tr>
<tr><td></td><td colspan="2">Facility branding should follow some <u>common thread</u> (see example). Here common thread means a common element in all design. For example there will be specific brand colours for specific services, BUTthe pattern of shades (waves) at the bottom will be common.
Option 1
 

Option 2
 
</td></tr>
<tr><td>02</td><td>Tagline</td><td>Hausla</td></tr>
<tr><td>03</td><td>Logo</td><td>Hausla</td></tr>
</table>

The cost of Facility Branding for Piloting will be borne by Unicef Lucknow. Initially 1 Male and 1 Female Hospitals in Lucknow will be taken. After piloting of this, Facility Branding in High Priority Districts is proposed to be taken in Supplementary PIP of the year 2014-15.

Facility branding will increase the visibility of all available services, benefits of different schemes and programs. It makes government facilities more community friendly. The cost incurred in one DH branding is- Approximate Rs 15 Lakhs.

2. **Social and Behaviour Change Communication Cell** (Supported by UNICEF)

Proposed Action Plan 2014-15

District SBCC Cell

Keeping in mind the synergetic approach across the departments and the need for coordinated planning and implementing IEC/SBCC interventions in the district, SBCC Cell is proposed to be established in each District. To start with this is being piloted in Balrampur with support of UNICEF under the aegis of District Administration. It is situated in the office of the Chief Medical Officer,

Balrampur. A SBCC Cell Coordination Committee has also been constituted under esteemed guidance of the District Magistrate. It is chaired by Chief Development Officer, Balrampur. Chief Medical Officer, Balrampur is its secretary and head/representatives from concerned departments and representatives from civil society organization and networks like NSS/NYK/BSG are its members. The committee's role is to advise, monitor and supervise the activities of cell. This Cell has been supported by creating a position of BCC Cell Coordinator. UNICEF has technically and financially supported the establishment of SBCC Cell and this position.

State SBCC Cell

SBCC cell is a concept to strengthen the IEC/BCC division of NHM to create a conducive, user friendly hospital environment and proper utilization of health services. There is a need for effective and appropriate communication strategy and coordination between the all healthcare professionals/workers available at field levels and State levels and an aggressive, multi-media communication campaign at the community level. To address the need, persuasive communication materials such as video spots, radio spots, flip book and print ads focused on user friendly approach should be developed and disseminated at community level through SBCC cell.

The state of Uttar Pradesh does not have any IEC/BCC Resource Center for health. Earlier State IEC Bureau was established for the same purpose but could not fulfill this role. At present it is not functional. In view of the above situation it is proposed that a SBCC Cell is established at SPMU, NRHM where all the IEC/BCC Materials will be displayed and remain in library. The SBCC Cell along with IEC/BCC unit of NHM will analyze the areas in which IEC/BCC Materials are not available and will develop it with the help of TSUs so that the District and Block Functionaries and Officers, all partners of Health Forum, IEC Bureau and all Programme Units of NHM and Directorate can utilize the available resources. The materials available will also be updated from time to time. During the Mission period the SBCC Cell will remain in SPMU and after this it will be transferred to State IEC Bureau.

UNICEF worked on this concept and established a SBCC Cell in Balrampur and Mirzapur and providing technical support to district health system in effective planning and implementation of IEC/BCC initiatives at community level. In Balrampur SBCC cell works as a center where health department is integrating IEC/BCC activities with other departments by organizing regular coordination meeting on every quarter. Due to the effective role of SBCC Cell at district level NHM decided to establish a SBCC Cell at State level. UNICE, Lucknow will provide technical and financial support in strengthening the SBCC Cell at State level. There are 4 main functions of SBCC Cell at State level:

1. SBCC cell will provide more support to districts in terms of effective planning, implementation and monitoring of any IEC/BCC program.
2. It helps in increasing the inter-sectoral coordination with different departments/ministries like ICDS, PRI and Education department to synergies and mainstream BCC initiatives at State and district level.
3. With support of UNICEF, SBCC Cell works as a resource/repository centre where all IEC/BCC materials will be available for use and reference and it also provides a space to all TSG-BCC partners to showcase their initiatives and efforts. SBCC Cell also provides support in developing effective IEC/BCC materials in local dialect for different campaign.
4. SBCC Cell also link State IEC bureau with NHM through different IEC/BCC initiatives and also provide support to State IEC Bureau in implementing their BCC activities. The awareness campaigns would be undertaken on routine immunization, Breastfeeding, Hand wash, Nutrition etc. Key departments will be gathered in a forum to address the challenge collectively and making strategy to work together towards achieving the goals of the Government and the different flagship programmes.

The state of Uttar Pradesh does not have any IEC/BCC resource center for health. Earlier In view of the above situation it is proposed that a SBCC Cell is established at SPMU, NRHM where all the IEC/BCC Materials will be displayed and remain in library. The SBCC Cell along with IEC/BCC unit of NHM will analyze the areas in which IEC/BCC Materials are not available and will develop it with the help of TSG

so that the District and Block Functionaries and Officers, all partners of Health Forum, IEC Bureau and all Programme Units of NHM and Directorate can utilize the available resources. The materials available will also be updated from time to time. During the Mission period the SBCC Cell will remain in SPMU and after this it will be transferred to State IEC Bureau.

UNICEF, Lucknow will provide following items to establish SBCC Cell in NHM and already provided these items at district SBCC Cell in Balrampur and Mirzapur:

Establishment of SBCC Cell at State	
Split AC with Voltage Stabilizer	1
Desktop computer with UPS	1
Computer table	1
Chair for computer table	1
A high resolution scanner multi-function viz scanner, fax, photocopier, printer	1
A digital still photo camera DSLR	1
White board with multiple markers	2
Soft boards	2
Meeting Table with chairs	15
LCD TV with USB Port (42 inches)	1
Pen Drive /DVDs	2
Portable LCD Projector with USB port, speaker & Power back-up	1
Almira	2
Display Cabinets	4

Space for State SBCC Cell

The rent for SBCC Cell at SPMU is proposed of **Rs.3.60 Lakhs** @Rs.10000/-per month for 36 months.

Structure of SBCC Cell:

Establishment of a BCC Cell for RMNCH+A with a professional team with focus on HPDs (at least 4 experts):

- Team leader- Expert in strategy development, overall management
- Expert- Materials designing, production & dissemination
- Expert- Capacity Building
- Expert-Reporting, Monitoring & Documentation

SBCC Cell will carry out following activities with support of NHM, State IEC bureau, UNICEF and TSG-BCC partners:

1. Printing, production, distribution of BCC package for RMNCH+A, including
   - Facility branding- Budget for one DH branding- Approximate Rs 15 Lakhs –Budgeted in Innovation Section
   - ASHA radio- One Radio program for ASHAs/week for 8 months @ Rs. 25,000(production/broadcasting fee+ Service tax)-Total Rs 8,00,000 (Total Rupees Eight Lakhs only)
   - TV EE programmes- Budgeted in Mass Media Head.

2. Capacity building of District HEOs/ACMOs-NRHM and DCPMs of all 75 districts (At least once in a year).
   State IEC Bureau will train 75 ACMO-NHM and 75 DCPMs of all 75 districts on IEC/BCC concept, tools and skills etc with support of UNICEF. The detail plan is given in Capacity building section. Total budget for this activity is Rs 11,55,000 (Budgeted in Capacity building sanction)

3. A repository of material (Audio-visual and print, folk media material) on health communication package on health nutrition and sanitation and other concerned areas for training and reference will be developed in local dialect and ensure the proper dissemination at district/facility and target audience level.

4. Space for storage of IEC Materials like print materials, standees, banners etc. is required for which a total budget of **Rs.1.80 Lakhs is proposed.**

Total Budget for State SBCC Cell is: Rs 13,40,000 (Rs Thirteen Lakhs forty thousand only)
SBCC cell intends to lead primarily towards improved capacity and reach of government key flagship programmes resulting into positive outcomes in utilization and practices related to maternal and child health, immunization, breastfeeding, young child feeding, sanitation etc.

The role of Social & Behaviour Change Communication (SBCC) in improving survival and development of children is proven worldwide. This important input is planned by most of the National Flagship Programmes (such as NRHM, ICDS, SSA, NBA). However, the manifold challenge remains that the departments lack in formulating effective evidence based plans. Due to lack of inter-departmental synergy, duplications occur and achieving the goals always remains a question.

Space for State SBCC Cell

- The rent for SBCC Cell is proposed of Rs.3.60 Lakhs @Rs.10000/-per month for 36 months.
- Space for storage of IEC Materials like print materials, standeez, banners etc. is required for which a total budget of Rs.1.80 Lakhs is proposed.

Objectives and Strategies:
Extension of technical support across departments in the area of planning, implementation and strengthening the IEC/ SBCC interventions in the State and district:

This support will be continued in the state & district in areas of IEC/SBCC interventions, campaign planning and optimum use of communication materials. The awareness campaigns would be undertaken on routine immunization, Breastfeeding, Hand wash, Nutrition etc. Key departments will be gathered in a forum to address the challenge collectively and making strategy to work together towards achieving the goals of the Government and the different flagship programmes.

- **Capacity building:**
  Training programmes on IEC/BCC would be carried out and necessary support would be provided to District & Block Programme Management Unit under National Rural Health Mission (NRHM). Training Calendar would be developed for IPC training to ASHAs/ AWWs/ ANMs and supervisors.
- **Development and Dissemination of communication package relating to key health seeking behaviours:**Different Sections like SHGs, SMCs, Panchayat bodies, CSOs, faith and caste based Social Groups, Youth Networks (NSS, NYKS etc.) would be sensitized and necessary brainstorming communication would be delivered towards Communication Package by the District Cell.
- **Development of Demonstration Site:**
  Demonstration sites in special focused pockets will be developed with IEC BCC activities and integrated services of health, ICDS and sanitation departments. Focused review and planning meetings will be organized at block/PHC/CHC level to monitor intervention in demonstration site.
- **Documentation:**
  Process Documentation of each activity would be done from the level of initiation till the completion so that we can have Lessons learnt from our intervention and details of each activity and processes undertaken thereon.
- **Monitoring:**
  The concurrent monitoring (Internal) of all activities will be carried out with support from UNICEF Lucknow & concerned Departments.
- Consultant BCC with heads of concerned departments will jointly monitor every intervention through desk appraisal of report, monthly, bi monthly and quarterly review cum planning meetings.

- Field level monitoring will be intensively done by Consultant BCC & Supervisors of Line department.
- **Development of a repository of health communication material:**
  A repository of material (Audio-visual and print, folk media material) on health communication package on health nutrition and sanitation and other concerned areas for training and reference will be developed.

SBCC cell intends to lead primarily towards improved capacity and reach of government key flagship programmes resulting into positive outcomes in utilization and practices related to immunization, breastfeeding, young child feeding, sanitation etc.
The expected outcomes are:

1 Departments and flagships like NRHM, NBA, ICDS, Sanitation have better capacity and coordination (as a result of communication training) to strategically plan, monitor and document the IEC and SBCC interventions
2 They have much larger reach in the communities (as a result of convergent planning and review) to promote the services and cross cutting behaviors like immunization, breastfeeding, complementary feeding, hand washing with soap , and stopping open defecation.
3 They have easy access to a common pool of resources like communication material, messages, training (related to interpersonal communication/ counseling) modules, training aids, script for folk theatre etc.

Considering the above backdrop, following action plan is proposed for SBCC Cell in Balrampur for the year 2014-15:
BCC Materials Identified on the basis of Need Assessment done at the Divisional IEC/BCC Workshop are given below in the Table. IEC/BCC Cell proposed at SPMU will facilitate the in identifying the areas in which the IEC materials are not available and the materials which need to be redesigned and up-dation.

Theme	**BCC materials**								
	Mass Media			**Mid Media**			**IPC**		**Socio Mobilization activities**
	TV	Radio	Print material	Facility Branding	Outdoor	Traditional	One to One	Group Communication	
Maternal Health	**Video Spots-5** (JSY, 102 and 108 ambulance services, institutional delivery- Role of family members. Early detection of pregnancy and immediate registration , ANC-TT, Iron and identificati	**Spots-5** (JSY, 102 and 108 ambulance services, institutional delivery- Role of family members. Early detection of pregnancy and immediate registration , ANC-TT, Iron and identification of high	**News Paper Ads- 4** on- Institutional delivery, Quality ANC checkup, International Women's Day, Surakshit MAtritv Diwas.	**Signage, Posters, Wall Paintings** and LCD placement for ANC Ward, Labour room, PNC Ward and OPD.	**Hoardings-3**(JSY,ANC Checkup, 102)	**Scripts-2** (Institutional delivery with 48 hours stay, role of family members in quality delivery services)	**Calendar -1** for ASHAs and AWWs on RMNCH+A theme . .	**Flip Book-1** for ASHAs on RMNCH+A theme	Pamphlets 2 - role of family members in quality delivery.

	on of high risk pregnancy. **Docu drama- 52 episodes- ASHA Radio** -Kyoki Jeena Issi KA Naam Hai	risk pregnancy.							
New Born and Child Health	**Video Spots-3** Early initiation of breast feeding- within one hour, exclusive breastfeeding, complete immunization on time.	**Spots-3** Early initiation of breast feeding- within one hour, exclusive breastfeeding, complete immunization on time.	**News Paper ad-3** on Vishw Stanpaan Diwas, breastfeeding and early initiation of breastfeeding just after the delivery.	**Signage, Posters, Wall Paintings** and LCD placement for Labour room, PNC Ward, OPD and FWC's room.	**Hoardings -3** Exclusive BF, Vishv Stanpaan Diwas, Immunization day. **Wall writings- 4** Role of family member in initiation of BF and Exclusive BF. **Posters -6** on early initiation of BF, exclusive BF, role of family member and facility staff in initiation of BF, danger sign just after the delivery, Zero dose Immunization, complete and timely immunization.	**Script-3** on New born care- with focus of BF ,Immunization, Nutrition and health and hygiene			**Pamphlets-2** BF, for family members-Danger sign in New born
Family Welfare and PCPNDT	**Video Spots-4** Family Planning methods for better living standards,	**Spots-4** Family Planning methods for better living standards, Promotion	**News Paper ad-3** World population day, FP Methods, role of husband/	**Signage, Posters, Wall Paintings** and LCD placement for Labour	**Hoardings-3** on WPD, PCPNDT, Abortion services **Wall Paintings-**	**Script-3** FP, PCPNDT, Abortion services,			**Pamphlets-6** on each methods –benefits and precautions, Male involvement.

	Promotion of contraceptive methods among EC. Spacing b/n two children for at least 3 years must be encouraged, Female feticide especially in ladhmaar khadi boli.	of contraceptive methods among EC. Spacing b/n two children for at least 3 years must be encouraged, Female feticide especially in ladhmaar khadi boli.	MIL.	room, PNC Ward, OPD and FWC's room.	**6** Male involvement, FP methods, PCPNDT, Safe abortion, **Posters-8** Each method benefits and precaution				
Adolescent Health	**Video Spot-3** Gender issues, Menstrual hygiene, health and hygiene	**Spot-3** Gender issues, Menstrual hygiene, health and hygiene	**News Paper ad-3** Gender issues , Menstrual hygiene, RBSK	**Signage, Posters, Wall Paintings** and LCD placement for OPD and AFHS clinic	**Hoardings-2** RBSK, Adolescent health **Wall Writing -5** AFHS clinics, Menstrual hygiene, RBSK, Health and hygiene, Gender issues **Posters-5** AFHS clinics, Menstrual hygiene, RBSK, Health and hygiene, Gender issues	**Scripts-2** adolescent health, menstrual hygiene			**Pamphlets-3** Menstrual hygiene, Adolescent health, Gender issues
National Program	**Video Spots-4** Awareness on Malaria, JE,								

3. Content Development Workshop at State level

SBCC Cell proposed to be established with technical and financial support of UNICEF will organize 5 days workshop at State level where expert writers from different local dialect will be invited to develop messages (audio and audio/video spots/wall painting/hoardings/posters/pamphlets) in local dialect. The content developed in the Workshop will be tested in the field with the target audience by a Team hired by Unicef, Lucknow. After field testing the script will be revised and finalized in two days

workshop. The technical and financial support for conducting the Workshop will be provided by UNICEF, Lucknow.

Mix media campaign to promote the different schemes/days and key identified behaviors through various media.

SN	Activity	Unit Cost	Quantity	Total Cost	Detail
1.	Development of different BCC materials in local dialect	Supported by UNICEF			NRHM will have repository of BCC materials in local dialect.
2	Radio infotainment programs (Format- A mix of Drama, Talk by experts and live phone-in) Ps- This format has been used for ASHA Radio program in Assam and MP earlier.		24 episodes, Weekly for 2014-15) on all regional channels of AIR and FM Channel of AIR. When- Every Tuesday Duration- 15 minutes		Awareness messages on different schemes and programs especially on Maternal, New born and Child health, Adolescent health) Basic information on schemes and entitlements Information on seasonal diseases and remedies Myths & clarifications Role of men/husbands in child care/ nutrition Treatment- The drama component is very important as the social-cultural barriers, gender based roles/ discrimination etc. will be captured through this. It will be coupled with interview/ talk. In the segment of live phone-in, the stories and examples of new adopters (individual) will be highlighted.
3	1 hour regular program on DD - Lucknow. Family melo drama, entertainment and story based on whole life cycle and all RMNCH+A theme (covers all important issue related to adolescent, youth, newly married, pregnant lady, mother and MIL)	1 docu-drama and magazine format program of 1 hour	1X30X6=180 days		In 2 hours slot at least 15-20 minutes docu-drama will clearly tell the importance of role of each family member for a quality delivery (focus on early detection of pregnancy, ANC, 48 hours stay, Post natal care)

FMR Code B.10.6.4 - Monitoring of IEC/BCC Activities:

1. Supportive Supervision of IEC/BCC Activities by TSUs at The District and Block Level

The IEC/BCC TSG is working in different districts on different health issues. For effective implementation monitoring and supervision of NHM IEC/BCC Activities the TSG working in the districts will support the District and Block IEC/BCC Nodals. The district officials of TSG will regularly visit (fortnightly) CMOs and discuss the progress of IEC/BCC Component. They will also find out the problems being faced in implementation and provide all support to find out the solutions. The reporting of progress and supportive supervision will be done in monthly meetings of IEC/BCC TSG at SPMU. For effective supervision the TSG will be provided the District IEC/BCC Plan along with Guidelines for each Activity which is annexed as Annexure- . The detail District wise plan for Supportive Supervision is enclosed in annexure-

The review and monitoring of IEC/BCC Activities will also be done from SPMU level for which state and district review meetings and field visits will be done. The cost proposed for Review and monitoring is as below:

SN	Activity	Unit Cost in Rs.	Total Cost in Rs.
1	Review meetings at state , one meeting in each month	10000	120000
2	Travel Cost to District, Each month average 4 districts will be visited	10000	750000
	Total Cost		870000

Printing Activities (B.10.7)

B.10.7.1- Printing of MCP Cards, Safe motherhood Booklet etc.

Sl. No.	Activity	Unit Cost	Quantity	Total Cost (Rs. in Lakhs)	Detail
1	Safe Motherhood Booklets	20	3750000	750.00	Safe motherhood booklets are required at least 50 lakhs per year. Last year these booklets could not be made available since last 2 years because of various reasons. Printing of 12.5 Lakhs booklets is in the pipeline and funds are requested under committed liability. Printing of 37.5 lakhs booklets have been proposed under procurement plan this year. Protocols (SBA, BEMOC, EMOC) have also been budgeted to be printed on sun-board this year centrally, to be displayed at each and every delivery point.
2	Sunboard posters with 2 hooks (24"x36")				
i	SBA Protocols(6)	3600	2500	90.00	
ii	BEMOC protocols(16)	9600	1500	144.00	
iii	EMOC protocols (18)	10800	300	32.40	
iv	JSSK posters(4)	20	1500	36.00	
5	ANC/HRP card	10	5000000	500.00	
6	Total			**1552.40**	

B.10.7.2- Printing of WIFS Cards (Proposed at District Level)

B.10.7.3- Printing of IUCD Cards, FP Manuals, Guidelines etc. (Proposed at District Level)

B.10.7.4.1- Printing of Compliance cards for National Iron Plus Initiative
(Proposed at District Level)

B.10.7.4.2- AFHC Cards (Proposed at District Level)

B.10.7.4.3- Printing of RBSK Cards and Register (Proposed at District Level)

B.10.7.4.4- Printing cost of DEIC (Proposed at District Level)

FMR Code:B.10.7.4.5- IEC/BCC for Routine Immunization

Printing of BSPM Guideline, BSPM Posters and Banners

SN	Activity	Unit Cost	Quantity	Total Cost (Rs. in Lakhs)
1	Printing of BSPM Guideline, BSPM Posters and Banners		76	129.02

Budget Summary of IEC/BCC for 2014-15

FMR Code	Particulars	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)	Remarks
B.10.1	Strengthening of BCC/IEC Bureaus (state and district levels)	139.44	31.19	
B.10.2	Development of State Communication strategy (comprising of district plans)	81.80	29.80	
B.10.3	**Implementation of BCC/IEC strategy**	**7235.30**	**828.38**	
B.10.3.1	BCC/IEC activities for MH		682.34	The details of media plan is available at Annexure-IEC
B.10.3.1.1	Media Mix of Mid Media/ Mass Media	1,331.80		
B.10.3.1.2	Inter Personal Communication	817.43		
B.10.3.2	BCC/IEC activities for CH			
B.10.3.2.1	Media Mix of Mid Media/ Mass Media	1,270.48		
B.10.3.2.2	Inter Personal Communication	832.11		
B.10.3.3	BCC/IEC activities for FP			
B.10.3.3.1	Media Mix of Mid Media/ Mass Media	827.16		
B.10.3.3.2	Inter Personal Communication	674.10		
B.10.3.4	BCC/IEC activities for AH/ Rashtriya Kishore Swasthya Karyakram			
B.10.3.4.1	Media Mix of Mid Media/ Mass Media	547.00		
B.10.3.4.2	Inter Personal Communication	640.25		
B.10.3.5	Creating awareness on declining sex ratio issue (PNDT)	294.97	146.04	
B. 10.4	**Interpersonal Communication Tools for the frontline health workers**	**441.45**	**100.00**	
B.10.5	**Targetting Naturally Occuring Gathering of People/ Health Mela**	**0.30**	**6.00**	
B. 10.6	**Others**			
B.10.6.1	Innovative IEC/ BCC Strategies	-	5.00	
B.10.6.3	District IEC/ BCC/ Engagement of Youth through Social Media	247.19	-	Not Approved
B. 10.6.4	Monitoring of IEC/ BCC Activities		0.20	
B.10.7	**Priniting activities**			
B.10.7.1	Printing of MCP cards, safe motherhood booklets etc	1,605.52	1,250.00	
B.10.7.2	Printing of WIFS cards etc	107.83	102.22	
B.10.7.3	Printing of IUCD cards, FP manuals, guidelines etc	13.36	-	Shifted to A.3.5.5.1
B.10.7.4	Other printing			
B.10.7.4.1	Printing of compliance cards for National Iron Plus Initiative	472.45	312.12	
B.10.7.4.2	AFHC cards	50.34	156.93	
B.10.7.4.3	Printing of RBSK card and registers	1,218.13	1,201.50	
B.10.7.4.4	Printing cost for DEIC	0.13	-	Not Approved
B.10.7.4.5	IEC/BCC for Routine Immunization	357.13	100.00	
	Grand Total	**11970.37**	**4,123.34**	

Thus, for IEC/BCC activities under NHM, an amount of Rs.11970.37 Lakhs was proposed, out of which GOI approved Rs.4123.34 Lakhs only, as per details given above (FMR Code-B.10 and its sub heads).

CHAPTER - 18: REFERRAL TRANSPORT/PATIENT TRANSPORT SYSTEM

1 –"108" Emergency Medical Transport Service (EMTS)

The objective of EMTS is to provide immediate response during emergency with basic first aid to the patient and transport them to nearest government health facility. Operations of 133 EMTS Ambulances started on 14 Sep 2012 and fleet strength increased in phased manner and all the 988 ambulances were made operational by 10 Feb 2013. These ambulances are operated by Private Service Provider GVK-EMRI through toll free "108" centralized call center. All ambulance GPS fitted.

The service is very popular in communities. The ambulances are performing much above the norms and doing about 6 trips per ambulance per day. This service has provided services to about 22 lakhs patients of which more than 50 percent were pregnancy related.

State has not received financial demand for operations of this service in 2013-14. Looking at the performance of the services the state has to continue operation of these 988 ambulances in future also. The monthly charges for operations of these Ambulances as per agreement between GVK-EMRI and State of UP is 1,17,000.00 (first year) with annual increment of 10% every(increment due every February).

The yearly operation cost of "108" – EMTS Service based on above rates are - (in lakhs)

	Total (2013-14)	Total (2014-15)
Total yearly cost	**14103.00**	**15512.99**

For 108 EMTS services, the GoI and state sharing pattern for year 2013-14 was 40:60 and for FY 2014-15 will be 20:80. **Accordingly, a proposal of Rs. 5642.00 Lakhs as operational cost for the year 2013-14 and Rs. 3103.00 Lakhs for the year 2014-15 (Total Rs 8745.00) was proposed, which is not approved by GOI(FMR Code-B.12.2.3)**.

2. '102' National Ambulance Service

In view of the importance of access to ambulance services for reducing delays in access to health care for JSY and JSSK beneficiaries state has started operation of "102" National Ambulance Service on 17 January,2014. This service is operated through Private Service provider M/s GVK-Janani Shishu Suraksha, toll free "102", Centralized Call Centre and adopting National Ambulance Services guidelines of GoI. These ambulances are used for transportation of beneficiaries of JSY and JSSK scheme from home to facility, inter facility transport and for the purpose of drop back.

The target for JSY for year 2014-15 in state is around 26,00,000. As per the JSY target total anticipatory trips required will be 62,50,000 (@ 2.5 trips per JSY beneficiary as it includes bringing of JSY beneficiary and neonates and their drop back as well as interfacility referral).The trip cost as per agreement between GVK-EMRI Janani Shishu Suraksha and State of UP is Rs 360.00 per trip with annual increment of 10% every year. Accordingly the financial requirement for operation of "102" NAS for year 2014-15 will be Rs 22500.00 Lakhs.

The yearly operation cost of "102" National Ambulance Service, based on above rates are below:

	Total (2014-15)	Total (2015-16)	Total (2016-17)
Total yearly cost (Rs. In Lakhs)	**22500.00**	**24750.00**	**27225.00**

For the year 2014-15, an amount of Rs.22500.00 Lakhs was proposed, out of which GOI approved Rs.16117.15 Lakhs only(FMR Code-B.12.2.1)

3. Advanced Life Support Ambulance

The state of Uttar Pradesh is operating 988 Ambulances under 108 EMTS (for medical emergencies). All the ambulances are BLS Ambulances and operational through Private Service Provider selected through transparent tender process and working as per the agreement signed with the state.

Through these ambulances patients are transported from site of emergency to the nearest health facility and in case of further requirement upto District level hospitals. In most of the district level Hospital only secondary level of healthcare is available. In cases of need for tertiary level care, the hospitals are facing difficulty in referring patients to tertiary care hospitals in lack of ALS ambulances service. There are 14 Government Medical colleges functional in state where tertiary care facilities are available.

There is need of ALS Ambulances in the state for transportation of critically ill patients. Keeping norm of 1 ALS ambulance for each district 75 ALS Ambulances will be required in State. These ambulances will be well equipped with equipments (cardiac monitor, defibrillator etc) and having trained manpower to handle critical patients.

Accordingly, an amount of Rs. 1800.00 Lakhs (@ Rs 24.00 Lakhs per Ambulance) for capital cost of 75 Ambulances and operational cost of ALS ambulances @ Rs. 3,00,000 per ambulance per month for 2014-15 for 75 Ambulances for 6 months(300000*75*6) Rs.1350.00 Lakhs was submitted to GOI. **For this purpose, GOI approved Rs.1200.00 Lakhs as capital cost of 75 ambulances and Rs.180.00 Lakhs (60%) as operational cost (FMR Code-B.12.1.2 & B.12.2.2).**

4. Paediatric Ambulances for SNCUs

25 SNCUs are functional in state. The state has fleet of 108 ambulances as well as 102 Ambulances but both these services has basic life support ambulances and don't have the capacity to provide care to critically ill infants and children. ALS ambulances are proposed in year 2014-15 but it will be more useful to have Paediatric ambulances having equipments and trained manpower to handle critical paediatric emergencies.

Operations of 25 Paediatric ambulances linked to SNCUs is proposed to save lives of critically ill children and bringing down the IMR. **Accordingly, Rs 600.00 Lakhs (@ Rs 24.00 Lakhs per Ambulance) was proposed as capital cost for 25 Ambulances and for the operational cost of these ambulances, an amount of @ Rs. 300000 per ambulance per month for 2014-15 for 25 Ambulances for six months i.e. Rs. 450.00 Lakhs (300000*25*6) was submitted. GOI has not approved any of the proposals (FMR Code-B.12.2.9.3 & B.12.2.9.4)**

5. Others

- **Monitoring cell for Ambulance Services**

Fleet of 1972 Ambulances under '102' NAS and 988 Ambulances under EMTS is very large and covers all the 75 districts of UP. The service is operational through private service provider and rigorous monitoring and supervision is required to maintain quality of service. Moreover department does not have the technical capacity to supervise and monitor it.

In order to provide quality care to people of state, establishment of monitoring and evaluation cell at state level headed by officer(contractual) equivalent of GM Level of SPMU,NRHM with at least 15 years relevant experience is proposed. The cell will be responsible to carry out data analysis, verification of reports, suggestive measures for improvements of services etc on regular basis and will report to the authorities of the department. The proposed structure and financial requirement for FY 2014-15 for monitoring and evaluation cell is as given below (GoI approved hiring of 2 IT Consultants and procurement of 2 Computers in year 2013-14) -

Sl.	Activity	Details	Total (In lakhs)
1	Monitoring cell Incharge	1, at the rate of Rs 1,25,0000.00 per month for 6 months (equivalent to GM, SPMU, NRHM)	7.50

2	Information Technology Consultant	5@Rs. 40000.00 per month for 06 months	12.00
3	Programme Assistant	3 @ Rs 25000 per month for 06 months	4.50
4	Computer and Accessories	8 @ Rs. 60000	4.80
5	Necessary software and its maintenance		10.00
6	Miscellaneous	Stationary, furniture, travel exp., etc	10.00
Total			**48.80**

For this purpose, GOI approved Rs. 8.40 Lakhs only with a remarks "that approval is being accorded for 2 existing consultants @Rs.35000/month for 12 months" (FMR Code-B.12.2.9.2).

- **Third Party Concurrent Evaluation of Ambulance Services**

Unbiased observation by third party is required for transparent assessment of any service. In accordance of above state is proposing concurrent third party evaluation of 102 NAS and 108 EMTS for effective implementation of scheme and corrective measures. The third party selection will be done either through transparent open tender process or among firms empanelled with GoI, for such activities.

For the above activity, the budgetary requirement for the year 2014-15 was Rs 75.00 Lakhs (@ of Rs 1,00,000.00 per district for 75 districts), which is approved by GOI(FMR Code-B.12.2.9.1)

Budget Summary of Referral Transport/EMTS for 2014-15

Sl	Activities	Unit of Measure	Physical Target	Unit Cost (Rs. In Lakhs)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)
1	**Opex for 108 EMTS**					
	108 Opex	No.	988		8745.00	-
2	**Opex for 102 NAS**					
	102 Opex	trips	1972	360	**22500.00**	**16117.15**
3	**ALS ambulance**					
	Capex	No.	75	24.0	1800.00	1200.00
	Opex	No.	75	3.00	1350.00	180.00
4	**Paediatric ambulance**					
	Capex	No.	25	24.0	600.00	-
	Opex	No.	25	3.00	450.00	-
5	**Others**					
	Third Party Concurrent Evaluation of 102 NAS and 108 EMTS	–	–		75.00	75.00
	Monitoring cell for 102 NAS and 108 EMTS				48.80	8.40
	Sub Total				**35568.80**	**17580.55**

Thus, for the above purpose, an amount of Rs.35568.80 Lakhs was proposed, out of which Rs.17580.55 Lakhs was approved by GOI (FMR Code-B.12 and its sub heads) as shown in the above table.

CHAPTER - 19: PUBLIC PRIVATE PARTNERSHIPS/NGOS

Public Private Partnerships

❒ Improving Family planning services through Mobile Team Approach

1. Background - Uttar Pradesh faces tremendous challenges in improving socio-economic development and the unmet need for family planning and the consequent high fertility rates are considered a major reason for this. The current TFR of the state at 3.3[#] children per woman is far higher than the TFR for India which stands at 2.4[#].

2. Objectives - The current high unmet need suggests great potential for increased family planning and while GoI and GoUP has been advocating for fixed day approach to increase access to FP services routinely, a huge backlog still exists including sterilization and IUCD insertion. This can be attributed primarily to lack of service providers. To partly mitigate this, the state proposes, in line with the strategy proposed by GoI, a scheme under which a mobile team with vehicles consisting of a team with surgeon, nurses/ANMs, OT technician, data entry operator etc. will be commissioned to be solely dedicated to provide FP services for at least 120-180 days a year. The state proposes to roll this scheme out in about 10 districts in 2014-15, to be chosen on the basis of TFR and CPR.

3. Operating Model -The mobile team will have a fully staffed and equipped team with medical and paramedical personnel. The team will be based at a district headquarter and will be accredited by the district health authorities. The team will travel to public sector sites PHC/CHCs which do not have the required manpower or facilities, to provide a range of FP/RH services and conduct 'Outreach Camps'. Services offered will include at least counseling, tubal ligation, NSV, IUCD insertion and follow-up. The mobile team will also be responsible for creating awareness about the outreach days and the services that will be provided. A private sector/NGO partner will be chosen to provide these services on the basis of guidelines which will be issued by the state.

4. Expected outcomes*-Based on development partners/agencies who have worked in this space in UP, following are the estimated outcomes we hope to achieve through this initiative (per district):

- At least 180 outreach camps conducted in each year (15 camps per month)
- Approx 270 clients to be served by a clinical team (an average of 15 clients per camp, this number can go up to 30 clients per doctor as per the government guidelines)
- 540 clients will be provided IUD services
- 270 clients would receive NSV/LTT services
- 1890 clients would receive sterilization services

All clients followed-up once within 24 hours of service delivery.

5. Financial Outlay*-The approximate cost of providing the services through mobile team has been calculated to be **Rs. 1.5 crores per district** as per the following breakdown:

DESCRIPTION	Nos	Cost /Month or Unit Cost	Annual	%
HR Costs**				
Surgeon	1	65,000	780,000	
Anesthetist	1	65,000	780,000	
Medical Officer	1	50,000	600,000	
Counselor	1	15,000	180,000	
OT assistant	1	15,000	180,000	
Nurse (LHV)	2	22,000	528,000	
Data Entry operator	1	12,000	144,000	
Sub-Total			**3,192,000**	**20**

OPERATIONS COST				
Training Cost & Supportive Supervision	3	50,000	150,000	
Communication Expenses	1	5,000	60,000	
Travel & Conveyance	1	15,000	180,000	
Vehicle- Operational Costs	180	1,800	324,000	
Consumables	1	1,000,000	1,000,000	
Clinical Quality Assurance	1	100,000	100,000	
Camp Costs	180	2,500	450,000	
Technical support from implementing partner			1,800,000	
Other operational costs			436,000	
Sub-Total			**4,500,000**	**30**
EQUIPMENT				
Surgical & Medical Equipment	1	3,000,000	3,000,000	
Start-up Costs (approx one month salaries of team)			400,000	
Vehicle (incl. customization)	1	1,800,000	1,800,000	
Other Equipment Cost			150,000	
Sub-Total			**5,350,000**	**35**
Project Cost (A)			**13,042,000**	**85**
Other project costs and contingency (B)			**1,956,300**	**15**
TOTAL Cost (A+B=C)			**14,998,300**	**100**

The total budgetary support required from GoI for this initiative (for 10 districts) was approx. Rs. 1500.00 Lakhs for the year 2014-15, which is not approved by GOI(FMR Code-B.13.2.1).

❒ **Merry gold Health Network (MGHN)**

MGHN is being implemented by Hindustan Latex Family Planning Promotion Trust (HLFPPT) as the franchisor under the guidance of USAID and State Innovations in Family Planning Services Agency (SIFPSA) since 2007. In order to engage the large and unregulated private sector through network and at the same time to standardize the prices of health services, MGHN is a proven and tested pilot of Social Franchising mechanism under PPP model.

Merry gold Health Network is currently spread over 35 districts of UP rendering essential reproductive & child health and Family Planning services through 240 franchised health facilities and 9,120 Merry gold members (referral network). It is one of the successful models of PPP in health sector having single largest health network in the state for proving quality FP and RH services at affordable pre-fixed prices.

Aims and objectives of the project is to strengthen and compliment the public health care system in 75 districts of Uttar Pradesh in phased manner focusing on maternal health and family planning services under this model of Social Franchising. The objectives are as follows: -

- To provide choice of services of assured quality to people at affordable pre fixed prices and thereby shifting the workload of public health facilities.
- Establish referral mechanism for transporting cases for emergency obstetric care and for neo-natal care between private facilities.
- Increase the outreach of the Government schemes by roll out of the same through MGHN private facilities.
- To sensitize and aware the community on RCH & FP issues through organizing various IEC/BCC activities.
- To ensure the standardized and quality RCH and FP services, capacity building of all network partners on various standard protocols of health facility management and clinical issue.
- Establishment of a regulatory mechanism to monitor the quality and pricing of the services provided by private health providers in the state.

Merry gold Health Network to be established in the next 3 year (2014-17) as below:

Year	Districts to be covered	Merry gold hospital Urban	Merry gold hospital Rural	Merry Silver Clinics*	Merry gold Member
Existing Network					
2013-14	35	47	17	176	9120
Next 3 year Plan (2014-17)					
2014-15	45	80	60	-	8400
2015-16	60	90	70	-	9600
2016-17	75	100	80	-	10800

***Merry Silver clinics would be upgraded in to Merry gold (Rural/Urban) based on MGHN criteria.**

Merry gold Health Network would provide **all** maternal health and family planning services through its 3tier system consisting of **Merry gold (Urban) Hospitals (L1)** for urban areas, **Merry gold (Rural Hospital (L2)** for block and sub-divisional headquarters level and **Merry gold Members (L3)** at the village level to support the outreach/ referral services etc.

Department of Health and Family Welfare, GoUP under NHM would have the ownership of the program with provision of financial assistance whereas HLFPPT would be responsible for overseeing the implementation of the social franchising project and SIFPSA will provide technical support for monitoring, evaluation and documentation etc.

Monitoring and verification:

- HLFPPT will be responsible for overall monitoring of MGHN for ensuring the quality of services and pricing of network services.
- Ensuring proper reporting and record keeping of clients.
- HLFPPT will submit the timely and correct report to the district health system as well as state level.

Expected Outcomes:

Particular		Yr-1	Yr-2	Yr-3	Total
1	No. of Merry gold hospitals	140	160	180	
2	ANC	168000	230400	302400	700800
3	Total deliveries	33600	57600	86400	177600
4	IUCD	30000	40000	45000	115000
5	Sterilization	10000	12500	15000	37500

Following are estimated budget year wise would be required to implement this program.

Budget Summary					
S. No	**Particulars**	**Year 2014-15**	**Year 2015-16**	**Year 16-17**	**Total**
1	Personnel Costs	232.44	268.88	309.21	810.53
2	Travel Cost	92.50	99.68	107.00	299.18
3	Equipment	5.50	-	-	5.50
4	Training & Workshops, Seminar	141.78	174.00	167.22	483.00
5	Program Cost	367.82	375.03	402.80	1145.65
6	Administration Cost	16.68	15.91	16.68	49.27
7	Indirect Cost	33.87	36.36	38.63	108.86
Total		**890.59**	**969.86**	**1041.54**	**2901.99**

This way, State proposed a budget of Rs. 890.59 Lakhs for 2014-15 of services through Marry Gold Health Network (MGHN),which is not approved by GOI(FMR Code- B.13.2.2).

❒ **Accreditation of Merrygold Hospitals as FRUs under NHM**

Situation analysis of FRUs in Uttar Pradesh: Operationalization of First Referral Units (FRUs) is an important component under the Reproductive and Child Health (RCH) program. The working group on health care for women and children for tenth five-year plan has identified establishment of fully

functional and operational FRUs as the priority area for the provision of Emergency Obstetric and New Born Care. The Government of Uttar Pradesh has shown tremendous commitment to ensure the improved functioning of its designated FRUs.

Currently (as of Nov 2013) there are 206 FRUs functional across 75 districts of Uttar Pradesh wherein 106 FRUs in rural area and 100 FRUs situated at urban area. One FRU is expected to cater to population of 3-5 lakhs. As per this, with a population of 1,996 lakhs (Census 2011), in the state of Uttar Pradesh there is need for around 400 FRUs as against present availability of 206. Common Review Mission (CRM) report 2012 of the state has observed that operationalization of FRUs in the state is hindered by non-availability and skewed distribution of specialists and slow pace of multi-skilling of doctors. The Gap Analysis of FRUs in Uttar Pradesh done in 2013 shows that out of total FRUs only around half of them (n=125) are presently currently conducting C-sections. In all there are 111 are trained in EmOC, 49 in Life Saving Anesthesia Skills (LSAS) & only 38 in BEmOC across 206 FRUs.

Merrygold Health Network (MGHN)- MGHN is being implemented by Hindustan Latex Family Planning Promotion Trust (HLFPPT) as the franchisor under the guidance of USAID and State Innovations in Family Planning Services Agency (SIFPSA) since 2007. In order to engage the large and unregulated private sector through network and at the same time to standardize the prices of health services, MGHN is a proven and tested pilot of Social Franchising mechanism under PPP model.

Merrygold Health Network is currently spread over 35 districts of UP rendering essential reproductive and child health services through 240 franchised health facilities and 9,600 Merrygold members. The network has provided 863,252 ANC checkups, nearly 162,004 deliveries, 111,63 sterilizations and 41,527 IUCD insertions till October 2013.

It is one of the successful models of PPP in health sector having single largest health network in the state for providing quality FP and RH services at affordable pre-fixed prices.

Merrygold Health Network would provide all maternal health and family planning services through its 3tier system consisting of Merrygold (Urban/Rural) Hospitals, Merrygold (Rural) and Merry Silver Hospital for block and sub-divisional headquarters level and Merrygold Tarang Members at the village level to support the outreach/ referral services etc.

HLFPPT proposes for accreditation and integration of select 80 Merrygold Health Network (MGHN) facilities in year-1, which would consist of 34 Rural & 46 Urban Merrygold hospitals in 30 districts, to operate as FRU specially for conducting C-Section on 24X7 basis. These would supplement 104 existing public sector FRUs. In addition to above mentioned facilities, 10 more MGHN hospitals would be accredited in both second and third year. In all 100 MGHN health facilities would be accredited as FRUs across 40 districts in three years in Uttar Pradesh.

Objective:
To increase the number of FRUs in the state by adding Merrygold Health Network`s hospitals in addition to Public Sector existing FRUs. The ultimate aim of the intervention is to improve maternal and infant health status in the intervention districts through creation of synergies between public and private sector health facilities.The year wise plan for accreditation of MGHN hospitals as FRUs is given below;

No.	Particulars	Merrygold facilities as FRUs (Cumulative)		
		Yr-1	Yr-2	Yr-3
1	No. of FRUs	80	90	100
2	No. of districts planned for MGHN FRUs	30	35	40

Key Objectives*:*

- To increase the availability of and access to functional health facilities in private sector providing quality and affordable emergency obstetric and new born care.
- To increase percentage of safe operative deliveries in the state through operationalization of MGHN facilities as FRUs.

Programmatic Strategies:

- Leveraging upon the existing heath infrastructure and skilled human resource available under MGHN to complement public health system. In all 100 MGHN health facilities across 40 MGHN districts would be utilized as FRUs in 3 years.
- Leveraging upon the existing network of Merrytarang members for increasing and strengthening the referral network.
- Quality Assurance, regular capacity building of the team and medical audits of MGHN hospitals at regular intervals being provided by HLFPPT.
- Affordable services at pre-fixed rate for maternal health services.

Operational Plan:

- An MOU would be signed between SPMU, NHM, U.P. & HLFPPT.
- Under the ownership of NHM-UP, HLFPPT would manage this intervention with technical & monitoring support of SIFPSA.
- HLFPPT would be responsible for overseeing the implementation of this intervention.
- Accreditation of selected MGHN health facilities for establishing FRUs. These facilities would provide C-Section delivery services including basic clinical maternal health services as required at a FRU.
- HLFPPT would ensure round the clock availability of qualified and trained health care providers for conducting C-Section deliveries at each MGHN FRU.
- Establish linkages between MGHN FRUs and adjoining government health facilities for creating awareness about MGHN FRUs among community and ensuring C-section deliveries needing emergency care are timely referred to the MGHN FRUs.
- Link MGHN FRUs with 108 & 102 ambulance services for transporting delivery cases.
- Link JSY and other health schemes with MGHN FRUs under NHM at State level for roll out of benefits of JSY scheme to the client.
- MGHN FRU's would also be linked with ASHAs for referring pregnant women to avail benefits of JSY scheme.

Expected Outcome: Involvement of MGHN functional FRUs would increase the number of facilities for C-section delivery. It is expected that 14,400 C-section deliveries in year-1, 21,600 in year-2 and 30,000 in year-3 would be performed at MGHN FRUs. Total 66,000 C-Section deliveries would be performed in 3 years.Year wise performance of C-Section deliveries at MGHN FRUs in 3 year given below;

No.	Particulars	Merry Gold hospital (L1)			Total
		Yr-1	Yr-2	Yr-3	
1	No. of FRUs	80	90	100	Total 66,000 C-Section deliveries would be performed in 3 year
2	No. of Expected C-Section Delivery per Facility per month	15	20	25	
3	Total deliveries in a month	1200	1800	2500	
4	Total deliveries in a Year	14400	21600	30000	

Under MGHN prescribed cost of one C-section delivery is Rs. 7,999/- which includes 5 days stay in general ward, OT charges, medicines, investigation and consultancy charges excluding blood transfusion charges.

Monitoring and verification:

- HLFPPT will be responsible for overall monitoring of MGHN FRUs for ensuring the quality of services and pricing of services of MGHN FRUs.
- Ensuring proper reporting and record keeping of clients.
- HLFPPT will submit the timely and correct report to the district health system as well as state level.
- HLFPPT will verify 100% clients before making payments to the MGHN FRUs.
- HLFPPT will responsible for providing timely performance-based reimbursements to MGHN FRUs.

Payment Modality System:

- JSY benefits for ASHA & beneficiaries would be directly given by the concerned government health facility on the basis of certification of such accredited hospitals.
- At the time of signing the MOU an amount of 10% of total project cost would be required as advance money for better and smooth implementation of the programme.
- HLFPPT will submit progress report both physical and financial to the state level along with necessary documents of every delivery clients of MGHN FRU wise for fund reimbursement on a fortnightly basis.
- All the financial and physical records would be maintained at HLFPPT Lucknow.
- Separate bank account would be maintained exclusively for this programme.
- NHM officials can also visit hospitals and HLFPPT Lucknow office for monitoring and verification etc.
- Payment to the MGHN FRUs would be released by HLFPPT through account payee cheques /electronic fund transfer from project funds.

Support from SIFPSA as Technical Agency:

- Technical support for operationalization of MGHN FRUs would be required from SIFPSA
- Monitoring support and review the performance of MGHN FRUs. This would include monitoring quality of services provided and pricing of services.

Support from NHM for MGHN FRUs:

- MGHN FRU's would also be linked with ASHAs for referring pregnant women to avail benefits of JSY scheme.
- Facilitate linkages of MGHN FRUs with 108 & 102 ambulance services for transporting delivery cases.
- Facilitate linkages of JSY and other health schemes with MGHN FRUs under NHM at State level for roll out of benefits of JSY scheme to the client.
- Adoption of the Merrygold brand name of social franchising network as part of all NHM publications and promotions.
- Establish linkages between MGHN FRUs and adjoining government health facilities for creating awareness about MGHN FRUs among community and ensuring C-section deliveries needing emergency care are timely referred to the MGHN FRUs.
- Linkages of MGHN FRUs with government blood banks for blood transfusion as per requirement for client.
- Timely fund reimbursement to HLFPPT for smooth implementation, timely and qualitative outcomes of the FRUs.

Proposed Budget**:**

Sl. No.	Particulars	Unit	Rate per month	Budget			Total
				Year-1	Year-2	Year-3	
1	Programme Cost						
A	Honorarium to Field Coordinator	2	15000	3,60,000	3,96,000	4,35,600	1191600
B	Honorarium to MIS	1	15000	1,80,000	1,98,000	2,17,800	595800

	executive						
C	Honorarium to Accountant	1	15000	1,80,000	1,98,000	2,17,800	595800
D	Travel Cost	4	Lump Sump	3,50,000	3,85,000	4,23,500	1158500
E	Operational Cost for conducting C-Section @7999/-per case	y-1 14400 y-2 21600 y-3 30000	7999	11,51,85,600	17,27,78,400	23,99,70,000	527934000
F	Printing and Stationary (FRUs and for Merry Tarang Members		Lump sump	1,20,000	1,32,000	1,45,200	397200
	Total			11,63,75,600	17,40,87,400	24,14,09,900	53,18,72,900

For the above activity, an amount of Rs.1163.75 Lakhs was proposed for the year 2014-15, which is not approved by GOI (FMR Code-B.13.2.3)

NGO Programmes-Grant in Aid to NGOs

❒ **FPAI- Improving Access to Family Planning Services through Reproductive Health and Family Planning Centers (RHFPC)**

The Model and outcome

FPA India proposes to work in 5 districts (Hardoi, Moradabad, Rampur, Shahjahanpur, and Sitapur) to increase access to high quality family planning services. More specifically, to increase the contraceptive prevalence rate by 10 percentage points in the intervention districts, with special focus on young people and to increase awareness of maternal health and family planning by 30 percentage points in the intervention districts, among men, women and young people.

Summary Budget: Total budget for 5 districts for 3 years Rs. 19,26,87,198

FAMILY PLANNING ASSOCIATION OF INDIA - DISTRICT LEVEL OPERATIONS COST				
Object Class Category	**Yr 1(12 Months)**	**Yr 2**	**Yr 3**	**Total for 3 years**
	Rs.	**Rs.**	**Rs.**	
Personnel				
Personnel District Office	10,92,000	12,01,200	13,21,320	36,14,520
Personnel RHFPC	17,88,000	19,66,800	21,63,480	59,18,280
Program Implementation	54,71,000	59,30,100	65,23,110	1,79,24,210
Establishment Cost of RHFPC	4,04,400	4,44,840	4,89,324	13,38,564
M&E	7,60,000	3,41,000	8,75,100	19,76,100
Infrastructure Cost	7,00,000	-	-	7,00,000
Program Cost	51,81,200	6,11,320	61,72,452	1,69,64,972
Indirect Charges @10%	10,79,360	10,51,996	12,07,196	33,38,552
Total Cost per District	**1,18,72,960**	**1,15,71,956**	**1,32,79,152**	**3,67,24,068**
Total for 5 Districts	**5,93,64,800**	**5,78,59,780**	**6,63,95,758**	**18,36,20,338**
Total cost for 1 State	**28,16,000**	**29,76,600**	**32,74,260**	**90,66,860**
Grand Total for 5 districts & 1 state	**6,21,80,800**	**6,08,36,380**	**6,96,70,018**	**19,26,87,198**

For the year 2014-15, a proposal of Rs.621.80 Lakhs was proposed for the year 2014-15, which is not approved by GOI(FMR Code-B.13.3.1).

❒ **Empanelment of Private Mobile Surgical teams for Sterilization promotion at Public Health Facilities in all High Priority Districts-**

In order to promote family planning, sterilization performance needs to be refocused and to overcome the situation of surgeons' scarcity, timely reaching of surgical teams, it is proposed that a

surgical team of private doctors and paramedical staff shall be formed in the HPDs districts, where there is limited availability of the surgeon to perform sterilization .

The private surgical team will visit to the pre scheduled camps at PHC/CHC and do the sterilizations and IUCD Insertion. ASHAs/ANMs will motivate the clients and bring them to the pre scheduled camps. In order to make the intervention cost effective, it is necessary that maximum number of sterilization shall be done in each camp. ASHAs will bring the clients to the respective facility and at-least 30 cases shall be done in each camp.

Two facilities per districts shall be identified for the intervention. The selection of the facility shall be done by the DHS considering demand of sterilization, accessibility, and availability of doctors.

Proposed area under the intervention

The intervention can be implemented in 20 districts where the TFR is high and service providers in Govtt. Sector is not available. The success of the intervention is likely to dependent on the availability of the private sector and a mechanism that can ensure inter district and intra-district movement of private sector doctors as well as the surgical teams.

Budgetary Implications-

The private surgical team will consist of at-least two surgeons, one anesthetist, two staff nurse, one lab assistant and one support staff and will be paid Rs.23000/- per camp. In case, expected number of cases in the camp is not more than 15, only one surgeon will be allowed in the team and Rs. 17000/- will be paid for that visit. If CMO will not be able to provide the equipments to surgical team, Rs. 2000/- shall additionally be paid.

Payment to surgical team per camp			
Particular	Unit	Rate	Total
Surgeon	2	6000	12000
Anesthetist	1	6000	6000
Staff Nurse	2	600	1200
Lab assistant	1	500	500
Support staff	1	300	300
Mobility	1	3000	3000
Use of equipment (conditional)	1	2000	2000
Total			25000

The team will function under the leadership of a private hospital or nursing home. The said nursing home will coordinate and form the team. The agreement and the payments shall be made to the private nursing home only.

Expected outcome annual			
Particulars	Facility	District	20 Districts
Total facilities	1	2	40
Camps per year	12	24	480
Expected case (30 per camp) per year	360	720	14400
Total expected case (three years)	1080	2160	43200

Budget:

The total fund requirement will be as follows for implementing the pilot project for two years in twenty district is as follows:

Budget per district for three years					
Particulars	**Unit**	**Rate**	**Annual**	**Total**	**Total**
Payment to surgical teams	24	25000	600000	1800000	per camp
Camp schedule and handbill distribution	1	50000	50000	150000	LS- per dist.
Camp arrangements	24	5000	120000	360000	per camp
Contingency	1	25000	25000	75000	LS- per dist.
Total			**795000**	**2385000**	

Budget (20 districts)					
Particulars	**Unit**	**Rate**	**Yr I**	**Yr II**	**Total**
Payment to surgical teams	480	25000	12000000	12000000	24000000
Camp schedule and handbill distribution	20	50000	1000000	1000000	2000000

Camp arrangements	480	5000	2400000	2400000	4800000
Contingency	20	25000	500000	500000	1000000
Total			**15900000**	**15900000**	**31800000**

For the year 2014-15, a proposal of Rs.159.00 Lakhs was proposed for this activity in above 19 districts, which is not approved by GOI (FMR Code-B.13.3.2).

❒ **Innovative Communication Activities for improving Family Planning Services.**

1. Pehel Sakhi Sammelan: Happy User of Family Planning Services interface with Non-user-

Satisfied users could become IUD or PPIUCD ambassadors in the community, keeping this in mind State will organize a community event **"Pehel Sakhi Sammelan"** at 25 HPD districts blocks of UP. **Nearly 250 people from the Blocks are expected to actively participate in the event**. The target will be to have eminent PRIs, ASHAs, MOI/Cs, BPM and District officials from CMO Office like ACMO-FP, DPM etc. join this event. The importance of birth spacing in reducing maternal and child morbity and mortality will be discussed. The effectiveness of modern family planning methods will be explained in detail. Doctors will clarify the myths and misconceptions regarding IUD and PPIUCD. Another appealing aspect of this event will be to have the presence of IUD and PPIUCD user couples along with eligible clients especially pregnant women (6 months pregnancy) having one child. for spacing methods. The satisfied couples or lady user of IUCD/PPIUCD will share their experiences and reveal how a long acting reversible contraceptive have made their family life healthy and happy. Token gifts will give to happy users. Pehel Sakhi Sammelan is a way to bring satisfied users and eligible couples for spacing methods on a common platform to promote the use of IUD and PPIUCD.

Budgetary Implication: **10000 per event, Frequency Once in a year. Place –Block Level**
Facilitator: BPM with support of ASHA/ANM.

The budgetary details of one event is as below:

Sl.	Particulars	Qty	Unit Cost (In Rs.)	Amount Proposed (In Rs.)
	Budget for One Event			
A.	**Participants-** Non Users Eligible Couples, Satisfied Clients of NSV, IUCD & PPIUCD, Govt. officials from District and Block Level, ASHAs & ANM.(250)			
B.	Tea & Snaks	250	25/-	6250/-
C.	Token Gifts per User @ Rs.50/-	10	50/-	500/-
D.	Misllenious-Banner, Photos , documentation, mike ,pre-publicity, etc.	1	2750/-	2750/-
E.	Total Budget for one Event at Block Level			10000/-
F.	To organize events at 523 blocks of 25 HPDs.	523	10000	52,30,000/-

Total Budget proposed for this activity was Rs.52.30 Lakhs for 523 blocks of HPD @ Rs 10000.00 out of which GOI approved Rs.44.10 Lakhs @Rs.7500/activity (FMR Code-B.13.3.3).

2. **Male Group meeting: to increase male participation**

Male group meetings will be conducted to increase awareness and correct knowledge of the Spacing and limiting methods among men. These meetings will enhance the acceptability of the IUD , PPIUCD and NSV among males. IPCs through different tools and examples the importance of long term family planning methods will be explained. Husbands of the IUD , PPIUCD and NSV user women will be asked to share their experience and benefits of spacing. In male group meetings, men will be encouraged to promote and support 'small family, happy family' concept. **Nearly 250 people from the Blocks are expected to actively participate in the event**. The target will be to have eminent PRIs, ASHAs, MOI/Cs, BPM and District officials from CMO Office like ACMO-FP, BDO, DPM etc. join this event. The importance of birth spacing in reducing maternal and child morbidity and mortality will be discussed. The effectiveness of modern family planning methods will be explained in detail. Doctors will clarify the myths and misconceptions regarding the IUD, PPIUCD and NSV. Another appealing aspect of this event will be to have the presence of the IUD, PPIUCD and NSV user couples along with eligible clients

especially pregnant women having one child. The satisfied couples or lady user of the IUD, PPIUCD and NSV will share their experiences and reveal how a long acting reversible contraceptive have made their family life healthy and happy. Token gifts will give to happy users. This is a way to bring satisfied users and eligible couples for spacing and limiting methods on a common platform to promote the use of the IUD , PPIUCD and NSV.
Budgetary Implication: **10000 per event, Frequency Once in a year. Place –Block Level**
Facilitator: BPM with support of ASHA/ANM.

The budgetary details of one event is as below:

Sl.	Particulars	Qty	Unit Cost (In Rs.)	Amount Proposed (In Rs.)
	Budget for One Event			
A.	**Participants-** Non Users Eligible Couples, Satisfied Clients of NSV, IUCD & PPIUCD, Govt. officials from District and Block Level, ASHAs & ANM-250			
B.	Tea & Snacks	250	25/-	6250/-
C.	Token Gifts per User @ Rs.50/-	10	50/-	500/-
D.	Misllenious-Banner, Photos , documentation, mike ,pre-publicity, etc.	1	2750/-	2750/-
E.	Total Budget for one Event at Block Level			10000/-
F.	To organize events at 523 blocks of 25 HPDs.	523	10000	52,30,000/-

Thus, total budget proposed for this activity was Rs.52.30 Lakhs for 523 blocks of HPD, which is not approved by GOI(FMR Code-B.13.3.3).

Budget Summary – NGO/PPP – 2014-15

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved 2014-15		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B13.1	Non governmental providers of health care RMPs	-	-	-	-	
B13.2.1	Improving Access to quality FP services in UP through Mobile Team Approch-outsourcing of FP Services	10	1,500.00	-	-	Not Approved
B13.2.2	Accreditation of Merry Gold Hospitals for Family Planning Services	140	890.59	-	-	Not Approved
B13.2.3	Accreditation of Merry Gold Hospitals for C-Sections	80	1,163.75	-	-	Not Approved
B13.3.1	Improving Access to FP services through reproductive health and family planning service centres	5	621.80	-	-	Not Approved
B13.3.2	Empanelment of Private Mobile Surgical Teams for Sterilization Promotion at Public Health Facilities in all HPDs	25	159.00	-	-	Not Approved
B13.3.3	Innovative Communication activities for FP	15	104.60	-	44.10	
	Sub Total - NGO/PPP		**4,439.74**		**44.10**	

Thus, for the above purpose, an amount of Rs.4439.74 Lakhs was proposed, out of which Rs. 44.10 Lakhs only approved by GOI (FMR Code-B.13.3.3) for Innovative Coomunication activities for FP.

CHAPTER - 20: INNOVATIONS

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 in Uttar Pradesh out of which about 25,500 HIV Patients are taking ARV from different ART Centers on monthly basis whereas remaining 37,989 HIV Patients are enrolled as HIV Care Patients. HIV Care enrolled patients visit ART Center for their regular Health check-ups along with CD-4 testing and Opportunistic Infections.

The PLHAs need to travel to their nearest ART centre every month to get the life saving ARV drugs and also have to go the nearest facility with CD-4 testing facility every 6 months for CD-4 testing. The infrastructure, machinery, staff and the drugs at the centres are provided by NACO. **Similar activity is being supported by NRHM in Gujarat and some other states.**

Most of them are in the BPL category and have no means or resource to afford their regular travel. Hence it has been proposed to provide them with the facility of free travel for visit to the ART centers.

As per the rates submitted by UPSRTC, the rate for travel is Rs.0.84 per km for general passengers. Therefore the budget required for estimated 30000 infected persons for monthly travel is about Rs.302.40 Lakhs and for 40000 registered persons 6 monthly visit for CD4 Testing to ART centers is Rs. 67.20 Lakhs.

Sl.	Registered No .of Patients		Travel Details	Calculation taking avg. distance(100km.@Rs.0.70)	Total (Rs.in lakhs)
	For ART	For CD4 Test			
1	30000		Monthly visit for medicines	30000*12*0.84*100	302.40
2		40000	6 monthly visit for CD4 Tests	40000*2*0.84*100	67.20
Total					**369.60**

The Proposal has been submitted to NHM-UP as following:

Sr. No.	**Fin. Year**	**Budget in Lakhs**
1	2014-15	369.60
2	2015-16	406.56
3	2016-17	447.21
Grand Total (Proposed Budget**)**		**1223.37**

Note:- *Proposal for fin. year 2015-16 & 2016-17 is being submitted to NHM-UP with the addition of 10% annual increment on respective budget.*

Thus, a proposal of Rs.369.60 Lakhs was submitted for approval for the year 2014-15, which is not approved by GOI(FMR Code- B.14.1).

"PICU Dr. SPM Hospital Lucknow"

Proposal for 10 bedded pediatric ICU at Dr. Shyama Prasad Mukharjee Hospital Lucknow

A large number of critically ill pediatric patients are referred to higher centers (medical colleges and SGPGI), in Lucknow, from nearby district of UP as well as other states. However, most of the times beds in these higher centers are full while other govt. hospitals are also not able to cater these patients due to absence of pediatric ICUs. Hence the state proposes to establish a 10-bedded Pediatric Intensive Care Unit (PICU) at Dr. SPM hospital Lucknow to alleviate this situation. The details of this are mentioned below.

A-Details of Equipment with estimated cost per 10 bedded, Paediatric Intensive Care Unit (ICU):-

SN	Equipment list	Estimated cost (Amount in Rs.)
1.	NICU Ventilator (1 Nos.)	1400000.00
2.	PICU Ventilator (9 Nos.)	11200000.00
3.	Bi Phase Defibrillator with Printer (2 Nos.)	400000.00
4.	Gas Pipe Line System (1 Nos.)	4000000.00
5.	Multi Parameter Cardiac Monitor with Central Monitoring Station (1 Nos.)	1200000.00
6.	ICU Bed with Bed Side Locker, IV Stand & Stool (10 Nos.)	600000.00
7.	15 KVA Sine Wave Inverter (1 Nos.)	1000000.00
8.	Manpower (5 persons for Maintenence & Operating for 24x7) for 12 months	1100000.00
9	Oxygen mega Cylinder for 100 pieces	1900000.00
10	Refilling of oxygen mega cylinder, transportation of cylinders, cost of disposables required in ICU and other contingency cost.	200000.00
Sub-Total		**23000000.00**

B-Cost of Human Resource for running 10 bedded pediatric ICU round the clock (24x7)

(in Rs)

	Post	NOs.	Salary per month	Total Salary for six months
1	Medical Officer	05	50000	1500000.00
2	Staff nurses	05	22000	0660000.00
3	ward boys	04	10000	0240000.00
4	Sweeper	04	7000	0168000.00
	Sub-Total			**2568000.00**

Thus, for the above purpose, an amount of Rs.255.68 was proposed, which is approved by GOI(FMR Code-B.14.2)

Proposal for free Diagnosis & Treatment of patients with Hemophilia

Hemophilia is a group of hereditary genetic disorders due to deficiency of clotting factor VIII and factor IX that impairs the body's ability to control blood clotting or coagulation, which is used to stop bleeding when a blood vessel is broken.

Hemophilia lowers blood plasma clotting factor levels of the coagulation factors needed for a normal clotting process. Thus when a blood vessel is injured, a temporary scab does form, but the missing coagulation factors prevent fibrin formation, which is necessary to maintain the blood clot. A hemophiliac does not bleed more intensely than a person without it, but can bleed for a much longer time. In severe hemophiliacs even a minor injury can result in blood loss lasting days or weeks, or even never healing completely. In areas such as the brain or inside joints, this can be fatal or permanently debilitating. It is incurable but is manageable by infusing blood/blood components or giving anti hemophilia factors.

In the State of U.P. nearly 2200 patients of hemophilia are already registered. All these patients require episode based treatment which means infusion of factors depending on type of hemophilia. There is a need for strengthening of existing facilities in State of U.P. in order to provide free, prompt, comprehensive and specialized management of these patients.

Thus, for this purpose, an amount of Rs. 2294.00 Lakhs was proposed for the year 2014-15 but approval is pended subject to state share the details and cost break-ups (FMR Code-B.14.3).

National Programme for Palliative Care (NPCC)

Introduction- Palliative Care is an essential component of Cancer Control Programme and Health Care of the Elderly and can be effectively provided in conjunction with these programmes reducing the morbidity burden to a great extent.

***Goal*:** Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

Objectives

1. Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, and Stroke; National Program for Health Care of the Elderly, the National AIDS Control Program, and the National Rural Health Mission.
2. Refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure for preventing diversion and misuse
3. Encourage attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).
4. Promote behavior change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.
5. Encourage and facilitate delivery of quality palliative care services within the private health centers of the state.
6. To contribute in developing National standards for palliative care services and continuously evolves the design and implementation of the National program to ensure progress towards the vision of the program.

- **IMPLEMENTATION MECHANISM**

As per the guidelines, it is envisaged that activities would be initiated through National Program for prevention and control of cancer, CVD, Diabetes & Stroke. The strategies proposed will

provide essential flooding to build capacity within the key health programs for non-communicable disease, including cancer, HIV/AIDS, and efforts targeting elderly populations. The major strategies proposed are provision of palliative care services at the State and district level:

- **Personnel and Capacity building**
  - Short term training on essentials in pain relief, long term cure and palliative care for district Surgeon, Physicians, Gynecologist at the cancer services within District Hospitals in conjunction with the training programs under the NPCDCS.
  - State NCD cell also would plan for a systematic capacity building at all levels of health care delivery system through capacity building, infrastructural support and drug availability.

- **Infrastructure according to levels of care**

i. **District hospital** would have up to **10** beds dedicated to Palliative care and develop capacity for twice a week afternoon palliative care OPD services
ii. **Community Health Centre** are to have palliative care OPD services and home based services (with available staff under NPCDCS) at least three times / week and also empower families to care for the patient through IEC.
iii. **Primary Health Care** would coordinate the referrals of patients requiring palliative care support and also empower families to care for the patient through IEC through the senior Health Assistant.

- **Personnel requirement on regular / contractual basis**

i. **District hospital-** 1 trained palliative care physician and 4 specialist nurses at District Hospital with at least 6 weeks training within the approved training centers
ii. **Community Health Centre, Primary Health Centers** utilize the existing, personnel deployed under NPCDCS and NPHCE programs

- **Training:**

i. 6 weeks training from the approved centers for palliative care physician and nurses
ii. Short term trainings for all other categories concerned with palliative care

Proposed Districts for NPPC:
The phasing would be done in similar fashion to NPCDCS program. State proposes 10 districts

1. Jalaun, 2. Jhansi, 3. Kheri, 4. Lalitpur, 5. Etawah, 6. Faizabad. 7, Firozabad, 8. Farrukhabad, 9. Raibaraily. 10., Sultanpur

State Palliative Care Cell
State cell will be responsible for the overall implementation and monitoring of the programme activities and the staff will coordinate with the staff of NCD programme for management of the programme activities.

Manpower:

State Coordinator - 1
Date Entry Operator - 1

District Hospital
Manpower:

Physician-1
Nurses -4
Multipurpose Worker - 1

Proposed Budget – FY 2014-15

Sl.	Budget Head	Proposed 2014-15	
		Physical Target	Total Budget (in Rs.)
1	**Manpower at District Hospital**	**10Districts**	
1.1	Palliative Care Physician-1 (@Rs. 90000 per month*)	10	10800000.00
1.2	Nurses-4 (Rs. 22000/per month)	40	42240000.00
1.3	Multi Task Worker-1 (Rs. 15000/- per month)	10	1800000.00
2	**Training (Rs. 2 Lakhs per training programme)**	10	2000000.00
3	**Infrastructure Strengthening**		
3.1	Renovation of Palliative Care Unit/OPD/Beds/ Miscellaneous equipment etc. (Rs. 15Lakh per district)	10	15000000.00
4	Misc (Travel/POL/Stationery/Communication/drug etc) (Rs. 8 Lakhs per district)	10	8000000.00
5	**State Palliative Care Cell**		
5.1	Coordinator -1 (Rs. 60000/- per month)	1	720000.00
5.2	Data Entry Operator-1 (Rs. 15000/- per month	1	180000.00
5.3	Misc. (Workshop/Stationery/POL/Communication etc.) (Rs. 1Lakh per year)	1	100000.00
	Total		**80840000.00**

Thus, a total proposed budget for above activities was Rs.808.40 Lakhs for 10 districts and State Palliative Care Cell, which is not approved by GOI (FMR Code- B.14.4).

Special innovations under deafness programme(NPPCD)

The burden of deafness is relatively high in India with respect to world scenario. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india thus 5.8 lakh people are estimated to be suffering from profound to severe deafness among 19.96 crore population (census 2011) of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

Common causes of Deafness

i. Wax
ii. Secretory Otitis media
iii. Suppurative Otitis media
iv. Otomycosis/otitis externa
v. Exposure to Noise
vi. Presbyacusis
vii Perinatal causes
viii genetic and hereditary causes
IX Ototoxicity
X Meningitis, Encephalitis,
Xi otoscerosis, menieres disease, autoimmune diseases etc

It is envisaged to reduce this medical & socioeconomic burden by early identification, medical / surgical intervention and rehabilitation of deaf people in six districts around Kanpur which is not covered under National programme for Prevention and Control of Deafness by developing PPP model involving government and private health provider agencies , NGOs and others.

It is proposed to bridge present service delivery by coordination and involving NHM, RSBY,ICDS,Sarva Shiksha abhiyan in varios activities.

	District	Population	Estimated severe to profound deaf
1	Kanpur Nagar	4572951	13307
2	Kanpur Dehat	1795092	5223
3	Unnao	3110595	9053
4	Kannauj	1658005	4825
5	Auraiya	1372287	3993
6	Etawah	1579160	4595

- Organization of camps at peripheral health centres / identified school @ 1 camp per month per district where cases would be screened, educated and referred to District health centre / Medical colleges or private service provider for medical and surgical intervention. Fund required is Rs 10000/- per camp total **5.4 Lakhs.**
- Surgical intervention for poor/BPL at District hospital / medical colleges / identified RSBY hospitals and Private service provider at GOI / RSBY rates. fund required 5cases per camp x 9 camps per district x 10000/-=27 Lakhs
- Hearing Aid to Poor/ BPL cases at GOI Min. of H & FW / Soc Justice & Empowerment rates.Fund required = 10-15 cases per camp= 7.5 Lakhs.

Organization of camps, hearing aid fitting and surgical intervention will be in accordance with NPPCD programme guideline of GOI,Min of Health and FW / RSBY / Reputed institution in the field of Hearing and Speech Pathology.

Thus, a total proposal of Rs. 39.90 Lakhs was proposed for the above purpose, which is not approved by GOI(FMR Code- B.14.5)

An innovative proposal for "Birth Waiting Home"

1. Background - Uttar Pradesh being the largest state of India houses some of the most challenging terrain and difficult to access remote areas. Pregnant women who reside far away from facilities providing Emergency Obstetric Care frequently face life threatening condition due to risk of delay in reaching a facility when required. This threat to safe motherhood is a big hindrance in achieving the goal of decrease in MMR and IMR. Often some districts have few FRUs, furthermore there are few places in the adjacent areas of the facility where the expecting mother could get quality health care services a few days before the expected date of delivery.

2. Purpose of Birth Waiting Home - Birth Waiting Homes would act as a waiting home in the vicinity of Emergency Obstetric Care facility for catering to the needs of pregnant women residing in difficult to reach and far lying locations of the area. It would be a managed centre with a trained manager (non medico) and trained staff nurses along with required support staff. This would not only provide the much needed accessibility but also reduce the risk of labour related complications providing access to any immediate intervention with minimal delay. The purpose of setting such waiting homes is primarily to minimize the delay in service provision and additionally to provide for a mother's comfortable stay besides providing pre delivery care during the most crucial period. Further the waiting homes would act as a place for comprehensive counselling on various aspects related to safe motherhood and family welfare.

3. Objectives of Birth Waiting Home

- Increase the accessibility to emergency obstetric care for women residing in difficult to reach areas by placing a pregnant women, who is 4-7 day away from her EDD, in a birth waiting home which is within close proximity of govt. health facility
- This facility can also prevent the journey of any ANC mother back home if she is considered not ready for delivery, i.e. a pregnant women who arrives at a facility earlier than required can be advised to stay at a birth waiting home rather than going back home
- Free transportation from Birth Waiting Home to Hospital (transportation for home to birth waiting home and from hospital to home will be linked with 102)
- Registration of pregnant women in EMoC facility with comprehensive planning
- Pre delivery care of pregnant women with potential complications
- Increased utilization of EMoC services in the health facility
- Promote IYCF practices and immediate attention to low birth weight babies
- Promote minimum 48 hours of Post Partum Stay in the Institutions
- Provide in-house counselling services to the pregnant women on Family Planning and other programs

4. Type of services offered in Birth Waiting Home

ANC

- ❑ Required Antenatal Examination
- ❑ Registration at the EMoC facility for timely intervention
- ❑ Nearby 24hr on call availability of Skilled Birth Attendant in close vicinity

Health Counselling

- ❑ On childbirth and post-natal care
- ❑ Birth spacing and family planning
- ❑ Newborn care
- ❑ Kangaroo mother care for preterm or low birth weight babies
- ❑ IYCF practices, early and exclusive breast feeding
- ❑ Vaccination

Comprehensive Care

- ❑ Free drugs, transportation, food and bed
- ❑ Ambulance service

5. Proposed location and Districts - Birth Waiting Homes are proposed to be established in 5 selected remote and high priority districts of Uttar Pradesh. These will be districts with poor accessibility to Emergency obstetric care facilities. These 5 districts will be chosen at the time of finalizing guidelines for implementation. Location of the waiting home is proposed to be in close vicinity of District Women Hospital/Facility providing Emergeny Obstetric care.

6. Management, HR & Logistics -The proposed Birth Waiting Home would be a 10 bedded home, managed by an NGO with a centre manager deputed for managing the centre. It would also have 3 trained staff nurses along with a cook, security guard and one sweeper. The Centre manager would be provided by the NGO whereas provision for other staff would be done under the NHM. The centre is proposed to have one dedicated vehicle for carrying pregnant mothers from the centre **to** the facility while transportation from home to the birth waiting home and from the health facility (where delivery will be conducted) to home will be linked with 102.

7. Conclusion - It has been well researched that one of the most effective way of reducing maternal mortality is reducing the 3 DELAYS-Delay in Decision making, Delay in Reaching the facility and delay in service provision at Facility level. The proposed Birth Waiting Home would be an ideal setting to take care of all the three delays and provide a safe road to safe motherhood.

8. Budget:

Sl.		Particulars	Quantity	Unit cost(Rs) for 12 months	Budget (Lakhs)
1		Establishment cost (One time cost)	5	800000	40.00
2		Rented building including water & electricity (800 sq ft covered area)	5	240000	12.00
3		Manager	5	300000	15.00
4		staff nurse	15	264000	39.60
5		Cook cum Aaya	5	120000	6.00
6		Security person	5	120000	6.00
7		Hired vehicle	5	360000	18.00
8		Sweeper	5	90000	4.50
9		Diet	25(*5 beneficiaries /day/Birth waiting home)	36500 (Rs 100.00/ beneficiary per day)	9.13
10		10% (Other operational cost, drugs & supplies, and contingency)			15.02
Total					**165.25**

*Assuming 50% utilization of Birth waiting homes

For the above purpose, an amount of Rs.165.25 Lakhs was proposed but the approval is pended with the remark that "state to revisit the proposal and plan comprehensively"(FMR Code- B.14.8)

Installation of Solar Photo voltaic systems at 50 facilities in HPDs

Background

The scenario of irregular and limited electricity supply in the State, particularly, in rural areas which house almost 80% of the health facilities, adversely affects the functioning of crucial cold chains and provision of general health services. Though dedicated generators for cold chain have been provided to facilities, however their limited functionality and usefulness remains an issue. Moreover, the grid supply provides Voltage in the range of 130-140 volts in these areas with large fluctuation which affects the working and life of cold chain equipment.

Solar powered energy resources have proved to be extremely promising renewable energy alternatives keeping in view its ample availability and ability to be used in different locations without much energy losses as against the grid system where there has been a transmission and distribution loss of almost up to 30%.

An effective example is available in the State of Maharashtra which has, through KFW project and UNICEF technical support, initiated the project of SPV System installation and commissioning in the tribal/rural areas since 2008, which has been found to be very cost effective, practically feasible electrical backup system (hybrid), cater to the need of providing uninterrupted power for existing cold chain equipment as well as critical electrical medical equipment and lighting load of PHC.

With increase in the additional cold chain points in PHCs where scenario of electricity availability is comparable to other rural areas, the need for alternative and reliable sources acquires more importance and urgency. Compete system manufacturing and integration is done by the manufacturer itself, spare parts are easily available, trained people are available within the system itself and manufacturer support and reliability is significant. All the spare parts and components are manufactured in facilities within the country and doesn't need any sourcing to foreign country.

Objective

- Provision of uninterrupted and reliable electricity supply to health facilities for cold chain maintenance and other critical functions including lighting load of the hospitals
- Minimizing the wear and tear of medical and other equipment and increasing their optimal working and life span by reducing the chances of voltage fluctuations which range from 20-100 in the grid system

Ensuring provision of electricity for a maximum of 5-6 days in single stretch even when grid sourced electricity is unavailable and sunlight is dim.

Budget estimate

Type of system	Type of panel	Proposed units	Cost per unit in Rs. lakhs (including AMC for 10 years)	Tentative budget (Rs. Lakhs)
Solar PV system 50% Grid + 50% Solar	Panels with poles	25	20	500.00
Solar PV system 100% Solar	Panels with poles	25	29	725.00
Total		**50**	**-**	**1225.00**

Note: The specifications and pricing will be finalized as per GoI's guidelines.

Selection of facilities

- Facilities will be chosen on the basis of case loads. In the pilot stage of this initiative, 2 high-load facilities will be chosen in every HPD below the district-level facilities, i.e. the top 2 non district level facilities with the highest case-load will be selected for installation of SVPS. Out of these 25 will be chosen for Solar PV system 50% Grid + 50% Solar and 25 for Solar PV system 100% Solar.

Applying the above criteria we get the following 50 facilities:

S.no	District	Name of the facility	S.no	District	Name of the facility
1	Allahabad	Ramnagar	26	Kasganj	Ganjdundwara
2	Allahabad	Jasra	27	Kaushambi	PHC manjhanpur
3	Bahraich	Kaisarganj	28	Kaushambi	PHC mooratganj
4	Bahraich	Payagpur	29	Kheri	Mitauli
5	Balrampur	Tulsipur	30	Kheri	Isanagar
6	Balrampur	Sheopura	31	Maharajganj	Siswa
7	Barabanki	Fatehpur	32	Maharajganj	Paniyara
8	Barabanki	R S Ghat	33	Mirzapur	Vijaypur
9	Bareilly	Baheri	34	Mirzapur	Lalganj
10	Bareilly	Fatehganj (W)	35	Pilibhit	Puranpur
11	Budaun	Binawar	36	Pilibhit	Bisalpur
12	Budaun	Sahaswan	37	Rampur	Shahbad
13	Etah	Jalesar	38	Rampur	Milak
14	Etah	Jaithra	39	Sant Kabir Nagar	Mehdawal
15	Faizabad	Rudauli	40	Sant Kabir Nagar	Khalilabad
16	Faizabad	Milkipur	41	Shajahanpur	Jalalabad
17	Farrukhabad	Kayamganj	42	Shajahanpur	Nigohi
18	Farrukhabad	Kamalganj	43	Sidharth Nagar	Mithwal
19	Gonda	Colonelganj	44	Sidharth Nagar	Khesraha
20	Gonda	Itiyathok	45	Sitapur	Biswan
21	Hardoi	Pihani	46	Sitapur	Laharpur
22	Hardoi	Harpalpur	47	Sonebhadra	Ghorawal
23	Kannuj	Chibbramau	48	Sonebhadra	PPC Robertsganj
24	Kannuj	Tirwa	49	Srawasti	Ikauna
25	Kasganj	Soron	50	Srawasti	Sirsiya

Thus, for the above activity, an amount of Rs.1225.00 Lakhs was proposed, which is approved by GOI(FMR Code- B.14.9)

mSwasthya - An integrated e-service delivery platform to improve frontline health worker performance and strengthen MCTS in Uttar Pradesh (A Public Private Partnership effort)

1. Background

Uttar Pradesh, the fourth largest State in the country with a population of 199.50 million[1], has 75 districts, 820 blocks and 107,776[2] villages. Infant mortality rate and maternal mortality rates in the State are one of the highest in the country, well above the national average and much higher than the target set as MDG. Although large investments have been made in the health sector, continuing high mortality (Table 1) underlines the need to further strengthen the public health service delivery in the State

[1] Population, districts and blocks in Uttar Pradesh - http://upgov.nic.in/upstateglance.aspx
[2] Number of villages in Uttar Pradesh - http://censusindia.gov.in/2011census/Listofvillagesandtowns.aspx

Indicator	Current/recent estimate		MDG-India or UP goal (2015)
	Uttar Pradesh	India	
Health Indicators			
Maternal mortality (per lakh of live births) (SRS 2007-09)	359	212	109 (MDG)
Infant Mortality (SRS 2011)	57	44	27 (MDG)

The evidence documenting the effectiveness of Information and Communication Technology (ICT) approaches in health sector is growing. The research evidence is strong that community based approaches to pregnancy tracking and postnatal home visits have an impact on neonatal outcomes. The Mother and Child Tracking System (MCTS), an e-governance initiative launched by the Union Health and Family Welfare Ministry in December 2009, presents an immense opportunity to improve MCH service delivery in the State. MCTS has been rolled out across the State of Uttar Pradesh to provide decision makers and program managers with real time data for program monitoring and micro planning. However, there are several gaps that need to be addressed to realize the potential of MCTS such as sub-optimal pace of data entry, lack of efficient data entry system, overburdening of health workers with multiple records and reports, and duplication of efforts to collect and record data. The delayed data updating restricts the use of the work plans generated for ANMs and use of data by supervisors for monitoring and decision making.

Frontline health workers like ASHAs have a significant role to play in reaching the target population for improved maternal and newborn health outcomes. While FLWs have demonstrated the potential to substantially improve maternal health in areas of extreme poverty, they face several challenges on day to day basis. With a role in multiple national programs and activities, routine record-keeping and reporting expected of ASHAs is also increasing. She has been provided with multiple formats and job aids to use during the course of her work. However, in the event of lack of frequent refresher trainings, field supervision and support, keeping skills updated, completing reports and planning their work effectively can be daunting for ASHAs. They lack access to healthcare information repository, standardized tools for beneficiary counseling and other job-aids to facilitate their work. ASHAs also face difficulties in getting incentives due to delays in payment, lack of clarity and transparency in the payment process, adversely affecting their motivation levels. These challenges limit the effectiveness of frontline workers and negatively impact program outcomes.

Uttar Pradesh has a large number of frontline health workers viz. 23,000 Auxiliary Nurse Midwives (ANM) and 150,000 Accredited Social Health Activists (ASHA) who are a critical interface between the community and the public health system. These FLWs present a huge potential to improve the reach and utilization of Maternal Newborn Child Health & Nutrition (MNCHN) services in the State. The FLWs however, need to be strengthened and supported for improved program outcomes. ICT can help improve the performance of FLWs through automated and multimedia enabled job-aids and on-demand training while also enhancing their motivational levels by automated report generation and timely incentive payments. The increased penetration of mobile phones in rural areas and greater focus on ICT by the Government of India (GoI) provides a never-before opportunity to harness mobiles for improved MNCHN care in the state.

2. Introduction

In the last few years, the state of Uttar Pradesh has witnessed several mobile phone based pilots which have tried to address some of the key challenges listed above (e.g. mSakhi of IntraHealth, ReMind of CRS etc.). These mobile applications have assisted ASHAs to plan their work effectively and perform better. The pilot projects in the state have shown that mobile phone based applications improve the performance of FLWs through automated management of beneficiaries, use of audio-visual self learning and counseling tools and considerably reduce the need to fill complex forms.

Building further on the state wide experiences, the proposed *mSwasthya* e-service delivery platform will improve frontline health worker performance and strengthen MCTS in Uttar Pradesh with specific reforms for the following stakeholders:

(1) Frontline Health Workers (ASHAs and ANMs):
   a. Training & capacity building of FLWs through mobile phone based multimedia training and periodic assessments.
   b. A standardized mobile phone based job aid to support FLWs in beneficiary registration, tracking, counseling and diagnosis-decision support.
   c. Mobile phone based stock supply, consumption and demand management tool for ANMs.
   d. Mobile phone based incentive payment monitoring system for ASHAs.

(2) Beneficiaries:
   a. Health messages, due and missed services alerts to beneficiaries as a voice/text messages.

(3) Health officials/Program Managers
   a. Integration of *mSwasthya* with MCTS for improved data quality, VHSND monitoring, activity planning and decision making.

The key reform areas and the impact of the project as envisaged is described in the Table 2, below.

Table 2: Reforms aimed from mSwasthya and comparison between present and proposed scenario

S.N	*mSwasthya* Target	Existing scenario	Proposed solution
FLW Training & Capacity Building			
a.1	On-demand training for FLWs through mobile phone based multimedia application	Fixed & centralized, text-heavy difficult to-use reference books	On-the-go training as per FLW's convenience with continuous access to multimedia training content delivered on their mobile phone
a.2	Printed certification on completion of training by FLW's	Ad-hoc in nature with absence of standardized tools for evaluation	Mobile phone based evaluation with each lesson / training module, printed certificate after successful completion of all modules
FLW job-aid: Beneficiary registration, tracking, counseling screening decision-support and referral			
b.1	Beneficiary registration, tracking, and automated work schedulers/ alerts	Not available	Mobile handset-based automated scheduler, alerts and reminders for ASHA and ANMs Mobile based data capture at FLW level for beneficiary registration & tracking service delivery
b.2	Standardized mobile phone based multimedia counseling job-aid for ASHAs / ANMs	No single standardized job-aid available Multiple paper-based difficult-to-carry job-aids	Standardized, integrated, multimedia-enabled job aid in vernacular. Covering healthcare topics such as antenatal care, delivery, postnatal care, immunization, family planning amongst others
b.3	Decision-support tool for ASHAs to assess, classify and provide home based newborn care (HBNC) treatment and referral.	Existing paper-based home-visits checklists difficult and complex for low-literate ASHAs; responses not consistent across different ASHAs with varying skill levels	Mobile handset-based multimedia postnatal assessment and decision-support tool for guided response based on HBNC guidelines
b.4	Automated MCTS work plan generation, VHND stock and service delivery data capturing and reporting system to reduce ANM workload	Multiple registers leading to data duplicity; delay in data entry at block level; time-consuming manual report generation (using quality time of doctors as well); delays in ANM work plan generation; data not used in decision-making	Mobile handset-based beneficiary registration and data transfer by ASHAs and ANMs, Village/ ASHA wise work plan for ANMs (integrated with MCTS). Easy-to-use web-enabled automated reports and dashboards for quick decision-making (integrated with existing MCTS dashboard).
Incentive Payments (mPayment)			

c.1	Incentive monitoring system for FLWs	Delays of 2-6 months in payments to FLWs leading to dissatisfaction and inconvenience[4]	Transparent incentive monitoring system will improve accountability and reduce delays in payment of incentives to FLWs.
Beneficiary education services			
d.1	Incoming calls for reminders/ health messages to beneficiaries	No existing process in UP	Standardized IVR based reminders (immunization, checkups) / key health messages to all registered beneficiaries (pregnant women/ children)

3. Goal and Objectives

The goal of *mSwasthya* is to accelerate the reduction of maternal, neonatal, and child mortality in UP by empowering frontline health workers (ASHA and ANMs) with an integrated mHealth service delivery platform leading to improved performance through effective planning, management and execution of their day-to-day work.

The key objectives of *mSwasthya* to meet the aforementioned goal are as below:

1. Provide on-demand training and information to FLWs using multimedia enabled content through the *mSwasthya* application for continuous capacity building
2. Provide mobile phone based multimedia job-aid to FLWs for beneficiary registration, tracking, counseling, reporting, screening and referral.
3. Strengthen Mother and Child Tracking System (MCTS) through mobile phone based work plans, and real time updation of beneficiary-wise service delivery information.
4. Facilitate VHND wise monitoring of stock demand, supply and consumption through mobile phone based application.
5. Create a mobile phone based incentive monitoring system for ASHAs for greater transparency and accountability in timely ASHA incentive calculation and payments.

4. The Process

The mSwasthya application will consist of four modules viz. (i) the **ASHA application** (in ASHA mobiles) (ii) the **ANM application** (in ANM mobiles) (iii) **Beneficiary reminder/alert application** (to send alerts/reminders to registered beneficiaries) (iv) **Web dashboard** (for block, district and state level users, integrated with MCTS portal). The four modules will combine to enable the following processes:

4.1. **Registration of Pregnant Women:** The ASHA or ANM will register a pregnant woman into the mobile application with basic details (LMP, name, photo etc). Any beneficiary registered will be visible to the ASHA and ANM both. ANM will have to approve any beneficiaries registered by the ASHAs. The beneficiaries upon approval will be auto updated into the MCTS portal which will generate a unique MCTS id for each registered beneficiary. The MCTS id will be auto updated in both the ASHA and ANM applications. A beneficiary will be considered to be registered only after the MCTS id is generated.

4.2. **Pregnancy counseling and care (Home visits)**: Upon successful registration of a pregnant woman, a trimester wise home visit schedule will be auto generated for ASHAs. ASHA will be required to visit each beneficiary at least once in each trimester to counsel and capture specific service delivery and health indicators, using the mSwasthya application. ASHA will use Mother and Child Protection (MCP) card with the beneficiaries to fill the data into the application. The mSwasthya application will guide ASHAs to counsel and motivate beneficiaries, using tailored and interactive multimedia content.

4.3. **ANC checkup data recording (VHSND/ Sub-Centre etc.):** As per the registration records, ANM will have an ANC check-up schedule generated for each beneficiary to ensure ANC checkups at the sub-centre or during VHNDs. After conducting the ANC check-up, ANM will enter the ANC information/results (beneficiary wise) into the application, and will update the same in MCP card. The beneficiary wise information will be auto synchronized with the ASHA application and will be auto updated into the MCTS portal. At the end of each VHSND, ANM will enter the

vaccination and medicine consumption and availability information into the mSwasthya application.

4.4. **Birth registration:** The ASHA and ANM applications will keep track of the expected date of delivery of the pregnant women and will highlight the cases due in a particular month. Once an ASHA or ANM comes to know of any delivery and enters the delivery details the birth will be registered into the system (will require validation by ANM, in case ASHA has reported the birth). The birth registration will be auto updated into the MCTS portal, which will assign unique MCTS id to the child. The unique id will be auto updated in the ASHA and ANM applications.

4.5. **PNC home visits by ASHAs:** As soon as a birth is registered, a post-natal home visit schedule will be generated for the ASHAs. During the actual home visit, ASHA will use the mSwasthya application to take her through the newborn assessment checklist and the application will classify the newborn illness and recommend action to be taken by ASHA including the drugs and doses.

4.6. **Immunization reporting:** An immunization schedule for live births will be generated by the application which will be filled by ASHAs or ANMs as and when a child is immunized.

4.7. **Post-partum counseling:** ASHA will use the application to counsel beneficiaries on post-partum care practices, complementary feeding and post-partum family planning.

4.8. **Web based dashboard** – mSwasthya mobile application will be integrated to the MCTS system and will facilitate optimum usage of the existing MCTS reporting tools. A web dashboard along with the MCTS reports will be available to view other health worker performance indicators, not already available as the MCTS web reports.

4. Project implementation strategy

1. **Establish Project Governance structure:**
   a. Formulation of Project Steering Committee and Project Monitoring Unit.
   b. Identification of key contact points for project implementation and allocation of corresponding roles & responsibilities
   c. Finalization of institutional mechanisms, performance indicators & reporting structures.
   d. Mobilize internal resources for collaboration with MoHFW and NIC for potential integration with MCTS.

Project Steering Committee: A state level steering committee will be formed with representatives from UP-NRHM, Department of Medical Health and Family Welfare, SIFPSA, and NIC. The committee will monitor project implementation and evaluate the effectiveness of the ICT enabled process ased on progress across key indicators. The roles and responsibilities of the state level steering committee will be as below:

a. Monitor the various phases and the state-wide roll out of the project.
b. Approve all deliverables by various agencies and stakeholders like procurement of mobile phones from an external vendor, enhancement of application by system integrator and consulting partner.
c. Devise strategies and collaborations for mitigation of foreseen risks
d. Coordination with different stakeholders and agencies and ensuring common understanding of project objectives between stakeholders
e. Conceptualization of Monitoring and Evaluation plan and development of key performance indicators for monitoring and evaluation of the project activities in association with PMU
f. Development of strategies for issue resolution and escalation
g. Appraisal of exit management and knowledge transfer plan developed by State IT Cell

Project Steering Committee will appoint a Project Monitoring Unit (PMU) with representatives from various industrial domains relevant to the project implementation and monitoring. The PMU will comprise of members from stakeholder agencies and external consultants, including:

a. Representatives from SPMU

b. Representatives from State NIC: For providing technical expertise towards development of software application and selection of vendors through an informed process.
c. Program Managers (including external consultants): The external consultant will be represented by a heterogeneous group comprising of domain & technology expert, change management and capacity building expert, procurement expert and monitoring & evaluation expert. They will provide an overall program management support.
d. Representatives from State Health IT Department
e. ASHA and ANM representatives: They will provide their inputs on day to day ASHA and ANM activities

2. **Selection of Consulting Partner:** The consulting partner for the project would be selected at the beginning of the project through an open bid process. Organizations with demonstrated experience in the areas of program management, bid process management etc. will be considered for selection. The key activities of the consulting partner over the period of three years would be:

a. Requirement analysis, Documentation & customization of High level Functional Requirements
b. Preparation of RFP for selection of System Integrator and Smart phone provider.
c. Undertake Bid Process Management, including bid evaluation and contract finalization
d. Program Management - Management of System Integrator and deliverables
e. Monitoring the project progress and achievement of key milestones.

3. **Selection of Implementation agency:** This agency will be selected through an open bidding process. The agency should identify appropriate consortium partners (for-profit/not-for-profit/NGOs etc.) with prior experience to carry out the following functions, as mentioned below.

a. **System Integrator (SI)**: The SI would be required to provide the following technological support to ensure successful implementation of the proposed initiative.
i. Development, customization, enhancements and deployment of integrated mSwasthya application consisting of ASHA, ANM, IVRS and web dashboard.
ii. Procurement, installation and commissioning of any additional hardware and software infrastructure, including but not limited to, servers, storage, security and network components required to maintain the platform, in consultation with NIC, UP.
iii. Ensuring operations and maintenance of deployed application, including upgrades and change requests if any.
iv. Ensuring that the opening data set available in the ASHA and ANM mobiles is in sync with the latest MCTS records.
v. Integration of the software application with smart phones.
vi. Set -up a 2 seat helpline at the state level to address mSwasthya related technical queries.
vii. Technical Advisory Support during implementation phase.
viii. Train the master trainers for using the application.

b. **Content development, training and field support:**
i. To enhance existing modules and develop any additional training modules which will be delivered to FLWs over the mobile application on their smart phones.
ii. To conduct in-person training sessions for all stakeholders on using the mSwasthya application. These orientation workshops will be conducted before program rollout.

c. **Smart phone procurement and servicing support:**
i. Procurement of smart-phones as specified by the mSwasthya steering committee.
ii. Distribution of smart phones and accessories to all the frontline health workers (FLWs) i.e. ASHAs and ANMs in the project districts.
iii. Training (2 days) of all FLWs on the use of mobile phone.

iv. Setting up block level mobile repair and maintenance centers (innovative models using STD/PCO/MNO can be explored).

5. Project costs and Implementation schedule

Table 3

Parameter	Total (5 districts)
No. of ASHAs	10,000
No. of ANMs	2,000
No. of SPMU Staff/ MO/ MOIC	300
Per unit cost of Smart phone including insurance & software installation	INR 5,000
Per unit cost of Tablet including insurance & software installation	INR 7,000
Per ASHA training cost	INR 1,250
Per ANM training cost	INR 1,500

The costing for the proposed implementation has been done taking into account certain assumptions, which are stated in the Table 3. The numbers of personnel (ASHA, ANM, others) considered below is the average as per updated State level data. The project is planned to be implemented in one division (with about 5 districts), the specific division and districts will be decided by the project steering committee in consultation between State PMU and Department of Medical Health & Family Welfare.

Table 4 : Cost of implementation over three years (Summary)

S.N	Budget Head	Y1	Y2	Y3	Total
1	Smartphone/Tablet costs	65,000,000	0	0	65,000,000
2.	Implementing Agency (to provide the services mentioned below in 2.a and 2.b)				
2.a	System Integrator Services	26,260,000	15,825,000	15,825,000	57,910,000
2.b	Content development, Training and Ongoing technical support agency services	26,440,000	7,200,000	7,200,000	40,840,000
3	Consulting Partner Agency	2,400,000	2,400,000	2,400,000	7,200,000
Grand Total		**120,100,000**	**25,425,000**	**25,425,000**	**170,950,000**

The total cost of the three year project will be **INR 17.01 crores** (seventeen crores one Lakh only), which includes the smart phone and tablet related costs, implementation agency related costs and consulting partner related costs as shown in Table 4 (summary) and Table 5 (detailed).

Table 5: Cost of implementation over three years (Detail)

SN	Cost Head	Unit	Unit Cost	Number of Units	Year 1	Year 2	Year 3	Total	Assumptions
1. Capital Expenditure									
1.a	System Infrastructure cost	Lum sum	2500000	1	2500000	NA	NA	**2500000**	Includes all H/W, S/W - server, switch, router, storage, networking, licenses, load balancer; it is a mix of distributed & shared infrastructure; mix of procured and rented infrastructure
1.b	Smart phones for ASHA	Per Unit	5000	10000	50000000	NA	NA	**50000000**	Funding for 5districts; INR 4500 for handset with memory card, INR 400 for insurance, INR 100 for Software Installation
1.c	Tablets for ANM	Per Unit	7500	2000	15000000	NA	NA	**15000000**	INR 6500 for tablet with memory card, INR 400 for insurance, INR 100 for Software Installation
1.d	**System Integrator Services**								
1.d.1	System Integrator Application Development & Enhancement	Blended Man month rate	200000	72	14400000	NA	NA	**14400000**	8 people for requirement analysis, design, development and testing of enhancements and integration for 9 months
1.d.2	OPE	15% of Total SI fee			2160000	NA	NA	**2160000**	
1.e	**Content development, Training & Capacity Building agency services (before roll-out)**								
1.e.1	Content Development and Enhancement for mSwasthya application and Training	Training modules, Illustrations, audio content, animations, videos etc.	2000000	1	2000000	NA	NA	**2000000**	Includes cost for content development and enhancements to existing content (production of audio, priniting of manuals etc.)
1.e.2	Salaries of Master Trainers	Monthly Rate	50000	24	1200000	NA	NA	**1200000**	2 master trainers for 12 months to train 40 block technical staff (2.c.1) and 40 block trainers (HEO etc.) @ INR 50,000 / month including salaries, TA/DA
1.e.4	ASHA Training	Per ASHA Training Cost	1250	10000	12500000	NA	NA	**12500000**	5 days training session including food @ INR 75/ day, travel @ INR 125 per day ; Training to be done by block technical staff and HEO/block staff.
1.e.	ANM Training	Per ANM Training	1500	2000	3000000	NA	NA	**3000000**	5 days training session including food @ INR

5		Cost							90/ day, travel @ INR 150 per day ; Training to be done by block technical staff and HEO/block staff.
1.e.6	Other stakeholders (MO/ MOIC/ Admin) Training	Per person Training Cost	1800	300	540000	NA	NA	**540000**	2 days training session including food @ INR 120 / day, travel @ INR 175 per day ; Training to be done by block technical staff and HEO/block staff.
1. Capital Expenditure (total)					**103,300,000**	**0**	**0**	**103300000**	
2. Operating Expenses									
2.a	**System Integrator Services**								
2.a.1	System Integrator Annual Maintenance Support	Blended Man month rate	200000	15	-	3000000	3000000	**6000000**	20% every year (after year 1) of initial development cost and includes recurring charges for maintenance activities for platform
2.a.2	Change request and Technical Support	Man Month rate	125000	36	-	4500000	4500000	**9000000**	3 resources (for year 2 and year 3)
2.a.3	OPE	15% of Total SI fee				1125000	1125000	**2250000**	
2.b	**Data Transfer Package**								
2.b.1	Data services for Smart phones	Monthly Rental Plan	50	144000	7200000	7200000	7200000	**21600000**	2G data plan @ INR 50 per month for each smart phone (ASHA and ANM) as per phased roll out in UP
2.c	**Content development, Training & Capacity Building agency services**								
2.c.1	Onground support for mobile installation +Technical Support + District level helpline	One person for per 2 blocks per month	30000	240	7200000	7200000	7200000	**21600000**	One person for two blocks (appox 600 ASHA and ANM), @ INR 30000 per month incling travel expenses
2.d	**Consulting Partner Support**								
2.d.1	Program Management	Blended Man month rate	200000	12	2400000	2400000	2400000	**7200000**	1 consultants for the three year period
2. Operating Expenditure (total)					**16,800,000**	**25,425,000**	**25425000**	**67650000**	
Total Expenditure (1+2)					**120,100,000**	**25,425,000**	**25425000**	**170950000**	

For m-swasthya, the proposal for first year implementation cost was Rs.1201.00 Lakhs, but the approval is pended with the remark that "mSwasthaya is being implemented nationally. MoHFW is already in discussion with NIC and CDAC to get m-App developed for MCTS which will be free for the state" (FMR Code-B.14.10).

Facility mapping in 50 priority districts of Uttar Pradesh

Introduction

The National Rural Health Mission (NRHM) in Uttar Pradesh (UP) is being implemented to tackle the high burden of maternal, neonatal and child morbidity and mortality in its rural populations, by improving the availability of and access to quality health care for the people, especially those residing in the rural areas. It has been an important need of the state to map all the public and private health care facilities according to the populations and geographies that they cover, along with the infrastructure, human resource, drugs, equipments and supplies. Such a mapping will help to plan for minimizing the gaps that exist in the availability and accessibility of critical RMNCH (reproductive, maternal, newborn and child), family planning, immunization and nutrition services. Presently, a mapping of all health facilities in 25 high priority districts in the state has been undertaken by the Karnataka Health Promotion Trust (KHP) with financial support from Bill & Melinda Gates Foundation (BMGF). It is proposed to undertake a similar kind of mapping study in the remaining 50 districts in the state.

Mapping objectives

The specific objectives of this mapping are to:

1. To map the availability and accessibility of maternal, newborn and child health (MNCH) services in public sector per population and geography
2. To identify gaps in infrastructure, staffing, equipments, drugs and supplies related to the provision of MNCH services

Mapping scope

The mapping will be conducted in 50 districts other than the 25 high priority districts. It will cover approximately 20000 health facilities including approximately 16000 Sub centers, 3000 Primary Health Centers, 400 Community Health Centers, and 50 District Hospitals that provide delivery services.

The mapping will collect the following information from each facility:

- Identification details
- Availability of critical interventions and services
- Villages and population covered, other health care facilities and providers
- Reporting structures
- Physical infrastructure
- Staff and trainings (SBA, NSSK and IMNCI)
- Equipments – availability and functionality
- Drugs and supplies (essential drugs, contraceptives, diagnostic and other supplies) – availability and stock-outs
- Select output parameters from Health Facility Records
- Untied funds, Village Health and Sanitation Committees and Rogi Kalyan Samitis

Mapping process

The mapping team will obtain the list of public health facilities from the state and district health officials and from the HMIS. Each facility in the list will be visited by a field researcher, and data will be collected through an interview using a questionnaire and through observation using checklists. The data will be computerized and analyzed using GIS.

The mapping teams will take the help of the district health offices of each concerned district in planning the field data collection.

Mapping teams

The mapping field work will be completed in four months, by conducting the data collection simultaneously in 10 districts. Mapping in each district will be coordinated by one coordinator.

In each district, the mapping team will consist of 4 teams, each team consisting of 5 field researchers and 1 data quality supervisor. Thus, overall, the mapping team will consist of 200 field researchers and 40 data quality supervisors. The field researchers will largely be the individuals who completed/ pursuing MPH degrees in local medical colleges/institutions or PG degree in social sciences.

Recruitment and training

The district and state level coordinators will first be trained and mentored by a group of resource persons who were engaged in similar facility mapping elsewhere. The five-days training will include field practice sessions for the trainees.

After successfully completing the training, the district coordinators, along with a resource person, will recruit the local field researchers and supervisors, and conduct a five-days of field level training. The resource persons will continue to support the first one week of data collection.

Budget

Sl. No.		Budget Head	Proposed Budget					Remarks
			Unit Description	No. of Units	No. of Units	Unit Cost (in Rs.)	Total Amount (in Rs.)	
1		**Administration costs**						
	1	Advertisement and recruitment expenses	Lumpsum	1	1	1	1	
	2	Administrative staff visit to field for doing salary and other arrangements	Lumpsum	1	1	200000	200000	
	3	Office rent and maintenance	Lumpsum	1	10	50000	500000	
	4	Technical consultants	Lumpsum	3	40	5000	600000	
	5	Contingencies (Fax, internet, xerox)	Lumpsum	1	1	100000	100000	
1		**Sub Total - Administration costs**					**1400001**	
2		**Personnel**						
	1	Data Quality Managers/supervisors	No./Month	40	4	13000	2080000	
	2	Field investigators	No./Month	200	4	12000	9600000	
	3	Field coordinators	No./Month	10	5	30000	1500000	
	4	Mapping coordinator	No./Month	2	7	50000	700000	
	5	Administrative staff/Accountant	No./Month	1	7	35000	245000	
	6	Data analyst	No./Month	1	1	1	1	
	7	Data Entry Operator	No./Month	20	4	7000	560000	
	8	Data Entry Systems	No./Month	20	4	5000	400000	
2		**Sub Total – Personnel**					**15085001**	
3		**Software**						
	1	ARC GIS	Lumpsum	1	1	-	-	Expect the Foundation to provide access to these softwares and attribute tables
	2	District GIS attributes	Lumpsum	1	1	-	-	
3		**Sub Total – Software**					**-**	
3		**Training (in 10 batches)**						
	1	DA for 350 persons @200/person	No./Day	300	5	200	300000	

		for 5 days						
	2	TA for 200 persons @ 500/person	No./Day	300	1	500	150000	
	3	Working lunch Tea @Rs 350/person for 350 persons for 5 days	No./Day	300	5	200	300000	
	4	Accommodation for 6 days @Rs 500 /person for 350 persons	No./Day	300	5	500	750000	
	5	Training hall rent (5 days)	No./Day /Batch	1	50	20000	1000000	
	6	Vehicle during training (2 days)	No./Day /Batch	40	6	2000	480000	
	7	Stationery for training	Lumpsum	1	1	200000	200000	
	8	Resource persons fees @Rs 500/day/person for 10 persons	No./Day	10	5	500	25000	
	9	Training cost for data entry operators (3 days) @ Rs 200 /person for 20 persons	No./Day	20	3	200	12000	
3		**Sub Total - Training (in 10 batches)**					**3217000**	
4		**Mapping**						
	1	Accommodation @ Rs 250/day/person for 120 days for 250 persons	No./Days	240	120	250	7200000	
	2	Hiring vehicles @Rs 24000/month for 40 vehicles for 4 months	No./Month	40	4	24000	3840000	
	3	POL for vehicles @ 750 /day for 40 vehicles for 4 months	No./Days	40	120	750	3600000	
	4	DA/TA/Accommodation for Field Coordinator @ Rs 1500/day for 120 days	No./Days	10	120	1000	1200000	
	5	Accommodation/TA/DA for Mapping coordinator @ Rs 3000 for 60 days	No./Days	3	60	2000	360000	
	6	Communication cost @Rs 500/month/person for 4 months for 25 persons	No./Month	25	4	500	50000	
	7	Printing of questionnaires	Lumpsum	1	1	250000	250000	
	8	Stationery (bag, pen, pencil, etc)around Rs 400/person for 250 persons + Rs. 10000 for stationery	Lumpsum	1	1	110000	110000	
	9	Printing of reports	Lumpsum	1	1	-	-	
							-	
4		**Sub Total - Mapping**					**16610000**	
5		**Overheads**						
	1	Overheads	%	15%	1	36312002	5446800	
5		**Sub Total - Overheads**					**5446800**	
		Grand Total to District					**41758802**	

Thus, for the above activity an amount of Rs.417.59 Lakhs was proposed, which is approved by GOI(FMR Code- B.14.13)

Establishment of Infertility Centre at Veerangna Avanti Bai Mahila Hospital, Lucknow

The State government is determined to provide quality health care to the people and in this connection provision of accessible, safe and affordable infertility related services is also a priority.

In the country, infertility affects about 15% of the married couples and the related social and psychological effects are devastating leading to marital discord & social stigma.

In the State, there is only one infertility centre at Queen Mary's Hospital, KGMU, Lucknow, which caters to all the patients related to this issue. As, it is a tertiary care centre, a large number of patients with pregnancy related issues as well as infertility are being referred to this hospital. Hence, there is a tremendous patient load at this unit.

Therefore, establishing an infertility centre at V.A.B. Mahila Hospital Lucknow is being proposed. For this purpose, the second floor of the surgical ward (about 11000 sq. ft. area) has been identified, where a 20 room infertility wing can be constructed. The cost estimate of the construction and electrical work has been prepared by Assistant Engineer (civil) and Expert (electricity) which is as follows:-

1. Infrastructure Details for the infertility center

Registration Room
Monitoring Room
Counseling Room
Ultrasound Room
Waiting Hall
I.U.I. Lab
Andrology Lab
IVF Lab
Embryology Lab
I.V.F. Operation Theater
Wash room
Post Operative Ward / General Ward
Sterilization Room
Semen Collection Room
Electrical Switch Room
A.H.U. cum Generator Room
Consultant Room
Staff Room
Nursing Station
Water Purification Room
Store Room
Patient Change Room
Office

Estimated budget for Construction work	**(in Rs)**
Civil and electrical works	17558349.00
Furniture & Furnishing	50,00,000.00
Gas pipe line and Connection work	05,30,959.00
Lift	35,00,000.00
Air Conditioners	14,40,000.00
Total	**280,29,308.00**

2. Equipments:-

CO2 incubators	**2**
Inverted Microscope (ICSI) with micro manipulators	**1**
High end ultrasound machine	**3 (Monitoring, IUI, IVF) one each**
Colour Doppler	**1**
Essential Misc. equipment i.e. • Laminar Flow (IVF workstation with accessories) • Laminar Flow (Andrology workstation with accessories) • Centrifuge, Cryocans, Ovum, Aspiration pump, Deep freezer, AHU systems, Drying Oven and water purification etc. with installation	
Consumables / Media i.e. • 4 well dish, freezing straws, embryo transfer catheter, Cryo Vials, Petridis etc.	
AMC / CMC for all equipments etc. on turn key basis	
Total Estimated budget of all equipments (in Rs.)	**1,60,27,200.00**

3. Contractual Human Resource:-

Human Resource	Amount (per month-in Rs.)	No. of Human Resource	Estimated expenditure against Human Resource (in Rs.)
Gynecologist	65000.00	3	195000.00
Anesthetist	65000.00	2	130000.00
Radiologist	65000.00	1	65000.00
Pathologist	65000.00	1	65000.00
Embryologist	75000.00	1	75000.00
Assistant Research Officer	25000.00	1	25000.00
O.T. Technician	15000.00	1	15000.00
Ultrasound Technician	15000.00	1	15000.00
Lab Technician	15000.00	2	30000.00
Sister In-Charge	25000.00	1	25000.00
Staff Nurse	22000.00	6	132000.00
Ward Boy	5000.00	6	30000.00
Ward Aaya	5000.00	6	30000.00
Sweeper	5000.00	6	30000.00
Electrician	15000.00	1	15000.00
Total (Monthly)			**8,77,000.00**
Total (Yearly)			**1,05,24,000.00**

Thus, an amount of Rs. 545.81 Lakhs was proposed for the infertility center, which is not approved by GOI with the remark that " not approved in its current form"(FMR Code-B.14.17).

Zinc/ ORS Social Marketing Program

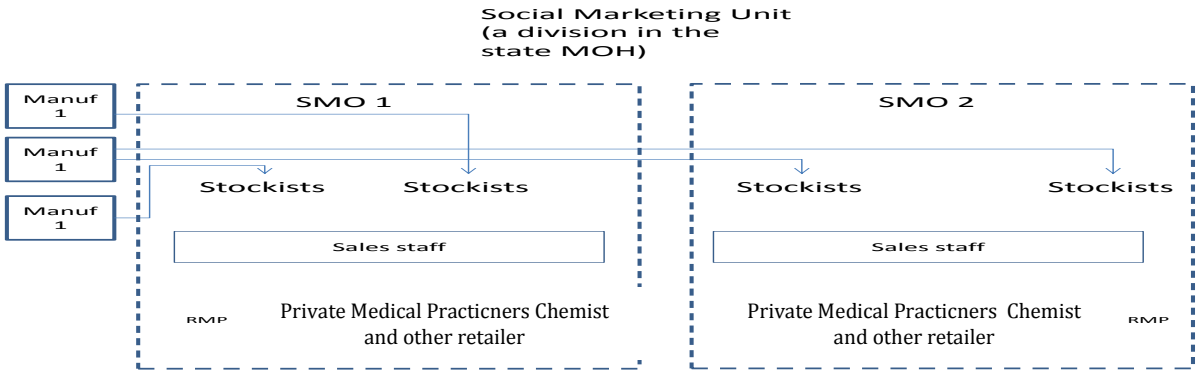
The Need for Social Marketing

The high U-5 mortality in UP (68/1000 LB), of which 12-13% results from diarrhea, is due in part to the low reach of simple curative solutions, such as oral rehydration therapy. Though India changed its national treatment guidelines to include zinc over five years ago, this shift has not been widely communicated, especially among the private-sector providers where roughly 80% of mothers seek treatment for their children. While awareness of ORS amongst mothers is high (compared to that of zinc), usage is low due to a preference for treatment perceived to provide immediate relief.

Due to the resulting low demand for these low-margin products, manufacturers do not see an attractive market for zinc and ORS and do not invest in the widespread distribution and product promotion activities that are required for building awareness and driving higher uptake. This situation is the well-known 'market trap' where limited supply constrains demand through unfamiliarity, which, in turn, weakens the incentive to increase supply. Breaking this market trap requires a non-profit intervention, which is the basis of our proposal for 'social marketing'.

The goal of our social marketing scheme will be to create a market where zinc and ORS are available in adequate quantities, informal providers prescribe its use, and through repeated use mothers begin to recognize and demand it for their infants.

Scheme Components - The scheme requires the government to support the creation and operation of social marketing organizations (SMOs), which will distribute basic health products, such as zinc and ORS at subsidized rates (and thus at affordable prices), through existing commercial channels and new distribution networks where none are available. The channel and distribution network entities will be motivated to stock and sell products based on financial margins received by them. Through innovative brand promotion activities and generic behaviour change communication, the SMOs will communicate the benefits of the products and services offered by the program and thereby generate demand for it, even among the most under-served segments of the population. The broad structure of the scheme is as shown below:



Note : Private Medical Practitioners (**registered under 1- MCI, 2- Bhartiya Chikitsa Parisad UP-Ayurved and Unani 3- Homeopathic Medicine Board UP**)

In many ways, the scheme is similar to the contraceptive social marketing program of the Government of India.

Program objectives - The program will have the following primary objectives:

- **Generate demand** and increase the perceived value of zinc and ORS as treatment for diarrhea: Provider-focused as well as caregiver demand generation activities will be implemented in all districts of Uttar Pradesh
- **Expand access to zinc and ORS products** at affordable prices: Complement the free supply of zinc and ORS through the public health system and ensure the provisioning of quality healthcare products through good quality assurance systems

Next steps required from the GoI/GoUP/Mission

To implement the scheme the following next steps are required:

1. *Set up an SMU*: The scheme will be coordinated by a social marketing unit (SMU) of the GOUP, specially set up for the purpose. The SMU will be responsible for setting the guidelines, routing the subsidy, certifying manufacturers, and auditing the social marketing organizations (SMOs). The SMU will be jointly led by officials from the Directorate, NRHM and headed by DG Family Welfare will be supported by development partners, as required; it will also have representation from the SMOs.

2. *Select SMOs*: The scheme will provide for two SMOs in the state. An SMO will be a not-for-profit organization with prior experience in social marketing. Each SMO will invest in a procurement and distribution network of stockiest and sales staff through which it will introduce the product to the Private Medical Practicners (**registered under 1- MCI, 2- Bhartiya Chikitsa Parisad UP-Ayurved and Unani 3- Homeopathic Medicine Board UP**), **chemists and retailers**. The demand generated by the SMO will create a multiplier effect on the size of the market, and attract a number of smaller players, which will lead us to our goal of coverage.**The role of the SMO will be**:
    - Sale and distribution of products
    - Purchase of products from the manufacturers
    - Branding
    - Trade promotion
    - Design and implementation of marketing campaigns targeting consumers and providers

3. *Provide for subsidy*: The scheme will be supported by a trade subsidy from the GoI/Mission, to be channeled through the SMU. The amount of subsidy will be tied to the sales realized by the SMO, and will amount to Rs. 5.6 crore in the first three years. In addition, an initial start up subsidy of Rs. 6 crore will also be required.

4. *Allocate a budget for market development activities*: The scheme will require the GoI/Mission to allocate an IEC budget of Rs. 16 crore to generate and grow demand through a BCC initiative including a host of market development campaigns targeted at both caregiver and the providers.

   BCC strategy: The SMOs will be tasked with the role of implementing a behavior change strategy aimed at getting rural practitioners to treat diarrhea as recommended and mothers to recognize and demand the appropriate products. The implementation plan for this strategy will be decided by each SMO, but its broad components are expected to be as follows:

   - Seek to influence demand at **three levels** - Health providers, pharmacists, and caregivers (mostly mothers).
   - Establish zinc among health professionals through engagement of **key opinion leaders (KOLs)**
   - Improve recall through frequent sales visits and **point of sale communication**

   Procurement - The SMOs will procure zinc and ORS from Mission/SMU certified manufacturers. They will be free to select one or more manufacturers. The maximum procurement price will be fixed by a government rate contract. This flexibility will give them the opportunity to build relationships with manufacturers, obtain the benefits of discount, and at the same time increase competition. The annual procurement volumes are given in the table above.

Certification: All manufacturers need to be WHO GMP certified.

Branding and packaging - Each SMO will be allowed its own brands and carry out its own trade promotion activities. Branding is encouraged to improve brand loyalty. The SMOs will provide the packaging material to the manufacturer to enable the SMO to position its brand in the market. This is similar to the contraceptive social marketing scheme of the Government of India. Note: This cost is not included in the program for now.

Distribution network - Zinc and ORS are now de-listed and can be sold as OTC drugs. As a result they can legitimately be sold by :- Private Medical Practicners (registered under 1- MCI, 2- Bhartiya Chikitsa Parisad UP- Ayurved and Unani 3- Homeopathic Medicine Board UP) and chemists and unlicensed chemists.

Each SMO will be assigned half the state (around 35-40 districts) within which it will have its own distribution network of super-stockists, stockists, and retailers. A rough norm is to have 1 sales person for every 1-2 tehsils.

Payment procedure - SMOs will receive a subsidy based on the amount of targeted sales in a quarter. The money will be received in advance.

Financial outlay -The total financial outlay of the government for 3 years will be Rs. 28.5 crore, the breakdown of which is as follows:

SMU internal expense budget	Rs. 1 crore (spread over 3 years)
Recurring subsidy	Rs. 5.6 crore (spread over 3 years)
Start-up subsidy to support ramp up of operations	Rs. 5.9 crore (spread over 3 years)
Market development activities budget	Rs. 16 crore (spread over 3 years)

These figures are tentative and could be revised each year depending on the performance of the SMOs. As per the above 3 year cost outlay, the total cost for the first year of operations (2014-15) was **approximately Rs. 10 crore, for which approval is pended (FMR Code-B14.16).**

Cost Structure and subsidy Requirements

Trade subsidy

The total subsidy will comprise of two components - a recurring subsidy, and a onetime initial subsidy until the program stabilizes.

Recurring subsidy*: This will be a continuous subsidy (similar to the condom subsidy of the Government of India) proportional to the sales generated. GOI/Mission will provide 75% of the purchase cost to the SMO (@ Rs. 9.45/- and Rs. 3.38/- respectively for every 14 tab zinc strip and 1 litre ORS sachet sold). The annual subsidy because of this is expected to be Rs. 3 crore from year 4 onwards, based on tentative sales projections (shown below).

Initial seed capital: In addition to this annual recurring subsidy, the first three years will require an additional subsidy of Rs. 6 crore to the SMOs, as shown below.

Cash flow projections

The following is an estimate of the cash flows expected from the sale and purchase of the products:

	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Zn sales volume (m strips, 14 tab)	0.49	0.87	1.28	1.42	1.46
ORS sales volume (m sachets, 1L)	1.94	3.16	4.11	4.37	4.67
		Rs. cr.			
Sale value	2.92	4.98	6.86	7.48	7.82
COGS	**1.49**	**2.52**	**3.46**	**3.76**	**3.94**
Operating overheads	6.52	4.70	5.14	4.77	4.52
Expected distributor profit		0.72	1.72	1.71	1.69

Excess/ shortfall	(5.09)	(2.96)	(3.45)	(2.75)	(2.33)
Recurring subsidy*	1.12	1.89	2.59	2.82	2.95
Initial capital	3.98	1.07	0.86		

The products sold will be zinc and ORS. Zinc will be in strips of 14 tablets or in bottles of syrup. ORS will be sold in sachets. As mentioned below, SMOs will be allowed to create their own brands. This will allow them to have different brands for different customer segments and geographical areas. Besides zinc and ORS, the SMOs can also promote a basket of other health drugs, to maximize the productivity of their sales force and tide over seasonalities. The prices of zinc and ORS at each stage of the distribution chain will be as follows:

Zinc strip (14 tablets, WHO GMP certified)
MRP (Sale price to consumer) Rs. 50/-
Price to RMP/ chemist: Rs. 28/-
Cost price: Rs. 12.60/-
ORS (per 1 L sachet)
MRP (Sale price to consumer) Rs. 16/-
Price to RMP/ chemist: Rs. 8/-
Cost price: Rs. 4. 50/-

#The pricing may change later if the SMU decided to subsidize the products for the end-customer. The details of the same will be worked out by the SMU at the time of setting up the SMO

TOTAL COST FOR YEAR 1SMU internal expense budget	Rs. 0.33 crore
Recurring subsidy	Rs. 1.12 crore
Start-up subsidy to support ramp up of operations	Rs. 3.98 crore
Market development activities budget	Rs. 4.5 crore (approx. cost for 1st year)
Total	**Rs. 10.0 crore**

These figures are tentative and could be revised each year depending on the performance of the SMOs.

Program Goal - SMOs will receive a subsidy based on the amount of targeted sales in a quarter. The money will be received in advance. The goal of the program would be to reduce deaths due to diarrhea of children under 5 by increasing the coverage of zinc and oral rehydration therapy. The targeted increase in coverage is as shown below:

Sales	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Coverage of zinc	8%	18%	35%	45%	50%
Coverage of ORS	25%	50%	65%	75%	80%

Note: Based on the 2009, CES, ORS usage accounts for 18% of the cases. Assuming an average annual increase of around 33% in diarrhea cases treated by ORS, it is reasonable to expect the coverage to go up to around 80% (Note: 2010 ORS coverage in Bangladesh is around 80%). Similarly, we can expect zinc coverage, which is now almost negligible, to 50% (at an average annual increase of 60%).

For social marketing of Zinc & ORS in the state, an amount of Rs.1000.00 Lakhs was proposed but the approval is pended(FMR Code- B.14.16)

**The Recurring subsidy calculations are provisional and the SMO will have the flexibility to pass on a part of the subsidy to the end-customer, as deemed necessary by the SMO, for the success of the initiative in the initial years. The details of the same will be worked out by the SMU as required.*

Summary of Budget – Innovations – 2014-15

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved 2014-15		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
B14.1	Intersectoral convergence	70,000	369.60	-	-	Not Approved
B14.2	Setting up of Paediatric ICU(10 bedded) in Lucknow at Dr. Shayama Prasad Mukharjee Hospital	1	255.68	1	255.68	Rs.2.30 Crores for equipments and Rs.25.68 Lakhs for HR.
B14.3	Free Diagnosis and treatments of patients with Hemophilia	1	2,294.00	-	-	Approval Pended
B14.4	Palliative Care (National Programme for Palliative Care)	11	808.40	-	-	Not Approved
B14.5	Special Innovation under National Programme for Prevention and Control of Deafness	6	39.90	-	-	Not Approved
B14.6	Divisional level religious and community leaders meet	18	9.00	18	9.00	
B14.7	Additional incentive schemes for service providers in HPD	250	12.50	250	12.50	10 camps in each HPDs
B14.8	Birth waiting homes for difficult to reach areas	5	165.00	-	-	Approval Pended
B14.9	Piloting of Solar Photo Voltaic Systems	50	1,225.00	50	1,225.00	
B14.10	m-Swasthya	1	1,201.00	-	-	Approval Pended
B14.11	Rogi Sahayata Kendra	52	351.30	52	351.30	
B14.12	AAA Platform - Monitoring & Microplanning meeting for frontline workers	122,517	735.10	122,517	735.10	High Priority Districts.
B14.13	Facility Mapping for Non-HPDs	50	417.58	50	417.58	
B14.14	Repetition of Facility Mapping for HPDs	25	-	-	-	
B14.15	HRIS Cell- located at Secretariat	1	-	-	-	
B14.16	Social Marketing of Zinc & ORS	1	1,000.00	-	-	Approval Pended
B14.17	Establishment of Infertility Centre- Lucknow	1	545.81	-	-	Not Approved
	GRAND TOTAL		**9,429.87**		**3,006.16**	

Thus, for the above purpose, an amount of Rs.9429.87 Lakhs was proposed, out of which Rs. 3006.16 Lakhs approved by GOI (FMR Code-B.14 and its sub heads)

CHAPTER - 21: MONITORING & EVALUATION

QUALITY ASSURANCE

The successful implementation of NRHM in the state has led to a significant increase in OPD, IPD and other relevant services being delivered through our public health facilities. Such a magnitude of increase in service utilization resulting from enhanced expectations of our clients warrants huge effort to sustain the trust and confidence in public health system by continually improving & maintaining quality standards both from service providers and client's perspective as well.

The goal of NRHM at launch was "To improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children". The quality assurance program is meant to supplement the rapid increase expansion of infrastructure, skilled human resources and increased budgetary allocation keeping local needs in planning and implementation by maintaining the quality of care in an effective manner.

On 25 Nov. 2013 Government of India has released new framework and 'Operational Guidelines for Quality Assurance in Public Health Facilities' and two volumes of a manual on 'Internal Assessment procedures, checklist & score cards for District Hospital'. Now Quality Assurance is now a full fledge 'Quality Assurance Programme' (QAP).

The state proposes to adopt the programme as per GoI Guidelines keeping state specific needs in mind. State seeks financial support under NRHM to roll out the programme throughout the state under the FMR **Code B15.2**. of RMNCH+A Flexi-pool Budget.

The State of Uttar Pradesh intends to implement the quality assurance programme for improvement in the health care delivery system by identifying the gaps in service delivery and tracing its roots and linking them to organizational process. As part of the implementation process the state needs to strengthen its internal mechanism of quality assurance so as to take effective actions for traversing the gaps, periodic assessment and improving the quality of care being provided to the clients.

The State Quality Assurance Programme aims at achieving NRHM's goal of increasing access to Quality Services at Public Sector Health Facilities through this intervention by making the services patient centred, equitable, accessible, effective, safe and efficient.

Objective:

- Increase in client satisfaction.
- Increase in utilization of services.
- Increase in participation of all stakeholders at facility level through development of Quality Teams.
- Improvement in performance by orienting facility staff on Quality Management System.
- Increase in access to quality services.

Readiness of the state:

The State of Uttar Pradesh has been proactive in rolling out this programme in the state FY 2013-14 in coordination with the team of Quality Assurance of NHSRC, New Delhi, the technical support unit of NRHM, at GoI level.

Following are the set of activities which shows the readiness of the state to adopt and roll out the QAP in Uttar Pradesh.

1. Setting up organizational framework.	✓ The Separate M & E Division for QA has been set up with one General Manager- M & E, 2 Consultants, 1 Data entry operator and 2 Support staff.
	✓ State Quality Assurance Working Group has been formed & is functional
	✓ State, 18 Divisional & 75 District Quality Assurance Committees are

	formed & functional
	✓ State QA cell has been formed with Director Medical Care as nodal officer.
2. Trainings/ Workshops at State level.	✓ During 27-28 Jan 2014, 18 Divisional level teams (3 members/ team) of assessors, 22 District level teams (3 members/ team) have been oriented in QA & Internal Assessment in coordination with NHSRC at State level workshop. 24 more teams of DQAC members have been oriented in workshop held during 28-29 April 2014. ✓ Service providers- In charge of 116 facilities and 18 CMS of DWH specifically selected for IPHS certification during 2013-14 have been oriented to QA. ✓ With these two trainings all the CMS of 57 DWH and 18 Divisional QAC members (Total 54) and 60 District QAC members have been oriented to QA programme.
3. Empanelment of Assessors	✓ The State is in the processes of empanelling 40 assessors out of above trained resource persons who are now engaged in the activity of internal assessment of specifically selected facilities.
4. Adaptation of Standards & Measurement System as per state needs	✓ One day review meeting of SQAWG for Adaptation of Standards & Measurement System has been conducted in April 2014.
5. Facility level Quality Improvement KPI, Internal Assessment, Patient satisfaction, MDA, calibration etc.	✓ Reporting of 30 KPI indicators under QA programme- The Govt order to this effect has been signed by the Principal Secretary- Health, GoUP, and has been released to the districts.
	✓ The process of internal assessment as per QA Operational guidelines has been initiated and out of 18 Districts selected in 2013-14, selected facilities of 15 Districts have been covered so far and remaining 3 Districts are being covered in the first round of Internal assessment.
	✓ Patient satisfaction survey is planned to be carried out through an agency in 134 facilities as part of 2nd round of internal assessment by IA team.
	✓ Second round of IA has been initiated in April 2014.
	✓ MDA activity has been initiated and is being monitored by maternal health division of SPMU.
	✓ The state PIP 2014-15 proposes the budgetary provision for Pollution Control Board Certificate for BMW, bringing Calibration system in place at FRU level, biochemical and haematological lab test verification, fire safety, AERB regulation etc.
6. Implementation of Quality Assurance Mechanism	✓ Quality Assurance Mechanism have been implemented in 134 facilities(All delivery points- 32 DWH, 34 FRU-CHC, 34 24X7 Non FRU-CHC, 34 Accredited Sub Centres) with following steps- 1. GAP identification using facility quality improvement checklist done by April 2013. 2. Based on GAP closure reports of the Districts 134 facilities including 18 Divisional HQ level DWH have been selected for focussed activities under QAP. 3. The above facility I/C, 18 Divisional QACs and 60 DQAC (3 members of each QAC) have been trained in QAP and oriented to IA procedure. 4. District Quality Team at 32 DWH have been formed and is in process of being functional. 5. A total of 150 facilities have been selected for the programme in 2014-15, based on delivery load.
7. Separate folder for Quality Assurance on UP NRHM Website- www.upnrhm.gov.in	✓ A separate folder dedicated for Quality Assurance has been developed inside the website of UP NRHM with relevant contents pertaining to QA Programme.

Following are the set of activities envisaged under this program-

1. Reconstitution and of operationalization of Quality Assurance Committees at state, division and district level which including merger of various existing QA cells including Family Planning in new proposed structure and formation of a functional (Quality Assurance Units) having full time personal for executing QA program.
2. Adaptation of standards, checklist and scoring system for Public Health Facilities.
3. Creation of pool of internal and external assessors among government officials within the state.
4. Periodic assessment and scoring of all public health facilities with initial focus on delivery points.
5. Quality Certification of facilities

GoI is also providing financial support under NRHM to roll out this program in the states. You may request financial support for following activities under Quality Assurance **(FMR Code B15.2)** of RMNCH+ A Flexipool Budget.

A. Operationalization of Quality Assurance Units – New Quality Assurance frameworks envisages Quality Assurance Units at State and District Level which will be the functional arm of the Quality Committees. Being a state with 75 districts, we propose to have additional Quality Assurance Units at Division level also. These units would need full time personals working only for rolling out and sustaining Quality Assurance Program. For this Purpose three consultants and one administrative staff are required at SQAU (State Quality Assurance Unit) and all the Divisional QAU and DQAUs (District Quality Assurance Unit). State proposes to recruit the personals for the required posts after the model code of conduct is over. These activities are being proposed as per the operational guidelines for quality assurance under **FMR Code B15.2.1 and B15.2.2:-**

Quality Assurance Committees at State level (FMR Code B15.2.1)			
Human Resource	**Salary/Month (in Rs)**	**No. of Units**	**Total for 06 Months (in Rs.)**
State Consultant – QA	50000	1	300000
State Consultant – Public Health	50000	1	300000
State Consultant - Monitoring	40000	1	240000
Administrative Assistant cum DEO	12000	1	72000
Total amount under FMR Code B15.2.1			**912000.00**

For the above purpose, an amount of Rs.9.12 Lakhs is approved (FMR Code B.15.2.1)

Quality Assurance Committees at Division and District level (FMR Code B15.2.2)				**(in Rs)**
Human Resource	**Salary/ Month (in Rs)**	**Total for 06 Months in Rs/ Division**	**No. of Units (Divisions)**	**Total for 18 Divisions**
Divisional Consultant – QA	45000	270000	18	4860000.00
Divisional Consultant – Public Health	45000	270000	18	4860000.00
Divisional Consultant - Monitoring	35000	210000	18	3780000.00
Div Administrative Assistant cum DEO	12000	72000	18	1296000.00
District Consultant – QA	40000	240000	75	18000000.00
District Consultant – Public Health	40000	240000	75	18000000.00
District Consultant - Monitoring	30000	180000	75	13500000.00
Dist Administrative Assistant Cum DEO	12000	72000	75	5400000.00
Total Salary Division and District (A)				**69696000.00**
District Quality Team at District Hospital				
Quality Manager	35000	210000	75	15750000.00
Operation Cost	2000	12000	75	900000.00
Total for District Quality Team at DH (B)				**16650000.00**
Total Cost (A+B) under FMR Code B15.2.2				**86346000.00**

For the above purpose, an amount of Rs. 877.54 Lakhs is approved by GOI (FMR Code-B.15.2.2) against proposed budget of Rs.863.46 Lakhs.

B. Review Meetings - SQAC, Div QACs and DQACs would review the progress of program, quality scores and Key Performance Indicators of Facilities at periodic interval. While SQAC and Div QAC would conduct such meetings on quarterly basis DQAC has to review the performance every month. For conducting these meeting state proposes the following financial support under Review Meetings **FMR Code B15.2.4**

Review Meetings (FMR Code B15.2.4)				
Head	**Cost Per Meeting (in Rs)**	**No. of meetings/ Unit**	**No. of Units**	**Total (in Rs)**
SQAC Review Meetings	25000.00	4	1	**100000.00**
Total Under FMR Code B15.2.4.1				**100000.00**
Div QAC Review Meetings	5000.00	4	18	360000.00
DQAC Review Meetings	2000.00	12	75	1800000.00
Block QA Visioning Meeting	35000.00	1	75	2625000.00
Total Under FMR Code B15.2.4.2				**4785000.00**

For the review meeting, an amount of Rs.1.00 Lakh was proposed for state level, which is approved by GOI(FMR Code-B.15.2.4.1) and Rs. 47.85 Lakhs was proposed for divisional, district and block level meetings, out of which GOI approved Rs.21.60 Lakhs only for divisional and district QAC review meetings. Block level meetings are not recommended in QA guidelines (FMR Code-B.15.2.4.2).

C. Training - For effective implementation of Quality Assurance, Orientation and Training is required at all levels for which the state proposes the following workshops and trainings-

1. One Day orientation workshop- As per the GoI one day workshop is provisioned, but since State has already conducted orientation workshops in 2013-14, so we are not proposing any new 1 day workshop in 2014-15.
2. Two day assessors training at for State/ Division level for DPM, Div PM, Div AD, CMO is being proposed.
3. Three day service providers training at State/ Division level for CMS, MS, MoIC, Gynecologists, DQAU Officials is proposed.
4. Five day training of internal assessors at National (NHSRC)/ State level is proposed.

Following trainings have been budgeted as per Quality Assurance Guidelines and State Guidelines (Includes Venue, tea & Lunch, incidental expenditures, local mobility support, Honorarium, and travel cost for trainers) under FMR Code **A9.8.4.2)**

Training (FMR Code A9.8.4.2)				
Training	**Batch Size**	**Cost Per Training (in Rs)**	**No. of Batches**	**Total Cost (in Rs)**
Assessors Training (Two Day)	50	234225.00	4	936900.00
Service Providers Training (Three Day)	50	333700.00	6	2002200.00
Internal Assessors Training (Five Days)	20	327500.00	2	655000.00
Certificate Course in Quality Assurance for 10 selected internal assessors, facilitated by NHSRC for enhancing detailed skills among selected Internal Assessors	10	350000.00 (Lump sum)	1	350000.00
Total Cost for training				3944100.00
Hiring of venue if needed @ Rs 10,000/day (around 2,00,000 Lump sum)				200000.00
Grand Total FMR Code A9.8.4.2				**4144100.00**

For trainings, Rs.41.44 Lakhs was proposed, which is not approved by GOI.

C.Monitoring & Supportive Supervision Visits Under QA – Quality assurance programme would require periodic assessment and scoring of all Public Health Facilities by State and District Quality Assurance Units. In initial phase selected delivery points would be prioritized. This will require frequent movement of assessors to different level of facilities. State proposes the required Mobility Support under **FMR Code B15.2.5.1 and B15.2.5.2 as** below-

Monitoring Visits (FMR Code B15.2.5.1 & B15.2.5.2)				
Units	**Cost/ Month/ Unit (in Rs)**	**No. of Units**	**Total cost/ Month**	**Total for 12 Months (in Rs)**
Monitoring Visits by SQAU	75000.00	1	12	900000.00
Total Under FMR Code B15.2.5.1				**900000,00**
Monitoring Visits By Div QAU	18000.00	18	324000	3888000,00
Monitoring Visits By DQAU	12000.00	75	900000	10800000.00
Total Under FMR Code B15.2.5.2				**1,46,88,000.00**

For the above purpose, GOI approved Rs.9.00 Lakhs for monitoring visits by State QA Units (FMR Code-B.15.2.5.1) and Rs.146.88 Lakhs for monitoring visits by divisional and district QA units (FMR Code-B.15.2.5.2)

E. Certification and Statuary requirements –Though under the new Quality Assurance framework all the selected 134 facilities of 2013-14 and 150 facilities of 2014-15 would be assessed and scored against quality assurance standards and budget to fulfill other requirements like AERB regulations, Calibration of instruments, Fire safety etc budget is proposed for all the FRU level facilities, nevertheless certification of all facilities may not be possible in one go as the baseline scores and time to reach the desired level of quality will differ from facility to facility. So for the year 2014-15, the state has identified some of the facility as "Priority Facilities" where the intervention will be more intensive and the State would try to obtain certification with in one year. State proposes to make effort on all the selected facilities but would target 10% of total 284 facilities, i.e. 28 facilities for National Certification and 15%, i.e. 42 facilities for State level Certification in 2014-15 after constituting the state level certification body. The State proposes that once the set target is achieved it would then propose for further certifications in supplementary PIP. The State proposes for following budget for bearing the cost statuary requirements and external assessment of priority facilities under **FMR Code B15.2.5.3. as below-**

Statuary Requirements and Certification (FMR Code B15.2.5.3)			
Heads	**Cost per unit(in Rs)**	**No.of facilities (Units)**	**Total Cost (in Rs)**
Fire safety equipments, certification & NOC for FRUs (Lump sum amount, as per specific requirement of facilities)	35000.00	142	4970000.00
Pollution Control Board Certification	1500.00	142	213000.00
Atomic Energy Regulatory Board AERB certification for FRUs	5000.00	142	710000.00
Biochemical lab test verification by CMC Vellore for FRUs	1500.00	142	213000.00
Haematology lab test verification by AIIMS for FRUs	2000.00	142	284000.00
Caliberation of instruments by STQC Directorate, GoI/ NABL Certified calibrating units for selected FRUs	50000.00	28	1400000.00
National Level Certification	102000.00	28	2856000.00
State Level Certification	69000.00	42	2898000.00
Printing of State adaptation of Operational Guidelines for Quality Assurance in Public Health Facilities and Assessors guidebooks for District Women Hospital, CHCs, PHCs and SCs.	200.00	1000	200000.00
Total under FMR Code B15.2.5.3			**13744000.00**

For the above purpose, Rs.137.44 Lakhs was proposed, which is approved by GOI(FMR Code-B.15.2.5.3)

F. Office Equipments – Operationalization of QA units will also require budget for office expenditure like electricity, telephone, internet, stationary and other contingencies besides financial assistance for setting up structure like furniture, computer, printers etc. for SQAU, Div QAU and DQAU Operational cost as per the Operational Guidelines for Quality Assurance by GoI. State proposes the expenses under operational costs as below at State, Division and District Level under the **FMR Code B15.2.5.4 and B15.2.5.5.**

Office Equipments			
Units	**Cost (in Rs)**	**No. of Units**	**Total Budget (in Rs)**
SQAU Office **(FMR Code B15.2.5.4)**	250000.00	1	250000.00
Total FMR Code B15.2.5.4			**250000.00**
Div QAU Office **(FMR Code B15.2.5.5)**	554000.00	18	9972000.00
DQAU Office (for one) **(FMR Code B15.2.5.5)**	518000.00	75	38850000.00
Total FMR Code B15.2.5.5			**4,88,22,000.00**

For equipments purchase, Rs.2.50 Lakhs was proposed for state level, which is approved (FMR Code-B.15.2.5.4) and Rs.488.22 Lakhs was proposed for divisional and district level, which is approved by GOI(FMR Code-B.15.2.5.5)

Budget Summary of QA for 2014-15

FMR Code	**Budget Head**	**Amount Proposed (Rs.in Lakhs)**	**Amount Approved (Rs.in Lakhs)**
B15.2.1	Quality Assurance Committees at State level	9.12	9.12
B15.2.2	Quality Assurance Committees at Division and District level	863.46	877.54
B15.2.4.1	SQAC Review Meetings	1.00	1.00
B15.2.4.2	Div QAC, Dist QAC and Block QA visioning meeting	47.85	21.60
A9.8.4.2	Trainings and Workshops	41.44	0
B15.2.5.1	Monitoring Visits-State	9.00	9.00
B15.2.5.2	Monitoring Visits-Division and Districts	146.88	146.88
B15.2.5.3	Statuary Requirements and Certification	137.44	137.44
B15.2.5.4	Office Equipments- State	2.50	2.50
B15.2.5.5	Office Equipments- Division and District	488.22	488.22
	Total	**1746.91**	**1693.30**

Thus, for the above purpose, an amount of Rs.1746.91 Lakhs was proposed out of which GOI approved Rs.1693.30 Lakhs (FMR Code- B.15 and its sub heads)

Monitoring and Evaluation- HMIS/MCTS

B15.3	Monitoring and Evaluation		
B15.3.1	**HMIS**	**Proposed Activities**	**Approved budget (Rs. In Lakhs)**
B15.3.1.1	Statistical Assistant/ Data Analyst / MIS Officer / M&E Assistant at Block level	A proposal for honoraria an amount of Rs 581.16 Lakhs for State and District HMIS/MCTS personnel booked under this head. **Annexure - 1**	Approved under A.10
B15.3.1.2	Data Entry Operators at Block level	As per the approved number in FY 2013-14, the services of 820 of MCTS/HMIS data entry operators at block level shall be required in 75 District. (Last year's honorarium was Rs.11,000 per month) , this year honorarium has been fixed as Rs. 15,500 per month for MCTS DEOs . The breakup of the Honorarium as under – Rs 12,000/month + 1,800(15% Service charge to the service provider agency) + 1705.68 (12.36% Service Taxes)	1136.52
B15.3.1.4	**Training cum review meeting for HMIS & MCTS**		
B15.3.1.4.1	Training cum review meeting for HMIS & MCTS at State level	An amount of Rs 1214.85 Lakhs is being proposed for FY 2014-15 for Training cum review meeting for HMIS & MCTS at State, District and Block level. The training cost shall be released to SIFPSA on receipt from GoI. **Annexure 2**	1003.90
B15.3.1.4.2	Training cum review meeting for HMIS & MCTS at District level		
B15.3.1.4.3	Training cum review meeting for HMIS & MCTS at Block level		
B15.3.1.5	**Mobility Support for HMIS & MCTS**		
B15.3.1.5.1	Mobility Support for HMIS & MCTS at State level	An amount of Rs 1000/person/day has been proposed for State level Trainer as a mobility support for 03 days district level review/training for HMIS and MCTS. Thus, an amount of Rs 4.50 Lakhs is being proposed for 75 districts X 3 days X 2 training (HMIS and MCTS) for the FY 2014-15.	3.00
B15.3.1.5.2	Mobility Support for HMIS & MCTS at District level	To strengthen and improve the data quality an amount of Rs 300/person/month as Local conveyance/ telephone usage/ net usage in emergency has been proposed for 820 Block level MCTS operator subject to approval from competent authority. Thus, an amount of Rs 29.52 Lakhs is being proposed for 820 blocks units @ Rs 3,600/block for the FY 2014-15.	29.52
B15.3.1.6	Printing of HMIS Formats	An amount of Rs 20 per month (Rs 2 per page for 10 page format) has been proposed for HMIS Formats. Thus, an amount of Rs 58.22 Lakhs is being proposed for the FY 2014-15 for 24,260 health facilities including DH/CHC/ APHC/PHC/BPHC/SC.	55.62
B15.3.1.	**Other (Please specify)**		

7			
B15.3.1.7.1	Internet Connectivity through LAN / data card -Old HMIS Computer	Broadband connection at District Hospitals and Blocks , for this purpose an amount of Rs 171.18 Lakhs is being proposed for the FY 2014-15 for 951 computer systems @ Rs 1,500/months.	-
B15.3.1.7.2	HMIS Operational Cost for SPMU.	An amount of Rs. 155.04 Lakhs is being proposed for the FY 2014-15. **Annexure – 3.**	31.00
B15.3.2	**MCTS**		
B15.3.2.1	Printing of RCH Registers	An amount of Rs 300/register has been proposed for 96,114 revenue villages of Uttar Pradesh as per Govt of India guidelines. Thus, an amount of Rs 288.34 Lakhs is being proposed for the FY 2014-15.	240.28
B15.3.2.2	Printing of MCTS follow-up formats/ services due list/ work plan	Consumables for 820 New Block level MCTS computers an amount of Rs 2,000/system. Thus, an amount of Rs 196.80 Lakhs is being proposed for the FY 2014-15.	49.56
B15.3.2.3	Procurement of Computer/Printer/UPS	An amount of Rs. 37.50 Lakhs is being budgeted for procurement of Desktops, UPS and Printers for 75 District Programme Management unit @ Rs 50,000/Computer system.	37.50
B15.3.2.5	AMC of Computer/Printer/UPS	For Annual maintenance of Computer/UPS and Printer which were procured in th FY 2013-14 a Comprehensive AMC @ Rs. 5,000 /per computer, for 820 computers, has been proposed. For the AMC, an amount of Rs 41.00 Lakhs is being proposed in the FY 2014-15.	70.84
B15.3.2.7	Internet Connectivity through LAN / data card	Internet Connectivity through Broadband / data card at District and Block level units. For this purpose an amount of Rs 80.55 Lakhs is being proposed for the FY 2014-15 for 895 computer systems @ Rs 750/months.	126.00
B15.3.2.10	Call Centre (Capex)	As per the approval of 2012-13 an existing state NRHM helpline proposed to be upgraded to **Automated 24X7 helpline integrated with Hello Doctor Scheme**, which started working from 10 Feb, 2014. A lumpsum amount of Rs 5.00 Lakhs is being proposed for the FY 2014-15, so as to meet out the necessary establishment/ maintenance/renovations etc , if required. **Annexure – 4**	-
B15.3.2.11	Call Centre (Opex)	An amount of Rs 63.00 Lakhs is being proposed for the FY 2014-15, so as to meet the helpline recurring expenditure such as monthly operational expenses, electricity and telephone bills and Honorarium for 04 MBBS Doctors @ 50,000/month. **Annexure – 4**	-
B15.3.2.12	Other office expenditure	For Office maintenance of Block units an amount of @ Rs 1,000/ months for 820 Block is being proposed. Thus, an amount of Rs 98.40 Lakhs is being proposed for the FY 2014-15 for effective monitoring and evaluation of MCTS programme	98.40

B15.3.2.13	Mobile reimbursement (CUG SIM)	An amount of Rs. 35.00 Lakhs is being budgeted for the existing network of 1250 connections of BSNL for the FY 2014-15 as well as new CUG connections and Handsets for newly recruited staff as and when required.	35.00
B15.3.2.14	**Other (Please specify)**		
B15.3.2.14.1	Maintenance of Computer/AMC-Old HMIS Computer	For Annual maintenance of Computer/UPS and Printer which were procured during first phase of NRHM programme a Comprehensive AMC @ Rs. 5,000 /per computer system , for 951 computers system, has been proposed. For the purpose an amount of Rs 47.55 Lakhs is being proposed in the FY 2014-15.	-
B15.3.2.14.2	Procurement of Computer consumables/admin expenses-Old HMIS Computer	Consumables for existing 951 computer system @ Rs 1,000/ months is being proposed. Thus, an amount of Rs 114.12 Lakhs is being proposed for the FY 2014-15.	-
B15.3.4.1	Implementation of Hospital Management System	An amount of Rs 113.16 (@ Rs 37.72 Lakhs per CHC) is being proposed for 3 CHCs in the FY 2014-15 for automation of Hospital System in the selected CHCs of the state. **Annexure -5.**	113.16
B15.3.5	**Other e-Governance initiatives**		
B15.3.5.1	Capacity building of Directorate Staff	An amount of Rs 25.90 Lakhs is being proposed for FY 2014-15 for Capacity building of Directorate Staff at State, District and Block level. The training cost shall be released to SIFPSA on receipt from GoI. **Annexure – 2**	-
B15.3.5.2	CPSMS Help desk	An amount of Rs 28.42 Lakhs is being proposed in the FY 2014-15 for PFMS Help desk. **Annexure - 6.**	20.57
B15.3.5.3	m- Health program	An amount of Rs 85.81 Lakhs is being proposed in the FY 2014-15 for. **Annexure - 7.**	-

Annexure – 1- FMR Code B.15.3 – Monitoring and Evaluation - HR (HMIS and MCTS – State / District Level) for FY 2014-15

Sl.	Activity name	FMR CODE (As per 3rd SROP 2013-14)	Amount proposed FOR FY 2014-15					Justifications
			Unit of Measure	Qty	Month	Total Cost (Rs)	Total Cost (Rs. Lakhs)	
1	MIS Consultant/ Manager/Co-ordinators	B.15.3.1.2.a	50000	3	12	1800000.00	18.00	Rs 50,000/month for 03 consultant for 12 months like other SPMU consultant (Non-Medical/Legal/HR Consultant/expert) proposed for FY 2014-15.
2	Programme Coordinators	B.15.3.1.2.b	35000	1	12	420000.00	4.20	Rs 35,000/month for 01 Programme Coordinators for 12 months
3	Statistical Assistant/Data analyst	B.15.3.1.3	30000	3	12	1080000.00	10.80	Rs 30,000/month for 03 Data Analyst for 12 months
4	MIS/M & E Assistants/Data Officer	B.15.3.1.4	30000	75	12	27000000.00	270.00	**New Activity** An amount of Rs 30,000/month as a honorarium has been fixed for District Data Officer possessing the same qualification as Data Analyst working at State Level. The appointment is already held in other states.
5	Data Entry Operators	B.15.3.1.5	15500	135	12	25110000.00	251.10	Rs 15,500.00 per month per operator (Rs 12000.00 + 1,800(15% Service charges)+ 1,705.68 (12.36 % Service tax i.e. 15,505.68 per month per operator)
6	General Manager (MIS /MCTS)	B.15.3.1.6.1.a	137500	1	12	1650000.00	16.50	Rs 1,37,500/month for General Manager (MIS/MCTS) for 12 months (10% gworth over last year salary due to contractual post)
7	Deputy General Manager (MIS /MCTS)	B.15.3.1.6.1.b	88000	1	12	1056000.00	10.56	Rs 8800/month for Deputy General Manager (MIS/MCTS) for 12 months (10% gworth over last year salary due to contractual post)
	GRAND TOTAL			**219**	**12**	**58116000.00**	**581.16**	

For the above purpose, the approval is accorded in Programme Management Chapter (FMR Code-A.10 and its sub heads)

Annexure – 2

TRAINING CUM REVIEW MEETING FOR HMIS AND MCTS
(State, District and Block Level)

HMIS (Health Management Information System) & MCTS (Mother & Child Tracking System) have been among the major gateways of the wealth of information covering various parameters related to health services & related domains. These remain the prime monitoring tools for effective supervision, management, evaluation & implementation at various levels. Considering the importance, it is imperative that the users become proficient to make the best possible use of these tools. However, the desired level of awareness of HMIS and MCTS hasn't yet the desired stage. This brings forth the importance of relevant, well structured; need based training to be held at regular intervals. These programs need to cater to the requirements of different users at various levels with the objective of increasing familiarity and their exposure to make more efficient use of the tools. Since, under HMIS and MCTS reporting is now facility-wise, to improve the quality of data, it is felt that there is need of regular review cum training at the level of State, district and block levels. Keeping in view this requirement, it is proposed that all such trainings shall be done by SIFPSA which is State Technical Support Unit of GoUP and SIFPSA has successfully rolled out facility based HMIS and MCTS in the entire state of Uttar Pradesh. The funds allotted for the purpose of training are proposed to be transferred to SIFPSA. In twenty five High Priority Districts of UP, this activity shall be undertaken by SIFPSA and BMGF. In other districts, this activity shall be undertaken by SIFPSA, NHSRC and NIHFW team. SIFPSA will plan yearly calendar after discussion with all key partners for this activity.

Level-wise break-up of Training cum Review Meeting of HMIS and MCTS is tabulated below:

S.No.	Level and FMR Code	Frequency of Review / Training per year	Number of Participants per batch	No. of Days of Trg.	Rate per participant per day (Rs.)	Total Amount for Year-1 (Rs.)
1	State B15.3.1.4.1	2	10 – State level 5 – per district (75 districts)	3	500/-	[{10+(75x5)}x500x3]x2 = 11,55,000.00
2	District B15.3.1.4.2	4	5 – per district 2 – per block (820 blocks)	3	500/-	[{(75x5)+(820x2)}x500x3]x4 = 1,20,90,000.00
3	Block B15.3.1.4.3	12	2 – per block 1 – from SC (Average 20 Subcentres per block)	1	500/-	[{(820x2)+(820x20)}x500]x12 = 10,82,40,000.00

The training cost shall be released to SIFPSA on receipt from GoI and SIFPSA will further release the funds to its 18 divisional units which will ensure that the regular reviews and trainings takes place in district/block level as per the PIP mandate

DATA QUALITY AUDIT FOR IMPROVING QUALITY OF HMIS/MCTSDATA (AN INNOVATION)

HMIS and MCTS have improved availability of data over the years but the quality of data is considered a critical gap impeding productive use of data. The quality of data has been identified to be poor in terms of validity and reliability, for e.g.as of December 2013, the state (of UP)has reported 2210 validation errors for the year 2013-14 in HMIS portal.

Other quality related issues are pertaining to under-reporting and double counting. For example, if a woman goes to multiple facilities to seek care, she is registered again at each facility, resulting in double-counting. At the facility level, there is no consistent understanding of what constitutes a registration.

The GoUPand GoI recognizes the need for relevant, accurate and timely data to facilitate improvement in operational planning, monitoring and evidence-based policy formulation.[3] Accordingly, the UP-TSU will test Data Quality Audit (DQA) as an innovation to identify major gaps in data quality, draw data quality assurance plan and monitor the progress in data quality in select 100 blocks of 25 high priority districts.

Methodology

The UP-TSU will conduct DQA in 100 blocks of 25 high priority districts of Uttar Pradesh in every quarter for next one year. If the innovation is successful then it will be proposed as regular activity in the project implementation plan (PIP).

Under the innovation, UP-TSU will randomly select required number of facilities (SC, PHC, CHC/FRU and DH) from100 blocks in each round of the audit and conduct detail assessment. Following are the steps in conducting data quality assessment

- Analyze HMIS/MCTS data for its quality in terms of validation rule (as per the HMIS manual) and other methods such as outlier analysis and range analysis. On the basis of analysis all facilities will be ranked in terms of their quality and classified them into different strata
- Randomly select required number of facilities to conduct DQA from each stratum
- Device check list and manuals for conducting DQA and train independent groups of investigators to conduct the exercise
- The data quality issues that will be explored and addressed are:
    - Clarity on definitions of indicators
    - Source document for indicators
    - Validation rules
    - Data flow mechanism
-

To conduct the training activities, GOI approved lump-sum amount of Rs.1003.90 Lakhs (FMR Code- B.15.3.1.4.1) for state, district and block level.

Capacity building of Directorate Staff

As per the demand of DG Family Welfare, DG Medical Health, induction and refresher computer trainings are to be provided to Senior level officers (Additional Directors, Joint Directors , CMOs, Additional CMOs, Deputy. CMOs) as well as lower staff including AROs, regular clerical staff. 3 days induction programme and one day refresher programme on basic computer skills which includes MS-Office basics, Use of internet and Email, system maintenance and security issues and computer fundamentals are proposed to be undertaken through SIFPSA on regular basis under FMR code B15.3.2.4.1 and B15.3.2.4.2. The training cost shall be released to SIFPSA on receipt from GoI. Induction as well as refresher trainings shall be organized at State level only.

SN	Level and FMR Code	Frequency of Review / Training per year	Number of Participants	No. of Days of Trg	Rate per participant per day (Rs.)	Total Amount for Year-1 (Rs.)
1	State- Induction programme (Residential)	40 bacthes in 3 years (14 in year-1 and	1,425	3	1500/-	[35x1500x3]x14 =2205000.00

[3] A strategic approach to RMNCH+A in India, For healthy mother and child, MoHFW, GoI, February 2013

		year 2 and 12 in year 3				
2	State – Refresher programme (Non residential)	32 batches in 3 years (11 in year-1 and year 2 and 10 in year 3	1130	1	1000/-	[35x11x1000] = 385000.00
	Grand Total					**25,90,000.00**

Concurrent Monitoring through Community Behavioral Tracking Surveys (CBTS)

To improve the data quality of HMIS and MCTS in the state of UP, Technical Support Unit set up by BMGF in collaboration with University of Manitoba, India Health Action Trust, JSI Research and Training Institute and Engender Health will design and implement periodic short surveys to monitor coverage of key interventions at population level, with the following objectives:

1. To support block, district and state level program managers to monitor and periodically review program activities based on real-time population-based data on coverage, utilization and outcomes related to RMNCH+A
2. To validate block level HMIS and MCTS data.

Methodology

The CBTS will be administered to five target groups that represent distinct periods along the RMNCH+A continuum: (1) mothers delivered in the past 2 months (2) mothers with children age 3-5 months (3) mothers with children age 6-11 months (4) mothers with children age 12-23 months and (5) girls age 13-19 years. It will capture around 50 indicators, focusing largely on outcome indicators, covering the entire RMNCH+A continuum. It will have a sample of around 650 respondents in each survey group per block, and the respondents will be covered from a random sample of around 150 ASHA areas in each Block. The data collection will be done by a dedicated teams of field researchers, who will move from one district to another, repeating the survey in each district once every six months. Mobile phones will be used for data collection that will provide real-time data for the district and block officials, who in turn, will use in program management – planning and review.

Six rounds of CBTS will be carried out in 100 blocks of 25 HPDs in the state and this activity will be fully funded by BMGF. It is planned to expand this activity in all 75 districts of Uttar Pradesh subject to favorable outcomes of this pilot activity. Requirement for budget for expansion of this activity shall be raised in subsequent supplementary PIP later on.

For the above purpose, an amount of Rs.25.90 Lakhs was proposed, which is not approved by GOI (FMR Code-B.15.3.5.1)

Annexure – 3

HMIS Operational Cost (excluding HR & Trainings)

Sl	Head	Amount	Remarks	Justifications
1.	Internet connectivity for 2 buildings of SPMU NRHM	20.00	For 04 new 4 mbps Leased line connection for approx. 100 desktops and 40 Laptops of SPMU officials.	to be continued from previous year.
	Dedicated Broadband Internet connection for 20 cells of SPMU including (Mission Director/Addl. Mission Director)	**6.00**	An amount of Rs 2500/connection/month is required for the same.	to be continued from previous year.
	Procurement of Desktop / Laptop/ Printer/UPS etc	**30.00**	To be procured for SPMU NRHM as per the requirement placed from various cells.	to be continued from previous year.
	AMC/ Repair charges for hardware	**3.00**	For approx 40 Laptops, 70 Desktops computers , 50 printers and online UPS.	to be continued from previous year.
	Website AMC / Maintenance/ Up-gradation etc.	**2.00**	Under this head an amount of Rs 50,000 for AMC payment of State official website www.upnrhm.gov.in and Rs 1,50,000 for Up-gradation etc.	to be continued from previous year.
	Information kiosks for 20 locations in 18 Districts.	**23.00**	• AMC charges for info. kiosks @ 25,000/kiosks I.e. Rs 5.0 Lakhs • Updation charges for info. kiosks Rs 7,500/kiosks/month Rs 18.00 Lakhs	to be continued from previous year.
	Information kiosks for 20 locations in 18 Districts.	**6.00**	1 KVa online UPS @ Rs 30,000.00 for Information Kisoks at 20 locations in 18 Districts.	New activity Proposed for smooth running of the information kiosks districts are unable to provide power backup to the info. kiosks.
2	**New Tally Software License Cost – For A/c Section**			
	SHS Tally Net server Software -01	**4.50**	An amount of Rs 4,50,000.00 for Tally Net server Software for State HQs.	to be continued from previous year.
	Tally Multi-user's for SIHFW for Training Purpose -01	**0.55**	An amount of Rs 55,000.00 for Tally Multi-user's for SIHFW for Training Purpose	
	District Hospital -154	**27.72**	An amount of Rs 18,000.00 per DH needed for 154 District Hospital.	
	Existing Tally Software License .Net Subscription -			
	Tally Multi-user's @ Rs 5400/unit (State HQs)	0.05	An amount of Rs 32.27 Lakhs proposed for the FY 2014-15 for 896 Tally Software .net Subscriptions charges	to be continued from previous year.
	Tally Single -user's @ Rs 3600/unit (75 DPMU+820BPMU)	**32.22**		
	TOTAL	**155.04**		

For the HMIS Operational Cost-State, an amount of Rs.155.04 Lakhs was proposed, out of which GOI approved Rs.31.00 Lakhs with specific remaks under (FMR Code- B.15.3.1.7.2).

Annexure - 4

For 24X7 helpline integrated with Hello Doctors scheme

As per the approval of 2012-13 an existing state NRHM helpline proposed to be upgraded to **Automated 24X7 helpline integrated with Hello Doctor Scheme**, which started working from 10 Feb, 2014. For helpline establishment/ maintenance/renovations and operational expenses an amount of Rs 68.00 Lakhs is being proposed for the FY 2014-15 as under -

Sl	Head	Amount (Rs. In Lakhs)	Remarks	Justifications
1	For 24X7 helpline integrated with Hello Doctors scheme establishment/ maintenance/renovations etc	5.00	maintenance of office, office furniture, office equipment etc.	to be continued from previous year
2	For 24X7 helpline integrated with Hello Doctors scheme Monthly operational expenses(to be paid to M/s BSNL)	27.00	An amt of Rs 2.25 lcas per month needed for smooth functioning of 24X7 automated State level 03 seater helpline integrated with Hello Doctor Scheme	
	For 24X7 helpline integrated with Hello Doctors scheme operational expenses.	12.00	For electricity bills, telephone bills etc	
	Monthly consolidated Honorarium for 4 MBBS Doctors @ 50,000/month under Hello Doctors scheme	24.00	State level 24X7 helpline integrated with Hello Doctors scheme.	
	Grand Total	**68.00**		

To conduct the above activity, an amount of Rs.68.00 Lakhs was proposed, which is not approved by GOI (FMR Code- B.15.3.2.10 & B.15.3.2.11)

Annexure - 5

IMPLEMENTATION OF HOSPITAL MANAGEMENT SYSTEM

Hospital Management System is one of the requirements, which will facilitate automation and streamlining accurate patient registration, updating medical records, retrieval of data, medical store inventory management and necessary follow up regarding health care delivery at CHC level.

A Hospital Management System is a comprehensive, integrated information system designed to manage all the aspects of a CHC operation, and the corresponding service processing. Traditional approach encompasses paper-based information processing which results in many inaccuracies and difficulties in data preservation and recall.

Problems Identified-

- Unable to use waiting areas without proper Queue Management.
- Current system heavily depends on paper based records.
- No data tracking to relate slip numbers across Registration – Doctor – Lab Test – Drug Counter.
- Duplication and redundancy of Data. Patient Data being captured at the time of Registration and by the Doctor on paper based mode.
- Unavailability of helpdesk to guide patient on various information
- Manual Reporting every month
- Underutilization of hospital resources

Problems

No Centralized real time information depositary to support functioning.
Lack of data integration among the departments.
Absence of IT based system.

Project Details

Goal- Implementation of Hospital information system to record patient history on one unique ID for each individual patient to facilitate all stakeholders for better diagnosis and analysis of health data to support NRHM for resource allocation

Objectives-

Specific: Achieve an admin reporting framework with reduced resource depletion
Measurables: A system that can measure performance and show clear indicators.
Attainables: A hassle free system and can be easily implemented in current framework.
Realistic: A system that meets current CHC requirement and improves Healthcare.
Time bound: System will be implemented under a project plan with milestones.

Requirements:

We would need support in:

- Central Server and other hardware as required
- Help Desk Infrastructure

Communication Strategy

Communication will be provided in five stages
Project Initiation: Information of project scope and time frame with all required official documents.
Software Phase: Upon application development government will be provided with a demonstration and any required changes, covered under the scope statement, will be made.
Hardware Installation: Report on successful hardware installation and challenges faced (if any).
Training Period:

New Process Engineering

- A registration card will be issued to the patient containing a unique number which will be the patient id at the registration counter. A token No. is provided to the patient
- Adjacent to registration counter a window for existing patient to continue the treatment.
- Patient arives in the waiting area and waits for his turn (token number to be displayed at Doctor's cabin)
- New Patient consults the Doctor and proceeds to Lab or dispensary.
- Old Patient (already registered) Doctor enters Unique ID. Patient's previous test reports/prescription is displayed. Doctor directs the patient to Lab for more tests or prescribes new Drugs.
- Lab Tech. Enters performs lab tests during OPD hrs. Updates Lab reports against patient Id from 2pm-5pm.
- Drug distributor. Enters medicine record details as brought in at the start of the day. Enters No. of medicines given out per patient (ongoing). Remaining inventory auto updated end of every day.
- Billing counter. Dedicated to budgeting and accounting of the hospital. Collects cash from all monetary counters at the end of every day. It can track patient's cash distribution against all booths.
- Help Desk. General enquiry room. Assistance with Room no. location. Use biometric systems and answer patient queries targeted to doctor availability. Queries related to Prices of services and medicines.
- Reporting Procedure. Create reports on Patient Trends, Medicine usage and key hospital indexes on a monthly basis.

Implementation Plan

Total Project Duration is 180 days

Phase	Time Line
Collection of Reports. Conversion to soft copy reports Forms and Field. Create Hardware requirements. Hardware Installation.	0 – 1/2 Months
Initiate Software Development. Planning, assessment, design, development & testing.	½-1Months
Provide Sample reports. Create Training Team. Accustom the training team with the software. Install required hardware and software.	1-2 Months
Provide Training to Hospital Staff on the software. Supervises ongoing training and provide on-site support.	2-3 Months

SCOPE OF PILOT

We Will Be Responsible For Establishing And Overseeing The Hospital Management System For 6 Months From The Time Of Commencement Of Project.

Upon Completion Of Training (End Of 3 Month) We Will Provide Required Data Entry Operators To The Hospital To Facilitate Software Data Updating.

Resources On The Project

- Business Analyst – 1 Person
- Project Manager – 1 Person
- Trainers – 3 Persons

Resource Required After Project Completion (3 Months):

- Data Entry Operators – 1 Person

Training To All Hospital Staff Members Will Be Provided During The Project Course. Software Awareness And Usability Will Be Made Transparent To All End Users:

- Registration Counter
- Lab Technician
- Doctors
- Drug Distributor
- Nurses
- Blood Bank In-Charge
- Accounts Dept.
- Benefits

Benefits for People

- Enabling usage of existing resources. Waiting area currently vacant.
- Patient details to be entered once at Registration. Patient ID is required further on. Can be compared to current Slip no.
- Storage of Patient medical history to help him diagnose in any hospital through central server system
- Record of Treatment history per visit.
- Easier Medicine Inventory forecast to support availability of medicine every time required
- Ease of patient for shifting treatment location with carrying only one card for medical history
- Dedicated Information source for all their need and requirement
- Medicine Inventory optimization
- No need to stand queue, can wait in waiting area
- No Need to carry Report, it will be directly transfer to doctor computer
- Patient history and record can be easily accessible by mobile phone, computer and tablets.

Benefits for Health Sector

- Use of Open Source resource to make it most affordable solution
- Patient Centric system to help people in the ground
- Immediate action on the ground and people will feel the change asap.
- Effective fund utilization
- Manpower Planning according to requirement
- Cost Saving in Medicine inventory
- Seasonality Variation of disease to plan prevention program
- Data Analysis Report in a periodic frequency to facilitate decision making for health sector investment and initiatives
- Geographic distribution of disease type, no. of patients, doctors performance, patient treatment, efficiency etc.
- Implementing a world class solution (adopted by first world countries only) by state hospitals at a most affordable price will create a landmark for hospitals. existing tenure

BUDGETORY REQUIREMENT FOR THE PROJECT

CAPITAL EXPENDITURE

Description	Amount (in Rs)
Software &installation	7,10,000.00
Training programme for 6 months.	4,40,000.00
Management fees & software enhancement	6,00,000.00
Annual maintenance for all the hardware (8000*6)	48,000.00
Total	**17,98,000.00**
Service tax as applicable 12.36 %	
Computers (35000 *6)	2,10,000.00

2 Thermal printer (20000 *1)	20,000.00
8 Led display (4000*8)	32,000.00
3000 printed cards (8*3000)	24,000.00
1 bio metric system	10,000.00
Printer cartridge	4,000.00
Local microsoft server	90,000.00
Networking and electrical	3,00,000.00
Total	**6,90,000.00**
Grand Total	**2488000.00**

DESCRIPTION . :-

- Computers for doctors , lab , help desk.
- Thermal printer for card printing .
- Led display for ever doctor room to consume waiting area .
- Printed card for every patient , with his identical details and unique number.
- Bio metric system to keep attendance record of hospital staff.
- Initial requirement for cartridge.
- Local Microsoft server for keeping data safe .
- Networking and electrical wiring work in complete hospital .

Monthly recurring expenditure

Description	Unit (in Rs.)	Amount Proposed (in Rs.)
Card Cost Rs 8 per piece as per requirement & Cartridge Cost Rs 1 per piece as per requirement @ 300 card per day i.e. 9000 card per month	9000.00	81,000.00
IT technical employee Rs. 26,000 per month.	26,000.00	26,000.00
TOTAL		1,07,000.00
Total Monthly expenditure for One CHC		12,84,000.00

Thus, an amount of Rs 113.16 Lakhs was proposed for 03 CHC (Rs 24.88 Lakhs for Hospital Management System as Capex and Rs 12.84 per month as Opex i.e. 37.72 Lakhs for 1 CHC) to be covered under this scheme as Pilot project in the state of UP for the FY 2014-15, which is approved by GOI(FMR Code-B.15.3.4.1).

Annexure - 6

P.F.M.S. Help Desk
[Formerly Known as CPSMS]

As per the GOI guidelines a P.F.M.S. Help Desk needs to be established for the State of Uttar Pradesh for implementation of P.F.M.S. software - An amount of Rs 28.42 Lakhs proposed for the FY 2014-15 for establishment of CPSMS Helpdesk at State HQs as per the details given below.

SN	Particular	Existing	New	Units	Cost Per Unit (in Rs.)	Total Fund Required (in Rs.)
1	**One Time Cost**					
1	Furniture / Fixture (10 Tables @ Rs 8,000, 10 Executive chair @ Rs 5,000, 02 Almirah @ 10,000 and 02 File cabinet cabinet @ Rs 15,000etc)				2,00,000.00	2,00,000.00
2	Server -	0	1	1	200,000.00	2,00,000.00
3	Desktop Computer – Min i3, 4 GB Ram, 1 TB HDD, CD-RW, Min 19 inch TFT monitor, Keyboard, Mouse, Multimedia etc.	0	10	7	50,000.00	3,50,000.00
4	Photocopier cum Network Printer with Stablizer.	0	1	1	100,000.00	1,00,000.00
					Total	**8,50,000.00**
2	**State Level HR Cost**					
	Manager Finance (Head Tally & CPSMS)	1	0	1	0	-
	Technical Support Executive for CPSMS & Tally for 75 Districts and 820 Block Education Qualification – Min. B.Com with One year Diploma or Degree in the field of Computer Application, Experience - Min 02-03 yrs experience in the field of Tally and Accounting, Call centre experience.	0	6 T.S.E. @ Rs 25,000/ month for 12 month	6	300000.00	18,00,000.00
	Support Staff	0	2	2	96,000.00	1,92,000.00
	Total			**8**		**19,92,000.00**
					G. Total	**28,42,000.00**

To operationalize PFMS helpline at state HQ, an amount of Rs.28.42 Lakhs was proposed, out of which Rs.20.57 Lakhs was approved by GOI(FMR Code-B.15.3.5.2)

Annexure - 7

Assessing comprehensive feasibility of mHealth program in Uttar Pradesh through an evidence-based approach.

Project title: Assessing comprehensive feasibility of mHealth program in Uttar Pradesh through an evidence-based approach.

Project applicant: Oxford Evidence and Interventions Ltd. (OXEVIN), Oxford, U.K.

Project collaborates: Oxford University Consulting, EPPI Centre (University of London)

Project duration: 12 months

Research team:

Name	Affiliation	Designation / role	Relevant experience
Dr. John Dusabe	Research Assistant, Liverpool School of Tropical Medicine, Liverpool, UK	Principle Investigator/ leads the research project	Long experience of designing of mHealth systems and implementing them in developing countries mainly in Africa.
Dr. Daud Faruquie	Executive Director, OXEVIN, UK	Joint PI and project manager	Maintains adherence to evidence-based methodologies, focus on Uttar Pradesh's context, monitors day to day progress, administers.
Prof. David Gough	Director, EPPI Centre, University of London, UK	Senior Fellow/ Provides an expert overview and EPPI collaborative support.	One of the pioneering experts of evidence-based traditions.
Dr. Suchismita Roy	Research Assistant, London School of Health and Tropical Medicine, London, UK	Research Associate conducts outcome focused (MCH) core research activities.	Practical experience of MCH in Bangladesh, good understanding of MCH in India. Expert in evidence-based research systems.
Prof. Bhaskar Chaubey	Associate Professor of Engineering Science, University of Oxford, UK	Senior Fellow, conducts review of technical system of mHealth	Vast consultancy experience for major reputed IT and telecommunication systems across the globe.
Dr. Aadya Shukla	Research Fellow of cyber engineering at Harvard Kennedy School and MIT, USA	Honorary evaluator to the technical review	Vast experience of research in telecommunication and IT at India and International level
Prof. N.K. Mishra	Professor of Development Economics, Banaras Hindu University, India	Senior Fellow, monitors and conducts surveys in Uttar Pradesh	Public health (MCH) related research work in Uttar Pradesh. Other developmental research projects for the State.
Dr. Tulika Tripathi	Assistant Professor of Economics, Central University of Gujarat, India	Fellow, conducts surveys and supervises field investigators in UP	Public health (MCH) related research work in Uttar Pradesh. Other developmental research projects for the State.
TBD × 1	To be appointed by OXEVIN	Research Officer	Experience of quantitative & qualitative systematic reviews in mHealth.
TBD × 5	To be appointed by OXEVIN	Field investigator	Experience of public health research in rural India

1. mHealth in Uttar Pradesh:

Over the last decade, mHealth interventions have shown the potential to transform the face of health service delivery across the globe. The rigour of accumulated evidence pertaining to mHealth gives hope not only to legitimize it as a valid strategy to optimize health systems, but also to justify the investment of scarce resources.

mHealth is a practice of medicine and public health, supported by mobile phone services. According to the World Health Organization (2011), Mobile health (mHealth) is a "medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices".

Uttar Pradesh is currently bracing up to a full scale implementation of mHealth intervention to empower its program of maternal and child health. The intervention has been titled as *mSakhi* which aims to enhance the uptake and precision of public health provisions especially for women and children. Since the State faces huge burden of handling infant and maternal mortality[4], mHealth is expected to help yield better outcomes.

Uttar Pradesh Government has launched *mSakhi* in two Districts for testing purpose. *mSakhi*, has been developed in local language and provides an interactive audio/video-guided mobile application that provides support to community health workers (CHWs) instituted by India's National Rural HealthMission (NRHM). CHWs have been provided with mobile handsets with JAVA based program preloaded. The program is in local language and facilitates conducting routine activities related to antenatal, child and mother care. The CHWs enter the details of the beneficiaries from their handsets to a centralised database along with a log of their own activities. The database is designed for seamless integration with existing government information and communication technology (ICT) systems such as the Mother-Child Tracking System (MCTS) and the Health Management Information System (HMIS).This integration has the potential to save time and reduce delays. *(NRHM, 2012,* WHO, 2013, Thies, 2012*).*

Quasi-randomised trials of mSakhi were run in the districts of Bahraich and Jhansi. Experimental groups indicated significant improvements in important outcomes such as knowledge and skills amongst ASHAs regarding MNCH (Manthan Project, 2013).

2. Rationale for a feasibility study on implementing mHealth in Uttar Pradesh.

In India, mHealth is an emerging topic and most projects have recently been implemented, or are in a pilot stage. Therefore, their duration is too short to be able to accurately measure their impacts. The absence of such information may hinder efforts to understand limitations, challenges and reasons for success of mHealth projects. By reviewing the existing evidence of implementation in other similar locations this project can inform on the issues faced during mHealth project implementation. The proposed project will empower relevant decision makers to clearly understand that, in the context of Uttar Pradesh, what factors may lead to success, challenges or total failure of the mHealth projects? Since this perspective is quite broad, small randomised trials in two districts (Jhansi and Bahraich) are not efficient enough to inform the authorities about the real picture.

For example, economic feasibility of the intervention is one of the most important aspects of its efficiency. The current implementation in two districts has estimated an expenditure of INR 10,280 for the first year per ASHA with annual recurring cost of INR 4,680. The figure is however not available for an outcome focused unit i.e. the beneficiary itself. Moreover, this major outlay of scarce resource deserves utilized best and to be compared with other economically successful MCH focused mHealth interventions.

Therefore, evaluation and analysis of the potential of mHealth which is based on extensive investigation, research and examples from similar other contexts would provide full comfort to the decisions makers.

[4] *According to the Registrar General of India (2011), total Infant mortality rate in Uttar Pradesh during 2010 was 61% (95% CI = 57-64), of which 64% was in rural areas (95% CI = 60-67), and 44% in urban areas (95% CI = 38-50). Besides this, maternal mortality ratio for 2010-12 was 292 per 1,00,000 live births.*

3. Objectives of the study:

In order to assess the feasibility of successful implementation of mHealth in Uttar Pradesh and to provide recommendations of adjustment, the project will work out the following objectives. The focused outcomes will be maternal and neonatal care, antenatal and obstetric services uptake as well as reduction of under five mortality:

1. To synthesize global evidence on power and functioning of mHealth through systematic review technique based on RE-AIM framework.
   Sub objectives:
   1a: To study the efficacy, effectiveness and cost effectiveness of mHealth services in the developing countries context.
   1b: To study the barriers and facilitators of implementation of mHealth in developing countries context.
   1c: To analyse the compatibility of the theoretical framework of mHealth in developing countries context.
2. To transport evidence from objective 1 to the context of Uttar Pradesh.
   Sub objectives:
   2a: To carry out a local survey based on the outcomes from objective 1.
   2b: To evaluate the interaction of mHealth with socio-economic and cultural identities/settings of communities.
   2c: To adjudge the political and geographical feasibility of mHealth.
   2d: To review the lucidity of available mobile phone technology in Uttar Pradesh with mHealth programme.
   2e: To determine bio-statistical and technological adjustments on the basis of 2b and 2c
3. To develop (or upgrade) the local implementation guidelines/recommendations.

Methodology:

4: Objective 1: Systematic Reviews

The project will follow a robust research method which stems from evidence-based tradition. Under the first objective, 1a will be achieved by conducting a *quantitative systematic review* based on RE-AIM (reach, effectiveness/efficacy, adoption, implementation, maintenance) framework and *meta-analysis*. A *qualitative systematic review* will be conducted for objective 1b whereas objective 1c will be achieved by using a coding scheme within both the reviews. The second objective will be achieved through field surveys, evaluation and review methods whereas the report under the third objective will build upon the evidence generated by the previous two objectives. The specific methodological tasks have been mentioned below:

4.1: Protocol & registration:

A protocol will be written and registered with international systematic review protocol registers such as PROSPERO International Prospective Register of Systematic Reviews (Objective1: a,b,c).

4.2: Eligibility Criteria for studies:

Inclusion criteria

i. **Study participants**
   We will consider interventions and studies which had a component on or targeted maternal and child health. Therefore, study participants will be beneficiaries of antenatal care, family planning, delivery, post-natal care, under five mortality, peri-natal

mortality, immunisation and other pregnancy related morbidity and mortality, if they received services of mHealth techniques.

ii. **Interventions**

We will identify interventions that have worked with mHealth in developing countries globally for delivery of maternal and child health services in any settings (rural, urban, institution or community).

iii. **Comparison**

Controls, placebo, waitlisted participants or no intervention.

iv. **Outcomes**

The studies that have looked at outcomes in terms of MCH using mHealth will be included in the study. Other outcomes associated with MCH will also be considered. The summary measures of the studies will be either quantitative, qualitative or both (objective 1a).

v. **Time and place**

Studies will be included with the year of advent of mHealth i.e. year 2000 till 2014 (a period of more than13 years). Only studies done in developing countries as defined by the World Bank will be included in the study. In addition, the MeSH list of developing countries will be used.

vi. **Study design**

Studies of efficacy, effectiveness, cost-effectiveness or hybrid which may have been prospective or retrospective, with or without controls. For efficacy, all randomized interrupted time series analysis, for effectiveness, randomized controlled trials (RCTs), Quasi randomized trials, including cluster-RCTs. And for cost-effectiveness full/partial economic evaluations and analysis reports will be emphasised (objective 1a). Qualitative evidence (all aspects of evidence) on mHealth implementations (objective 1b). Deployment of theory for mHealth in the above and separately searched literature (objective 1c).

Exclusion criteria:

Studies will be excluded that did not attempt to measure MCH outcomes, did not have women or children within their study participants, did not evaluate a particular MCH service and did not use mHealth (objective 1a).

4.3: Measures of effectiveness

Achievement of outcomes and economy of resources with a significant difference with comparisons. Interventions should have been evaluated after a minimum of 12 months implementation period (objective 1a).

4.4: Search Strategy

Four search streams for the identification of trials will be attempted to identify all relevant trials regardless of language or publication status (published, unpublished, in press, and in progress). All three streams in correspondence to three major objectives of the project will run simultaneously, each by a separate member of the OXEVIN team as follows:

Search stream i: Searching for trial and evidence about the efficacy/effectiveness and cost-effectiveness of mHealth in developing countries (Objective 1a).

Search stream ii: Searching for trial and qualitative evidence about the barriers and facilitators that mHealth services faced in developing countries (Objective 1b).

Search stream iii: Searching for trial and evidence which study the impact of theoretical framework of mHealth in developing countries (Objective 1c).
Search stream iv: Searching for studies which report technical feasibilities and challenges of mHealth programs in developing countries (Objective 2d).

Information sources and search
Each author will nominate one person to be on the expert panel based in each of the developing country regions; S East Asia, Sub Saharan Africa and Latin America. The expert panel will contribute to past projects and ongoing studies.

Published literature will be searched from various databases including Ovid Medline, PubMed, CINAHL, EMBASE, Global Health, Cochrane Library, ISI Web of Knowledge, Scopus, CSA Illumina and EBSCO using previously agreed appropriate search-terms corresponding to each search string.

Grey literature will be hand-searched from on-going projects, and those data that have been unpublished such as reports from various projects in developing countries. The expert panel will contribute to the grey literature and comment on the overall criteria. We will also select conference abstracts on oral or poster material that does not include fulltext.

References of the selected articles will be checked to identify other relevant papers not retrieved by the systematic search.

Journals that are key to the topic will be manually searched to identify extra papers.

As the search progresses, irrelevant articles will be continuously excluded, documenting reasons and at what stages they have been excluded.

A 'search diary' will be created to give details of databases searched, results obtained, articles included and articles exluded, specifying reasons. Titles and abstracts will be stored in EndNote database.

4.5: Assessment of the methodological quality
Critical appraisal of the studies included in the review will be done by all authors independently at all stages, using the agreed eligibility criteria. The lead author will carry out all duties comprising major systematic review steps, submitting the work to co-authors at each stage for the feedback. Feedback will be given by email, and after the email discussions, a meeting will be convened to decide on the procedures leading to the next stage.

Quantitative studies will be assessed for robustness of their design and the reliability of the outcome. To do so, authors will check whether the study used controls/comparison to assess trends, a representative sample was selected, data collection procedures were rigorous, summary measures validate the conclusions, the sample sizes were enough for statistical significance, what testing measures used in clinical studies, bias in self reported data was considered, length of follow up was at least 60% of participants, and whether the study provides sufficient outcome measures to ascertain the contribution of mHealth to the outcomes of MCH. (objective 1a)

For qualitative studies, we will consider that whether they used interviews or focus group discussions, geographical settings, justifications for the sampling methods; selection of individual participants and possible bias in participant selection, data collection methods and guides,

consideration of bias in self reported data, sufficient use of quotes and verbatim from discussions to support conclusions. (objective 1b).

For theoretical framework, studies will be assessed if the deployment of theory for mHealth was objectively defined. (objective 1c)
For the technological review, studies will be assessed which focus on the six building blocks of mHealth telecom performance e.g. Storage, Access, Processing, Retrieval, Data Sharing and Context Awareness of health data. Besides this a mHealth specific feature 'context aware' will also be focused. The six building blocks entail finer technical aspects to be reviewed. (objective 2d)

4.6: Analysis of findings

Studies that have reported statistical effect sizes will be grouped and assessed for statistical heterogeneity/homogeneity using Cochran's Q statistic and the I-squared measure, and a statistical meta-analysis will be undertaken where appropriate. If there is little heterogeneity of effect sizes a fixed effects analysis (using the inverse variance method) will be undertaken; if there is considerable heterogeneity, but it still considered appropriate to undertake a formal meta-analysis, a random effects analysis (using the DerSimonian & Laird method) will be undertaken. Efforts will be made to decide why there is any heterogeneity of results, and sensitivity analysis (removing poorer quality studies for example) will be performed. Sub-group analysis to compare the effects between groups/studies will also be undertaken, for example to compare the effects of the interventions between males and females, younger and older age groups, different clusters of population or comparing interventions etc. (objective 1a)

Framework thematic synthesis approach will be used to identify the barriers, facilitators and techniques to deal with the barriers to implementation. The certainty of the review findings will be determined by using in-review techniques developed and standardized as per needs. The findings will be integrated in a logic model. Finally, hypotheses for subgroup analyses will be identified and a summary of qualitative findings table will be developed. (objective 1b)

5: Objective 2: Surveys

5.1: Survey of beneficiaries and service providers of mHealth: To supplement the synthesized global evidence on the feasibility of mHealth in Uttar Pradesh and to gain primary information at the levels of beneficiaries, stakeholders and service providers.

A population-based cluster-randomised household survey to be conducted in a random sample of approximately 1600 (1200 case and 400 comparison) households. A short PDA-assisted questionnaire pretested, piloted and finalised and will collect information from beneficiaries and CHWs on: (a) demographic information (b) perceived MCH needs; (c) formal and informal MCH service utilisation and expenditure; (d) rationale for using one service over another; (e) household exposure to mobile phones; (f) attitudes to use of mobile phones for health services; (g) household exposure to any mHealth interventions in the past; (h) attitudes to use of mHealth interventions they have participated in the past. Focus group discussions at village level will also be carried out to enrich the data.
The case households will represent four economic regions of Uttar Pradesh and comparison households will come from districts of Jhansi and Bahraich where mHealth has already been administered here at experimental level.

5.2: Survey of technical systems:

To supplement the findings of technological review of mHealth implementations in the developing countries, technical questionnaire for the relevant staff/experts will be developed on the basis of the outcomes provided by the technological review. The survey aims to identify the retrospective or prospective technological challenges of mHealth delivery which have been identified through the review. A convenience based and/or snow-balled sample of 100 participants comprising of technical staff involved in mHealth interventions e.g. program developers, data managers, IT experts etc. The schedule items will focus on on technological barriers and facilitators of mHealth implementation.

5.3: Analytical plan for the surveyed data:

Data will be double entered and cleaned under supervision of a senior data manager consultant with OXEVIN. Analysis will be conducted separately for sub-groups in two stages using statistical packages such as SPSS, Stata or EpiInfo as appropriate. Initial univariate analysis and stepwise logistic regression will examine associations with adverse MCH outcomes, experiences of MCH promotion and treatment services, and attitudes towards mHealth services. Additionally the following statistics will be used:

- Multinomial regression to delineate impact of different factors in extrapolating success of mhealth.
- Counterfactual decomposition technique by Blinder-Oxaca for sub-group outcome differences (optional).
- Content analysis for the qualitative data.

Analysis for both the surveys will be processed separately by separate analysts.

6: Objectives 2 & 3: Transportation of evidence and policy recommendations

State of the art research techniques will be used to combine evidence from objective O1 and O2 and to evaluate the socio-economic and cultural systems in the State. The bio-statistical inputs will be matched with socio-cultural sub-groups and their interaction with mHealth program will be identified. Furthermore, the political and geographical feasibility of mHealth will also be identified on the basis of qualitative field work such as discussion groups. Necessary adjustments to the standard program will be recommended on the basis of existing theoretical framework, technological review and data. On this background, policy and practice recommendations will be developed to be adopted by the implementation systems in the State.

7: Final report

OXEVIN will write the final report using a 1:3:25 format (1 page of main messages, 3 pages of executive summary, 25 pages of findings) and in language easy to comprehend by a non-research specialist. The report will illustrate research findings reflecting the objectives O1, O2 and O3 related to mHealth interventions specifically to be implemented in Uttar Pradesh.

8: Outcomes of the project:

Planned outcomes of the project activities associated to each objective have been tabled below:

Objectives	Planned outcomes
1.	To arrive on policy oriented systematic-review findings using RE-AIM (reach, effectiveness/efficacy, adoption, implementation, maintenance) approach. The outcome will be a scientifically rigorous report which collates evidence of mHealth implementation from the developing countries.
1a.	Establishment of evidence that, while delivered in the developing countries' context, to what extent mHealth is able to produce the desired outcomes under optimal conditions, achieves it

	targets under usual circumstances and if the tool is efficient enough to achieve those targets in the most economic way.
1b.	Precise knowledge about the challenges faced by mHealth implementation which cut across different services, populations and countries. Also to know at which stages of implementation they occur most frequently. Similarly to know about the factors facilitating the implementation.
1c.	This activity will provide a map of the theoretical components e.g. education, communication, community mobilization & organizational change which guide the mHealth intervention. This theoretical mapping will help to ensure the validity of and adherence to the guiding principles of mHealth program while applying it to a new context e.g. Uttar Pradesh (India, in a larger context). This research activity plays the role of 'brain' to the intervention and helps to ensure program's effectiveness which reflects in post implementation evaluation.
2.	Precise knowledge on using the global evidence from objective 1 for the context of Uttar Pradesh. How to maximize the effectiveness of mHealth within available resources and capabilities. How to transform the challenges of implementation into opportunities for the local systems.
2a.	Analysed data about the ground realities and demands at the levels of beneficiary, service deliverers and technological systems. This local understanding will supplement the evidence of implementation from the developing countries.
2b.	Developed understanding that how mHealth could be made more precise and effective in a socio-economically and socially variant context of Uttar Pradesh. Which necessary adjustments to the program would be required?
2c.	Developed understanding on how local politics could make the implementation more effective and how the technical system could become more viable to the local geography.
2d.	Developed understanding of the existing technological framework of mHealth. What kind of challenges it has faced in the developing countries. Which adjustments helped to make mHealth implementation successful? What kind of technological challenges exist in the local system and what are likely challenges. How to overcome them.
2e.	To have statistically precise indicators of adjustment done to the program to make it accurate and ensure best possible outcomes.
3.	On the basis of the outcomes from broad objectives 1 and 2, a policy contribution document which provides guiding recommendations on implementation of mHealth in Uttar Pradesh.
Overall outcome	Having followed the rigorous evidence-based method, we scientifically understand the feasibility and operational strength of mHealth in Uttar Pradesh along with any desired adjustments. The recommendations should be able to steer the program efficiently to achieve the outcomes such as reduced rate of infant & maternal mortality and better health outcomes of pregnant women.

Note: Details on the project management and quality assurance could be provided on demand. This section includes 1) Programme Review, 2) Risk Management, 3) Risk and Contingency Analysis, 4) Data Security and 5) Ethics.

9: Budget

The abbreviated budget has been given below. If required, a more detailed project with categorized expenses could be provided in an excel sheet.

A: Consultancy cost:

Role in the project	Name	Expertise & rationale	Daily Rate (GBP)	Days of work	Consultancy cost (GBP)
Principal Investigator	Dr. John Disabe	Experience of mHealth interventions in evidence-based settings in multiple	300	32	9600

		countries			
Senior Fellow	Prof. David Gough	Provides an expert overview and EPPI collaborative support.	740	07	5180
Project Manager	Dr. Daud Faruquie	Monitors day to day progress and administers	300	24	7200
Joint PI	Dr. Daud Faruquie	Represents Uttar Pradesh's context in the ongoing research work.	300	30	9000
Senior Fellow	Prof. Bhaskar Chaubey	IT & telecom scientist, Review of mHealth technology	450	23	10350
Research Associate	Dr. Suchismita Roy	MCH expert to carry out lit. search and critical appraisal.	250	22	5500
Fellow	Dr. Tulika Tripathi		50	22	1100
Senior Fellow	Prof. N.K.Mishra		75	20	1500
Total consultancy days /cost (category A):				**180**	**£ 49, 430.00**
Conversion of category A cost in Indian rupees:				**₹**	**49, 43, 444.87**

B: Employee cost:

Name*	**Job title & location**	**Role**	**Duration**	**Annual salary**	**Total cost****
TBD1	Oxford, UK	To plan and carry out systematic reviews and collaborate with the team	6 months	£ 26000	£ 15049.00
TBD2	Field investigator (Uttar Pradesh)	To carry out survey and provide data	3 months	£ 3000	£ 828.00
TBD3	-ditto-	-ditto-	3 months	£ 3000	£ 828.00
TBD4	-ditto-	-ditto-	3 months	£ 3000	£ 828.00
TBD5	-ditto-	-ditto-	3 months	£ 3000	£ 828.00
TBD6	-ditto-	-ditto-	3 months	£ 3000	£ 828.00
Total of employee cost (Category B):					**£ 19,189.00**
Conversion of category B cost in Indian rupees:			**₹**		**1,919,072.70**

* TBD: Names to be declared after recruitment.

** Total cost includes fringe benefits 15% of the annual salary calculated for each month

C: Access to scientific literature, data collection and analysis tools:

Category	Description	Estimated cost (GBP)
Subscriptions	Subscription to various electronic databases and online libraries is required to carry out systematic search.	2200
Purchases	Purchase of print source and subscription to EPPI reviewer	3790
Grey literature	Access to grey literature would require subscription/payments.	1600
Total cost for literature access(category C):		**7,590.00**
Conversion of category C cost in Indian rupees:		**759,068.30**

D: Travel :

Title of traveler	Description	Origin/destination	Fare (£)	trips	Per diem (£)	Accommodation (£)	days	Total cost (£)
Project Manager /	To present final report	Oxford - Lucknow	GBP 800 (projected	01	15	20	5	975

joint PI	to the client/s		Air India fare for Jul 2015)					
Senior fellow	To head the scientific meetings	London - Oxford	70	08	30	-	Day return	800
Principal Investigator	To lead research meetings	Liverpool - Oxford	50	11	25	-	Day return	900
Research Associate	To collaborate & disseminate bio-statistical data	London or Oxford to various destinations	NA	NA	NA	NA	NA	600 (lump sum for multiple trips
TBD1	To carry out barriers survey	Oxford/Various locations in the UK	NA	NA	NA	NA	NA	800 (lump sum for multiple trips
TBD × 5	To carry out surveys	Households etc in UP	22	10	8	15	10	2520
Total cost for travel (category D):							**6,595.00**	
Conversion of category D cost (in Rs.) rupees:							**659,559.35**	

E: Indirect project costs:

Indirect project costs are calculated for activities which support to run and maintain project functioning e.g. accountancy, administration, office utilization etc and could also be termed as overhead charges. OXEVIN's indirect cost policy could be provided on demand.

Total of indirect project costs: £ 3,000.00
Conversion of indirect project costs (in Rs.): 3,00,027.00

Total of A+B+C+D+E :

Total in GB Pounds = £ 85,804.00
Amount converted in Rs. = 85,81,172.25

For the above purpose, Rs. 85.81 Lakhs was proposed, but the approval is pended(FMR Code-B.15.3.5.3)

CHAPTER - 22: PROCUREMENT

Procurement of Equipments

Procurement of equipments under various programs is proposed under respective chapters. **For the year 2014-15, a total of Rs. 4736.89 Lakhs was proposed for procurement of equipments, out of which GOI approved Rs.2634.19 Lakhs only(FMR Code- B.16.1 and its sub heads).** Programme wise details of requirement of equipments and budget are given below:-

Under Maternal Health, a total budget of Rs. **2515.29** Lakhs was proposed for the procurement of equipments**, out of which GOI approved Rs.689.46 Lakhs only (FMR Code-B.16.1.1 and its sub heads)**. The details are given below:

Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
A	**Equipments for MH**				
1.	MVA/EVA for safe abortion services.	408	2500.00	10.20	10.20
2.	Suction Machine for child (foot operated)	970	12000.00	116.40	74.76
3.	Boyle's apparatus	405	160000.00	648.00	166.40
4.	Pulse Oxymeter	1076	7000.00	75.32	
5.	Autoclave	992	35000.00	347.20	329.00
6	Normal Delivery Set	1780	2000.00	35.60	35.60
7	CS Delivery Kit	203	21000.00	42.63	73.50
8	Ambu bag (Mother)	1088	3000.00	32.64	
9	BP Instruments (Dial/ Electronic) with Stethoscope	23580	-	471.60	To be procured from SC untied funds
10	Haemoglobin rapid strip test kits	23580	-	707.40	Funds approved under JSSK diagnostics
11	Uristix(Sugar & Albumin)-100 test strip bottles	23580	-	28.30	
Total Budget for MH				**2515.29**	**689.46**

For Child Health, total budget of Rs. 1015.49 Lakhs was proposed for the procurement of equipments, out of which GOI approved Rs.980.69 Lakhs only (FMR Code-B.16.1.2 and its sub heads). The details are given below:

Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
B	**Equipments for CH**				
1	Procurement of equipments for SNCU-Photothearpy Unit	31	20000.00	6.20	6.20
2	Procurement of equipments for SNCU-Radiant Warmer	35	40000.00	14.00	14.00
3	Procurement of equipments for NBSU- Photothearpy Unit	134	20000.00	26.80	26.80

4	Procurement of equipments for NBSU- Radiant Warmer	145	40000.00	58.00	58.00
5	Procurement of equipments for NBCC- Radiant Warmer	454	40000.00	181.60	181.60
6	Procurement of Computer with Printer,UPS data card for NRC	58	60000.00	34.80	-
7	Procurement of Computer with Printer,UPS data card for SNCU	27	60000.00	16.20	16.20
8	Procurement of Equipments for SNCUs in Medical Colleges	1	-	659.09	659.09
9	Tablets for learning, training, couselling documentation & reporting for high case load facilities	94	20000.00	18.80	18.80
9				**1015.49**	**980.69**

For Family Planning, total budget of Rs. 212.64 Lakhs was proposed for the procurement of equipments, out of which GOI approved Rs.0.18 Lakhs only(FMR Code-B.16.1.3 and its sub heads), which seems calculation error for which a letter has been sent to GOI. The details are given below:

Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
C	**Equipments for FP**				
1.	NSV kits	686	1500.00	10.29	-
2.	IUCD kits	6179	3000.00	185.37	0.17
3.	Minilap kits	248	4000.00	9.92	0.01
4.	PPIUCD	882	800	7.06	-
Total Budget for FP				**212.64**	**0.18**

Equipments for others-

In financial year 2014-15 one computer operator is being proposed for DCPM, therefore 75 computer printer and UPS is required .

AMC of medical equipments-Various valuable medical equipments are installed in Govt. Hospitals under control of Medical & Health Department, U.P. Some of these medical equipments are now out of warranty period and require AMC for continuous functioning and proper calibration of the said equipments. Rs. 687.22 Lakhs were approved for AMC of valuable medical equipment during F.Y. 2013-14. Due to NRHM fund support AMC of the said equipments materialized and the performance of these medical equipments improved by 16 to 32 percent. Total budget of Rs. 671.27 Lakhs are proposed for AMC for F.Y. 2014-15.

Thus, a total budget of Rs. 751.77 Lakhs was proposed for the procurement of equipments for others, out of which GOI approved Rs.650.00 Lakhs (FMR Code- B.16.1.5 and its sub heads). The details are given below:

Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
D	**Equipment for others**				
1.	Oxygen cylinders	710	5000.00	35.50	-
2.	Computer for 75 District for DCPM Under community process programme	75	60000.00	45.00	Rs. 226.25 Lakhs are approved under FMR Code-B16.1.9
3	AMC of equipments	138	-	671.27	650.00
Total Budget for Others				**751.77**	**650.00**

Under RKSK/RBSK, a total budget of Rs. 41.70 Lakhs was proposed for the procurement of equipments, out of which GOI approved Rs.87.61 Lakhs (FMR Code-B.16.1.6 and its sub heads). The details are given below:

Sl.	Name of Equipments	No. of proposed equipments	Unit cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
E	Equipment for RBSK/RKSK				
1	Equipment for AFHCs	159	15000.00	23.85	85.96 (approved for 1228 new AFHCs in HPDs @Rs.10000 each)
2.	others	1645		17.85	1.65
Total Budget for ARSH/SH				**41.70**	**87.61**

Procurement of Drugs and Other Consumables

Procurement of drugs and other consumables under various programs is proposed under respective chapters. **For the year 2014-15, a total budget of Rs. 22771.29 Lakhs was proposed for procurement of drugs and other consumables, out of which GOI approved Rs.15295.62 Lakhs only (FMR Code-B.16.2 and its sub heads).** Programme wise details of requirement of equipments and budget are given below:-

Under Maternal Health, a total budget of Rs. 53.50 Lakhs was proposed for the procurement of drugs**, which is approved by GOI (FMR Code-B.16.2.1.2)**. Details are given below:

Sl.	Name of essential drugs	Requirement of drugs for the FY 2014-15			Approved Budget (In Lakhs)
		Quantity	Unit Cost (Rs.)	Proposed Budget (In Lakhs)	
A	**Drugs and supplies for MH**				
1.	Drugs for safe abortion	26750	200.00	53.50	53.50
Total for drugs and supplies for MH				**53.50**	**53.50**

Under Child Health, a total budget of Rs. 1355.63 Lakhs was proposed for the procurement of drugs for Child Health, which is approved by GOI(FMR Code- B.16.2.2 and its sub heads). Details are given below:

Sl.	Name of essential drugs	Requirement of drugs for the FY 2014-15			
		Quantity	Unit Cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
B	**Drugs and supplies for CH**				
1	Zinc and ORS	1		759.79	759.79
2	Vitamin A solution	989638		573.99	573.98
3	Mid Upper Arm Circumference (MUAC) Tapes for NRCs	109232		21.85	21.84
Total for drugs and supplies for CH				**1355.63**	**1355.63**

Under IMEP, a total budget of Rs. 11714.30 Lakhs was proposed for services at various levels, out of which GOI approved Rs.6115.21 Lakhs only (FMR Code- B. 16.2.4 and its sub heads). The details are given below:

Sl.	Name of essential drugs	Requirement of drugs for the FY 2014-15			
		Quantity	Unit Cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
C	**Supplies for IMEP**				
1	Biomedical waste management - District level	154		1577.17	1261.78
2	Biomedical waste management - CHC/PHC level	773		1337.59	1216.00
3	Cleaning/washing, house-keeping and laundry management - District level	156		4605.83	3637.43
4	Cleaning/washing, house-keeping and laundry management - CHC/PHC level	773		4193.71	
Total for supplies for IMEP				**11714.30**	**6115.21**

Under National Iron Plus Initiatives (WIFS & RBSK), a total budget of Rs. 5559.88 Lakhs was proposed for the procurement of drugs, out of which GOI approved Rs. 5263.89 Lakhs (FMR Code- B.16.2.6 & its sub heads). The details are given below:

Sl.	Name of essential drugs	Requirement of drugs for the FY 2014-15			
		Quantity	Unit Cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
D	**National Iron Plus Initiative (Drugs & Supplies)**				
1	IFA syrups (with auto dispenser)	18,587,866	-	1,858.79	1,858.00
2	Albendazole Tablets	32,726,946	-	327.27	327.27
	Children 5 - 10 years				
	IFA tablets	9,787,617		978.76	978.76
	Albendazole Tablets	19,575,235		195.75	195.75
	WIFS (10-19 years)				
	IFA tablets	11,191,409		1,678.71	1,678.71
	Albendazole Tablets	22,539,838		225.40	225.40
	Medicine for Mobile health team	1640		295.20	-
Total				**5559.88**	**5263.89**

Under AYUSH, a total budget of Rs. 4088.00 Lakhs was proposed for the procurement of Drugs & supplies, out of which GOI approved Rs.2044.00 Lakhs only (FMR Code- B.16.2.8). The details are given below:

Sl.	Name of essential drugs	Requirement of drugs for the FY 2014-15			
		Quantity	Unit Cost (Rs.)	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
E					
1.	**Drugs & supplies for AYUSH**	2044	200000.00	4088.00	2044.00 (approval granted @Rs.1.00 Lakh/doctor)
Total				**4088.00**	**2044.00**

Bio Medical Waste Management

Biomedical waste must be properly managed and disposed - off to protect the environment, general public and workers, especially healthcare and sanitation workers who are at risk of exposure to biomedical waste as an occupational hazard. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal.

Disposal occurs off-site, at a location that is different from the site of generation. Treatment may occur off-site or on site. Off-site treatment and disposal involves hiring of a biomedical waste disposal service (also called a truck service) whose employees are trained to collect and haul away biomedical waste in special containers (usually cardboard boxes, or reusable plastic bins) for treatment at a facility designed to handle biomedical waste.

Biomedical Waste Management is an ongoing activates from previous years. As per proposal received from DG-MH, **An amount of Rs. 2914.76 Lakhs wa required for 153 District level Hospitals and 773 CHCs Level of 75 districts, out of which GOI approved Rs.2477.78 Lakhs, at last year's rate as follows:.**

FMR Code	Particular	Quantity / Target	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
B.16.2.4.1	Bio Medical Waste Management District Level Hospital	154	**1577.17**	**1261.78**
B.16.2.4.2	Bio Medical Waste Management CHCs Level	773	**1337.59**	**1216.00**
	Sub Total		**2914.76**	**2477.78**

Cleaning, Washing, Housekeeping and Laundry

Environmental cleaning is a very important part of infection prevention control in a health facility, more important of Cleaning, Washing, Housekeeping and Laundry in hospitals & health facility units.

Cleaning, Washing, Housekeeping and Laundry are ongoing activities from previous years. As per proposal received from DG-MH, **an amount of Rs. 8799.54 Lakhs was proposed for 156 District Level Hospitals and 773 CHCs level of 75 Districts, out of which GOI approved Rs.3637.43 Lakhs, at last year's rate as follows:**

FMR Code	Particular	Quantity / Target	Units Rate in Rs.	Proposed Budget (In Lakhs)	Approved Budget (In Lakhs)
B.16.2.4.3	Cleaning, Washing, Housekeeping and Laundry District Level Hospital	156	Rs. 1783/- Per bed per month	4605.83	3637.43
B.16.2.4.4	Cleaning, Washing, Housekeeping and Laundry CHCs Level	773	Rs. 1507/- Per bed per month	4193.71	
	Total			**8799.54**	**3637.43**

CHAPTER - 23: DRUGWARE HOUSE / LOGISTICS MANAGEMENT

There is a State logistic-ware house (LMC) is functional at Natherganj, Lucknow, State Drug Ware House collects the medicines/materials and other from GOI and distributes to 11 regional and 53 districts drug ware houses, which is also functional at Regional & District level. This is an ongoing activity which was also sectioned in previous years. In each Drug Ware House required contractual staff for function / operation of Drug ware House. As per Proposal receive from DG-FW In State LMC, Regional & District Drug Ware House Having following Staff and budgetary detail of under.

Salary to Contractual Staff

- **Details of contractual staff at State (LMC) are following:-**

Sl.	Activity	Physical Targets	Unit Cost Per Month (Rs)	Frequency	Total Amount (In Lakhs)
1	Accountant	1	14,000.00	12	1.68
2	Computer Operator/Store keeper	1	14,000.00	12	1.68
3	Fourth Class/Loader	1	9100.00	12	1.09
4	Generator Oper. Cum Electrician	1	7000.00	12	0.84
5	Sweeper	1	4900.00	12	0.59
6	Armed Guards	1	8869.00	12	1.06
7	General Guards	3	7220.00	12	2.60
8	Gardener	1	4200.00	12	0.50
Sub Total			**83729.00**		**10.04**
Service tax to HR providing Agency @12.36 %					1.24
Total					**11.28**

- **Details of contractual Staff at Regional drug ware houses are following:-**

Sl.	Activity	Physical Targets	Unit Cost Per Month (Rs)	Frequency	Total Amount (In Lakhs)
1	Accountant	1X11	14,000.00	12	18.48
2	Computer Operator/Store keeper	1X11	14,000.00	12	18.48
3	Fork- Lift Operator cum Mechanic	1X11	9100.00	12	12.01
4	Fourth Class/Loader	1X11	9100.00	12	12.01
5	Generator Oper. Cum Electrician	1X11	7000.00	12	9.24
6	Sweeper	1X11	4900.00	12	6.47
7	Armed Guards	1X11	8869.00	12	11.71
8	General Guards	2X11	7220.00	12	19.07
9	Gardener	1X11	4200.00	12	5.54
	Total				**112.97**

- **Details of contractual staff at District drug ware houses are following:-**

Sl.	Activity /Staff	Physical Targets	Unit Cost Per month (Rs)	Frequency	Total Amount (In Lakhs)
1	Computer Operator cum Store Keeper	1X53	11000/-	12	69.96
2	Generator Operator cum Mechanic /Electrician	1X53	5500/-	12	34.98
3	Loader	1X53	5500/-	12	34.98
4	Choukidar	1X53	5500/-	12	34.98
5	Part-time Sweeper	1X53	2750/-	12	17.49
Total					**192.39**

Thus, for the salaries of contractual staff working at state, regional and district level drug houses, an amount of Rs. 316.64 Lakhs was proposed with some hike in monthly honorarium, out of which GOI approved Rs.281.58 Lakhs only with 10% hike (FMR Code-B.17.1.1)

Others / Operational Cost

(a) **Operational Cost Of State LMC-**

Warehouse	Elect Charges	POL for DG Set	Stationary	Contingencies	Total Amount (In Lakhs)
State WH-LMC	1,30,000.00	00.00	20,000.00	1,00,000.00	**2.50**

(b) **Operational Cost Of Regional drug ware houses-**

Sl.	Regional Drug ware house	Elect. Charges (Rs)	Telephone Charges (Rs)	POL & Maintenance of DG Set (Rs)	Stationery (Rs)	Contingencies (Rs)	Transportation (Rs)	Grand Total (Rs. In Lakhs)
1	Agra	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
2	Allahabad	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
3	Azamgarh	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
4	Bareilly	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
5	Chitrakoot	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
6	Gorakhpur	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
7	Faizabad	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
8	Kanpur	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
9	Lucknow	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
10	Meerut	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
11	Varanasi	110000.00	10000.00	30000.00	15000.00	200000.00	150000.00	**5.15**
TOTAL								**56.65**

Thus, for the operational cost of state and regional level drug houses, an amount of Rs. 59.15 Lakhs was proposed, out of which GOI approved Rs.42.07 Lakhs only (FMR Code-B.17.1.2)

Proposal for Cervical Cancer Screening Programme

Background:

Cervical cancer is a significant health issue in India, in terms of incidence, mortality and morbidity. One out of every five women in the world suffering from cervical cancer is Indian. According to Globocan 20125, annual incidence of cervical cancer in India was estimated at 122844 with 67877 deaths, making it the second largest cancer killer in India after breast cancer. While Uttar Pradesh does not have its own population based Cancer registry, the estimated figures show that the situation is alarming in this state when compared against national data. The following table shows the three year trends of cervical and breast cancer prevalence in Uttar Pradesh and India from 2009 till 2011.

Estimated Number of Breast and Cervix Cancer Cases in Uttar Pradesh (2009 to 2011)						
State	Breast Cancer			Cervix Cancer		
	2009	2010	2011	2009	2010	2011
Uttar Pradesh	11077	11484	11921	17367	17975	18353
India	87693	90659	93723	101938	103821	105740

Cancer Cervix can be prevented by screening women systematically through organized population based program. Screening aims to detect the disease at pre cancer stage when it is amenable to simple treatment & cure. In many developed countries the annual incidence & mortality from this cancer have gone down by 50-70% since the introduction of population based screening. In India despite the public health importance that cervical cancer merits, there are only sporadic efforts in hospitals & research centers. Knowledge among providers for how to treat pre-cancerous lesions is low and regrettably hysterectomies are often performed unnecessarily for both cervical lesions as well as for cancer. Due to the lack of trained professionals and infrastructure required for cytology-based tests such as Pap smears and little investment in other screening, there is currently limited availability of cervical cancer screening services across India and in particular, states like Uttar Pradesh, where the potential number of women who deserve screening and treatment are significantly high.

Various studies in India & other countries have demonstrated the usefulness of alternative strategies such as VIA (Inspection with Acetic Acid) in the prevention of cervical cancer. According to the WHO, VIA is inexpensive and non-invasive and, depending on national guidelines, can normally be done in a low level health facility by a doctor or paramedical staff. Most importantly, VIA provides instant results and those eligible can receive treatment for pre-cancerous lesions using cryotherapy on the same day.

However, efforts to implement large scale and low cost intervention projects are rare throughout India. Box 1 depicts an outline of a large trial in Maharashtra and a statewide project in Tamil Nadu showing the impact of such endeavours on population. The Tamil Nadu experiment demonstrates some of the challenges encountered during the project as well.

Cryotherapy – used to treat pre-cancerous lesions – is effective and easier to implement than other treatment modalities. It can be done in two short treatments over a 15-minute period on an outpatient basis and requires no anaesthesia. Cryotherapy is a highly cost-effective treatment and only requires a consistent supply of carbon dioxide gas. Additionally, the single visit approach effectively addresses the challenge of losing patients through referrals or multiple visits, a significant issue for other models of cervical cancer prevention.

Box 1: **Lessons learnt from large scale intervention program on Cervical cancer in India**

- A Cluster Randomized Controlled Trial in Mumbai initiated in 1998. 12 year follow up results published
  - Intervention group : 75360 women had 4 rounds of education & VIA screening at 24 month interval
  - Control group : 76178 women given single round of education
  - Mortality 31% reduction in screening group

Source: Shastri SS et al. Effect of VIA Screening by Primary Health Workers: Randomized Controlled Study in Mumbai, India. *Journal Of The National Cancer Institute*. Epublication 2014 Feb 22

- World Bank-supported Tamil Nadu Health Systems Project (TNHSP)
  - Routine VIA/VILI screening to 30- 60 yr women
  - 500000 women screened (2007-2010), 74% coverage
  - VIA/VILI positivity rate : 2.5-5.4%
  - Low follow up of screen positive (50%). Only 13% women in need of treatment got treated
  - **Challenges faced:** Poor quality IEC, lack of familial support, stigma inadequate referral systems

Source: Suneeta Krishnan et al. Advancing Cervical Cancer Prevention in India: Implementation Science. The Oncologist. 2013, 18:1285-129**7**

Proposal is meant to scale up a Cervical Cancer prevention program through a 'see and treat' approach (under WHO guidelines) to be implemented across all its districts in two phases

Phase 1: A) Sensitization and training of all MOICs in CHCs, FRUs with over 100 deliveries and District Women's Hospitals, starting with 28 select districts and later across rest of the districts as well as B) developing robust systems for monitoring and evaluation

Phase 2: Establishment of treatment facilities with Cryotherapy and referral for advanced diagnostics and other treatment modalities (in designated tertiary care centres)

Year 1: In district women hospitals (by September 2014)

Year 2: In CHCs and FRUs. (By April 2015)

The programme is envisaged to be running full-fledged in all the selected districts in the third year with established district level training centres, trained staff in NCD clinics, district NCD cells and designated hospitals as well as systems for continuous monitoring and evaluation.

Technical Approach and Implementation Plan

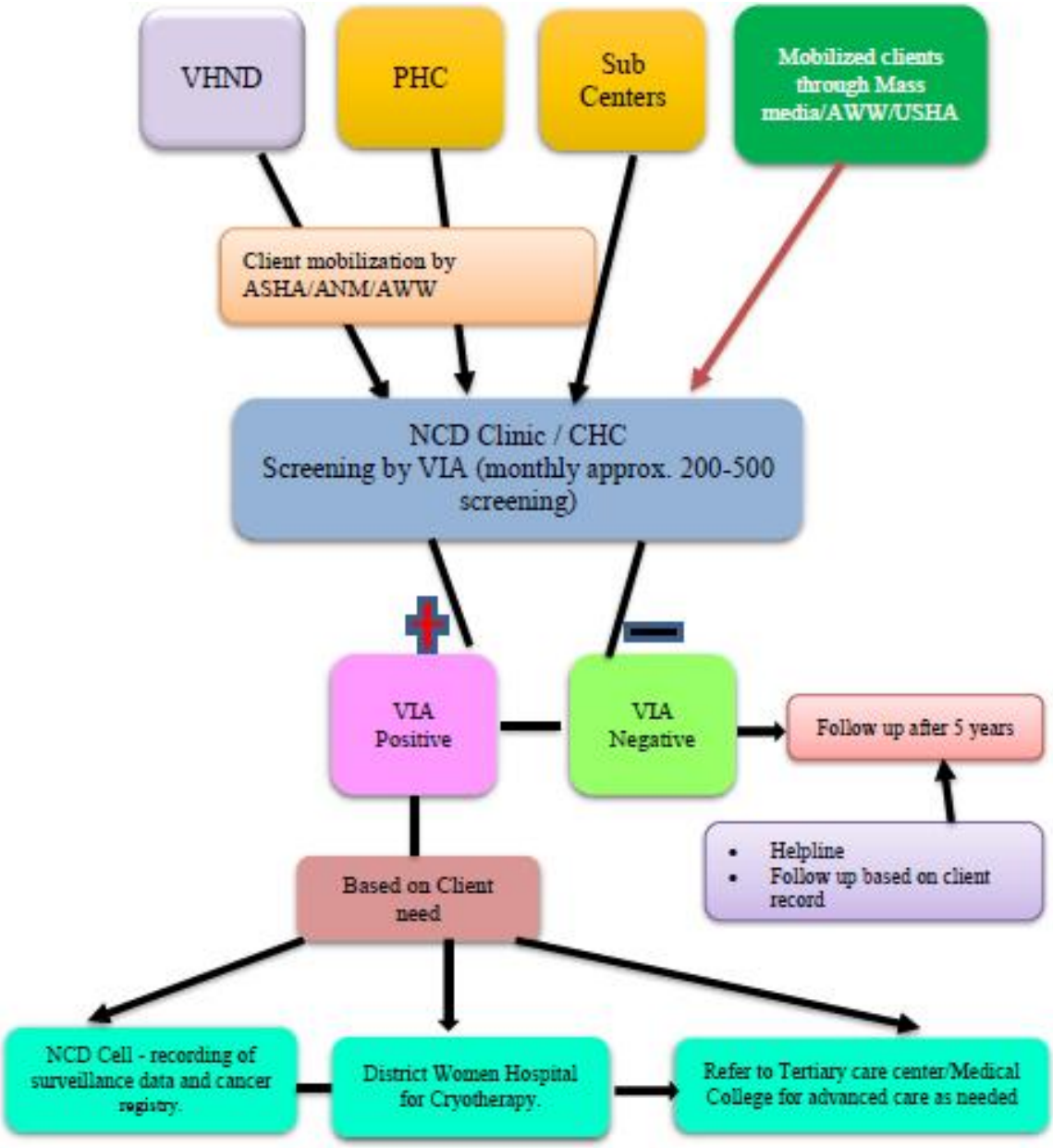
Proposal aims to cater to 28 districts of U.P. based on low health indicators. In the selected districts, 28 District Women Hospitals (DWH) will be the infrastructure available for "***Screen and Treat"*** approach to cervical cancer prevention and control program**.** In the first phase, i.e. June 2014 to March 2015, screening will be done at CHCs, NCD clinics and District Women Hospital (DWH) using VIA, while for treatment, VIA Positive women will be referred to DWH through referral card system. All the District Women Hospitals in the selected districts will be equipped with Cryotherapy facility by September 2014. ***NCD cell*** in every District will work as a nodal point for maintaining databases of women screened and referred from CHCs and NCD Clinics as well as of women screened and/or treated at District Women Hospital. District NCD Cell will have linkages with tertiary care centers and medical colleges for invasive cancer treatment and Cancer Registry.

Programme Districts:

1	Raebareli	**15**	Hardoi
2	Lalitpur	**16**	Kannauj
3	Jhansi	**17**	Allahabad
4	Kheri	**18**	Mirzapur
5	Etawah	**19**	Lucknow
6	Jalaun	**20**	Kanpur Nagar
7	Farrukhabad	**21**	Bareilly

8	Sultanpur	**22**	Agra
9	Firozabad	**23**	Aligarh
10	Sitapur	**24**	Meerut
11	Faizabad	**25**	Moradabad
12	Barabanki	**26**	Varanasi
13	Bahraich	**27**	Gorakhpur
14	Gonda	**28**	Ambedkar Nagar

Flow Chart for Screening:



In urban areas of these 28 districts, the screening of target population (age 30 years-60 Years women) shall be conducted either through opportunistic and/or camp approach at CHC and District hospitals.

Launch Plan:

<u>One Sensitization workshop at State level:</u> There will be 1-2 days of sensitization workshop at state level for Cervical cancer "See and Treat" in the First- Second week of July 2014 using World Population Day celebrations as an opportunity. The workshop will invite which District CMOs, CMSs of DWH, In-Charge of District NCD cell and the NCD clinics doctors from all the 28 selected districts to participate.(Budget in Annexure1)

Five regional workshops

will be conducted to sensitize medical officers of DWH, CHC, PHC and particularly FRUs with 100 deliveries per month. Lucknow, Varanasi, Bareilly, Agra and Gorakhpur will be Hub centers for 5 regional workshops. (Budget in Annexure1)

Demand Generation and Community Mobilization:

To sensitize ANMs and their supervisors in these 28 districts, around 83 CHC level sensitization workshops of one day each will be conducted by Trained Doctors of the respective districts and TOT members. (Budget in Annexure1)

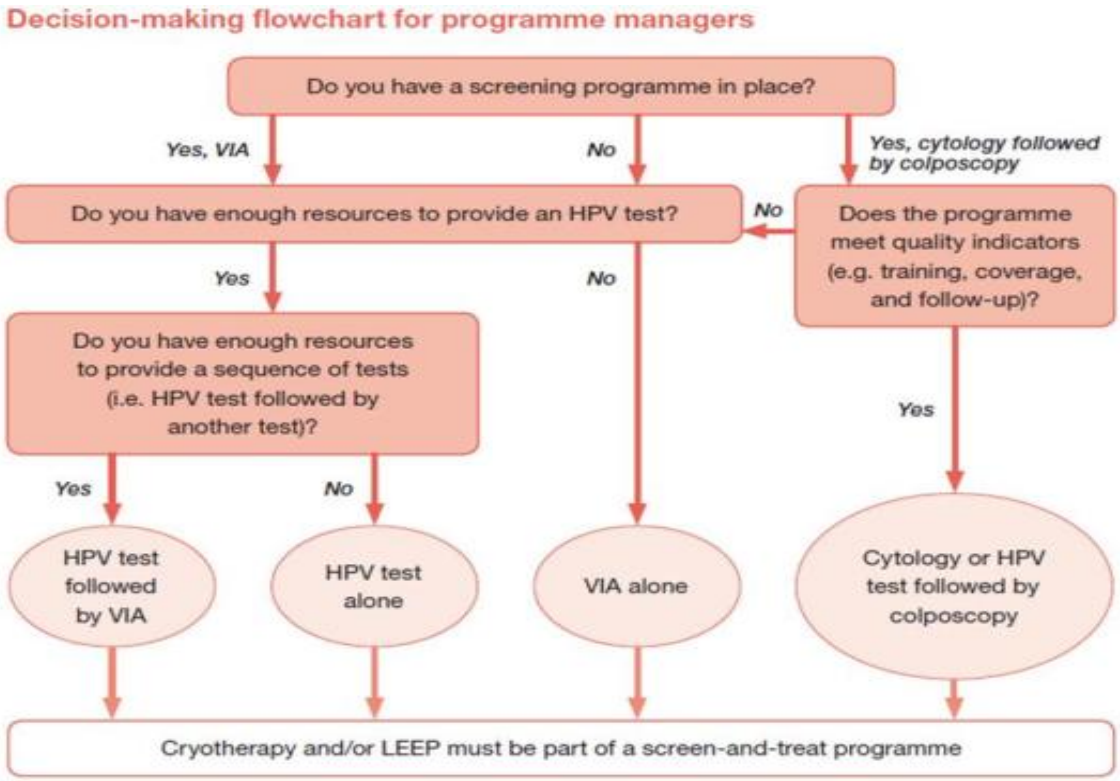
One Day Sensitization of ASHAs in monthly meetings of ASHAs at CHCs.(Budget in Annexure1)

Monthly Village Health and Nutrition Days and **Tehsil days** will be point of demand generation activities for ASHAs and ANMs apart from interpersonal communication (IPC) activities during their home visits.

For urban areas where women of socio economic classes C,D and E live, community mobilization will depend on AWW,USHA, Staff nurse of BMCs, staff nurses at D type Heath Posts and IPC support from Various NGOs working in the urban areas of district municipal limit.

Screening

Screening is to be done by VIA- Visual Inspection with Acetic Acid followed by Cryotherapy in VIA positive cases. The cases which are not eligible for cryotherapy can be treated with LEEP i.e. Loop Electrosurgical Excision Procedure. Cytology followed by Colposcopy / Cervical biopsy for screening is not a cost effective option for given low resource settings in developing countries. However definitive diagnosis can be made by doing further tests in VIA positive cases. But one shouldn't wait for the results and should straight way treat by cryotherapy to avoid loss to follow-up cases.



WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention, 2013

Roll out of screen and treat program in 28 districts:

- Sensitization workshop should be done in all 28 districts for CMO, CMS and MO I/Cs of the districts.
- Two good performing CHCs per district are to be selected in first phase
- All FRUs in each district having > 100 deliveries in a month to be selected in first phase
- All 28 District Women Hospital to be taken in first phase
- All the NCD clinics in the selected 28 districts
- All NCD clinics at District

Preparation for screening

- An estimate of the total number of women in the target age group of 30 to 59 years living in the coverage area can be obtained from the district census data or from the list of families available at the CHC.
- In rural areas, list of eligible women can be obtained from sub-centres with the help of ANMs.
- According to convenience of the CHC, two days in a week should be designated for Cervical Screening.
- The days for Screening should be prominently displayed through billboards near the CHC. The days should be announced at the monthly meetings of the PHC/CHC and also of the District Hospital so that the information is widely circulated.
- Essential supplies for screening like instruments, consumables, forms etc are to be arranged The protocol of disinfection and sterilization of different instruments should be followed meticulously.

Material required for VIA-

1. Examination gloves (sterile or non sterile)
2. Examination table
3. Vaginal Speculum (preferably Cusco's or Sim's)
4. Cotton swabs
5. Big bowl for cotton swab
6. Freshly prepared 5% acetic acid (requires glacial acetic acid and distilled water)
7. Normal saline
8. Focusing light (with halogen bulb preferred)/torch/flashlight
9. Rubber/plastic sheets
10. Two small jars for acetic acid & normal saline
11. VIA forms
12. Registers

Cryotherapy – is used to treat precancerous lesions- is effective and easier to implement that other treatment modalities. It can be done at out patient basis by trained personnel and require no anaesthesia. It is highly cost effective and only requires Cryotherapy machine and consistent supply of carbon dioxide gas. Single visit approach significantly reduces the cost of VIA and Cryotherapy.

Training:

Training would be competency based, both didactic and hands on (practical), and based in a clinical service delivery site. There would be an emphasis on anatomy, physiology, basic understanding of histology and the etiology of cervical cancer at a level that is suitable for the selected trainees and that is eminently practical. Extensive training in clinical skills, cervical assessments, and topics related to quality assurance is required.

TRAINING MATERIAL:

Training material/ skill based training curriculum are to be developed based upon the international/ WHO guidelines for training of trainers and service providers. Training materials would be developed by a designated technical agency. Some job-aids will be needed as a ready reckoners for the service providers.

Cervical cancer screening services can be provided both by medical and paramedical staff but in initial phase we suggest to train only doctors, both gynaecologists and medical officers.

Six Medical Colleges/ teaching Institutes of the states are to be developed as nodal centers for the training.- Meerut Medical College, Banaras Hindu University (BHU) Varanasi, KGMU Lucknow, Kanpur Medical College, Jhansi Medical College and Agra Medical College. The technical agency can facilitate the Training of Trainers at all these 5 centers. Out of 28 districts approximately 4 participants from 8 district Women hospitals can be trained in 2 batches at each medical college.

TOT of district trainers: 4 days

Training for MOs and Gynaecologists posted at CHC: 3 days

Budget for training: Annexure 1

Quality Assurance: Quality Assurance guidelines and material will be developed by technical agency. The objectives of QA visits are to assess the quality of care at the facility, to make recommendations for improving care and to develop action plan. Performance support coordinators (TA agency) will work to monitor and evaluate cervical cancer prevention services.

Typically a trainer will conduct the initial support visits to help providers and supervisors and ultimately local supervisor may take on the responsibility. Performance support coordinator will assist the provider and supervisor to develop the action plan to improve quality of services and document the QA visit.

Programmatic Quality Assurance Indicators for Cervical Cancer Prevention Programs are set around 6 key areas:

- Overall services
- Counseling
- VIA testing
- Cryotherapy
- Document/ Record keeping
- Clinical decision making

Two complementary aspects of provider performance can be assessed: by Client Provider Interaction and Client Assessment focusing on VIA and Cryotherapy. QA tools will be developed by TA organization for conducting QA assessments of the providers. Eg Co assessment, Image review exercise with Flash Cards and based upon the gaps identified action plan would be developed.

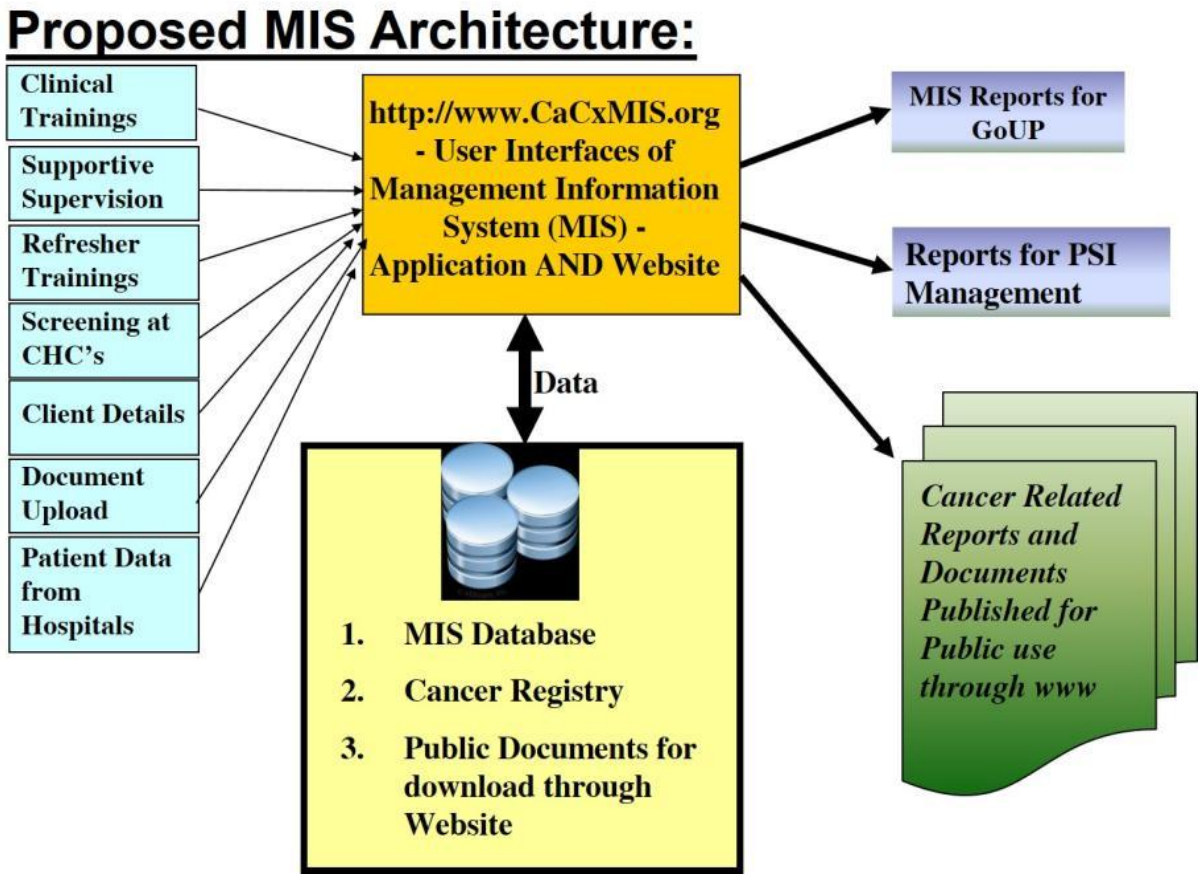
Frequency of QA visits: It should be done at least twice with every trained service providers.

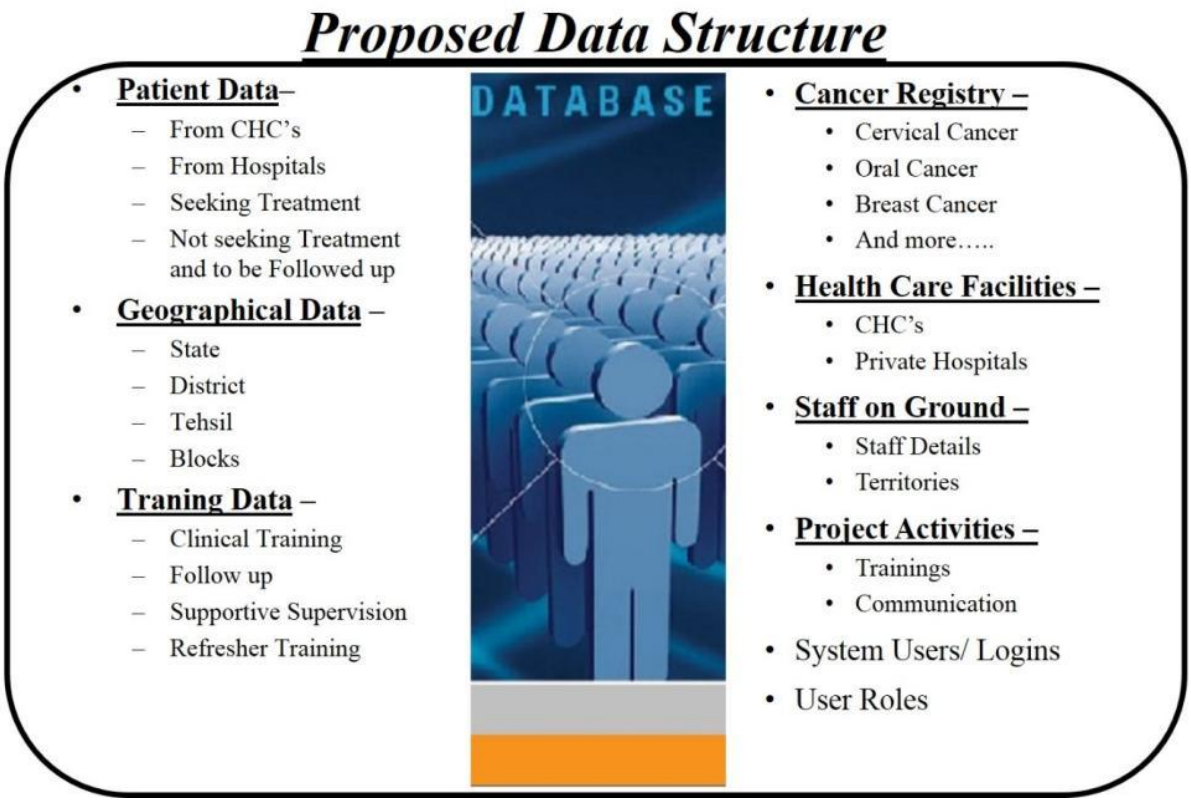
BCC activities: (Budget in Annexure1)

- Five Hoardings at District level at Prominent Places. Total 140 Hoardings
- Sun Boards at District Hospital as well NCD cell and clinic with information on Screen and Treat for Cervical cancer
- Wall writing at CHC, and prominent places of blocks approx. 24 Sq feet each One wall. (Total 10 for each Block).
- Leave behind /brochures for ASHAs and ANMs to be used during home visit -1000 for each ASHA and AWW
- Mid Media Activities.

- One page show card on Cervical cancer
- Mass Media by FM broadcast covering 28 Districts.(Hub and Spoke coverage)
- Call center at District NCD Cell for follow ups
- Job aides for Provider-Pictorial Flash Card in OPD
- Development of FAQ on Cervical cancer for Medical Officers.
- Screening Checklist for Staff Nurse and Medical officers
- Reporting Formats :
- 2 pager Case Sheet or Case Record
- Referral Card/Client Card

Management Information System





MIS DEVELOPMENT PROCESS

The Cervical cancer MIS project will be divided into following four phases:

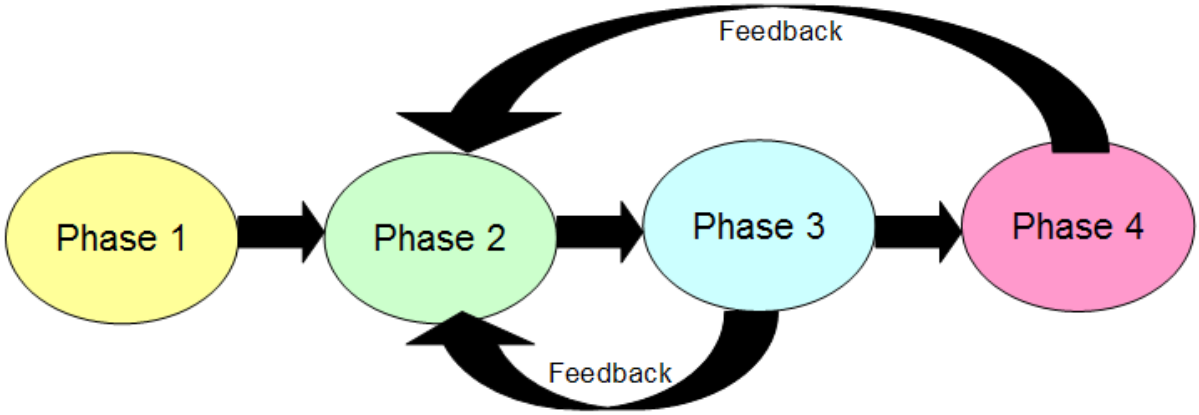
Phase One: Plan and Design the Data structure

Phase Two: Design the Database and Build the MIS

Phase Three: Test the MIS

Phase Four: Deploy the MIS

Given below is the graphical representation for the process flow for designing & developing the Management Information System for Cervical Cancer project.



Phase One: Requirements Gathering and Design of Data Structure

The objective of phase one is to form a team of program and information technology staff. This team will identify the data to be used by the Cervical cancer project management and will establish the data flow in the MIS.

Phase one will be further divided into three components; project kickoff, data requirements gathering and data flow design. The outputs from each component will be used in phase two and throughout the MIS development process.

Outputs from Phase 1

1. The project overview document.
2. The data requirements document.
3. The data flow design document.

These three documents will define all of the data needs of the project. The outputs from this will become the primary input for the database administrator and software developer to start technology planning for creation of database and software development.

Phase Two: Design and Build the MIS

The outputs form phase one will be used to make important decisions during the second phase. These decisions concern what type of information solutions can be used to develop and implement the MIS. The following will also be considered while determining the information solutions to be used in the MIS project:

- Data collection points
- Application portability
- Reporting needs
- Data retention needs

Phase Three: Testing the MIS

The objective of this phase will be to effectively test the MIS and perform defect analysis. It's important that some level of testing is done to ensure major problems are not discovered after the MIS has been deployed. This phase is divided up into three sections;

- Functional testing
- Requirement testing
- Defect management

Phase Four: Deploy the MIS

This phase will have two stages;

- Rollout and training
- Monitoring and evaluation

No matter how successful the previous three phases have been, a poor deployment will result in an unsuccessful MIS. Deployment is often the first time that the wider community gains visibility of the MIS. The perceived success or failure of the deployment will form the first impression of the MIS for many potential users.

Rollout and Training

The following must be considered In order to decide how best to rollout the MIS :

- Number of MIS users.
- Number of locations.
- Rollout required in one go or in Phases

- Any potential risks associated with a rollout
- The areas where training is required.
- Number of trainers required
- Duration of training

Annexure 1- Estimated programme cost

SN	Activity Head	Unit Cost (Rs.)	Number	Year 1	Total
	Equipment				
1	CO2 Cylinder – purchase	8000	56	448000	448000
2	CO2 Cylinder – refill	1000	112	112000	112000
3	Cryo Machine	13000	28	364000	364000
	Consumables			0	0
1	Consumable Material Examination gloves (sterile or non sterile) Vaginal Speculum (preferably Cusco's or Sim's) Cotton swabs Big bowl for cotton swabFreshly prepared 5% acetic acid (requires glacial acetic acid and distilled water) Normal saline	5000	121	605000	605000
	Sub Total				**1529000**
	IEC/BCC				
1	Five Hoardings at District level at Prominent Places. Total 140 Hoardings	7000	140	980000	980000
2	Sun Boards at District Hospital as well NCD cell and Clinic with Information on Screen and Treat for Ca Cx	1000	600	600000	600000
3	Wall writing at CHC, and Prominent places of Block approx. One walls 24 Sq feet each. Total 10 for Each Block	360	4660	1677600	1677600
4	Leave Behind /Brochures for ASHA and ANMs to be used during Home Visit 1000 for each ASHA and AWW	2	600000	1200000	1200000
5	2 Mid Media Activities at 280 CHC blocks and 28 Dist place	1500	616	924000	924000
6	One Page Show card on Ca Cx	10	10125	101250	101250
7	Mass Media by FM broadcast Covering 28 Dist.(Hub and Spoke coverage) for 30 days	100000	15	1500000	1500000
8	Jobs aids for Provider-Pictorial Flash Card in OPD	300	420	126000	126000
9	Development of FAQ on Ca Cx for Medical Officers.	50	1400	70000	70000
10	Screening Checklist for Staff Nurse and Medical officers	10	7000	70000	70000
11	Referral card for Client	5	700000	3500000	3500000
12	CaseRecord	5	700000	3500000	3500000
	Sub-Total				**14248850**

Estimated cost for MIS devlopment and maintance-

SN	Description	Qty	Unit Price (₹)	Total Cost (₹)	Remarks
1	**Phase#1 - Plan and Design the Data structure**	1	150,000	150,000	Time cost of System and Database design team
2	**Phase#2 : Design the Database and Build the MIS**	2	150,000	300,000	

3	**Phase#3 : Test the MIS**				
a.	Server Setup - (Hardware, Software and Connectivity) -Hosting the application and database with an ISP/ datacenter	9	50,000	450,000	Windows Hosting with SQL Database. Will be required after first cut is ready for testing
b.	Testing of application - MIS and Users	1	200,000	200,000	
4	**Phase#4 : Deploy the MIS**				
a.	Setup of data entry points - Hardware and Connectivity	4	32,000	128,000	Desktop-30,000; UPS - 2,000
b.	Trainings	0		-	Travel and Logistics
4	**Recurring Costs for the first year:**				
a.	Internet at data entry points for 8 Months	4	8,000	32,000	Broadband connection @INR 1,000 per month
b.	Modification and Enhancements	16	10,000	160,000	Assuming average 2 modifications per month
c.	**For Cancer registry at RML, Institute of Medical Sciences, Lucknow**	1	600000	6,00,000	
Sub-Total-				**2020,000**	

Training

Sl	**Activity Head**	**Total Budget for training (in Rs.)**	**Remarks**
1	State Level Sensitization workshop	**17179500**	28CMS+28CMO and state team
2	Regional workshops in 5 dist with at least 25 participant from each Dist		
3	Sensitization workshop for CHC staff Nurse and ANM		
4	Sensitization for ASHA in ASHA monthly meeting at CHC		
5	TOT of Dist Trainers(4 days) at Six medical colleges		56(2 Person from Each DWH)-Trainer cost included @ 2500 for two trainers.TA @ 2000 per participants from other districts.
6	Training for MOs and Gynaecologists posted at CHC and NCD clinics(3 days at dist level) by TOT trainers		20 batches for 3 days
7	Training for DFH staff Nurse and NCD clinic Staff nurse at Dist Level by TOT trainers		Trainer cost @ 2000 included (7 batches and two trainers)
8	Resource Material Development Cost		
9	Printing of Module		
10	Q A training to NCD Cell Doctor and DFH doctor(two Days) in three batches		Trainer @2000 for two trainers for 3 batches. TA @ 4000 for 2 Trainers for 3 batches.
11	One day Refresher Training for all DFW ,CHC doctor and Staff Nurse at District level		Trainer Cost @ 2000 per trainer for two trainers for 25 batches of one day
12	MIS Training		TA @ 2000 per trainer for 3 batches.

Thus, for the above purpose, an amount of Rs.350.00 Lakhs was proposed for the year 2014-15, out of which GOI accorded the approval of Rs.50.00 Lakhs with the remarks "in principle"(FMR Code-B.18.2)

Cardiac Ambulances

The state of Uttar Pradesh is operating 988 Ambulances under 108 EMTS (for medical emergencies). All the ambulances are BLS Ambulances and operational through Private Service Provider selected through transparent tender process and working as per the agreement signed with the state.

Through these ambulances patients are transported from site of emergency to the nearest health facility and in case of further requirement upto District level hospitals. In most of the district level Hospital only secondary level of healthcare is available. In cases of need for tertiary level care, the hospitals are facing difficulty in referring patients to tertiary care hospitals in lack of ambulances services(as 108 EMTS is transporting patients within the district only). Moreover 108 EMTS Ambulances are BLS Ambulances they don't even have the capacity to address critical patients.

It is an established fact that initial golden period of access to healthcare is most critical for cardiac patients. The state is proposing operations of 4 cardiac ambulances on pilot basis in city of Lucknow which will be linked to tertiary care hospitals. These ambulances will be fully equipped and manned to address care of cardiac patients ie. Cardiac monitor, defibrillator, ventilator etc.

Service capacity of Ambulance-

It should have the capacity to provide care to cardiac patients during the transit period. It should be equipped with Cardiac monitor, defibrillator, ventilator, necessary medicines etc as well as emergency physician, EMT and Nurse.

Methodology of operation-

1. The service will be dedicated for cardiac cases.
2. The ambulances will be stationed at SGPGI, CSMMU, Lohia Institute & Civil Hospital.
3. Establishment of district call centre manned with Emergency Physician, Call operator etc. This Call Centre will receive calls diverted from 108 call centre.
4. When a call is received, the Call operator validates the information and base location of emergency.
5. Then he will now assign and despatch the designated ambulance (Whole district will be covered through these 4 Ambulances).
6. The ambulance should be GPS/AVLTS fitted to monitor the movement.

Mode of operation-

1. Engaging any private service provider through MOU.
2. Engaging 108 operator through MOU.

Thus, for the above purpose, total amount of Rs. 194.00 Lakhs was proposed (i.e. Rs. 98.00 Lakhs (@ Rs 24.00 Lakhs per Ambulance) as capital cost for 4 Ambulances and Rs.96.00 Lakhs as operational cost @Rs. 2.00 Lakhs per ambulance per month for 4 Ambulances (200000*4*12), out of which GOI approved Rs.36.80 Lakhs (@Rs. 16.00 Lakhs each as capital cost and Rs. 1.00 Lakh each as operational cost for 4 months on 60% share(FMR Code- B.18.3).

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A Comparative Study of Adherence and Cure rates of Tuberculosis using Technology Enabled Monitoring and Supervision

1. Current Scenario

Of the 8.6 million cases of Tuberculosis worldwide, 25% i.e. 2.2 million exist in India. About one-sixth of the country's population resides in the state of Uttar Pradesh, which accounted for approximately 2.85 lakhs (13%) registered cases of TB in 2012 growing at a rate of 3-4% every year. In areas of minimal or no multi drug resistant (MDR) TB, TB cure rates of up to 85 per cent can be achieved. However, cure rates for multi drug resistant TB are lower, typically ranging from around 50% to 70%. MDR TB level is about 3% in new cases and around 12-17% in retreatment cases.

Extreme drug resistant TB cases are also on the rise on account of the failure of the health system in timely tracking down of patients who fail to complete their treatment programs and thus develop and spread a deadlier version of the disease. Most of the current existing system planned strategy to detect cases such as lost to follow-up patients happens after a considerable time gap, thus affecting the routine medication of patients resulting in further complexities. For example, a smear-negative patient who takes treatment irregularly may become smear-positive during or at the end of treatment.

2. Problem Statement

A critical challenge facing tuberculosis control programs is to ensure that patients adhere to the full course of treatment. Non-adherence not only jeopardizes a patient's treatment outcome, but also leads to the emergence of drug-resistant strains, which are an increasing threat to global public health. While Directly Observed Therapy, Short Course (DOTS) has greatly boosted adherence rates in Uttar Pradesh, there remain many challenges to measuring patient adherence and ensuring that it satisfies expectations. In the public program, it is often difficult for every dose to be observed due to patients' travel, transportation expenses, missed work opportunities, and other factors. In the private sector, patients often default due to lack of awareness, counseling, and the financial burden of buying medications.

3. Objectives of our proposed research

One proven approach to measuring and improving medication adherence is to utilize technology that enables real time recording of information each time a dose is dispensed, enabling timely counseling and supervision by care providers. A recent trial by Harvard researchers[6] showed that usage of the electronic monitor boosted adherence to hypertension medications by 27%.

RNTCP in its current capacity is doing a good job in diagnosis and treatment of TB cases. And this research study aims to identify ways that can strengthen RNTCP more effective than it is today. Also, the revised TB Control Program has been in operation since long and it is important to evaluate the effectiveness of the program in Uttar Pradesh, so that necessary corrective actions can be taken, if required.

The **objectives** of our proposed comparative research study of a technological intervention in the current TB program's implementation and monitoring system are **to achieve**:

- Increased rate of adherence to medication amongst TB patients through technological intervention in the current system
- Technology enabled real time tracking and monitoring of administered TB patients in 3 districts of Uttar Pradesh

[6] http://www.vitality.net/research_harvard.html

- Electronic database of all the patients with the unique ID and other details for record keeping and analysis
- Possible automated monitoring of TB patients and to provide technology enabled automated tools to alert patient as well as the DOTS provider, and STS if a patient defaults on its scheduled dose.
- Comprehensive report generation/ web dashboard with details of adherence to medication about the TB program's implementation status in a particular area through the use of information technology
- Comparative study of impact of improved tracking mechanism on adherence and cure rate in districts where this research is conducted Vs. Districts where existing tracking mechanism is employed and to prove that adherence rate in technology enabled areas is more than existing system as compared to areas where this technological intervention is not used.

4. Reasons for Poor Adherence

The existing tracking mechanism to check patients' adherence to treatment is highly manual and relies on maintaining data on paper based files. The existing tracking for medication is supposed to be done through manual entering of information on schedule chart in the Treatment Card maintained for each patient. The existing process also says that a new patient is to be registered on a TB Register file within a month of the initiation of the treatment and information from Treatment Card to be transferred to the Register monthly. The basic nature of maintaining data in non-electronic form leads to restrictions or delays in the information flow from DOTS provider to STS to DTO to STO. The delay in information flow is a major bottleneck to effective implementation of current supervision and monitoring strategy.

The existing policy also states that the efforts have to be made to maintain the records in electronic form through manual data entry from paper-based records to some Computers based database. Again, it is good to maintain records in electronic form for record keeping and later analysis, but it is not at all useful for real time patient treatment adherence tracking.

5. Research Project Plan

This section gives an overview of the strategy to achieve the core objectives of the proposed research project. Our Research work focusses on deploying technology intervention to aguement the functioning and operations that fall under the STS level.

5.1 Research Sample Scope and Size

- The research will be conducted in 3 districts of Uttar Pradesh.
- 5 blocks to be selected in each districts.
- 10 DOTS center to be selected in each block.

5.2 Research Team strcuture

The entire research team will be hired from non government external agency/ third party. This "Research Team" will be deployed only for study purpose during the one year course of the proposed research study and will not be merged with existing government body.

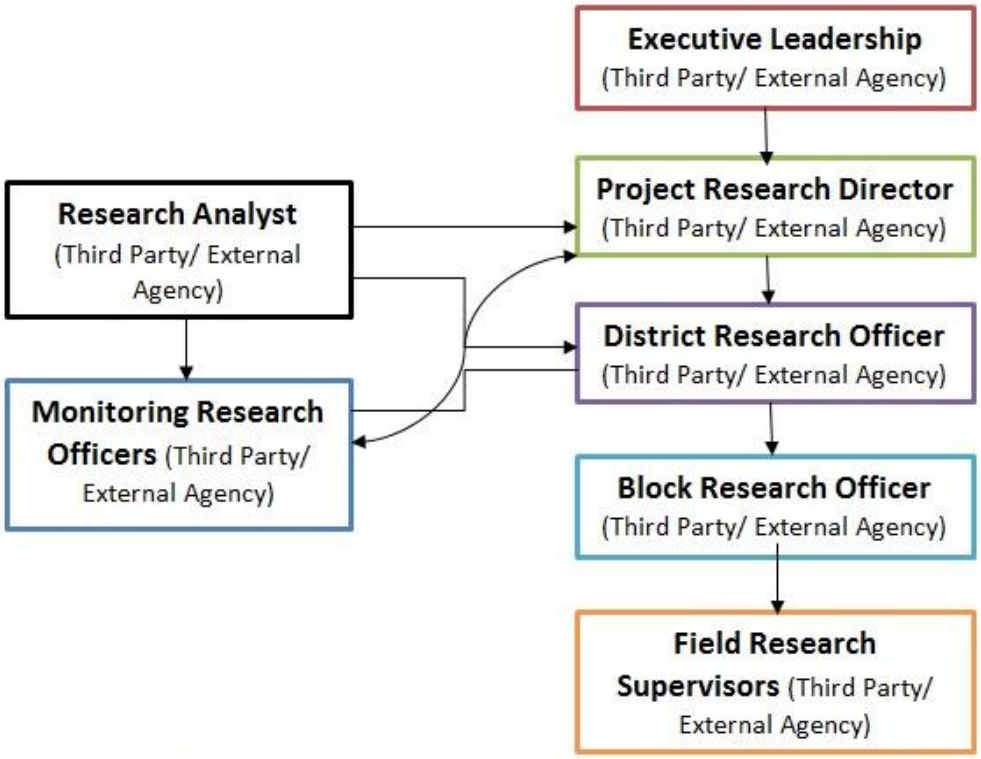


Fig: Hierarchical Structure of the temporary Add-On Adherence System (Top to Bottom)

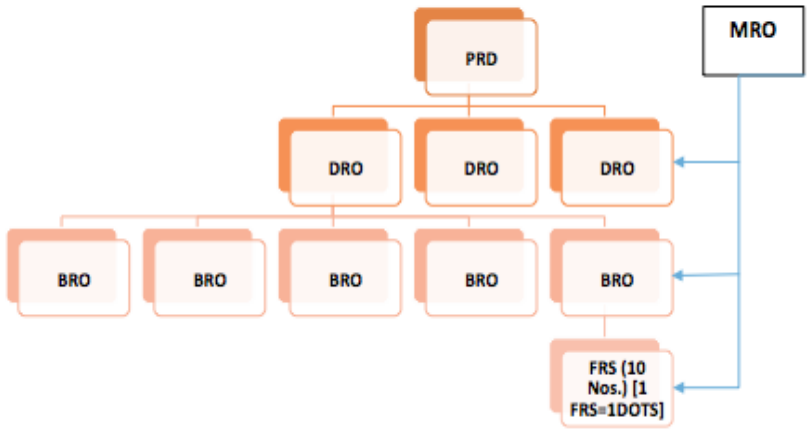
The structure of the research team is described below –

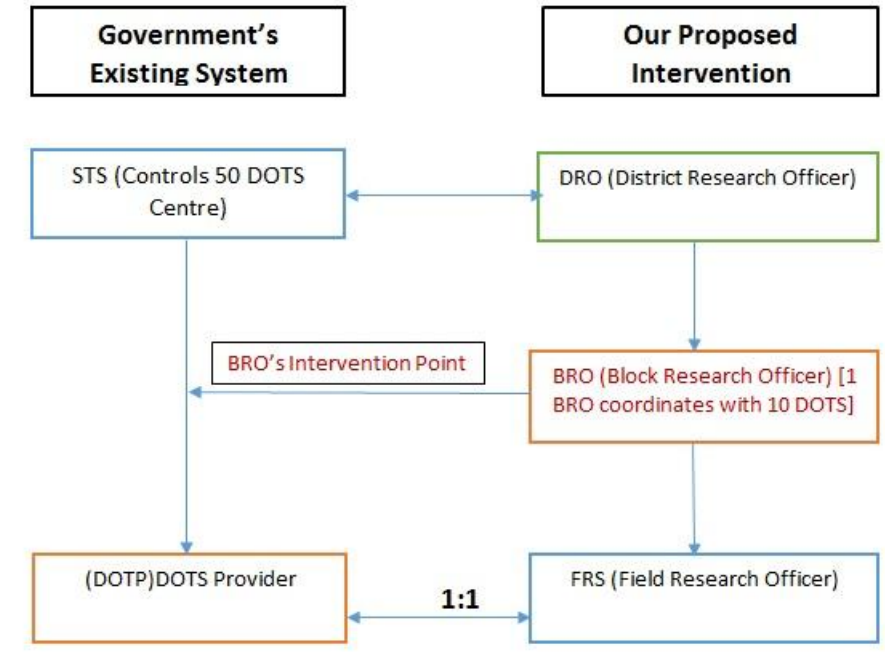
- Project Research Director (PRD) at the top.
- Each district will have one District Research Officer (DRO). DRO will report to PRD. So there will be 3 DROs in this project.
- Block Research Officer (BRO) in each block. BRO will report to DRO. So there will be 15 BROs in this project.
- There will be 10 field research supervisors (FRS) under each BRO. FRS will report to BRO. So there will be 150 FRS in this project.
- There is a 1-1 mapping b/w a FRS and a DOTS center.
- Monitoring Research Officer in each block. MRO will coordinate with DRO and BRO. So there will be 15 MROs in this project.
- There will be 2 Research Analysts in this project.

In our research project, we are introducing another layer between STS and DOTS Providers. STS corresponds to DRO and DOTS corresponds to FRS respectively in our research team structure. In current existing system, one STS is monitoring 50 DOTS. In new proposed layer, each BRO will closely monitor 10 DOTS providers. It translates to 5 BROs under one STS. These BROs will follow up with DOTS.

These BRO will get regular reports from DRO and MRO about the defaulters and missed cases. Their duty will be to call and follow up with FRS to ensure adherence to the program.

5.3 Functional Flow Chart





Intervention will increase the efficiency of monitoring process by reducing ratio of STS to DOT Provider from existing 1:50 to BRO to FRS ratio to 1:10.

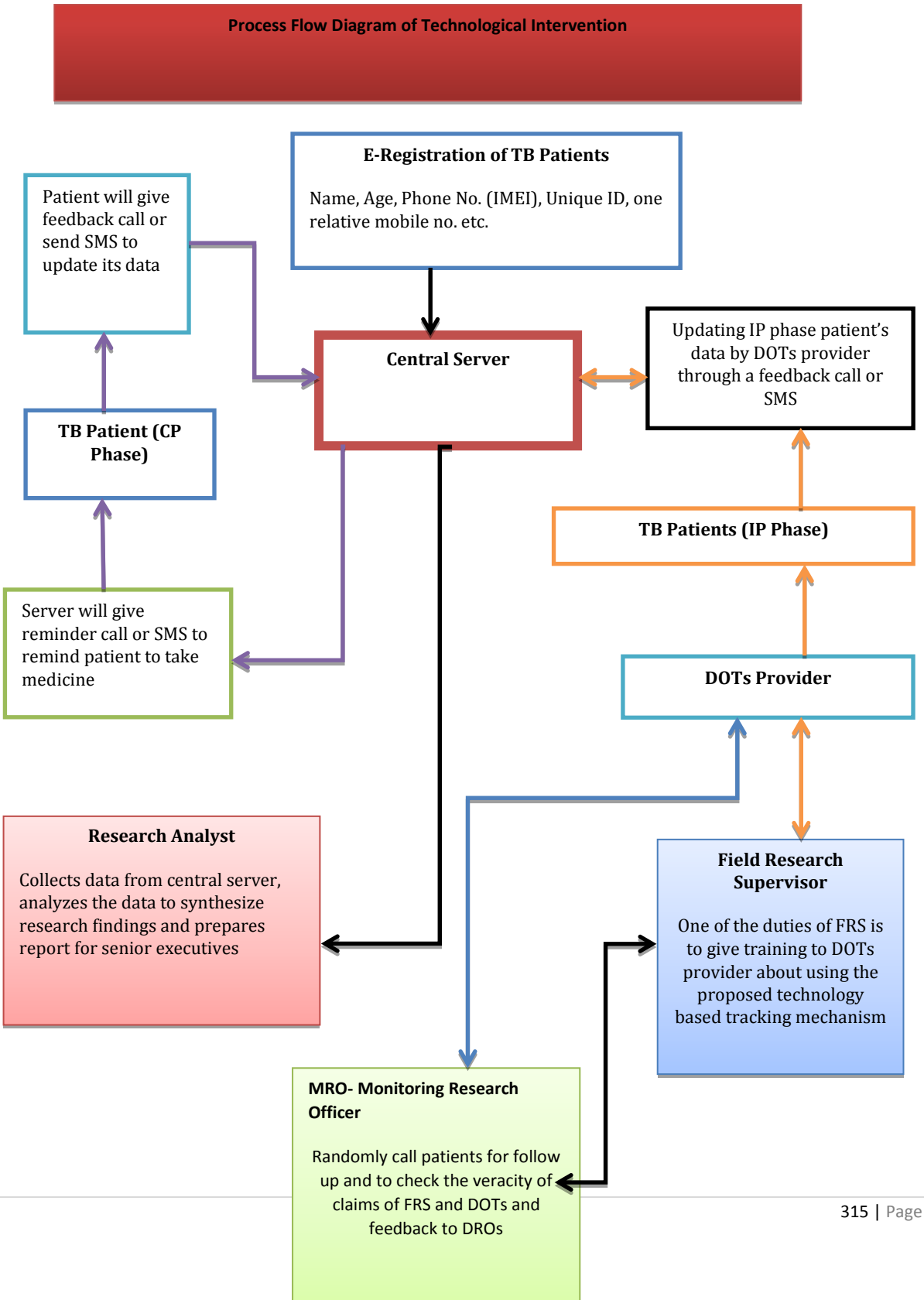
Figure 2

5.4 Technology

A low-cost approach using the most widely used contemporary technology of cell phones is used for monitoring and improving TB medication adherence. A research software system is developed to track and monitor the patient's adherence to treatment schedule. The patient's dose intake information is entered into software based on the proposed SMS and missed call mechanism.

As soon as a new patient is registered, an electronic software account of that patient is opened and a unique ID is allotted to patient. If patient has a cell phone, the cell phone number is also registered in software. There is a 1-1 mapping b/w Field Research Supervisor (FRS) and DOTS provider. FRS will work in collaboration with corresponding DOTS provider. One of the tasks of the FRS is to provide training to DOT provider on the proposed technology based tracking mechanism.

In IP phase, after a dose is administered to patient, the DOTS provider has to give a missed call from patient's registered phone to prescribed toll free number or sends a SMS to the system in prescribed format with patient's unique id. When system gets missed call or SMS, it updates the patient's information in system database. Patient is also educated in IP phase so that he can give a missed to the toll free number himself. DOTS provider does this with help from FRS.



In CP phase, a patient is generally given a weekly dose by DOTS. In the proposed mechanism, a toll free number is provided to patient along with the weekly dose. When the patient takes the medication, he will give a missed call at the given toll free number. This updates the software database with patient's information. In addition to this, when a patient returns to take the next dose, then DOTS provider either gives the missed call from patient's cell phone, or SMS to the system in prescribed format with patient's unique id. This additional mechanism updates as well as cross checks the patient's information in the software system.

The patient's mobile number and his handset's IMEI number will be registered with the central server/database. When a patient calls or sends SMS, his identity will be verified by mobile number or the IMEI number. The software system is designed in such a way that if the patient changes his mobile number or handset, the system automatically updates the software database. The following are the 3 possible cases -

- Change in mobile number only: The proposed technology intervention takes care of this situation where a patient changes its mobile number but the handset remains the same. In this case, patient information is tracked using the stored IMEI number in the software system. The system automatically updates new mobile number.
- Change/Lost of mobile handset only: The proposed technology intervention takes care of this situation where a patient changes his handset but the phone number remains the same. In this case, patient information is tracked using the stored phone number in the software system. The system automatically replaces the old IMEI number with the IMEI number of the new handset.
- In case of change in mobile number and handset both, the patient information has to be registered again through the DOTs/FRS.

Tracking migratory patients is out of scope of this research.

In addition to providing a real-time account of patient adherence, research software system enables a wide range of reminders, and follow-ups to improve adherence behavior. DOTS providers, STS and other designated persons receive SMS notifications of missed doses, enabling timely counseling and follow-up. Program Research managers and other designated persons can also visualize the real-time adherence records via a website.

Automated software process used in this research project will generate -

1. Regular SMS reminders to patients to take scheduled Dose.
2. SMS Reminders for defaulter (lost to follow up) cases to be sent to patient, DOTS, STS, and FRS.
3. IVR reminder to patients to take scheduled Dose.
4. Permission to access Web Dashboard given to –
    - Director
    - Research Analyst
    - DRO
    - STO
    - DTO
    - Other Designated persons

6. Comparative Study

Out of 5 blocks in each district, roughly half the targeted DOTS will be monitored and tracked using the research technology enabled mechanism. And rest half will continue using the existing mechanism. At the end of the research, a comparative study will be generated to demonstrate the impact of technology in increasing the effectiveness of the system.

7. Roles and Responsibilities of The Team

Project Research Director:

- Oversees entire project
- Responsible for recruiting, training, and supervising program managers
- Responsible for maintaining relationships with DOTS centers and government
- Ultimate accountability to meet the objectives of the research

District Research Officer (DRO):

- Maintaining liaison with STS
- Supervising BROs
- Responsible for training, monitoring, & evaluation of BROs and FRSs
- Have overall accountability for adherence of patients, including escalating cases of missed doses

Block Research Officer (BRO):

- Supervise FRS and monitors adherence of patients
- Maintaining liaison with STS and DOTS
- Reports any field issues to DRO
- Take action on receiving reports of any default cases

Research analyst:

- Collects additional data (qualitative and quantitative) to help evaluate program effectiveness
- Analyzes patient adherence reports and collected data to synthesize research findings
- Prepares reports and presentations for external stakeholders

Executive Research Leadership:

- Expert in the field of public health
- Provide vision for entire project
- Help in understanding the importance of various stake-holders
- Observe, evaluate and provide necessary interventions for project

Monitoring Research Officer (MRO):

- Randomly call the patient for follow-up to ensure intake of medicine
- Ensure field executives visiting the patient
- Gives feedback to DRO and Research Director if there are any mismatches in report provided by BROs and the actual field feedback provided by patient
- Places calls to patients who are missing doses, counseling them back on to treatment

Field Research Supervisors (FRS):

- Contact with the DOTS center
- Keep track of daily missing doses
- Ensures that the patients who missed the medicine will take the medicine next day

8. District Selection

We propose to select 3 districts out of these 5 districts - Lucknow, Amethi, Sultanpur, Deoria and Ambedkar Nagar - for our research study. For our research, we want to go with 1 predominantly urban district and 2 predominantly rural districts.

District	Reasons for Selection
Lucknow	1. High Urban characteristics 2. High Mobile penetration
Sultanpur	1. Semi Urban characteristics 2. Moderate Mobile penetration
Amethi	1. Low urban (High rural) characteristics 2. Low mobile penetration
Deoria	1. Low urban (High rural) characteristics 2. Low mobile penetration
Ambedkar Nagar	1. Low urban (High rural) characteristics 2. Low mobile penetration

Budget

Duration of the Program		12 Months		
	Cost			
S. No.	**Head & Activity**	**Numbers**	**Cost per month (in Rs.)**	**Total Annual Cost (in Rs.)**
1	**Third-party Staff Salary Cost during the research period of one year**			
		Number of Staff Members		
		190	**1,295,000**	**15,540,000**
2	**Staff Travel And Communication Cost**			
		Number of Staff Members		
		190	**365,000**	**4,380,000**
3	**Program Logistics - Technology**			
3.1	**Mobile Services**	**150**	**1000**	**1,800,000**
3.2	**Toll-free lines**	**15**	**24000**	**360,000**
3.3	**SMS Service Set-up+ Technology Setup**	**1**	**1500000**	**1,500,000**
	Sub Total Capacity Building		**1,525,000**	**3,660,000**
4	**Program Overhead including indirect cost**			
	@ 20%			**5,166,000**
	Sub Total Overhead			**5,166,000**
	Grand Total			**28,746,000**

Thus, for the above study, an amount of Rs.287.46 Lakhs was proposed, which is approved by GOI (FMR Code- B.20)

Proposal for training, reorienting and revitalizing skills of medical officers, pathologists and pathology technicians for early detection & prevention of common cancers

Introduction and project overview:

Cancer screening practices need to be implemented strongly on a mass scale in Uttar Pradesh for early detection. Advances in technology, including genomics, informatics, imaging, and e-health have accelerated the pace of discovery, translation, and application of primary, secondary, and tertiary prevention strategies across all disciplines of cancer prevention. Prevention strategies have the potential to have a major impact on reducing cancer incidence. There is a need to bring together physicians, clinicians, pathologists to discuss the latest advances in cancer prevention and educate pathologists and clinicians about how they can apply these advances to improve preventive care to individuals at risk for developing cancer. Therefore, the focus of this proposal will be to educate physicians, pathologists and technicians techniques for screening of Oral, Breast and Cervical cancer prevention, including appropriate screening tests, screening guidelines, risk assessment and treatment modalities.

Organizational capability:

The project will be conducted by the State Referral Centre for Lab Investigations (department of pathology) with a multi departmental participation including Radiotherapy, Radiology, Surgical Oncology at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow. Institute is capable of providing the necessary infrastructure for support services to cancer victims, through the early screening, detection, treatment and creating awareness against this fatal disease. Institute is also willing to setup training programs for medical officers, pathologists and technical staff to provide opportunities to sharpen their skills, expands their expertise, and form collaborations among peers and leading cancer screening programs from around the state.

Goal

- The project will aim at providing training to Medical Officers in district hospitals for actively screening of common cancers including Oral, Breast and Cervical Cancers.
- Further specialized cytopathology training for pathologists to upgrade them into Cytopathologists for providing pathology support in cancer screening at district and divisional hospitals
- Two pathology technicians in every divisional hospital will be trained for specialized pathological staining and preliminary screening for cancer in PAP smears
- The training site will be established at Ram Manohar Lohia Institute of Medical Sciences Lucknow where well equipped cancer screening clinics will be established with dedicated staff and counselors for training on screening modalities as well as a direct benefiting service. Modules for screening will be developed and pamphlets in Hindi prepared for use in the population by trainees. Further the State Referral Centre for Lab Investigations (SRCLI) established at Department of Pathology RMLIMS will also provide referral services for molecular testing of HPV in cervical cancer and other diagnostic cancers facilities not available at district hospitals.

Objectives

The main objectives will be:-

1. To reinforce cancer screening services by Training of male andfemale medical officers from divisional hospitals followed by all 150 district hospitals in UP.

2. Training program of pathologist for PAP smear interpretation in each divisional hospital as well as training of technicians from divisional and district hospitals for staining and primary screening of PAP smears.
3. To strengthen local infrastructure for cancer screening at Dr Ram Manohar Lohia Institute of medical Sciences, Lucknow and cancer Registry program.
4. To develop modules of guidelines for screening of oral, breast and cervical cancer in Uttar Pradesh and publication of pamphlets for spreading awareness among the population against these fatal cancers.
5. To provide specialized services through SRCLI for secondary screening of PAP smear and HPV detection in cervical cancer screening.

Activities and Broad framework for the implementation of project:

Training Module:

1. The training will be done for two Medical Officers (One male and one female) in regular provincial medical services from 15 divisional hospital initially followed by 150 district hospitals. The medical officerwill be trained in screening of oral, breast and cervical cancer.Special emphasis will be given for cervical cancer screening to the female medical officer. Batches of 15 Medical officers will be trained every month from Monday to Friday.
2. Pathologist available at divisional and district hospitals, will be given hands on training in PAP smear interpretation as well as HPV detection techniques and evaluation FNAC from breast. Pathology training will be of 5 days fortwo pathologists everymonth.
3. To empower health professional Pathology five technicians, onefrom each divisional hospitals/district hospitals will be trained for primary screening of PAP smears for cervical cancer detection.
   During the period of three years total 530 (330 Medical officers from 15 divisional and 150 district hospitals +35 Pathologists + 165 technicians from 15 divisional and 150 district hospitals) participants will be trained.

Capacity building:

Faculty members of department of Pathology, Radiotherapy, Radiology and Surgical Oncology will be actively participate in teaching and hands on training of participants. Faculty members with expertise in these disciplines will be invited from other government institutes to deliver lectures and share their experience with participants. This will allow expertise transfer and capacity building at divisional and district hospital level.

Training: To increase the knowledge base of medical officers in provincial medical services and guidelines to provide hospital and population based screening to individuals.Frequent multi departmental involvement will be made in interactive sessions and training program in all oncology subspecialties, including pathology, radiation & surgical oncology and radiology.

Modules: Continuing education, training programs, self-study education modules and reference materials will be prepared andoffered to health care professionalsat divisional and district hospitals on oral, breast cancer screening and diagnosis, cervical cancer screening and diagnosis to improve cancer prevention, detection, treatment through systems approaches, and professional education.Further inputs and technical help to remote locations can be provided throughweb based self-study modules and questioners posted at RMLIMS website.

Pamphlets: Materials including clinical practice guidelines and reference guidelines will be prepared in Hindi and English for spreading awareness about the usefulness of early screening and detection of cancer in population. Namely:-

- Detection of oral cancer and its risk factors

- Quick Reference Guidelines for Breast and Cervical Cancer Screening and Treatment will be prepared and provided to Medical officers and pathologists enrolled for training.
- Human Papilloma Virus (HPV) Information for Clinicians and resource booklets and pamphlets with counseling messages will be developed in simple language and distributed to primary care providers in divisional and district hospitals to assist patient understanding about testing, prevention and management of HPV as it relates to cervical cancer screening.

Infrastructure strengthening: Currently we are doing PAP smear examination by conventional as well as Thin prep cytology technique for cervical cancer, for breast cancer clinical as well as mammography and MRI facility is available. These existing screening facilities will be strengthened to develop ideal screening clinics with digital mammography and stereotactic biopsy facilities as we as colposcopy, and FDA approved methods for HPV detection. Some infrastructure strengthening will be done to enhance teaching facilities as well as provide online consultation to divisional hospitals. Screening for oral cancer will also be done.

Referral services for high end lab investigations will be provided by SRCLI, RMLIMS, Lucknow for HPV detection Liquid based cytology, biopsy, ER/PR/Her2 assessment by immunohistochemistry etc.

Budget

A. Staff Requirement:

SN	Post	No.	Unit Salary (Rs.)	1st year (Rs.)	2nd year (Rs.)	3rd year (Rs.)	Justification
1	Medical Officer (male)	One	41400	41400	45540	50094	Programme coordinator and training of clinical examination of patients
2	Medical Officer (female)	Two	41400	82800	91080	100188	For collection of PAP smear and clinical examination of women for breast cancer screening
3	Clinical Pathologist	Two	41400	82800	91080	100188	PAP smear examination for cervical cancer screening FNAC for breast cancer screening etc.
4	Research Officer	One	41400	41400	45540	50094	Molecular work for HPV detection in cervical cancer screening
5	Technologist	Two	33972	67944	74738	82212	To train the technicians for slide preparation, sample processing, slide staining and other lab work
6	Radiology Technician (male & female)	Two	26680	53360	58696	64566	Radiological screening of female patients for breast and cervical cancer
7	Medical Social Worker (male & female)	Two	26680	53360	58696	64566	For counseling cancer patients & monitoring counseling services on site.
8	Computer operator	Two	22358	44716	49188	54107	For Pathology, &Radiology report typing
9	Record Clerk	One	19548	19548	21503	23653	For preparation of training schedule, record keeping etc.
10	Nurse (male)	Two	26895	53790	59169	65086	For assisting clinician at the time of oral cancer screening.
11	Nurse (female)	Two	26895	53790	59169	65086	For assisting clinician at the time of PAP smear collection, Mammography, Ultrasound of

							female patients.
12	Peon	One	15314	15314	16845	18530	For office work.
TOTAL RS.				**610222 X 9 = 5491998**	**671244x12 =8054928**	**738370x12 =8860440**	

B. Equipments:

SN	Equipment	No.	Estimated expenditure			Justification
			1st year	2nd year	3rd year	
1	Colposcope	One	200000	Nil	Nil	For clinical examination and PAP smear and biopsy collection
2	Cervista or Hybrid Capture Assay for HPV detection	One	5000000	Nil	Nil	for Cervical Cancer Screening
3	Digital Mammography with Stereotactic biopsy facility	One	1.0000000	Nil	Nil	for breast cancer screening
4	Laptop Computer	One	75000	Nil	Nil	For teaching/projector
5	Projector	One	75000	Nil	Nil	Teaching equipment
6	Projector Screen	One	30000	Nil	Nil	For teaching
7	Laser Pointer	Four	50000	Nil	Nil	For teaching
8	Heavy duty photocopier Machine	One	350000	Nil	Nil	For photocopying the training modules etc.
TOTAL RS.			**15780000**			

GRAND TOTAL RS.: 15780000

C. Consumables:

SN	Item	Budget			Justification
		1st Year	2nd Year	3rd Year	
1	Lab consumables i.e. cervical brush/spatula, stains, fixative, LBC vials, glass slides, cover slips, mounting medium, needles, syringes, gloves, plastic ware for molecular work, X-ray plates & developer etc	1,00,000 (One Lakh)	1,00,000 (One Lakh)	1,00,000 (One Lakh)	For collection of pap smear, staining, FNAC of breast, HPV detection, mammography expenses.
2	Stationery i.e. Printing paper, folders, writing pad, pen/pencils, marker pens. Permanent markers, diamond pencils, glue, envelops, CDs, DVDs etc	1,00,000 (One Lakh)	1,00,000 (One Lakh)	1,00,000 (One Lakh)	For preparation of training module , teaching, feedback postage etc.
3	Cost of special tests i.e. HPV detection (on actual basis at government rates)	2,00,000 (Two Lakhs)	2,00,000 (Two Lakhs)	2,00,000 (Two Lakhs)	For investigation of special tests ie. HPV detection.
4	Contingency for printing charges, refreshment/meals for participants etc	2,00,000 (Two Lakhs)	2,00,000 (Two Lakhs)	2,00,000 (Two Lakhs)	For refreshment of participants during the training at RMLIMS
Total Budget for three years		**Six Lakhs + Six Lakhs + Six Lakhs = 18,00,000 (Eighteen Lakhs)**			

D. Travel Budget:

During the period of three years total 530 (330 Medical officers from 15 divisional and 150 district hospitals +35 Pathologists + 165 technicians from 15 divisional and 150 district hospitals) participants will be trained. TA/DA of per participant will be approximately Rs. 15,000/-.

SN	1st Year	2nd Year	3rd Year	Total
1	20,00,000	30,00,000	30,00,000	**80,00,000**

[Note: TA/DA to the participants (doctors and technicians) will be given as per NRHM and /UP government norms.]

Total year wise Budget:

Sl	Requirement	Budget			Total of the budget for complete three years
		1st Year	2nd Year	3rd Year	
1	Personnel	5491998	8054928	8860440	24238032
2	Equipments & Infrastructure	15780000	NIL	NIL	15780000
3	Consumables	600000	600000	600000	1800000
4	Travel	2000000	3000000	3000000	8000000
				Grand Total for 1st Year Rs.	**23871998**

Thus, the total cost of the above project was Rs. 238.72 Lakhs, which is not approved by GOI(FMR Code- B.22.7)

SUPPORT UNDER NCD FOR NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

The National Programme for prevention and control of deafness is being run in District Agra, Banda, Barabanki, Gorakhpur, Lucknow, Moradabad, Saharanpur and Varanasi .Five new districts are being proposed to be included under this programme in 2014-14 viz Allahabad, Aligarh, Bahraich, Jhansi and Shahjahanpur.. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india. Thus 1.41 Lakhs people are estimated to be suffering from profound to severe deafness in these 13 districts of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

It is proposed to rehabilitate cases of Deafness by providing them medical and surgical treatment at PHC / CHC/ District Hospital /Medical college leve and by providing them Hearing aid after proper evaluation to bring them in the mainstream of society.

Common causes of Deafness

i. Wax
ii. Secretory Otitis media
iii. Suppurative Otitis media
iv. Otomycosis/otitis externa
v. Exposure to Noise
vi. Presbyacusis
vii. Perinatal causes
viii. Genetic and hereditary causes
ix. Ototoxicity
x. Meningitis, Encephalitis,
xi. Otoscerosis, menieres disease, autoimmune diseases etc

Many of these condition lead to permanent residual hearing impairment for which rehabilitation by Hearing Aid fitting can be done.

Funds Required for hearing aids @ 3 Lakhs per district for above mentioned 13 districts (Agra, Banda, Barabanki, Gorakhpur, Lucknow, Moradabad, Saharanpur, Varanasi, Allahabad, Aligarh, Bahraich, Jhansi and Shahjahanpur**= Total 39.00 Lakhs, which is not approved by GOI(FMR Code-B.22.8)**

SUPPORT STRENGTHENING-NVBDCP

Support to strengthening BRD Medical College, Gorkhapur

134 contractual Staff for BRD Medical College, Gorakhpur was approved in Jan 2009, and in the year 2012-13 approval of Rs 21.35 Lakhs for additional 20 staff Nurses and 10 support staff was given by GoI in Dec, 2012. In the year 2013-14 all the posts have been approved. Most of the AES/JE cases are being treated at BRD Medical College, Gorakhpur, so proposal is being submitted for Man power (HR) and in other heads for 100-bedded NEW JE/AES WARD at B.R.D. Medical College,

Name of Unit	Head	No.	Total Amount (Rs. In Lakhs)
BRD Medical College Gorakhpur	Manpower (HR) for JE / AES ward	164	430.61
	AMC for Equipments		40.00
	Stationery & Other Heads		2.00
	Sub-Total		**472.61**
	Manpower (HR) for 100 bedded JE / AES ward	214	484.34
	For Furniture		3.00
	Stationery & Other Heads		2.00
	Sub-Total		**489.34**
	Grand Total		**961.95**

For the above purpose, Rs.961.95 Lakhs was proposed, out of which GOI approved Rs.535.02 Lakhs (FMR Code-B.22.3). The more details are given in NVBDCP chapter.

Support Strenghthening- RNTCP

Under RNTCP, an amount of Rs.1859.06 Lakhs was proposed as additionalities, out of which GOI approved Rs.1249.73 Lakhs only (FMR Code-B.22.4). The details of additionalities are given in - RNTCP chapter.

CHAPTER - 27: OTHER EXPENDITURES (POWER BACKUP, CONVERGENCE, ETC,)

Diesel for Generators at District Hospitals & CHCs / PHCs Block Level

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 Generators are being used at district level hospital & CHCs / PHCs Block Level to provide good health consequence 24 x 7 and this is an ongoing activates from last year. As per proposal receive from DG-MH, **An amount of Rs. 2528.65 Lakhs was required for 153 District level Hospitals and CHCs / PHCs block Level of 75 districts, out of which GOI approved Rs.800.10 Lakhs only (FMR Code-B.23 & its sub heads), as per following:**

FMR Code	Particulars	Quantity / Target	Unit Rate In Rs.	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
B.23.**1**	POL for Generators- District Level Hospital	153	41,258/- Per month	**757.45**	**642.60 (@Rs.35000/ month)**
B.23.**2**	POL for Generators- CHCs/PHCs Block Level	820	18000/- Per Month	**1771.20**	**157.50 (@Rs.17500/ month)**
	Sub Total			**2528.65**	**800.10**

Improved Force lift pumps (Not having both running W/S and Electricity)

The rural population in Utter Pradesh faces a number of problems related to poor health, which is due to poor water supply and Hygiene and Sanitation practices. Those health centers not having running water supply and un- availability of electricity. It has been found that unavailability of adequate running water facility in the labor room leads to poor adherence to hand washing behavior.

Availability of adequate running water in labor room is utmost important to ensure adherence to hand washing both by health center staff and mothers/attended. Suggestion is for making provision of running water in the health centers with special focus in labor rooms. Hence, proposal of improved Force lift pumps (At units not having both running W/S and Electricity) for five districts namely Badaun, Balrampur, Mirzapur, Sonbhadra and Sharawasti is as follows:

Improved Force lift pumps (Not having both running W/S and Electricity) List Of Sub Center					
Division		**District**	**Qty/ Nos.**	**Unit Rate In Rs.**	**Amount In Rs.**
Bareilly	1	Badaun	5	26000.00	130000.00
Devipatan	2	Balrampur	11	26000.00	286000.00
	3	Shrawasti	7	26000.00	182000.00
Vindaychal	4	Mirzapur	32	26000.00	832000.00
	5	Sonbhadra	25	26000.00	650000.00
Grand Total			**80**		**2080000.00**
			Say		**20.80 Lakhs**

For the above purpose Rs.20.80 Lakhs was proposed but the approval is pended (FMR Code-B.23.4) with the remark that state to share namewise list of facilities with functionality details.

CHAPTER - 28: ROUTINE IMMUNIZATION

A) 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).

B) Proposed Budget for FY 2014-2015

In the proposed PIP of FY 2014-2015 a total of Rs.30908.81 Lakhs have been budgeted for Immunization (Part 'C') which also includes operational cost of Rs. 13000.00 Lakhs for six (2 NIDs and 4 SNIDs) pulse polio immunization campaigns whereas in the PIP of FY 2013-2014 a total Rs. 14978.97 Lakhs were approved which included operational costs of pulse polio campaigns and four RI weeks.

- **RI Strengthening project -** In the proposed PIP of FY 2014-15, a sum of Rs. 187.50 Lakhs was budgeted for Mobility support for district level officers, **which is approved by GOI(FMR Code- C.1.a)**

  In the proposed PIP of FY 2014-15, a sum of Rs. 1.50 Lakhs was budgeted for Mobility support at state level officers, **which is approved by GOI(FMR Code- C.1.b)**

  In the proposed PIP of FY 2014-2015, a total of Rs. 652.81 Lakhs was budgeted for printing and dissemination of tally sheets, monitoring formats etc and preparation of tracking bags for child tracking. It should be noted that this year, this fund will not be utilized for printing of Immunization cards. Child cards/booklets are being provided under FMR code A.2.11.3 (First Passport to life) under child health, which will include other services, along with immunization. It has been calculated @10/beneficiary (expected number of pregnant women), **which is approved by GOI(FMR Code- C.1.c)**

  In the proposed PIP of FY 2014-15, a sum of Rs. 11.25 Lakhs was budgeted for Quarterly review meetings of district level officers at state, **which is approved by GOI(FMR Code- C.1.d)**.

- **Review Meetings -** In the proposed PIP of FY 2014-15, a sum of Rs. 16.64 Lakhs was budgeted for district level quarterly review meetings, **which is approved by GOI(FMR Code- C.1.e)**

  An amount of Rs. 460.21 Lakhs was budgeted for block level quarterly review meetings with ASHA as one of the participant and the amount has been calculated @75/participant for the year 2014-2015, **which is approved by GOI(FMR Code- C.1.f)**

- **RI in slum and underserved areas in urban areas -** In the proposed PIP of FY 2014-2015, a total of Rs.333.79 Lakhs was budgeted for focussing RI in slum and underserved area in urban area and has been calculated @525/ Session, **which is approved by GOI(FMR Code- C.1.g)**

- **Mobilization of beneficiaries through ASHA and Alternate Vaccine Delivery -** A sum of Rs.3193.34 Lakhs was proposed for mobilization of beneficiaries to session site through ASHA @ Rs 150/session, **which is approved by GOI(FMR Code- C.1.h)**

  An amount of Rs.351.76 Lakhs was proposed @ Rs 150/session for alternate vaccine delivery for hard to reach areas, **which is approved by GOI(FMR Code- C.1.i)** and Rs.1422.71 Lakhs was

budgeted @ Rs. 75/session for alternate vaccine delivery in other areas for the year 2014-2015**, which is approved by GOI(FMR Code- C.1.j)**

- **To Develop Micro plan -** An amount of Rs.20.95 Lakhs was proposed to develop Micro plan at Subcentre level @ Rs.100/- per subcentre, **which is approved by GOI(FMR Code- C.1.k)** and amount of Rs.10.48 lakhs has been proposed to develop micro plan at block level.@ Rs. 1000/- per block and distict level @ Rs. 2000/- per district for the year 2014-2015, **which is approved by GOI(FMR Code- C.1.l)**
- **POL for Vaccine delivery -** In the proposed PIP of FY 2014-2015, a total of Rs.112.50 Lakhs was budgeted for POL for vaccine delivery from state to district and from district to PHC/CHCs, **which is approved by GOI(FMR Code- C.1.m)**
- **Consumables for computers including internet -** An amount of Rs.3.60 Lakhs was proposed for consumables for computer including provision for internet access, **which is approved by GOI(FMR Code- C.1.n)**
- **Biomedical waste management -** An amount of **Rs.131.95 Lakhs** was proposed @ Rs 6/session for providing both red & black bags at the session sites for the year 2014-2015, **which is approved by GOI(FMR Code- C.1.o)**

  An amount of Rs.12.41 Lakhs was proposed for Hub Cutter/Bleach/Hypochlorite solution Twin buckets for the year 2014-2015, **which is approved by GOI(FMR Code- C.1.p).**

  For construction of 599 sharp disposal pits in the state, a sum of Rs.31.45 Lakhs was proposed for the year 2014-2015 @Rs. 5250/pit, **which is approved by GOI(FMR Code- C.1.q)**

- **State Specific Requirement-** It needs separates mention because state has proposed some following new initiative according to the current needs. It was budgeted under **FMR C.1.r** as per Annexure.
  - **(i)** Funds for annual maintenance operation of WIC/WIFat state and division level **(Rs.14.40 Lakhs), which is approved by GOI.**
  - (ii) Electricity bill for WIC/WIF at state and division level **(Rs.36.00 Lakhs), which is approved by GOI.**
  - (iii) POL for generator & operational expenses at divisional vaccine storage point and state vaccine store **(Rs.38.00 Lakhs), which is approved by GOI.**
  - (iv) POL for generator & operational expenses at District and Block level vaccine storage point and other cold chain points **(Rs.869.40 Lakhs), which is not approved by GOI**
  - **(v)** AEFI work shop of 75 DIOs and 75 district AEFI nodal person at state level **(Rs.2.00 Lakhs), which is approved by GOI.**
  - (vi) Queartely review meetings of state AEFI committee (Rs.1.25 **Lakhs), which is approved by GOI.**
  - (vii) AEFI work shop at district level**(Rs.3.75 Lakhs), which is approved by GOI.**
  - **(viii)** AEFI kits (Rs.10.00 Lakhs) for 500 kit @ Rs. 200/- per kit, **which is approved by GOI.**
  - (ix) Retrofitting of WIC/WIF Rs. 350000/- per unit for 13 **units (Rs.45.50 Lakhs), out of which GOI approved Rs.14.00 Lakhs only for 4 WIC/WIFs units.**

- **TEEKA EXPRESS -** Rs 62.75 lakhs had been approved in the Budget for 2013-14 for Teeka Express, but the vehicles and guidelines were available late. Hence, part of the budget remains unutilized. In the PIP for 2014-15, Rs 62.75 Lakhs was budgeted towards operational cost, to keep it operational for the whole year, **which is approved by GOI(FMR Code- C.1.s)**

- **JE Campaign Operational Cost- for this purpose, a tentative amount of Rs.1000.00 Lakhs is approved by GOI(FMR Code-C.1.u)**

- **Salary of contractual staff -** A total amount of Rs.111.80 Lakhs was proposed for the year 2014-2015 as salary for contractual staff which includes salary of state level data assistant (old name

State computer assistant) and district level computer assistants, out of which GOI approved Rs.100.98 Lakhs only **(FMR Code- C.2 & its sub heads)**

- **Training under Immunization -** A total sum of Rs. 277.29 Lakhs was proposed for the year 2014-2015 for different training under Immunization. It includes districts level orientation training including Hep B, Measles & JE for 2 days of ANM, Multipurpose health worker (Male), LHV, Health Assistants (Male/Female) Nurse, Mid wives, Supervisors & other staff (Rs.186.23 lakhs), Three day training on MOs on revised training module including Hep B, Mealses JE (Rs.64.94 lakhs), two days block level cold chain handlers training (Rs.21.01 lakhs) and one day training of block level data handlers (Rs.5.10 lakhs), **which is approved by GOI (FMR Code-C.3 & its sub heads).**
- **Cold chain Maintenance -** A total of Rs. 21.61 Lakhs was budgeted for the year 2014-2015 for cold chain maintenance at 1134 cold chain points that includes 75 district cold chian points @ 15000/- per district and rest points are at block level @ Rs. 750/- per point, **out of which GOI approved Rs.19.76 Lakhs only (FMR Code- C.4)**
- **ASHA Incentive -** A sum of Rs.8058.01 Lakhs was budgeted for ASHA incentive for complete immunization children up to two year @ Rs.150/complete immunization of a child, which is approved by GOI **(FMR Code- C.5)**
- **Pulse Polio Operating Cost -** A lump sump of Rs. 13000.00 Lakhs was prosed for conducting 2 NIDs and 4 SNIDs for the year 2014-2015, **o**ut of which GOI approved an tentative amount of Rs.8580.00 Lakhs only **(FMR Code- C.6)**
- **Establishing New Cold Chain Points -** It has been noticed that number of cold chain points in all the Districts of Uttar Pradesh is very low. As a result, Vaccines from these points are to be transported to very distant places. GOI officials have also suggested for increasing cold chain points to make the vaccine delivery earlier and faster. In this year 2014-15, 244 sites have been identified, where some existing health facility is running in a Government building and where cold chain point may be a established by providing equipments, and which will result in improving the vaccine supply. Following instructions have been made for the establishment of a cold chain points:

For establishment of cold chain points-

1- Deep freezer - 01
2- ILR - 01
3- Generator - 01
4- Cold Box 20ltr - 05
5- Cold Box 5ltr - 05
6- POL for generator for one year
Total cost lump sum- 5.75 Lakhs

Thus, state has proposed to establish 244 new points, for which, a sum of Rs. 1403.00 Lakhs was budgeted @ Rs. 5.75 Lakhs per point, **which is not approved by GOI (FMR Code- C.7)**

Budget Summary of Routine Immunization -2014-15

FMR Code	Budget Head	Unit Cost (Rs)	Total Proposed 2014-15		Budget Approved (Rs. Lakhs)
			Quantity/ Target	Budget (Rs. Lakhs)	
C	**IMMUNISATION**				
C.1	**RI strengthening project (Review meeting, Mobility support, Outreach services etc)**				
C.1.a	Mobility Support for supervision for distict level officers.	250,000.00	75	187.50	187.50
C.1.b	Mobility support for supervision at State level	150,000.00	1	1.50	1.50
C.1.c	Printing and dissemination of Immunization	10.00	6,528,064	652.81	652.81

FMR Code	Budget Head	Unit Cost (Rs)	Total Proposed 2014-15		Budget Approved (Rs. Lakhs)
			Quantity/ Target	Budget (Rs. Lakhs)	
	cards, tally sheets, monitoring forms etc.				
C.1.d	Support for Quarterly State level review meetings of district officer	5,000.00	225	11.25	11.25
C.1.e	Quarterly review meetings exclusive for RI at district level with Block MOs, CDPO, and other stake holders	100.00	16,644	16.64	16.64
C.1.f	Quarterly review meetings exclusive for RI at block level	75.00	613,619	460.21	460.21
C.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums (only where regular ANM under NUHM not engaged)	2,100.00	15,895	333.79	333.79
C.1.h	Mobilization of children through ASHA or other mobilizers	150.00	2,128,895	3,193.34	3,193.34
C.1.i	Alternative vaccine delivery in hard to reach areas	150.00	234,507	351.76	351.76
C.1.j	Alternative Vaccine Deliery in other areas	75.00	1,896,951	1,422.71	1,422.71
C.1.k	To develop microplan at sub-centre level	100.00	20,947	20.95	20.95
C.1.l	For consolidation of micro plans at block level	1,000.00	1,048	10.48	10.48
C.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	150,000.00	75	112.50	112.50
C.1.n	Consumables for computer including provision for internet access	400.00	900	3.60	3.60
C.1.o	Red/Black plastic bags etc.	6.00	2,199,229	131.95	131.96
C.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	1,200.00	1,034	12.41	12.41
C.1.q	Safety Pits	5,250.00	599	31.45	31.45
C.1.r	State specific requirement		1	1,020.30	112.40
C.1.s	Teeka Express Operational Cost		1	62.75	62.75
C.1.u	JE Campaign Operational Cost	-	-	-	1,000.00
C.2	**Salary of Contractual Staffs**				
C.2.1	Computer Assistants support for State level	300,000.00	1	3.00	1.98
C.2.2	Computer Assistants support for District level	144,000.00	75	108.00	99.00
C.3	**Training under Immunisation**				
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)	46,200.00	403	186.23	277.29
C.3.2	Three day training including Hep B, Measles & JE (wherever required) of Medical Officers of RI using revised MO training module)	65,600.00	99	64.94	
C.3.4	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers	26,600.00	79	21.01	
C.3.5	One day training of block level data handlers by DIOs and District cold chain officer	500.00	1,019	5.10	
C.4	**Cold chain maintenance**		1,134	21.61	19.76
C.5	**ASHA Incentive**	150.00	5,372,003	8,058.00	8,058.00
C.6	**Pulse Polio operating costs**		6	13,000.00	8,580.00
C.7	**Other activities (if any, pls. specify)**	575,000.00	244	1,403.00	-
	Grand Total			**30908.80**	**25,166.04**

CHAPTER - 29: NATIONAL IODINE DIFICIENCY DISORDERS CONTROL PROGRAMME(NIDDCP)

Background- Iodine Deficiency Disorders continue to be one of the major public health problems in India with around 200 million people estimated to be at risk. Uttar Pradesh with a population of 190 million is known to be IDD endemic and no district in the State is reported to be free from IDD.

Iodine deficiency can be prevented by using salt that has been fortified with iodine. Iodine deficiency is particularly damaging during early pregnancy as it retards foetal brain development, resulting in a range of intellectual, motor and hearing deficits. Following disorders are associated with iodine deficiency:

- Goiter, Retarded mental & physical development
- Cretinism in children
- Repeated abortion & Still birth
- Poor school performance etc.

Magnitude of the problem in Uttar Pradesh State - As per the NFHS-3, in Uttar Pradesh while 77 per cent of households are using iodized salt only 36% households use adequately iodized salt. Furthermore 23 per cent of the population in the state is using non-iodised salt. The Coverage Evaluation Survey of 2009 shows the coverage with adequately iodised salt at 42.5%.

NIDDCP focuses on the following:

- Survey and Resurvey every 5 years to know prevalence rate.
- Supply of only Iodized salt for human consumption (salt having 15ppm Iodine at consumer level)
- Creating demand for Iodized salt especially in rural area.
- IEC & Health education

Goals & Objectives of state NIDDCP

- ❖ To bring down total Goiter rate (TGR) less than 10%
- ❖ To ensure 90% household consume Iodized salt by 2012 (15ppm Iodine at consumer level). Presently 77% of the households are consuming Iodized salt; only 36% households use adequately iodized salt.
- ❖ Supply of Iodized salt through Public Distribution System

In order to steer NIDDCP in the state in forward direction and understand the progress made in the IDDCP in Uttar Pradesh, there is an need to undertake following additional activities-

1. Organising regular activities under NICDDCP
2. Organizing state level review meeting for USI Coalition.
3. Undertake IDD survey across the state (Project proposal received from technical wing of state coalition i.e from SGPGI)
4. Celebrate IDD across 75 districts

IEC/BCC for NIDDCP

Iodine deficiency is a major global public health challenge. Uttar Pradesh is a salt importing state and receives salt from Gujarat and Rajasthan. It has been found that only 84 million people out of total population of 199 million consume adequately iodised salt. Adequately iodised salt consumption is an issue of demand by beneficiaries as well as availability of supply too. Frontline workers like ANM, ASHA and AWW are key to improve the demand for iodised salt in the communities. In this PIP main focus is on demand generation by educating communities through front line workers mainly ANM and ASHA is planned.

The details are given below:

S. No.	Budget Head	Unit Cost	Details	Budget (in Lakhs)
1	Wall painting	Rs 500 per block	500 X 822	4.12
2	Printing of posters on IDD	Two posters @Rs 5 per poster for each Subcenter	2 X 5 X 22000	2.20
3	Newspaper release (State)	@Rs 2 Lakhs		2.00
4	Pamphlets for ASHA on IDD	Pamphlets @Rs.50	128750 X 0.50	0.64
5	Hoardings on IDD	Hoardings for 24 endemic districts and one for State	25 X 16185	4.04
Total				**13.00**

Budget for year 2014-15

FMR Code - D.1 - Establishment of IDD Control Cell

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	D.1.a.	Technical Officer	50000.00	1	600000.00
2	D.1.b.	Statical Office/Staffs	25000.00	1	300000.00
3	D.1.c.	LDC Typist	18000.00	1	216000.00
		Sub total			**1116000.00**

For the above purpose, an amount of Rs. 15.00 Lakhs is approved by GOI(FMR Code-D.1) against Rs. 11.16 Lakhs.

FMR Code - D.2 - Establishment of IDD Monitoring Lab

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	D.1.a.	Lab Technician	18000.00	1	216000.00
2	D.1.b.	Lab Assistant	12000.00	1	144000.00
		Sub total			**360000.00**

For the above purpose, an amount of Rs. 8.00 Lakhs is approved by GOI(FMR Code-D.2) against Rs. 3.60 Lakhs.

FMR Code - D.3 - Health Education and Publicity

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	**D.3**	Health Education & IEC Activities	1300000.00	1	1300000.00
		State Level Coalition meeting	50000.00	2	100000.00
		Sub total			**1400000.00**

For the above purpose, out of Rs. 14.00 Lakhs, an amount of Rs. 10.00 Lakhs is approved by GOI(FMR Code-D.3)

FMR Code - D.4 - IDD Surveys/Re-Surveys

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	**D.4**	Survey	250000.00	1	250000.00
		IDD Survey in the state through third party*	5765175.00	1	5765175.00
		Sub total			**6015175.00**

For the above purpose, out of Rs.60.15 Lakhs, an amount of Rs. 4.00 Lakhs is approved by GOI(FMR Code-D.4) @Rs. 50000/district, with the remark that the state government may undertake IDD survey of 8 districts as per the guidelines and furnish report.

FMR Code - D.4.1 - Supply of Salt Testing kits

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	D.4.1	Supply of Salt Testing kits	35.00	48519*12	20377980.00
		Sub total			**20377980.00**

For the above purpose, out of proposed amount of Rs. 203.80 Lakhs, GOI approved Rs. 91.00 Lakhs only as tentative allocation (FMR Code-D.4.1)

FMR Code - D.5 - ASHA Incentive

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	D.5	ASHA Incentive	25.00*12=300.00	48519	14555700.00
		Sub total			**14555700.00**

For the above purpose, an amount of Rs. 152.00 Lakhs is approved by GOI(FMR Code-D.5) as tentative allocation against the proposed budget of Rs.145.55 Lakhs.

FMR Code - D.6 - Any Other Activities

Sl. No.	FMR Code	Activity	Unit cost	Quantity	Total budget
1	D.7	Celebration National Iodine Day	10000.00	75	750000.00
		Strengthening and Maintenance of IDD Lab	400000.00	1	400000.00
		Sub total			**1150000.00**

This activity is not approved by GOI.

Thus, out of total total budget requirement of Rs.449.75 Lakhs, GOI approved Rs.280.00 Lakhs only for the year 2014-15.

Annexure - 1

Budget for IDD Survey in the state through third party

Tracking Progress towards Sustaining Elimination of IDD in Uttar Pradesh State (30*40*4)

S.L No.	Particulars	No. of unit/sample / man days	Per Unit/Samples/man in INR	INR	Total of Sub Total
1	**1. Operational Part**				
1.1	Cluster Selection			30,000.00	
1.2	Conference Hall Hire for Training (4 training session for 2 days @ Rs. 15000/day)			120,000.00	
1.3	Orientation Workshop				
	Background material for Training & Orientation	125	200	25,000.00	
1.5	Travel Cost for Field Staff (Survey Team) for for orientation & trng Workshop	125	500	62,500.00	
1.6	Orientation & Training Workshop (accommodation and subsistence)	125	1000	125,000.00	**362,500.00**
2	**Field Study**				
2.1	Field Survey Kits, travel & per diem of survey personnels, qualitative study	20	50000	1,000,000.00	**1,000,000.00**
3	**Laboratory Services**				

3.1	Transportation of urine & salt samples			150,000.00	
3.2	Cost of Urine Sample analysis (@ 150/-x4800 samples)	4800	150	720,000.00	
3.3	Cost of Salt sample analysis (@50/-x5000 samples)	5000	50	250,000.00	**1120000.00**
4	**Communication**				
4.1	Expenses			50,000.00	**50,000.00**
5	**Documentation**				
5.1	Data analysis (30 daysx 2 man x INR 1500)	60	1500	90,000.00	
5.2	Preparation of draft reporting			50,000.00	**140,000.00**
6	**External Monitoring**				
6.1	Accomodation & subsistence (2 nights x 4 people x 10 trip = 80 nights)	80	8000	640,000.00	**640,000.00**
7	**Professional fee**				
7.1	ICCIDD Team members (4 man x 30 days = 120 mandays x 10000/- per day*)	120	10000	1,200,000.00	**1,200,000.00**
8	**Travel**				
8.1	Air fare Delhi to state capital x 25 flight tickets (return) @ 15000/- **	25	15000	375,000.00	
	(avg estimate at current rates)				
8.2	Airport transfer 80 @ 500/- per transfer	80	500	40,000.00	**415,000.00**
	**** 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; Supervisionx 8 persons;***				
	Contingencyx 5 persons)				
	25 flight tickets @ 15000/-				
9	**Total**				
9.1	Total Project cost				**4,927,500.00**
9.2	Total professional Fee for book-keeping, accounts and statutory auditing by Chartered Accountant (2% of project cost)				**98,550.00**
9.3	Administrative cost (15% of project cost)				**739,125.00**
9.4	**Grand total**				**5,765,175.00**

PART – B: NATIONAL URBAN HEALTH MISSION

CHAPTER - 30: NATIONAL URBAN HEALTH MISSION

Introduction

The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

State Profile

Population and Growth Rate

According to the 2011 Census of India, 37.71 crores out of 121 crores Indians live in urban areas. This means 31.16 per cent of the country's population lives in cities. United Nations projections point out that 46 per cent of India's total population will reside in urban areas by 2030 if urbanization continues at the present rate. In Uttar Pradesh too the urban population has been increasing rapidly. While rural poverty has been on the decline in the state, the number of persons living below the poverty line in urban areas has been on the rise. As per the 2011 Census 4.44 crore persons reside in towns and cities of Uttar Pradesh.

Total Population (In lakhs)	1,995.81
Urban Population (In lakhs)	444.70
Urban Population as percentage of total population	22.3%
Urban slum population (in lakhs) (SUDA 2003-04)	119.98
Slum population as percentage of urban population	27
Number of Metro cities	0
Number of Million + cities (> 10 Lakhs population)	7
Number of cities with 1 to 10 Lakhs population	56
Number of towns with less than 1 lakh but more than 50 thousand population	59
Number of District HQs which have less that 50 thousand population but are covered under NUHM	9

Population of Uttar Pradesh as per Census 2011 is 199,812,341 and during the decade (2001-11), 33,383,556 persons have been added in the state: 23,452,683 in rural areas and the rest 9,930,873 in urban areas. The State's population has been doubling in more than 35 years since independence. The rising population in the state is also reflected in the increase in population density which has become about three and three quarter times, reaching 828 persons per sq. km. against figures of 215 in 1951. Concentration of population in urban areas of the State is very high as compared to rural areas.

Decadal Population Growth of Uttar Pradesh

Decades	1901-1911	1911-1921	1921-1931	1931-1941	1941-1951	1951-1961	1961-1971	1971-1981	1981-1991	1991-2001	2001-2011
Decadal Population growth	-9.61	0.16	13.24	26.06	21.86	9.26	29.72	60.89	38.52	32.88	20.09

Population and Density of Uttar Pradesh [7]

Year	1951	1961	1971	1981	1991	2001	2011
Population Density	215	251	300	377	548	689	828
Population (in million)	60.27	70.14	83.85	105.11	132.06	166.05	199.58
Urban Population (in million)	8.23	8.98	11.66	18.74	25.99	34.51	44.49

Demographic Projections[8]

- In the report of the working group on population stabilization for the 11th Five Year Plan (2007-2012), the projected population for Uttar Pradesh in the year 2026 will reach around 248.76 millions.
- Urban population of Uttar Pradesh will increase from 4.4 crores in 2011 to 6.7 crores in 2026 (*Census, 2011 population, Projections, 2001-26)*
- An estimated 1.17 crores (30.6%) people in urban areas are poor *(Poverty Estimates 2004-2005 and 1999-2000)*
- Uttar Pradesh has the largest number of urban poor in a single state.

Urban Population as Percentage of Total Population and its Trend

Uttar Pradesh is one of the least urbanized states in India. As per the urbanization trends of 2011 census, Uttar Pradesh State is the 24th most urbanized and 11th least urbanized state in India with about 22.3 percent of urban population. Amongst the districts in the state, the lowest degree of urbanization (having much less than 5% urban population) is in the district of Shrawasti 3.45% and the highest degree of urbanization is in the district of Ghaziabad 67.5%. 2 districts have urban population below 5% and 13 districts have urban population above 30%.

Though the urbanization in the state (22.28%) is low in comparison to the national average of 31.16 percent as per the 2011 census and the urban decadal growth of the state during the last decade (2001-2011) has also shown low growth rate of 29.3 percent compared to the national growth rate of 31.8 percent. It is noteworthy that the State's population during the last decade has grown by about 21.4 percent while that of the urban population has grown at about 29.3 percent.

Mostly the phenomenon of urbanization is seen as an outcome of demographic outburst resulted from poverty driven migration from rural areas into urban settings. Different factors, classified as "urban pull factors" and "rural push factors", which are also the outcomes of globalization, liberalization and privatization are making urbanization a faster than before. The table below gives the percentage of Urban Uttar Pradesh population to its total population.

Year	1951	1961	1971	1981	1991	2001	2011
Population (in million)	60.27	70.14	83.85	105.11	132.06	166.05	199.81
Urban Population (in million)	8.23	8.98	11.66	18.74	25.99	34.51	44.49
Percentage Urban Population	13.65	12.81	13.9	17.83	19.68	20.78	22.28

Due to creation of new states after 1991, the data for the years prior to 2001 for the states of Bihar, Uttar Pradesh and Uttar Pradesh include the data of newly created states namely Jharkhand, Chhattisgarh and Uttrakhand, respectively.

The total urban population of the state has increased to about 44.5 million (Census 2011) from 34.5 million (Census 2001), showing an increase of ten million. Thus the population residing in urban areas

[7] Census of India, 2001 and Census of India, 2011.

[8] Census of India 2001, Population Projections for India and states 2001-2026.

has increased from about 20.8% percent (Census 2001) to 22.3 percent (Census 2011), and likely to reach 27. percent in 2026.

Level of urbanization

As per Census - 2011, there are 63 urban agglomerations/cities with more than one lakh population. The seven urban agglomerations having more than one million populations in the state are Kanpur, Lucknow, Ghaziabad, Agra, Varanasi, Meerut and Allahabad.

Urban Local Bodies in Uttar Pradesh

In 2001, there were only 704 towns in Uttar Pradesh, which has grown up to 915 in 2011. In other words, the urban population of the state has increased from 20.8% in 2001 to just 22.3 % in 2011. Among these urban towns, Government of Uttar Pradesh has 13 Municipal Corporations, 194 Municipal Councils and 423 town areas.

In Uttar Pradesh, there are 648 Statutory Towns. All other places which are having minimum population of 5,000; at least 75 per cent of the male main working population engaged in non-agricultural pursuits; and the density of population is at least 400 persons per sq. km. are known as Census Town. In Uttar Pradesh, such towns have increased from 66 (2001 census) to 267 (2011 census). In the process numbers of villages have decreased from 107,452 to 106,704 in 2011.

Literacy and Gender[9]

Literacy	Total	Male	Female	Gender gap	Urban	Male	Female	Gender gap
2001	**56.27**	67.30	43.00	26.60	**69.75**	76.76	61.73	15.00
2011	**69.72**	79.24	59.26	19.98	**77.01**	81.75	71.68	10.07

The effective literacy rate for U.P. in Census 2011, works out to 69.7 percent. The corresponding figures for males and females are 79.24 and 59.26 per cent respectively. The state has continued its march in improving literacy rate by recording a jump of 13.5 percentage points during 2001-2011. An extremely positive development in the present decade is that the gap of over 26 percentage points recorded between male and female literacy rates in 2001 Census has reduced to 20 percentage points in 2011.

Urban Poverty

The state has implemented a large number of programmes and schemes to improve the socio-economic conditions of the poor. Uttar Pradesh has introduced Poverty and Social Monitoring System (PSMS) in 1999, to measure and monitor the progress in key areas related to poverty and living standards of the people of the state. Uttar Pradesh among all Indian states is one of the major states where the incidence of poverty is considerable. In Uttar Pradesh also lives majorly (78%) in villages. Around 37% people in Uttar Pradesh and 39% people of rural Uttar Pradesh live below poverty. Only around 32% of urban Uttar Pradesh live below the poverty line in the year 2009-10.

The table below shows the poverty scenario in Uttar Pradesh as per Tendulkar Methodology (2009-10), Planning Commission.

[9] Census 2011 Data from www.censusindia.gov.in

Percentage of Population below Poverty Line

Year	Uttar Pradesh (%)			India (%)		
	Rural	Urban	Combined	Rural	Urban	Combined
2004-05	42.7	34.1	40.9	42.0	25.5	37.2
2009-10	39.4	31.7	37.7	33.8	20.9	29.8

Urban poverty in Uttar Pradesh is an issue because frequent draughts have been a major reason of rural to urban migration of population. The agriculture, which is the major occupation of people in rural areas, has hit badly due to frequent draughts. Agriculture contribution to state GDP has fallen. The poor migrants get failed to integrate into the urban labour market are contributing to the rising levels of urban poverty. Urban poverty is significant in Uttar Pradesh with about a fourth of the urban population living below the poverty line and mostly is in slums. It is estimated for the year 2009-10 that 137.3 Lakhs persons comprising 30.9 per cent of the urban population of the state live below the poverty line. The rural poverty line for Uttar Pradesh in 2009-10 was estimated as Rs.663.7 and urban as Rs.799.9 (Rs. per capita per month).

The vulnerabilities of urban dwellers differ in significant ways from those of their rural counterparts. These distinct vulnerabilities are associated with number of factors like their dependence on a monetized economy, the prohibitive cost of food and basic services for poor people in cities, the huge range of environmental and health hazards, the pervasiveness of substandard housing and tenure insecurity, and the exposure of poor communities to crime and violence. There are also numerous social problems associated with living in the slums including illicit brews resulting in drunkenness, casual sex leading to sexual exploitation of women and girls, insecurity, child abuse and a high prevalence of HIV/AIDS. Inhabitants also experience high rates of unemployment and of school dropouts.

To make matters worse, levels of vulnerability are likely to heighten with the effects of climate change, especially since the urban poor often live in marginalized areas that are subject to flooding, water logging etc. The vulnerabilities of the urban poor are further aggravated by an inadequate policy, institutional and legislative framework including the lack of an appropriate land-use policy, an inappropriate housing legislative framework, and poor land management and administration approaches that are insensitive to the informal settlements.

Report of the Committee on slum Statistics /Census, MHUPA, 2010 has stated that the slum population count in the 2001 census is underestimating of the actual count. It has been estimated that the state of Uttar Pradesh would be having about 25% of State's urban population living in the slums in 2001. As per the report, the slum population is estimated to be about 111 Lakhs for the year 2012 and the same would be about 124 Lakhs in the year 2017.

Vital Rates

Crude Birth Rate, Crude Death rate & Natural Growth Rate

The major cause of population growth is natural growth in population. The improved health services and health awareness in the state has been able to bring down the mortality to a great extent. The CBR was 32.2 live births per thousand populations in 2001 and has declined to 28.3 in 2010. The same is true for the urban areas of the state, where CBR has declined from 27.0 in 2001 to 24.2 in 2010. During the span of 2001 to 2010, fall in CBR at state level is of 3.9 percent where as at urban level it is 2.8 percent. The crude death rate, as well, shows a fall of 2 percent at state level and 1.5 percent at urban level.

CBR, CDR, Natural Growth Rate and IMR of Uttar Pradesh State and Urban Areas

Year	Crude birth rate (CBR)		Crude death rate (CDR)		Natural Growth rate		Infant mortality rate (IMR)	
	State	Urban	State	Urban	State	Urban	State	Urban
2001	32.2	27	10.1	7.8	22	19.2	82	62
2004	30.8	26.2	8.8	6.2	22	20	72	53
2005	30.4	26.5	8.7	6.8	21.7	19.7	73	54
2006	30.1	26	8.6	6.6	21.4	19.3	71	53
2007	29.5	25.5	8.5	6.5	21	18.9	69	51
2008	29.1	25.1	8.4	6.6	20.7	18.4	67	49
2009	28.7	24.7	8.2	6.5	20.5	18.3	63	47
2010	28.3	24.2	8.1	6.3	20.3	17.9	61	44
2011	27.8	23.7	7.9	6.1	20.0	17.7	57	41
2012	27.4	23.5	7.7	6.0	19.7	17.5	53	39

Sample Registration System, ORGI, Government of India

Child (0-6 years) Sex Ratio

The child sex ratio at 899 in the state is below the national average of 914 and the state is therefore counted with states having little worse child sex ratio. In census 2011, the child sex ratio is showing a dip of 17 points at state level and of 11 points in urban areas, when comparing the last Census.

Child Sex Ratio of State and its Urban Areas

Year	2001	2011
Child (0-6 years) Sex Ratio		
All India	**927**	**914**
Uttar Pradesh	**916**	**899**
Uttar Pradesh Urban	**890**	**879**

Infant and Child Mortality Rates

There has been a decline of 12 points in IMR for Uttar Pradesh during 2005-2010. In spite of the decline being slightly higher for males as compared to females, the levels remain slightly higher for females as compared to males. However, the trend in the decline for Uttar Pradesh is slightly higher than that for all India, though the difference in the level is by 14 points higher.

Annual Estimates[10] of Infant Mortality Rate by Sex

Year	2005	2006	2007	2008	2009	2010
Total						
India	**58**	**57**	**55**	**53**	**50**	**47**
Uttar Pradesh	73	71	69	67	63	61
Male						
India	**56**	**56**	**55**	**52**	**49**	**46**
Uttar Pradesh	71	70	67	64	62	58
Female						
India	**61**	**59**	**56**	**55**	**52**	**49**
Uttar Pradesh	75	73	70	70	65	63

[10] Sample Registration System

It is seen that the IMR in urban areas is much lower than that in rural areas. However, little more than two thirds of infant's deaths still occur during neo natal period i.e. within one month of birth. Thus, for further reductions in IMR the deaths during neo natal period need to be avoided.

Infant, Neo-Natal and Post Neo-Natal Mortality Rates (2010-11)[11]

Uttar Pradesh	Total	Rural	Urban	Total	Rural	Urban
	AHS 2010-11			AHS 2011-12		
Infant Mortality Rate	**71**	**74**	**54**	**70**	**73**	**53**
Neo Natal Mortality Rate	**50**	**53**	**36**	**50**	**52**	**37**
Post Neo Natal Mortality Rate	**21**	**22**	**18**	**20**	**21**	**16**

It is important to mention that the IMR for urban poor as per NFHS-3 data (reanalyzed) is 86.2 per thousand live births which was 13.5 points higher than the state urban (72.7). One of the millennium development goal relates to reducing child mortality. The results on child mortality for different districts of Uttar Pradesh are presented as under:

The U5 Mortality among urban poor (110.1) was 3.7 points higher than the state urban (96.4, NFHS-3).

Urban Health Scenario

The rapid urbanization coupled with influx of migrants has influenced the health parameters of urban population. Through the annual health survey (AHS-2010-11) detailed information has become available on chronic as well as acute morbidity together with the health seeking behaviour. Further, on morbidity pattern and health seeking behaviour information is available through NSSO survey (61st Round: 2004-05) on the subject. Information on hospitalization during last one year is also available in this survey. Importantly, the information on health expenditure is available through NSSO (66th Round) of household consumption expenditure for the year 2009-10. This chapter presents the findings based on these data sources.

Morbidity and Health Seeking Behaviour

Based on Annual Health Survey (AHS) data, table below summarizes information on morbidity separately for acute and chronic illnesses

Morbidity Per Lakh Population- Uttar Pradesh

Sex	Any type of Acute Illness			Symptoms Chronic Illness			Diagnosed Chronic Illness			Percentage Symptoms of Chronic Illness Diagnosed		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Person	12561	12959	11151	8380	8873	6633	7390	7722	6216	88.2	87.0	93.7
Male	12096	12491	10736	7234	7656	5784	6425	6709	5452	88.8	87.6	94.3
Female	13053	13448	11611	9593	10146	7575	8411	8780	7064	87.7	86.5	93.3

MORBIDITY RATES: ACUTE AND CHRONIC (Based on NSSO & AHS Data)

Acute Morbidity Rates (Based on AHS Data)

The prevalence of Acute Illness in Uttar Pradesh was 12561 per lakh population i.e. around 12.56%. The prevalence was slightly higher in rural areas as compared to urban areas. Further, the prevalence of Acute Illness was observed slightly higher among females as compared to males. The trend was similar in both rural and urban areas.

As already mentioned, in the AHS the details on persons suffering from specific acute illnesses such as Diarrhoea, Acute Respiratory Infection **(**ARI) and Fever are available and are presented as under:

[11] Annual Health Survey

Persons Suffering from Specific Acute Illness (Per 1lakh Populations)-Uttar Pradesh

Sex	Diarrhoea/ Dysentery			Acute Respiratory Infection (ARI)			Fever (All Types)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Persons	1187	1258	934	3017	3267	2133	7571	7672	7217
Male	1203	1282	931	2883	3116	2081	7282	7394	6896
Female	1170	1234	937	3159	3424	2190	7878	7961	7574

The prevalence of fever alone was 7.57% it being higher in rural areas (7.67%) as compared to urban areas (7.2%). Diarrhoea/ Dysentery had prevalence of 1.19% it being again higher in rural areas (1.26%) as compared to urban areas (0.93%). The prevalence of ARI was 3.0%, it being higher in rural areas (3.27%) as compared to urban areas (2.13%).

These 3 diseases together account for about 93.7% of acute illnesses;

Percentage Share of Diarrhoea, ARI and Fever in Acute Illnesses

Sex	Total	Rural	Urban
Persons	93.7	94.1	92.2
Male	94.0	94.4	92.3
Female	93.5	93.8	92.2

Chronic Morbidity Rates

The symptoms of chronic illness persisting for more than a month were reported by 8380 per lakh population i.e. 8.28%. These symptoms for chronic illness were reported less in urban areas as compared to rural areas. Here again the prevalence of symptoms was higher among females as compared to males in both rural and urban areas, of these symptoms over 88% were diagnosed. Importantly this percentage was higher in urban areas (94%) as compared to rural areas (87%). However, the gender differences were negligible.

In the AHS the details on persons suffering from specific chronic illnesses such as Diabetes Hypertension, Tuberculosis-(TB), Asthma and Arthritis are available which are presented as under:

Persons Suffering from Specific Chronic Illness (Per 100,000 Populations)

Sex	Diabetes			Hypertension			Tuberculosis-TB			Asthma			Arthritis		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Person	287	194	619	498	409	815	290	303	243	565	607	420	996	1072	728
Male	325	220	687	368	295	621	327	347	260	644	698	458	738	822	450
Female	248	166	544	636	527	1030	250	257	225	482	511	377	1270	1334	1036

It is observed that the diseases like Diabetes and Hypertension have many times higher morbidity rates in urban areas as compared to rural areas for both the sexes respectively. However, Tuberculosis-(TB), Asthma & Arthritis are reported much higher in rural areas. Importantly these five chronic illnesses account for only 36 percent of all chronic illnesses as could be seen from table below:

Percentage share of 5 chronic illnesses Diabetes Hypertension, Tuberculosis-(TB), Asthma and Arthritis in all chronic illnesses

Sex	Total	Rural	Urban
Persons	35.7	33.5	45.4
Male	37.4	35.5	45.4
Female	34.3	31.8	45.5

The results presented on morbidity according to monthly per capita consumption expenditure indicate an increase in the morbidity with increase in level of living. This could be because of higher health consciousness among relatively better off resulting into higher self reporting.

Details of cities/towns to be covered under NUHM as per census 2011

The following is the list of town and cities that will be covered under NUHM. These include the state capital, District Headquarters and all towns more than 50,000 population as per the NUHM guidelines. Total of 131 cities/towns will be covered in the 75 districts in Uttar Pradesh as per census 2011.

For planning, data has been obtained from the following sources:

1. Census of India, 2011
2. Annual Health Survey; 2010-11 and 2011-12
3. Sample Registration System, 2011
4. NSSO
5. National Family Health Survey-3 (NFHS-3) 2005-06
6. District Level Household Survey-3, (DLHS-3) 2007-08
7. Web based Health Management Information System of Government of Uttar Pradesh

The best available estimates of number of slums and slum populations have been used for NUHM planning. These include GIS mapping done the Government of Uttar Pradesh in 2009-10 in 14 cities, mapping done by DUDA for slum development programs such as JnNURM, Rajiv Awas Yojana, ISDP and IDSMT. The population data of the cities has been sourced from Census 2011 and the slum population data has been provided by the respective city teams who in-turn have sourced it from city based offices of DUDA or from the respective city National Polio Surveillance Project. It is expected that when slum mapping and house listing activities are undertaken once the NUHM activities are initiated, accurate data on number of slums and slum populations will be available.

Table 4.1 - Cities/Towns to be covered under NUHM as per 2011 census

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
1	Agra	1	Agra (M Corp.)	DHQ	1,585,704	1,250,000	DHS	JnNURM, RAY
2	Aligarh	2	Aligarh (M Corp.)	DHQ	874,408	780,000	DHS	RAY
		3	Atrauli (NPP)		50,412	50,400	DHS	
3	Allahabad	4	Allahabad (M Corp. + OG)	DHQ	1,168,385	680,000	DHS	JnNURM, RAY
4	Bareilly	5	Bareilly (M Corp. + OG)	DHQ	904,797	338,005	DHS	RAY
		6	Faridpur (NPP)	Other	78,249	18,360	DHS	
		7	Baheri (NPP)	Other	68,413	68,410	DHS	
		8	Aonla (NPP)	Other	55,629	26,235	DHS	
5	Bijnor	9	Nagina (NPP)	Other	95,246	26,935	DHS	
		10	Bijnor (NPP)	DHQ	93,297	34,480	DHS	UIDSSMT
		11	Najibabad (NPP)	Other	88,535	15,835	DHS	
		12	Chandpur (NPP)	Other	83,441	14,400	DHS	
		13	Sherkot (NPP)	Other	62,226	11,130	DHS	
		14	Kiratpur (NPP + OG)	Other	61,946	14,500	DHS	
		15	Seohara (NPP + OG)	Other	53,296	14,840	DHS	
		16	Dhampur (NPP)	Other	50,997	9,590	DHS	
6	Budaun	17	Budaun (NPP)	DHQ	159,285	106,000	DHS	UIDSSMT
		18	Sahaswan (NPP)	Other	66,204	22,000	DHS	
		19	Ujhani (NPP)	Other	62,039	16,560	DHS	
7	Bulandshahar	20	Bulandshahr (NPP + OG)	DHQ	230,024	113,000	DHS	

		21	Khurja (NPP + OG)	Other	121,207	98,000	DHS	UIDSSMT
		22	Sikandrabad (NPP)	Other	81,028	45,150	DHS	
		23	Jahangirabad (NPP)	Other	59,858	27,800	DHS	
		24	Gulaothi (NPP)	Other	50,823	26,600	DHS	
8	Etawah	25	Etawah (NPP)	DHQ	256,838	49,040	DHS	RAY UIDSSMT
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	DHQ	276,581	190,000	DHS	
10	Firozabad	27	Firozabad (NPP)	DHQ	604,214	387,000	DHS	RAY UIDSSMT
		28	Shikohabad (NPP)	Other	107,404	24,425	DHS	
		29	Tundla (NPP)	Other	50,423	25,000	DHS	
11	GB Nagar	30	Noida (CT)	DHQ	637,272	554,000*	DHS	
		31	Greater Noida (CT)	Other	102,054	253,000*	DHS	
		32	Dadri (NPP)	Other	91,189	144,000*	DHS	
12	Ghaziabad	33	Ghaziabad (M Corp.)	DHQ	1,648,643	403,045	DHS	RAY UIDSSMT
		34	Loni (NPP)	Other	516,082	106,155	DHS	UIDSSMT
		35	Khora (CT)	Other	190,005	30,000	DHS	
		36	Modinagar (NPP)	Other	130,325	21,500	DHS	UIDSSMT
		37	Muradnagar (NPP)	Other	95,208	5,000	DHS	
13	Gorakhpur	38	Gorakhpur (M Corp.)	DHQ	673,446	450,000	DHS	RAY UIDSSMT
14	Hapur	39	Hapur (NPP)	DHQ	262,983	100,000	DHS	
		40	Pilkhuwa (NPP)	Other	83,736	45,000	DHS	
15	Hardoi	41	Hardoi (NPP + OG)	DHQ	197,029	53,000	DHS	
		42	Shahabad (NPP)	Other	80,226	7,500	DHS	
		43	Sandila (NPP)	Other	58,346	9,000	DHS	UIDSSMT
16	Jalaun	44	Orai (NPP + OG)	DHQ	190,575	53,000	DHS	
		45	Jalaun (NPP)	Other	56,909	7,500	DHS	
		46	Konch (NPP)	Other	53,412	10,000	DHS	
		47	Kalpi (NPP)	Other	51,670	7,500	DHS	
17	Jhansi	48	Jhansi (M Corp.)	DHQ	505,693	211,550	DHS	RAY UIDSSMT
		49	Mauranipur (NPP + OG)	Other	61,449	32,000	DHS	
18	JP Nagar	50	Amroha (NPP)	DHQ	198,471	62,500	DHS	
		51	Hasanpur (NPP)	Other	61,243	37,500	DHS	
		52	Gajraula (NP)	Other	55,048	31,500	DHS	
19	Kannauj	53	Kannauj (NPP)	DHQ	84,862	15,300	DHS	RAY UIDSSMT
		54	Chhibramau (NPP)	Other	60,986	13,000	DHS	
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	DHQ	2,768,057	637,000	DHS	JnNURM ,RAY
21	Kheri	56	Lakhimpur (NPP)	DHQ	151,993	12,500	DHS	UIDSSMT
		57	Gola Gokaran Nath (NPP)	Other	60,172	1,500	DHS	
22	Lucknow	58	Lucknow (M Corp.)	DHQ	2,817,105	1,097,710	DHS	JnNURM, RAY
23	Mathura	59	Mathura (NPP)	DHQ	349,909	282,285	DHS	JnNURM, RAY
		60	Vrindavan (NPP)	Other	63,005	63,000	DHS	UIDSSMT
		61	Kosi Kalan (NPP + OG)	Other	60,074	10,625	DHS	
24	Mau	62	Maunath Bhanjan (NPP)	DHQ	278,745	64,330	DHS	UIDSSMT
25	Meerut	63	Meerut (M Corp.)	DHQ	1,305,429	1,150,000	DHS	JnNURM, RAY
		64	Mawana (NPP)	Other	81,443	9,000	DHS	
		65	Sardhana (NPP)	Other	58,252	16,000	DHS	
26	Moradabad	66	Moradabad (M Corp.)	DHQ	887,871	432,500	DHS	RAY UIDSSMT
27	Muzaffarnagar	67	Muzaffarnagar (NPP)	DHQ	392,768	115,000	DHS	RAY UIDSSMT
		68	Khatauli (NPP)	Other	72,949	20,000	DHS	

		69	Budhana (NP + OG)	Other	53,722	10,500	DHS	
28	Rae Bareli	70	Rae Bareli (NPP)	DHQ	191,316	60,000	DHS	RAY UIDSSMT
29	Rampur	71	Rampur (NPP)	Other	325,313	125,000	DHS	RAY UIDSSMT
30	Saharanpur	72	Saharanpur (M Corp.)	DHQ	705,478	302,500	DHS	RAY
		73	Deoband (NPP)	Other	97,037	33,000	DHS	
		74	Gangoh (NPP)	Other	59,279	21,000	DHS	
31	Shahjahanpur	75	Shahjahanpur (NPP)	DHQ	329,736	218,460	DHS	RAY UIDSSMT
		76	Tilhar (NPP)	Other	61,444	41,100	DHS	
32	Sitapur	77	Sitapur (NPP)	DHQ	177,234	33,450	DHS	
		78	Laharpur (NPP)	Other	61,990	3,820	DHS	UIDSSMT
		79	Biswan (NPP)	Other	55,780	32,250	DHS	
		80	Mahmudabad (NPP)	Other	50,777	11,955	DHS	
33	Unnao	81	Unnao (NPP)	DHQ	177,658	43,500	DHS	UIDSSMT
		82	Gangaghat (NPP)	Other	84,072	33,500	DHS	
34	Varanasi	83	Varanasi (M Corp.)	DHQ	1,198,491	569,740	DHS	JnNURM
35	Ambedkarnagar	84	Ambedkarnagar (Mcorp+OG)	DHQ	111,447	15,000	DHS	
		85	Tanda	Other	95,516	50,000	DHS	
36	Amethi	86	Amethi(NP)	DHQ	13,849	7,000	DHS	
37	Auraiya	87	Auraiya (NPP)	DHQ	87,736	-	DHS	
38	Azamgarh	88	Azamgarh (NPP)	DHQ	110,983	46,000	DHS	UIDSSMT
		89	Azam.Mubarakpur	Other	70,463	32,000	DHS	
39	Baghpat	90	Baghpat (NPP)	DHQ	50,310	87,000	DHS	UIDSSMT
		91	Baghpat Baraut (NPP)	Other	103,764	68,000	DHS	
40	Bahraich	92	Bahraich (NPP)	DHQ	186,223	75,000	DHS	
41	Ballia	93	Ballia (NPP)	DHQ	104,424	67,000	DHS	UIDSSMT
42	Balrampur	94	Balrampur (NPP + OG)	DHQ	82,488	36,000	DHS	UIDSSMT
43	Banda	95	Banda (NPP + OG)	DHQ	160,473	12,000	DHS	
44	Barabanki	96	Nawabganj (NPP + OG)	DHQ	81,486	7,500	DHS	UIDSSMT
45	Basti	97	Basti (NPP)	DHQ	114,657	54,500	DHS	UIDSSMT
46	Chandauli	98	Mughalsarai (NPP)	DHQ	109,650	23,000	DHS	
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	DHQ	57,402	11,000	DHS	
48	Deoria	100	Deoria (NPP)	DHQ	129,479	61,000	DHS	UIDSSMT
49	Etah	101	Etah (NPP)	DHQ	118,517	35,000	DHS	UIDSSMT
50	Faizabad	102	Faizabad (NPP)	DHQ	165,228	40,000	DHS	UIDSSMT
		103	Ayodhya (NPP)	Other	55,890	26,500	DHS	
51	Fatehpur	104	Fatehpur (NPP)	DHQ	193,193	63,000	DHS	UIDSSMT
52	Ghazipur	105	Ghazipur (NPP + OG)	DHQ	121,020	60,000	DHS	UIDSSMT
53	Gonda	106	Gonda (NPP)	DHQ	114,046	9,000	DHS	UIDSSMT
54	Hamirpur	107	Rath (NPP)	DHQ	100,514	23,000	DHS	
55	Hathras	108	Hathras (NPP + OG)	DHQ	143,020	61,000	DHS	
56	Jaunpur	109	Jaunpur (NPP)	DHQ	180,362	15,000	DHS	UIDSSMT
57	Kanpur Dehat	110	Akbarpur (NP)	DHQ	20,445	10,000	DHS	
58	Kasganj	111	Kasganj (NPP)	DHQ	101,277	32,000	DHS	
59	Kaushambi	112	Manjhanpur (NP)	DHQ	16,457	2,025	DHS	
60	Kushinagar	113	Padrauna (NPP)	DHQ	49,723	25,000	DHS	
61	Lalitpur	114	Lalitpur (NPP)	DHQ	133,305	50,000	DHS	
62	Maharajganj	115	Maharajganj (NPP)	DHQ	33,930	26,500	DHS	
63	Mahoba	116	Mahoba (NPP)	DHQ	95,216	37,000	DHS	
64	Mainpuri	117	Mainpuri (NPP + OG)	DHQ	136,557	84,000	DHS	UIDSSMT
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	DHQ	234,871	58,000	DHS	UIDSSMT
66	Pilibhit	119	Pilibhit (NPP)	DHQ	127,988	61,000	DHS	
		120	Bisalpur (NPP)	Other	73,551	3,400	DHS	
67	Pratapgarh	121	Bela Pratapgarh (NPP)	DHQ	76,133	8,010	DHS	
68	Sambhal	122	Sambhal (NPP)	DHQ	220,813	37,000	DHS	UIDSSMT
		123	Chandausi (NPP)	Other	114,383	39,000	DHS	
69	Sant Kabir	124	Khalilabad (NPP)	DHQ	47,847	6,100	DHS	

	Nagar							
70	Bhadohi (NPP)	125	Bhadohi (NPP)	DHQ	94,620	36,000	DHS	
71	Shamli	126	Shamli (NPP)	DHQ	107,266	43,000	DHS	
		127	Kairana (NPP)	Other	89,000	10,000	DHS	
72	Shrawasti	128	Bhinga (NP)	DHQ	23,780	4,950	DHS	
73	Sidharthnagar	129	Siddharthnagar (NPP)	DHQ	25,422	25,000	DHS	UIDSSMT
74	Sonabhadra	130	Sonbhadra (NPP)	DHQ	36,689	32,000	DHS	
75	Sultanpur	131	Sultanpur (NPP)	DHQ	107,640	76,533	DHS	
Total					**31,453,923**	**14,288,488**		

In case of city & towns falling under GB Nagar (indicated by *), slum population is forming a major proportion of the total urban population due to unprecedented out growth areas and conversion of rural areas into unplanned urban clusters which are barely covered by any health care facilities. Hence costs have been budgeted to reach these populations by outreach services.

The Cantonment Board areas in the districts of Agra, Bareilly, Kanpur, Lucknow and Meerut are not planned for inclusion under NUHM activities or resources as the population here is already receiving health services from the Army Hospitals and there is negligible slum population in these areas. Any vulnerable population in the Cantonment areas will be covered with outreach camps or under activities from the nearest town as the need may be.

In 2014-15 all districts will be covered under NUHM with all activities like setting up administrative and programme management systems. Activities such as GIS mapping and listing of slums and facilities will also be taken up. Orientation of Urban Local Bodies on Urban Health, the role of different government departments and urban stakeholders in improving urban health and provision under NUHM will be done. Establishment of U-PHC and CHC will be taken up.

For preparing this state plan for NUHM, existing data has been obtained from various sources but more city specific data will emerge once the mapping and listing activities and the base line surveys are carried out. Districts Heath Society will be the implementing authority for NUHM under the leadership of the District Magistrate. District Program Management Units have been further strengthened to provide appropriate managerial and operational support for the implementation of the NUHM programme at the district level.

HUP has presence in the EAG states and is providing technical assistance on issues of urban health to 8 states and the Ministry of Health &Family Welfare. The ministry has acknowledged the support of both HUP and NHRC in developing the guidelines for NUHM PIP.

The NUHM (Uttar Pradesh) mandates HUP to be its technical agency to Urban Health Cell for providing the technical assistance for effective implementation of NUHM, expand partnerships in Urban Health which would include engaging the commercial sector in Public Private Partnership (PPP) activities and promote Convergence of different Government urban health and development efforts. HUP shall coordinate and facilitate in the city health plans of the two cities of Lucknow and Kanpur.

Urban Health Initiatives (UHI) is also supporting in rolling out of NUHM by providing technical support at District level in 11 cities of the State.

State's Allocation under Infrastructure Maintenance (Treasury Route) head of NRHM

	Activity	Amount Approved in 2012-13 (Rs in Lakhs)	Amount Approved in 2013-14 (Rs in Lakhs)	Amount Proposed in 2014-15 (Rs in Lakhs)
	Infrastructure Maintenance (FW_UP)	211813.98	**178039.11**	**160765.99**
1	Urban Family Welfare Centres (UFWCs)	4196.05	4671.01	5352.95
2	Urban Revamping Scheme (Health Posts)	373.95	375.95	413.55
	Total			

Key Issues for improving health care

The Eleventh Plan had suggested Governance reforms in public health system, such as Performance linked incentives and Devolution of powers and functions to local health care institutions and making them responsible for the health of the people living in a defined geographical area. NRHM's strategy of decentralization, PRI involvement, integration of vertical programmes, inter-sectoral convergence and Health Systems Strengthening has been partially achieved. Despite efforts, lack of capacity and inadequate flexibility in programmes forestall effective local level Planning and execution based on local disease priorities.

In order to ensure that plans and pronouncements do not remain on paper, NUHM UP would strive for system of accountability that shall be built at all levels, reporting on service delivery and system, district health societies reporting to state, facility managers reporting on health outcomes of those seeking care, and territorial health managers reporting on health outcomes in their area. Accountability shall be matched with authority and delegation; the NUHM shall frame model accountability guidelines, which will suggest a framework for accountability to the local community, requirement for documentation of unit cost of care, transparency in operations and sharing of information with all stakeholders. The state will incorporate the core principles of The National Health Mission of Universal Coverage, Achieving Quality Standards, Continuum of Care and Decentralized Planning.

Following would be the issues for the cities to address: City Health Planning, Public Private Partnership, Convergence, Capacity Building, Migration, Communitization, Strengthen Data, Monitoring and Supervision, Health Insurance, Information Dissemination and Focus on NCDs/ Life-Style Diseases.

The key overarching strategies under NUHM for 2014-15 include data based planning, strengthening of management and monitoring systems at the state and district level, improving the primary health care delivery system and community outreach through ASHAs, MAS and Urban Health and Nutrition Days(UHNDs).

The key activities at the state level will include planning, convergence with key urban stakeholders like Urban Development, SUDA, Women and Child Development, Basic Education, guidelines formulation, mapping and listing of slums and facilities, baseline survey at the community and facility level, monitoring for implementation as per plans and data review for process and outcome indicators.

The key activities at the district level will include convergence with key urban stakeholders, sensitization of ULBs on their role in urban health, strengthening UPHCs for provision of primary health care to urban poor, community outreach through selection, training and support to ASHAs and MAS, conducting UHNDs and outreach camps to get services closer to the community and reach complete coverage of slum and vulnerable populations.

Planning Activities

Prioritization of cities

All the 131 cities/ towns are being proposed under this plan, which qualify as per the NUHM guidelines. This plan covers a total urban population of 3,14,53,923 (census 2011) and total slum population of 1,42,88,488 (compiled from District plans) from the 131 cities/ towns .

Mapping and Listing of Slums and Health Facilities

GIS mapping and listing of slums was completed in 2009 in 14 cities (Agra, Aligarh, Allahabad, Hapur, Bareilly, Farrukhabad, Ghaziabad, Kanpur, Jhansi, Lucknow, Meerut, Saharanpur, Shahjahanpur, Varanasi) based on guidance from Government of India and with funding under NRHM. The GIS maps were prepared by Remote Sensing Applications Centre, Uttar Pradesh. This gave us fairly accurate lists and maps of slums in the 14 cities. ***GIS mapping of 38 cities have been initiated under Urban***

Development schemes like UIDSSMT and UI&G. 11 cities, out of 14 which have been mapped through GIS under NRHM are common, thus GIS mapping of 41 cities are initiated or completed in the state.

Sl. No.	District	Name of Town	Total Population	GIS Mapping to be done under UD Schemes	GIS Mapping undertaken under NRHM
1	Agra	Agra (M Corp.)	15,85,704	Yes	Yes
2	Aligarh	Aligarh (M Corp.)	8,74,408	Yes	Yes
3	Allahabad	Allahabad (M Corp. + OG)	11,68,385	Yes	Yes
4	Ballia	Ballia (NPP)	1,04,424	Yes	
5	Balrampur	Balrampur (NPP + OG)	82,488	Yes	
6	Bareilly	Bareilly (M Corp. + OG)	9,04,797		Yes
7	Basti	Basti (NPP)	1,14,657	Yes	
8	Bijnor	Bijnor (NPP)	93,297	Yes	
9	Bulandshahar	Khurja (NPP + OG)	1,21,207	Yes	
10	Deoria	Deoria (NPP)	1,29,479	Yes	
11	Etawah	Etawah (NPP)	2,56,838	Yes	
12	Faizabad	Faizabad (NPP)	1,65,228	Yes	
13	Farrukhabad	Farrukhabad-cum-Fatehgarh (NPP)	2,76,581		yes
14	Fatehpur	Fatehpur (NPP)	1,93,193	Yes	
15	Firozabad	Firozabad (NPP)	6,04,214	Yes	
16	Ghaziabad	Ghaziabad (M Corp.)	16,48,643	Yes	yes
17	Ghaziabad	Loni (NPP)	5,16,082	Yes	
18	Ghaziabad	Modinagar (NPP)	1,30,325	Yes	
19	Ghazipur	Ghazipur (NPP + OG)	1,21,020	Yes	
20	Gonda	Gonda (NPP)	1,14,046	Yes	
21	Gorakhpur	Gorakhpur (M Corp.)	6,73,446	Yes	
22	Hapur	Hapur (NPP)	2,62,983		Yes
23	Jaunpur	Jaunpur (NPP)	1,80,362	Yes	
24	Jhansi	Jhansi (M Corp.)	5,05,693	Yes	yes
25	Kannauj	Kannauj (NPP)	84,862	Yes	
26	Kanpur Nagar	Kanpur (M Corp. + OG)	27,68,057	Yes	yes
27	Kheri	Lakhimpur (NPP)	1,51,993	Yes	
28	Lucknow	Lucknow (M Corp.)	28,17,105	Yes	yes
29	Mathura	Mathura (NPP)	3,49,909	Yes	
30	Mathura	Vrindavan (NPP)	63,005	Yes	
31	Mau	Maunath Bhanjan (NPP)	2,78,745	Yes	
32	Meerut	Meerut (M Corp.)	13,05,429	Yes	yes
33	Moradabad	Moradabad (M Corp.)	8,87,871	Yes	
34	Muzaffarnagar	Muzaffarnagar (NPP)	3,92,768	Yes	
35	Saharanpur	Saharanpur (M Corp.)	7,05,478	Yes	yes
36	Sambhal	Sambhal (NPP)	2,20,813	Yes	
37	Shahjahanpur	Shahjahanpur (NPP)	3,29,736	Yes	yes
38	Sidharthnagar	Siddharthnagar (NPP)	25,422	Yes	
39	Sitapur	Laharpur (NPP)	61,990	Yes	
40	Unnao	Unnao (NPP)	1,77,658	Yes	
41	Varanasi	Varanasi (M Corp.)	11,98,491	Yes	yes
Total			**3,14,18,465**	**38**	**14**

GIS mapping will be taken up for the remaining 90 cities and towns. Budget is therefore being proposed for GIS mapping of only 90 cities and towns as per the prescribed norms.

Listing and Mapping of Households in slums and Key Focus Areas

Listing and mapping of households will provide accurate numbers for population their family size and composition residing in slums. Currently, estimates of population residing in slums are available from District Urban Development Agency (DUDA) and National Polio Surveillance Project as the immunization micro plans (under NPSP) provide updated estimates of slum and vulnerable populations and are expected to be fairly complete. The current plan for covering slums is based on the currently available data of urban population of each city.

Once the ASHA are deployed they will list all households and fill the Slum Health Index Registers (SHIR) including the number and details of family members in each household. This data will be compiled for each city and will provide the population composition of slums and key focus areas. This will also help the urban ASHA know her community better and build a rapport with the families that will go a long way in helping her advocate for better health behaviours and link communities to health facilities under the NUHM. It is expected that once the household mapping is completed in cities, the number of ASHAs will be reviewed and adjusted upwards or downwards and the geographical boundaries of the coverage area for each ASHA would be realigned. This is due to the reason that the actual population may be higher or lower than the original estimate used for planning.

Facility Survey for gaps in infrastructure, HR, equipment, drugs and consumables

Facility survey will be carried out in the public facilities to assess the gaps in infrastructure, human resource, equipment, drugs and consumables availability as against expected patient load. Further planning, particularly for UCHCs, will be based on these gaps. This work will be outsourced to a research agency. Development Partners like Urban Health Initiative and Health of the Urban Poor projects will technically support this effort.

Baseline Survey

The NUHM aims to strengthen the bridge between households, communities, and the government's health and health determinant provisioning system primarily by mobilizing families and communities to more fully engage to avail the services mandated under the mission, to improve household and community health practices, ultimately leading to improved key reproductive, maternal, neonatal and child health (RMNCH) outcomes.

To set benchmarks and assess achievement during the life cycle of the program the state would conduct a baseline household health survey in all the 131 identified and listed cities

Objective of the baseline

1. To assess following prevalent behaviours and practices in various RMNCH and WASH (water, sanitation and hygiene) issues and preferred choice of providers in seeking treatment
2. To understand the health risks and vulnerability situation among urban poor
3. To understand the context of the program for expected behaviour change through addressing those constructs
4. To provide evidence to modify program design and re-strategize for better outcomes, if necessary

The baseline would take into account the Standard Living Index (SLI) with logical representation from slum and non-slum communities and would allocate weight age specifically to household factors and to women and children.

The following factors would be considered in covering the target population -

1. The expected baseline value of key behavioural indicators
2. Possibility to detect the magnitude of desired change

3. Confidence level
4. Statistical power
5. Design effect

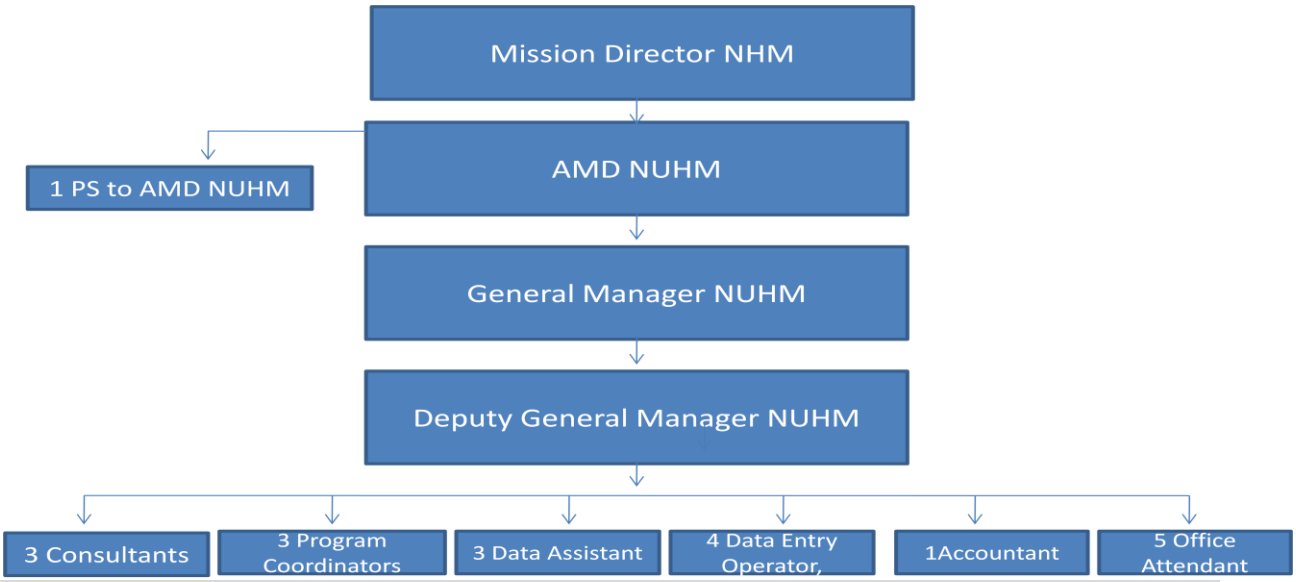
The proposed budget for base line survey would be on the basis of letter of Ministry (MoHUPA) which clearly states the financial norms for conducting survey in the slums for gathering data. (Considering factors of households and women & children) has been drawn for estimating the numbers and costs thereof –

Population Criteria	Financial Norms provided by MoHUPA in 2008 for Base Line Survey	10% increase as per current rates	Towns to be covered under NUHM	Proposed amount for Base line survey in NUHM
Population more than 40 Lakhs	1,000,000	1,100,000	0	-
Population between 10 Lakhs to 40 Lakhs	700,000	770,000	7	5,390,000
Population between 5 Lakhs to 10 Lakhs	500,000	550,000	9	4,950,000
Population between 1 Lakhs to 5 Lakhs	300,000	330,000	47	15,510,000
Population below 1 Lakh	200,000	220,000	68	14,960,000
Total			**131**	**40,810,000**

Programme Management Arrangements

State level

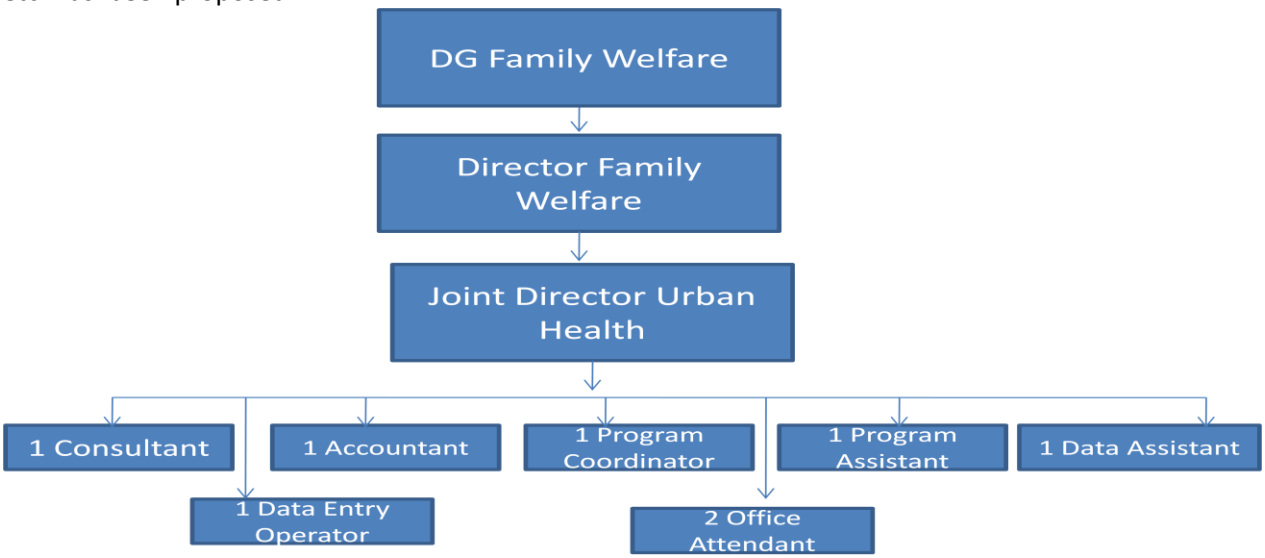
1. The Government of Uttar Pradesh has passed necessary resolutions and GO for planning and implementation of the NUHM in the state. According to GOI guideline Ministries and Departments of Minority Affairs, Poverty Alleviation and other department will be included as members of the existing State Health Mission, State Health Society, District Health Mission, District Health Society and RKS at different level in MOU. Strengthening of different societies and opening of NUHM accounts at different level is under process.
2. NUHM will be implemented by existing District Health Society with additional Stakeholders members such as DUDA.
3. Urban Health Cell is already in place and functional at the SPMU and at the Directorate Health & Family Welfare. These Cells will be further strengthened.



Proposed Human Resource at State Urban Health Cell under NUHM:

Proposed Human Resource at State Urban Health Cell at DG FW office:

A position of Joint Director (Urban) exists at the office of Director General H&FW which will continue to support NUHM program implementation. Additional support in the form of HR and infrastructure etc. has been proposed.



However 01 Programme Assistant and 01 Data Assistant are already approved under urban RCH chapter of NRHM since last five years and working at Urban Health Cell at DG FW office.

The Urban Health Cell at the state level is working closely with Development Partners for planning of NUHM, particularly Urban Health Initiative and Health of the Urban Poor projects and they will be supporting the state in the rolling out of the NUHM program in the state. Additional partners are being encouraged to support based on their specific expertise and urban presence.

District level

- Government Orders will be issued to the District Health Society for inclusion of Urban Local Bodies and District Urban Development Agency in 75 districts.
- The State plans to designate the District Health Society under the chairmanship of the District Magistrate as the implementing authority for NUHM in all 75 districts.
- Fund flow mechanisms have been set up and separate accounts will be opened at the state and in all districts for receiving the NUHM funds.
- Urban Health will be included as a key agenda item for review by the District Health Society with participation of city level urban stakeholders.
- An Additional / Deputy CMOs have been designated as the nodal officer for NUHM at the district level. The District Program Management Unit will co-opt implementation of NUHM program in the district. District Program Manager will be nodal at DPMU level for NUHM activities. To support this the following additional staff and funds are proposed for strengthening the District Program Management Units for implementing NUHM:
    a. Urban Health Coordinator will be recruited per DPMU and Data cum Accountant Assistant will be recruited city wise. Total 75 Urban Health Coordinators and 131 DCAA have been proposed. 75 Urban Health Coordinators and 83 DCAAs have been approved by GOI in 2013-14 ROP of NUHM. They will be hired by external agency NHSRC etc, New Delhi as in previous year under NRHM.
    b. Mobility support in the form of hired vehicle is being proposed for each DPMU.
    c. A onetime expense for computers, printer, furniture and Laptop for the above staff has been budgeted along with the recurring operations expenses.

Urban-Primary Health Centres (U-PHCs)

Urban Primary Health Centres (U-PHCs) will be the most peripheral fixed health facilities for the urban areas under NUHM and are expected to serve as the first point of contact for the community. Each U-PHC will cater to approx 50,000 populations with locations that enable access for urban poor communities. The timings for the U-PHCs will be customized to suit the needs of urban populations. IPHS guidelines for PHCs will be followed and quality assurance mechanisms will put in place.

Communication activities will be taken up at the UPHC level for popularising the presence of the UPHC and the special clinics and making the community aware about the timings of doctors' clinics. Signage boards that guide the patients from the main road and key transport hubs to the UPHC will be displayed. Citizens' Charter, Essential Drug List and Immunization Schedule and other entitlements under various government schemes such as JSY and JSSK. Health messages of safe motherhood, child care, family planning and control of common diseases will be displayed at the UPHCs for the community to demand timely and quality health services. Safe Motherhood booklet and Mother Child Protection Cards will be made available at the UPHCs for use by pregnant women. MAS trainings will include the list of services and drugs to be available to the community so that they can advocate for quality services for the urban poor.

Suitable health facilities running in other government premises (DUDA, Nagar Nigam, State government building etc) will be attempted to be co-opted and all C & D-type Urban Health Posts, UFWCs, and few PPCs will be taken up and the following budget estimates are being proposed –

1. If the building can be renovated, budget of Rs.10,00,000 has been proposed for renovation and up-gradation.
2. If the building is in a dilapidated condition, the UPHC will be run out of a rented premises and rent has accordingly been budgeted for 2014-15.

In year 2014-15 Total 638 U-PHC are being proposed.

Total 134 Urban Health Posts and 13 Urban Family Welfare centre running from State budget are being taken from existing facilities for U-PHC out of that 46 will be renovated. Those Urban Health Posts funded by State budget which are not within or close to the slums and do not have adequate space for up-gradation to UPHCs will be shifted to other rented premises located within or close to slums.

131 Urban Health Posts running under NRHM budget are being proposed as U-PHC out of that 13 will be renovated and other will run in rented building.

260 New U-PHc are being proposed, out of that 34 govt. building of health Nagar Nigam, Labour department and other will be renovated. Other U-PHCs will be established in rented building.

The construction of 3 new building for UPHC is being proposed in year 2014-15.

In year 2013-14 GOI has approved 100 New U-PHC and strengthening of 115 U-PHC and budget has been approved for 3months. Budget has been put under committed liability.

HR is being proposed as per norm and after gap analysis for 6 months for new staff and 1 year for already existing staff working at Urban Health Posts under Urban RCH component of NRHM.

Detail of Urban Health Facilities to be undertaken under NUHM

Detail of U-PHCs to be strengthened under NUHM 2014-15														
S. No.	District	S.No.	Name	Total Urban Population	Urban Health facility budgeted by State budget	NRHM Budgeted Urban Health Posts	Total Existing	New UPHCs proposed	State Govt Health Facilities		UHPs Budgeted under NRHM		New U-PHCs proposed		Total
									Strengthening for Govt building	Rent for Govt.	Strengthening for NRHM building	Rent for NRHM	Strengthening for NUHM building	Rent for NUHM building	
1	Agra	1	Agra (M Corp.)	1585704	15	9	24	8	7	8	0	9	0	8	32
		2	Aligarh (M Corp.)	874408	7	7	14	4	2	5	0	7	0	4	18
2	Aligarh	3	Atrauli (NPP)	50412	0	0	0	1	0	0	0	0	1	0	1
3	Allahabad	4	Allahabad (M Corp. + OG)	1168385	11	7	18	6	4	7	0	7	0	6	24
		5	Bareilly (M Corp. + OG)	904797	2	5	7	11	1	1	0	5	0	11	18
		6	Faridpur (NPP)	78249	0	0	0	2	0	0	0	0	0	2	2
		7	Baheri (NPP)	68413	0	0	0	1	0	0	0	0	0	1	1
4	Bareilly	8	Aonla (NPP)	55629	0	0	0	1	0	0	0	0	0	1	1
		9	Nagina (NPP)	95246	0	0	0	2	0	0	0	0	0	2	2
		10	Bijnor (NPP)	93297	0	1	1	1	0	0	0	1	0	1	2
		11	Najibabad (NPP)	88535	0	0	0	1	0	0	0	0	0	1	1
		12	Chandpur (NPP)	83441	0	0	0	1	0	0	0	0	1	0	1
		13	Sherkot (NPP)	62226	0	0	0	1	0	0	0	0	0	1	1
		14	Kiratpur (NPP + OG)	61946	0	0	0	1	0	0	0	0	0	1	1
		15	Seohara (NPP + OG)	53296	0	0	0	1	0	0	0	0	0	1	1
5	Bijnor	16	Dhampur (NPP)	50997	0	0	0	1	0	0	0	0	0	1	1
		17	Budaun (NPP)	159285	0	3	3	0	0	0	0	3	0	0	3
		18	Sahaswan (NPP)	66204	0	0	0	1	0	0	0	0	0	1	1
6	Budaun	19	Ujhani (NPP)	62039	0	0	0	1	0	0	0	0	0	1	1
		20	Bulandshahr (NPP + OG)	230024	0	4	4	0	0	0	0	4	0	0	4
		21	Khurja (NPP + OG)	121207	0	0	0	2	0	0	0	0	0	2	2
		22	Sikandrabad (NPP)	81028	0	0	0	1	0	0	0	0	0	1	1
		23	Jahangirabad (NPP)	59858	0	0	0	1	0	0	0	0	0	1	1
7	Bulandshahar	24	Gulaothi (NPP)	50823	0	0	0	1	0	0	0	0	0	1	1
8	Etawah	25	Etawah (NPP)	256838	0	6	6	0	0	0	0	6	0	0	6

9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	276581	0	2	2	3	0	0	0	2	0	3	5
		27	Firozabad (NPP)	604214	2	4	6	6	2	0	0	4	0	6	12
		28	Shikohabad (NPP)	107404	0	0	0	2	0	0	0	0	0	2	2
10	Firozabad	29	Tundla (NPP)	50423	0	0	0	1	0	0	0	0	0	1	1
		30	Noida (CT)	637272	0	1	1	12	0	0	0	1	0	12	13
		31	Greater Noida (CT)	102054	0	0	0	2	0	0	0	0	0	2	2
11	GB Nagar	32	Dadri (NPP)	91189	0	0	0	2	0	0	0	0	0	2	2
		33	Ghaziabad (M Corp.)	1648643	9	10	19	14	0	9	0	10	0	14	33
		34	Loni (NPP)	516082	0	0	0	10	0	0	0	0	0	10	10
		35	Khora (CT)	190005	0	0	0	2	0	0	0	0	0	2	2
		36	Modinagar (NPP)	130325	0	0	0	3	0	0	0	0	0	3	3
12	Ghaziabad	37	Muradnagar (NPP)	95208	0	0	0	2	0	0	0	0	0	2	2
13	Gorakhpur	38	Gorakhpur (M Corp.)	673446	15	8	23	0	0	15	0	8	0	0	23
		39	Hapur (NPP)	262983	0	0	0	5	0	0	0	0	0	4	4
14	Hapur	40	Pilkhuwa (NPP)	83736	0	0	0	2	0	0	0	0	0	2	2
		41	Hardoi (NPP + OG)	197029	0	1	1	3	0	0	0	1	0	3	4
		42	Shahabad (NPP)	80226	0	0	0	1	0	0	0	0	0	1	1
15	Hardoi	43	Sandila (NPP)	58346	0	0	0	1	0	0	0	0	0	1	1
		44	Orai (NPP + OG)	190575	0	2	2	2	0	0	0	2	0	2	4
		45	Jalaun (NPP)	56909	0	0	0	1	0	0	0	0	0	1	1
		46	Konch (NPP)	53412	0	0	0	1	0	0	0	0	0	1	1
16	Jalaun	47	Kalpi (NPP)	51670	0	0	0	1	0	0	0	0	0	1	1
		48	Jhansi (M Corp.)	505693	9	3	12	0	1	8	0	3	0	0	12
17	Jhansi	49	Mauranipur (NPP + OG)	61449	0	0	0	1	0	0	0	0	0	1	1
		50	Amroha (NPP)	198471	0	3	3	1	0	0	0	3	0	1	4
		51	Hasanpur (NPP)	61243	0	0	0	1	0	0	0	0	1	0	1
18	J.P Nagar	52	Gajraula (NP)	55048	0	0	0	1	0	0	0	0	0	1	1
		53	Kannauj (NPP)	84862	0	2	2	0	0	0	0	2	0	0	2
19	Kannauj	54	Chhibramau (NPP)	60986	0	1	1	0	0	0	0	1	0	0	1
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	2768057	11	13	24	36	4	7	4	9	22	14	60
		56	Lakhimpur (NPP)	151993	0	2	2	1	0	0	0	2	0	1	3
21	Kheri	57	Gola Gokaran Nath (NPP)	60172	0	0	0	1	0	0	0	0	0	1	1
22	Lucknow	58	Lucknow (M Corp.)	2817105	11	26	37	19	8	3	6	20	5	14	56
		59	Mathura (NPP)	349909	0	4	4	3	0	0	0	4	0	3	7
		60	Vrindavan (NPP)	63005	0	0	0	1	0	0	0	0	0	1	1
23	Mathura	61	Kosi Kalan (NPP + OG)	60074	0	0	0	1	0	0	0	0	0	1	1
24	Mau	62	Maunath Bhanjan (NPP)	278745	0	2	2	3	0	0	0	2	0	3	5
		63	Meerut (M Corp.)	1305429	8	11	19	7	5	3	0	11	0	7	26
		64	Mawana (NPP)	81443	0	0	0	1	0	0	0	0	0	1	1
25	Meerut	65	Sardhana (NPP)	58252	0	0	0	1	0	0	0	0	0	1	1
26	Moradabad	66	Moradabad (M Corp.)	887871	13	13	26	0	1	12	0	13	0	0	26
		67	Muzaffarnagar (NPP)	392768	0	2	2	6	0	0	0	2	0	6	8
27	Muzaffarnagar	68	Khatauli (NPP)	72949	0	0	0	1	0	0	0	0	0	1	1

		69	Budhana (NP + OG)	53722	0	0	0	1	0	0	0	0	0	1	1
28	Rae Bareli	70	Rae Bareli (NPP)	191316	0	1	1	3	0	0	0	1	0	3	4
29	Rampur	71	Rampur (NPP)	325313	3	1	4	2	0	3	0	1	0	2	6
		72	Saharanpur (M Corp.)	705478	9	8	17	0	5	4	0	8	0	0	17
		73	Deoband (NPP)	97037	0	0	0	2	0	0	0	0	0	2	2
30	Saharanpur	74	Gangoh (NPP)	59279	0	0	0	1	0	0	0	0	0	1	1
		75	Shahjahanpur (NPP)	329736	7	3	10	0	0	7	0	3	0	0	10
31	Shahjahanpur	76	Tilhar (NPP)	61444	0	0	0	1	0	0	0	0	0	1	1
		77	Sitapur (NPP)	177234	0	1	1	2	0	0	0	1	0	2	3
		78	Laharpur (NPP)	61990	0	0	0	1	0	0	0	0	0	1	1
		79	Biswan (NPP)	55780	0	0	0	1	0	0	0	0	0	1	1
32	Sitapur	80	Mahmudabad (NPP)	50777	0	0	0	1	0	0	0	0	0	1	1
		81	Unnao (NPP)	177658	0	1	1	2	0	0	0	1	0	2	3
33	Unnao	82	Gangaghat (NPP)	84072	0	2	2	0	0	0	0	2	0	0	2
34	Varanasi	83	Varanasi (M Corp.)	1198491	15	9	24	0	6	9	0	9	0	0	24
		84	Ambedkarnagar (Mcorp+OG)	111447	0	2	2	0	0	0	0	2	0	0	2
35	Ambedkarnagar	85	Ambedkarnagar Tanda	95516	0	1	1	1	0	0	0	1	0	1	2
36	Amethi	86	Amethi(NP)	13849	0	0	0	0	0	0	0	0	0	0	0
37	Auraiya	87	Auraiya (NPP)	87736	0	1	1	0	0	0	0	1	0	0	1
		88	Azamgarh (NPP)	110983	0	1	1	0	0	0	0	1	0	0	1
38	Azamgarh	89	Azam Mubarakpur	70463	0	1	1	0	0	0	0	1	0	0	1
		90	Baghpat Baraut (NPP)	103764	0	1	1	1	0	0	0	1	0	1	2
39	Baghpat	91	Baghpat (NPP)	50310	0	1	1	0	0	0	0	1	0	0	1
40	Bahraich	92	Bahraich (NPP)	186223	0	1	1	2	0	0	0	1	2	0	3
41	Ballia	93	Ballia (NPP)	104424	0	1	1	1	0	0	0	1	0	1	2
42	Balrampur	94	Balrampur (NPP + OG)	82488	0	1	1	0	0	0	0	1	0	0	1
43	Banda	95	Banda (NPP + OG)	160473	0	1	1	0	0	0	0	1	0	0	1
44	Barabanki	96	Nawabganj (NPP + OG)	81486	0	1	1	0	0	0	0	1	0	0	1
45	Basti	97	Basti (NPP)	114657	0	2	2	0	0	0	0	2	0	0	2
46	Chandauli	98	Mughalsarai (NPP)	109650	0	0	0	2	0	0	0	0	0	2	2
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	57402	0	1	1	0	0	0	1	0	0	0	1
48	Deoria	100	Deoria (NPP)	129479	0	3	3	0	0	0	0	3	0	0	3
49	Etah	101	Etah (NPP)	118517	0	1	1	1	0	0	0	1	0	1	2
		102	Faizabad (NPP)	165228	0	5	5	0	0	0	0	5	0	0	5
50	Faizabad	103	Ayodhya (NPP)	55890	0	0	0	1	0	0	0	0	1	0	1
51	Fatehpur	104	Fatehpur (NPP)	193193	0	1	1	3	0	0	0	1	0	3	4
52	Ghazipur	105	Ghazipur (NPP + OG)	121020	0	2	2	0	0	0	0	2	0	0	2
53	Gonda	106	Gonda (NPP)	114046	0	2	2	0	0	0	0	2	0	0	2
54	Hamirpur	107	Rath (NPP)	100514	0	1	1	1	0	0	0	1	1	0	2
55	Hathras	108	Hathras (NPP + OG)	143020	0	1	1	2	0	0	0	1	0	2	3
56	Jaunpur	109	Jaunpur (NPP)	180362	0	1	1	2	0	0	0	1	0	2	3
57	Kanpur Dehat	110	Akbarpur (NP)	20445	0	0	0	0	0	0	0	0	0	0	0
58	Kasganj	111	Kasganj (NPP)	101277	0	1	1	1	0	0	0	1	0	1	2

59	Kaushambi	112	Manjhanpur (NP)	16457	0	1	1	0	0	0	0	1	0	0	1
60	Kushinagar	113	Padrauna (NPP)	49723	0	1	1	0	0	0	0	1	0	0	1
61	Lalitpur	114	Lalitpur (NPP)	133305	0	1	1	1	0	0	0	1	0	1	2
62	Maharajganj	115	Maharajganj (NPP)	33930	0	1	1	0	0	0	0	1	0	0	1
63	Mahoba	116	Mahoba (NPP)	95216	0	2	2	0	0	0	0	2	0	0	2
64	Mainpuri	117	Mainpuri (NPP + OG)	136557	0	3	3	0	0	0	1	2	0	0	3
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	234871	0	1	1	3	0	0	0	1	0	3	4
		119	Pilibhit (NPP)	127988	0	1	1	1	0	0	0	1	0	1	2
66	Pilibhit	120	Bisalpur (NPP)	73551	0	0	0	1	0	0	0	0	0	1	1
67	Pratapgarh	121	Bela Pratapgarh (NPP)	76133	0	1	1	0	0	0	0	1	0	0	1
		122	Chandausi (NPP)	114383	0	0	0	2	0	0	0	0	0	2	2
68	Sambhal	123	Sambhal (NPP)	220813	0	0	0	4	0	0	0	0	0	4	4
69	Sant Kabir Nagar	124	Khalilabad (NPP)	47847	0	2	2	0	0	0	0	2	0	0	2
70	Bhadohi (NPP)	125	Bhadohi (NPP)	94620	0	1	1	0	0	0	0	1	0	0	1
		126	Shamli (NPP)	107266	0	0	0	2	0	0	0	0	0	2	2
71	Shamli	127	Kairana (NPP)	89000	0	0	0	1	0	0	0	0	0	1	1
72	Shrawasti	128	Bhinga (NP)	23780	0	0	0	0	0	0	0	0	0	0	0
73	Sidharthnagar	129	Siddharthnagar (NPP)	25422	0	1	1	0	0	0	0	1	0	0	1
74	Sonabhadra	130	Sonbhadra (NPP)	36689	0	1	1	0	0	0	1	0	0	0	1
75	Sultanpur	131	Sultanpur (NPP)	107640	0	2	2	0	0	0	0	2	0	0	2
				3,14,53,923	**147**	**231**	**378**	**261**	**46**	**101**	**13**	**218**	**34**	**226**	**638**

The following staff is being proposed for each Urban PHC:

1. 2 Doctors (MBBS, preferably 1 Male and 1 Female) will be hired for each UPHC and will run daily out-patient clinic, ensure supplies and provide overall management.
2. 2 Staff Nurses to support Doctor to run routine OPD and special clinics. It is envisaged that each nurse will be given specific responsibilities for RMNCH+A, National Programme and geriatric counselling. They will also support clinical services such as insertion of IUCDs.
3. 1 Lab Technician will conduct the basic lab diagnostic tests such as Complete Blood Count, blood sugar, urine tests, sputum AFB tests, VDRL, peripheral smear for malaria and other tests as needed.
4. 1 Pharmacist will dispense medicines, administer injections and fluids in case of emergency. He will be responsible for maintaining inventory for equipments, drugs and other commodities.
5. 3 Support staff (1 Ayah, 1 Ward Boy and 1 Sweeper cum *Chowkidar*) will be responsible for cleanliness and security of the UPHC and the required support to the clinical staff.
6. 1 HMIS/MCTS data entry operator will be responsible to maintain IT based HMIS/MCTS system on UPHC level.

Rogi Kalyan Samitis (RKS) will be constituted at each UPHC according to GoI guideline . Members will take the lead in ensuring quality and services to the community as per the guidelines and norms. Each RKS will have a separate account in which the untied grant will be transferred.

Urban-Community Health Centres (U-CHCs)

Urban Community Health Centres (U-CHCs) are envisaged to provide in-patient and specialized care to urban population and are planned for about 2.5 Lakhs population each. The state proposes to strengthen 19 existing urban hospitals as U-CHCs in the state and plan more extensively for U-CHCs in the subsequent years –

Sl. No.	District	Number and names of health facility to be upgraded to U-CHCs
1.	Lucknow	8 Bal Mahila Chiiktsalayas and Prasuti Grahs and 1 Urban Model U_CHC at TB hospital Thakur Ganj
2.	Varanasi	4 CHCs- Prasuti Grah Durgapur, Prasuti Grah Chowkaghat, Rajkiya Chiktsalaya Shivpur and Rajkiya Chiktsalaya Delupur
3.	Shahjahanpur	1 CHC in old District Hospital Campus
4.	Kanpur Nagar	5 CHC, State T.B.Hospital Raipurwa, State T.B.Hospital Babupurwa, Chacha Nehru Hospital Koparganj, Jageshwar Hospital Govindnagar, PHC Gujeni

Above mentioned facilities are being proposed for Up-gradation as U-CHCs by providing specialists, staff nurses, support staff, data assistants and drivers for ambulances and infrastructure strengthening (renovation, computer for each BMC, untied grant and drugs). GOI has approved additional HR in 8 BMCs and administrative approval for U-CHC at T.B. Hospital.

Strengthening Outreach to urban slums

I. **Intensifying the reach of ANMs**
II. **Urban ASHAs**
III. **Mahila Arogya Samitis (MAS)**
IV. **Urban Health and Nutrition Days**
V. **Outreach Camps**
VI. **IEC/BCC Activities**

Proposed no. of No of ANMs,medical Officers, ASHA, MAS, UHNDs and outreach camps under NUHM													
				ANMs			Medical Officers			MAS	ASHA	UHND	Outreach camps
Sl.	District	Name	Population	Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 14-15	Proposed Number of ASHAs 14-15	No. of UHSNDs planned for 9 month	No. of special outreach camps for 9 months
1	Agra	Agra (M Corp.)	1,585,704	160	15	145	64	15	49	1250	625	5760	864
2	Aligarh	Aligarh (M Corp.)	924,820	92	7	85	38	7	31	830	415	3312	513
3	Allahabad	Allahabad (M Corp. + OG)	1,168,385	116	11	105	48	11	37	680	340	4176	648
4	Bareilly	Bareilly (M Corp. + OG)	1,107,088	90	2	88	44	2	42	452	226	3240	594
5	Bijnor	Bijnor (NPP)	588,984	50	0	50	20	0	20	150	75	1800	270
6	Budaun	Budaun (NPP)	287,528	25	0	25	10	0	10	144	72	900	135
7	Bulandshahar	Bulandshahr (NPP + OG)	542,940	45	0	45	18	0	18	308	154	1620	243
8	Etawah	Etawah (NPP)	256,838	30	0	30	12	0	12	74	37	1080	108
9	Farrukhabad	Farrukhabad-cum-Fatehgarh (NPP)	276,581	25	0	25	10	0	10	182	91	900	135
10	Firozabad	Firozabad (NPP)	762,041	75	2	73	30	2	28	432	216	2700	405
11	GB Nagar	Noida (CT)	830,515	85	0	85	34	0	34	20	10	3060	765
12	Ghaziabad	Ghaziabad (M Corp.)	2,580,263	250	9	241	100	9	91	570	285	9000	1350
13	Gorakhpur	Gorakhpur (M Corp.)	673,446	67	15	52	46	15	31	616	308	2412	621
14	Hapur	Hapur (NPP)	346,719	30	0	30	12	0	12	142	71	1080	162
15	Hardoi	Hardoi (NPP + OG)	335,601	30	0	30	12	0	12	68	34	1080	162
16	Jalaun	Orai (NPP + OG)	352,566	35	0	35	14	0	14	102	51	1260	189
17	Jhansi	Jhansi (M Corp.)	567,142	55	9	46	26	9	17	232	116	1980	351
18	JP Nagar	Amroha (NPP)	314,762	30	0	30	12	0	12	132	66	1080	162
19	Kannauj	Kannauj (NPP)	145,848	15	0	15	6	0	6	28	14	540	81
20	Kanpur Nagar	Kanpur (M Corp. + OG)	2,768,057	300	11	289	120	11	109	650	325	10800	1620

21	Kheri	Lakhimpur (NPP)	212,165	20	0	20	8	0	8	18	9	720	108
22	Lucknow	Lucknow (M Corp.)	2,817,105	280	11	269	112	11	101	1132	566	10080	1512
23	Mathura	Mathura (NPP)	472,988	47	0	47	18	0	18	302	151	1692	243
24	Mau	Maunath Bhanjan (NPP)	278,745	25	0	25	10	0	10	64	32	900	135
25	Meerut	Meerut (M Corp.)	1,445,124	140	8	132	56	8	48	1176	588	5040	756
26	Moradabad	Moradabad (M Corp.)	887,871	89	13	76	52	13	39	460	230	3204	702
27	Muzaffarnagar	Muzaffarnagar (NPP)	519,439	50	0	50	20	0	20	144	72	1800	270
28	Rae Bareli	Rae Bareli (NPP)	191,316	19	0	19	8	0	8	56	28	684	108
29	Rampur	Rampur (NPP)	325,313	30	3	27	12	3	9	124	62	1080	162
30	Saharanpur	Saharanpur (M Corp.)	861,794	86	9	77	40	9	31	456	228	3096	540
31	Shahjahanpur	Shahjahanpur (NPP)	391,180	39	7	32	22	7	15	262	131	1404	297
32	Sitapur	Sitapur (NPP)	345,781	30	0	30	12	0	12	84	42	1080	162
33	Unnao	Unnao (NPP)	261,730	25	0	25	10	0	10	80	40	900	135
34	Varanasi	Varanasi (M Corp.)	1,198,491	120	15	105	48	15	33	570	285	4320	648
35	Ambedkarnagar	Ambedkarnagar (Mcorp+OG)	206,963	20	0	20	8	0	8	70	35	720	108
36	Amethi	Amethi(NP)	13,849	2	0	2	0	0	0	8	4	72	9
37	Auraiya	Auraiya (NPP)	87,736	5	0	5	2	0	2	0	0	324	27
38	Azamgarh	Azamgarh (NPP)	181,446	18	0	18	4	0	4	78	39	648	54
39	Baghpat	Baghpat (NPP)	154,074	15	0	15	6	0	6	76	38	540	81
40	Bahraich	Bahraich (NPP)	186,223	15	0	15	6	0	6	74	37	540	81
41	Ballia	Ballia (NPP)	104,424	10	0	10	4	0	4	68	34	360	54
42	Balrampur	Balrampur (NPP + OG)	82,488	7	0	7	2	0	2	40	20	252	27
43	Banda	Banda (NPP + OG)	160,473	8	0	8	2	0	2	12	6	288	27
44	Barabanki	Nawabganj (NPP + OG)	81,486	5	0	5	2	0	2	8	4	180	27
45	Basti	Basti (NPP)	114,657	10	0	10	4	0	4	56	28	360	54
46	Chandauli	Mughalsarai (NPP)	109,650	10	0	10	4	0	4	24	12	360	54
47	Chitrakoot	Chitrakoot Dham (Karwi) (NPP)	57,402	5	0	5	2	0	2	12	6	36	27
48	Deoria	Deoria (NPP)	129,479	15	0	15	6	0	6	64	32	540	81
49	Etah	Etah (NPP)	118,517	10	0	10	4	0	4	36	18	360	54
50	Faizabad	Faizabad (NPP)	221,118	30	0	30	12	0	12	70	35	1080	162
51	Fatehpur	Fatehpur (NPP)	193,193	20	0	20	8	0	8	76	38	720	108
52	Ghazipur	Ghazipur (NPP + OG)	121,020	10	0	10	4	0	4	60	30	360	54
53	Gonda	Gonda (NPP)	114,046	10	0	10	4	0	4	10	5	360	54
54	Hamirpur	Rath (NPP)	100,514	8	0	8	4	0	4	24	12	288	54
55	Hathras	Hathras (NPP + OG)	143,020	14	0	14	6	0	6	60	30	504	81

56	Jaunpur	Jaunpur (NPP)	180,362	18	0	18	6	0	6	18	9	648	81
57	Kanpur Dehat	Akbarpur (NP)	20,445	2	0	2	0	0	0	16	8	72	9
58	Kasganj	Kasganj (NPP)	101,277	10	0	10	4	0	4	32	16	360	72
59	Kaushambi	Manjhanpur (NP)	16,457	2	0	2	2	0	2	6	3	72	3
60	Kushinagar	Padrauna (NPP)	49,723	5	0	5	2	0	2	22	11	180	27
61	Lalitpur	Lalitpur (NPP)	133,305	10	0	10	4	0	4	6	3	360	54
62	Maharajganj	Maharajganj (NPP)	33,930	3	0	3	2	0	2	26	13	108	27
63	Mahoba	Mahoba (NPP)	95,216	10	0	10	4	0	4	38	19	360	54
64	Mainpuri	Mainpuri (NPP + OG)	136,557	13	0	13	6	0	6	84	42	468	81
65	Mirzapur	Mirzapur-cum-Vindhyachal (NPP)	234,871	20	0	20	8	0	8	60	30	720	108
66	Pilibhit	Pilibhit (NPP)	201,539	15	0	15	6	0	6	68	34	540	81
67	Pratapgarh	Bela Pratapgarh (NPP)	76,133	7	0	7	2	0	2	8	4	252	27
68	Sambhal	Sambhal (NPP)	335,196	30	0	30	12	0	12	76	38	1080	162
69	Sant Kabir Nagar	Khalilabad (NPP)	47,847	5	0	5	4	0	4	8	4	180	27
70	Bhadohi (NPP)	Bhadohi (NPP)	94,620	9	0	9	2	0	2	36	18	324	27
71	Shamli	Shamli (NPP)	196,266	15	0	15	6	0	6	54	27	540	81
72	Shrawasti	Bhinga (NP)	23,780	2	0	2	0	0	0	6	3	72	6
73	Sidharthnagar	Siddharthnagar (NPP)	25,422	3	0	3	2	0	2	24	12	108	27
74	Sonabhadra	Sonbhadra (NPP)	36,689	4	0	4	2	0	2	32	16	144	27
75	Sultanpur	Sultanpur (NPP)	107,640	10	0	10	4	0	4	90	45	360	54
Total			**31,453,923**	**3,045**	**147**	**2,898**	**1,276**	**147**	**1,129**	**13,626**	**6,813**	**109,620**	**17,469**

i) ANMs

The ANMs will be headquartered at the U-PHCs and will cater to a population of about 10,000 each. They will work in close cooperation with the ASHAs and AWWS in their area of coverage and refer for institutional care to U-PHCs, U-CHCs and other hospitals in the cities.

The key tasks for the ANM will be:

a) Preventive and Promotive health care to households through outreach, weekly health camps in slums
b) ANC and immunization clinics at the U-PHCs
c) Conduct Urban Health Nutrition Days at AWCs in her area
d) Support ASHA for house of house visits for behaviour change

Total 2898 ANMs have been proposed out of that 2623 ANMs have been approved in 83 cities in year 2013-14 ROP and salary has been proposed for 6 months for new ANMs and 1 year for already working ANMs under Urban RCH component under NRHM.

II) Urban ASHAs

The urban ASHA will work on the pattern of rural ASHA and serve as the link between urban poor and health services. There is an ASHA planned for 200 – 500 slum households each and will be assigned such that all slums are covered. These frontline workers will be trained as per the ASHA training modules. The existing training modules for rural ASHAs and the pool of trainers created already will be used for the same. Any specific content on urban contexts, if created for capacity building of ASHAs, the same shall be included in the training plan and content.

Urban ASHAs will conduct the house listing in their assigned area and record the details of all families, married women of reproductive age, pregnant women and children as per the questionnaires which be prescribed or developed. This will help them build rapport with the community and also gain a good understanding of the health needs in her area. It is expected that the actual population listed by the ASHAs may be higher or lower than the population originally used for planning and ASHA selection and assignment. These will be adjusted over time with the objective of providing complete coverage to the slum residents.

The ASHAs will start providing services once they are trained and have completed the mapping of households and Slum Household Index Register (SHIR). They will then be paid incentives based on their performance for the following activities:

a) Organize Urban Health and Nutrition Days
b) Organize outreach camps
c) Organize monthly meeting of MAS
d) Attend the monthly meeting at UPHC
e) Organize community meeting for strengthening preventive and promotive aspects
f) Maintain records as per norms like SHIR, meeting minutes, outreach camp register
g) Additional immunization incentives for achieving complete immunization in her area
h) Incentives built in schemes such as JSY, RNTCP, NVBDCP, Family Planning, Home based newborn care etc.

Total 6813 ASHA has been proposed out of that 6665 ASHAs have been approved by GOI in 83 cities.

III) Mahila Arogya Samitis (MAS)

Mahila Arogya Samitis will function as empowered groups of women that will enable the urban poor communities to access their health entitlements under the various government schemes. Each MAS will consist of 10-12 women from about 50-100 households with an elected chairperson, treasurer and will be supported by the ASHA. MAS will serve as catalysts for behaviour change in communities in their area for practising healthy behaviours and accessing preventive, promotive and curative health services. They will also advocate with the government system for accessible and quality health care for urban poor. Capacity of existing community based institutions will be built to evolve to MAS and if needed new MAS can be set up.

The state will orient and train MAS in priority cities and will provide an annual untied grant to each MAS for mobilization, sanitation and hygiene and emergency health care needs. This will serve as seed money for a revolving fund to be managed by the MAS. The MAS will work closely with the ASHA in the area and serve to improve the health indicators in their area.

Total 13626 MASs have been proposed out of that 13 430 MASs have been approved by GOI in 83 cities in year 2013-14.

IV) Urban Health and Nutrition Days

Urban Health and Nutrition Days will be organized at each Anganwadi center , each ANM will organized 4 UHNDs per month in Slum areas. UHNDs will be organized by close coordination between Anganwadi worker, ASHA and ANM and provide services at the doorstep of the urban slum community. In case there are no Anganwadi centers, the ANM can find a common place in the community to conduct the UHND in coordination with the ASHA.

Supplies for UHNDs will be procured and supplied by the UPHCs where the ANM is based. The ANM can refer cases that need medical attention to the UPHC OPD or the special clinics being run there. The reports generate from the UHNDs will be included in the UPHC performance and all pregnant women registered will be entered in MCTS by HMIS/ MCTS Operator based on the information provided by the ANM after each UHND..

V) Outreach Camps

Special Outreach Camps will be planned with two main objectives:

a. Reach out to vulnerable populations/ slums that are may not access services at UPHCs or UHNDs such as the homeless, rag pickers, street children, rickshaw pullers, constructions, brick and lime kiln workers, sex workers and other temporary migrants with health services that are responsive to their special health needs.
b. Provide more specialised health care services closer to the community for specific preventive and promotive care based on epidemiological and population needs. Some examples of such activities include:
    i. Chronic Lung diseases in factories
    ii. Skin cancer screening in industries where there is exposure to carcinogenic agents
    iii. Screening and treatment for RTIs and STIs among sex workers
    iv. Screening and referral for cataract among the elderly
    v. Screening and referral for TB among high risk populations
    vi. Screening and treatment for vector borne diseases such as malaria, dengue, Japanese Encephalitis, Acute Encephalitic Syndrome in and after the monsoons.

A panel of specialists comprising of various specialists such as gynaecologists, paediatricians, general physicians, ophthalmologists, dermatologists, chest physicians, epidemiological and occupational

diseases will be developed at the city level. As per the need required specialists will be engaged for outreach camps.

The human resource and supplies will be provided for special outreach camps based on the objective and the target population planned to be served. The ANM will take lead in overall organization of the special outreach camps in her area with support from the Urban Health Coordinator. Specialists from the specialists panel created at the city level will be used for these outreach camps and additional specialists may be hired if needed. Reports for these special outreach camps will be compiled as part of the UPHC performance and reported.

VI) IEC/BCC Activities

- National Urban Health Mission is new activity so it needs more IEC. To provide information regarding health services and to change in health seeking behaviour in our target population, strong BCC and IEC activities are required.
- To implement the BCC action plan, State realizes the need of establishing a fully functional IEC Bureau under Family Welfare Directorate and IEC cell at SPMU level. GM, NUHM will coordinate with IEC/BCC cell under FW directorate and GM, IEC at SPMU level to implement programmes related activities.

IEC activities at facility and community level:

- **Facility level:** Budget for visibility of U-PHCs and printing of other IEC material has proposed
- **Community level:** Budget for NUHM hoarding (01 hoarding at average of each 50,000 urban population) has been proposed.

Convergent Actions in NUHM

NUHM will promote both inter-sectoral as well as intra-sectoral convergence to complement resources and efforts for higher population level impact. The convergent actions can be grouped as:-

- Coordination with existing state level health programs and schemes including State AIDS Control Program
- Convergence with other departments and ministries
- Convergence with non-government and academic institutions

NRHM is supporting many programmes for heath improvements for rural populations; some of these also provide benefits and services to the urban populations. These programs have detailed program and financial guidelines, reporting formats and implementation and monitoring systems. NUHM would aim to provide similar benefits to urban populations with a clear focus on health indicators improvement. All programs at the city level will be integrated under the umbrella of the city health plan. The programs that will be integrated include JSY, JSSK, RI, Family Planning, Rashtriya Baal Swasthya Karyakram, Vitamin A supplementation program (BSPM), National Disease Control Programs (RNTCP, IDSP, NVBDCP, NPCB etc) and Non Communicable Disease Control Programme under the umbrella of City Health Plan are well integrated at all levels. The objective of convergence would be optimal utilization of resources and ensuring availability of all services at one point (U-PHC) thereby, enhancing their utilization by the urban population

Public Private Partnership

As evident from various studies, India's public sector health services need major reforms that require active support from private and social sector. There is considerable existing capacity among private providers, which needs to be explored and operationalized. Public Private Partnership (PPP) is clearly a new avenue which is today increasingly being acknowledged by the government as an area of cooperation for developing a healthy society as a whole.

Various National programmes as well as NUHM framework further reiterated the need for partnership with the private sector at the community level and develop specific guidelines for engaging the private sector. The National Urban Health Mission explicitly stated *"In view of presence of larger number of private (for profit and not for profit) health service providers in urban areas, public – private partnerships particularly with not for profit service providers will be encouraged.*

NUHM at the state level will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) will have to be developed for engagement with Private Sector. HUP-PFI will provide the technical assistance in expanding partnerships on urban health.

Broad norms for engaging private partners and NGOs in Strengthening Health Services for the Urban Poor in the state:

- **Strengthen the delivery of services;** Mission will hire the specialist doctors to provide special health services at U-PHC or outreach based on needs on reimbursement basis
- **Potential private partners should be identified and tapped optimally** to improve the quality and health status of urban poor, by capitalizing on the skills of potential partners, encouraging pooling of resources, and supplementing Government's efforts and resources.
- **Appropriate mechanisms for partnering** (or entering into agreement) with the private sector need to be considered, including accreditation methods (for ensuring quality), memorandum of understanding, reporting and monitoring systems etc.
- **Considerable existing capacity among private providers** (NGOs, medical practitioners and other agencies), which would be explored, fruitfully exploited and operationalised.

Presence of active NGOs in several cities in the state presents a unique and powerful opportunity to extend the reach of health services through various ways of outreach and enhancing utilization by raising community demand for the existing services.

- To increase demand and utilization, **involving NGOs in outreach** and referral in the urban poor settings would be a viable option.
- **Establishment of regional diagnostic centers** through public private partnerships (PPP)
- To **develop systems of accrediting private practitioners** for public health goals. These could be for a range of services. Need for transparency in developing protocols, and costs. Community organizations to exercise key role in roll-out of such partnerships. Non Governmental Organizations to build capacity in community organizations to handle such partnerships
- **Strengthening preventive and promotive action for improved health and nutrition** and prevention of diseases at the community level, the State would also provide a framework for pro-active partnership with NGOs/civil society groups

<u>Corporate Social Responsibility (CSR)</u>

- The government has recommended the allocation of a specific proportion of a company's net profit as the budget for CSR activities; as a result, it is expected that corporate sector enterprises would have large funds available for CSR programs.
- Under the recently passed Companies Act 2013, the Government of India has now mandated every company having net worth of rupees of five hundred crore or more, or turnover of rupees one thousand crore or more, or net profit of rupees five crore or more during any financial year.
- The above mandate provides ample opportunities to MoHFW, and State Governments to for leveraging CSR funds and partner with the private and public enterprises to address the Health of the Urban Poor under the aegis of NUHM at state and city level.

City Health plans

- Decentralized district-based health planning has been done in Uttar Pradesh because of the large inter-district variations. In city health plan urban population of census 2011 is being used and Urban slum population from DUDA, NPSP (HRA household)etc. In the absence of vital data at the district level, the State level estimates are being used for formulating district level plans as well as setting the milestones thereof. At present, none of the Surveys provide estimates of core vital indicators on fertility and mortality at district level. The National Family Health Survey (NFHS-3, 2005-06) conducted with periodicity of five years focuses on urban and urban poor and these data are old need to be updated for proper planning .There has, therefore, been a surge in demand from various quarters, in recent years, to generate timely and reliable statistics at the district level for informed decision making in the health sector.

Training

- ULB, Medical and Paramedical staff, Urban ASHAs and MAS will be trained. The trainings will have to be followed by periodic refresher trainings to keep these frontline health workers motivated. NUHM will engage with development organisations to develop the training modules and facilitate the trainings.

Monitoring & Evaluation

- The M&E systems would also capture qualitative data to understand the complexities in health interventions, undertake periodic process documentation and self evaluation cross learning among the Planning Units to be made more systematic.
- The Monitoring and Evaluation framework would be based on triangulation of information. The three components would be Community Based Monitoring, HMIS for reporting and feedback and external evaluations.

Suggestive Activity Plan under NUHM for the state and cities

No.	Activity	Responsibility		Quarter 1	Quarter 2	Quarter 3	Quarter 4
		State level	City level				
1	Establishment of Platform for Convergence at state level						
2	Preparation & finalization of Guidelines for various urban health systemic and programmatic components						
3	Induction of state level staff for Urban Health Cell						
4	Induction of city level staff for Urban Health program						
5	Meeting of DHS for establishment of City Program Management Committee (UH)						
6	Sensitization of new probable members on NUHM						
7	Identification of NGOs for their role under NUHM						
8	Establishment & orientation of City Program Management Committee (UH)						
9	Identification of groups, collectives formed under various govt. programs (like NHG under SJSRY, self help groups etc.) for MAS						
10	Organize meetings with women in slums where no groups could be identified						
11	Formation and restructuring of groups as per MAS guidelines						
12	Orientation of MAS members						
13	Selection of ASHAs						

13a	- Selection of local NGOs for ASHA selection facilitation						
13b	- Listing of local community members as facilitators by NGOs						
13c	- Listing of probable ASHA candidates and finalize selection						
14	Convergence meeting with govt. stakeholders						
15	Mapping & listing exercise (for health facilities and slums)						
15a	- Mapping of all urban health facilities (public & pvt.) for services						
15b	- Mapping of slums (listed and unlisted)						
15c	- House listing of slums/ poor settlements						
16	Planning for strengthening of health facilities/ services						
	- Health Facility Assessment (of public facilities including listing of public facility wise infra & HR requirement)						
17	Baseline survey of urban poor/ slums (KFAs)						
	(to determine vulnerability, morbidity pattern & health status)						
18	Meetings of RKS for all the public health facilities under NUHM						
19	Identification of alternate/ suitable locations for UPHCs under various urban devp. Programs						
20	Strengthening of public health facilities						
	- Selection, training and deployment of HR in pub. health facilities						
21	IEC activities						
22	Outreach camps & UHSNDs (from existing UHPs)						
23	Empanelment of Private Health Facilities for health care provisioning						
24	Involvement of CSR activities						

Services	Community level			U-PHC	U-CHC
	U-ASHA & MAS	Urban Health & Nutrition Day(UHND)	Outreach camps		
Maternal Health	Counselling & behaviour changes , mobilization for ANC care	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up	ANC registration, ANC care, identification of danger sign and referral for institutional delivery and follow up, PNC care initial management of complicated delivery cases and referral,	Delivery (normal and complicated), management of complicated maternal and gynae cases , hospitalization & surgical intervention including blood transfusion
Child care	Home based new born care, postnatal visit, counselling for newborn care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS	counselling for newborn care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS, immunization	counselling for newborn care, exclusive breast feeding, complementary feeding, identification of danger signs, referral and follow-up, distribution of ORS, immunization	Diagnosis and treatment of childhood illnesses, referral of acute and chronic illness, identification and referral of neonatal sickness	Management of complicated paediatric/neonatal cases, hospitalization, surgical intervention, blood transfusion
Family Planning	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Counselling & distribution of OCPs/CCs/ referral for sterilization, follow-up of contraceptives related complication	Distribution of OCPs/CCs ,IUD insertion , referral for sterilization, management of contraceptives related complication	Sterilization operation , fertility treatment
RTI/STI	Referral, community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Referral , community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Referral, community level follow-up for ensuring adherence to treatment regime of cases undergoing treatment	Symptomatic diagnosis and primary treatment and referral of complicated cases	Management of complicated cases , hospitalization
Nutrition deficiency disorder	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt, height and weight measurement, distribution of therapeutic dose of IFA	Promotion of exclusive breast feeding, complementary feeding, nutrition supplement to identified children and PW , promotion of iodized salt, height and weight measurement, distribution of therapeutic dose of IFA, screening of malnourished	Diagnosis and treatment of seriously deficient patient , referral of acute deficiency	Management of acute deficiency cases , hospitalization , treatment , rehabilitation of severe under nutrition

			children and treatment and referral		
National disease control programme	Counselling for practices for vector control and protection	Counselling for practices for vector control and protection	Counselling for practices for vector control and protection, slide collection , testing	Diagnosis and treatment , referral of terminally ill cases	Hospitalization and treatment of terminally ill cases
Chest infection (TB/Asthma)	Symptomatic search and referral for check-up	Symptomatic search and referral for check-up, ensuring adherence to DOTs, other treatment	Symptomatic search and referral for check-up, ensuring adherence to DOTs , other treatment	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Cardiovascular disease	Symptomatic search and referral	BP measurement, symptomatic search and referral , follow-up of under treatment patients	BP measurement, symptomatic search and referral , follow-up of under treatment patients	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Diabetes	Symptomatic search and referral	Blood/ urine sugar test , Symptomatic search and referral	Blood/ urine sugar test , Symptomatic search and referral	Diagnosis and treatment , referral of complicated cases	Management of complicated cases
Cancer	Symptomatic search and referral	Symptomatic search and referral	Symptomatic search and referral, first aid	Identification and referral, follow-up of under treatment patient	Diagnosis and treatment ,hospitalization if needed
Trauma care (burns and injuries)		First aid and referral	First aid and referral	First aid emergency , resuscitation ,	Case management and hospitalization , physiotherapy and rehabilitation
Other surgical intervention	Not applicable	Not applicable	Not applicable	Identification and referral	Hospitalization and surgical intervention
Other support services –IEC/BCC, counselling	IPC , wall writing , wall posters , women groups discussion, individual and group counselling	Urban Health and Nutrition day individual and group counselling	Outreach health camps / fairs / special screening camps individual and group counselling	Distribution of health education material patient and attendant counselling	Distribution of health education material patient and attendant counselling
Personal and social hygiene	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water source	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water source	IEC on hygiene , community mobilization for cleanliness drives, disinfection of water source	Not applicable	Not applicable
Diagnostic facility	Not applicable	Blood and urine test by disposable kit	Blood and urine test by disposable kit	Basic laboratory test	Basic and specific laboratory test, X-rays and Ultrasound
Vital Events reporting	Applicable	Applicable	Applicable	Applicable	Applicable

Justification of Physical Norms and costs

FMR. Code	Component	Unit	No. Of units	Justification of physical norms	Rates	Justification of costs
1	**Planning & Mapping**					
1.1	**Metro cities**	Metro	0	GIS mapping has been done in 38 cities by Urban Development department and 14 cities by RSAC under NRHM of which 11 are common (Total 41 cities) in the remaining 90 cities GIS mapping has been proposed, in which mapping of listed, unlisted slum and health facility mapping will be done.	15 lakhs	(30 Towns/Cities @ Rs 05 Lakhs per cities , 60 Towns / Cities @ Rs 02 Lakhs per city
1.2	**Million+ cities**	10 Lakhs +cities	7		10 lakhs	
1.3	**Cities (1 lakh to 10 Lakhs population)**	Cities 1lakh-10 Lakhs	58		05 lakhs	
1.4	**Towns (50,000 to 1 lakh population)**	Cities < 1Lakh	66		02 lakhs	
2	**Programme Management**	**1 State and 75 Districts**	**76 units**			
2.1	**SPMU & Directorate FW**	State Urban Health Cell	State Urban Cell at SPMU and Directorate FW	Since UP is a big State so urban health cells have been established in SPMU as well as in Directorate FW . Directorate FW will be responsible for implementation and monitoring of the programme	Detailed structure of NUHM cell is in PIP draft under programme management head	Within 5.5 % of NUHM budget Similar to NRHM norm for Programme management Cost
2.2	**DPMU**	District Urban Health Cell	Strengthening of 75 DPMU and office of Nodal Officer, Urban Health in the form of extra human resource mobility support and operational expenses	**Allocation of HR – 75 Urban Health Coordinators and 131 DCAAs have been proposed(75 UHC and 83 DCAA have been approved in year 2013-14)**	**Proposed Salaries:** UHC salary @ Rs. 35,000/- pm Data Cum Account Assistants salary @ Rs. 23,000/- pm Rs 30000/-pm for hired vehicle for UHC Rs 25000/-pm for operational expenses and Rs 300000 for	Under 5.5 % of NUHM budget Similar to NRHM norm for Programme management Cost

					strengthening of DPMU	
2.3	**City PMU**	Not proposed				
3	**Training & Capacity Building**					
3.1	**Orientation of Urban Local Bodies (ULB)**					
	Metro cities	Metro	0	As per census 2011 cities/ towns population orientation in all 131 cities will be done	Rs 5 lakhs	given in PIP framework
	Million+ cities	10 Lakhs +cities	7		Rs 3 lakhs	
	Cities (1 lakh to 10 Lakhs population)	cities 1-10 Lakhs	56		Rs 1 lakh	
	Towns (50,000 to 1 lakh population)	Cities < 1Lakh	68		Rs 0.50 lakh	
3.2	**Training of ANM/ paramedical staff**	ANMs and Staff Nurses (Govt and contractual)	3045 ANMs (01 ANM per 10000 urban population, (147 regular and 2898 contractual)	Modules will be prepared and training will be conducted on these modules	Rs 5000 per person per year	Approved by GOI in year 2013-14 ROP
3.3	**Training of Medical Officers**	Medical officer (Govt and contractual)	1276(1129 Regular and 147 Contractual)	Modules will be prepared and training will be conducted on these modules	Rs 10000 per person per year	Approved by GOI in year 2013-14 ROP
3.5	**Orientation of MAS**	A group of 10-12 Women from the community per 50- 100 slum household	13626	Modules will be prepared and training will be conducted on these modules	Rs 10000 per MAS per year	given in PIP framework
3.6	**Selection & Training of ASHA**	Per 200-500 slum household	6813	Modules will be prepared and training will be conducted on these module	Rs 10000 per ASHA per year	given in PIP framework
3.7	**Other Trainings/Orientations**	District level workshop Quarterly multi sectotral meeting with DUDA, Local Body, ICDS, Education ,NGOs etc	131 Towns/ cities in 75 Districts	All DHQs and towns/cities	Rs 1,00,000 for District HQ and Rs 10,000 for Town /City for workshop Rs 10000/- for each quarterly meeting for District level cities and Rs 5000/- for each meeting for towns/cities	Whole day workshop along with technical sessions Quarterly meeting at District level and other cities
4	**Strengthening of Health services**					

4.1	**Outreach services/camps/UHNDs**					
4.1.1	**UHNDs**	04 UHND per month per ANM on AWC (Aganwadi centre)	12180 UHNDs per month	ANMs will perform outreach services on each AWC, if AWC are not in city she will 04 Outreach session per month to cover about 10000 urban population in the slum	Rs 250 per UHND	Approved by GOI in year 2013-14 ROP
4.1.2	**Special outreach camps in slums/ vulnerable areas**	One outreach camp per 10,000 urban populationper month	1914 sessions per month	Special screening camp and mobile camp to unreached areas	@ Rs.10,000 per outreach camp.	Approved by GOI in year 2013-14 ROP
4.2	**ANM/LHV**					
4.2.1	**Salary support for ANM/LHV**	01 ANM per 10000 Urban Population	2898 ANMs	Outreach camp & UHND , she will cover 10,000 urban population	Rs 15,000 per month	as per salary approved under NHM
4.2.2	**Mobility support for ANM/ LHV**	147 Govt. ANMs and 2898 are Contractual ANMs	3045 ANMs	Mobility support to ANM	Rs 500/month per ANM	all ANMs contractual as well as on government payroll. (as in PIP frame work)
4.3	**Urban PHC (UPHC)**					
4.3.1	**Renovation/up-gradation of existing facility to UPHC**	Renovation of Govt. Urban Health Posts to upgrade to a U-PHC (Health , DUDA, Nagar Nigam , Labour) Equipment for each U-PHC	93 Govt Health Facilities as U-PHC (59 already approved in year 2013-14)	As per GoI guideline Equipments as per need according to IPHS norm	Rs 10,00,000 (one time) Rs 3,00,000 per U-PHC	one time expenditure for building renovation (as in PIP frame work) one time activity for UPHCs for purchase of equipments
4.3.2	**Building of new UPHC**	Building of 03 New U-PHC (in Saharanpur, Jaluan and Bareilly)	03 new building	As per norms	Rs 75,00,00,000	As per PIP framework
4.3.3	**Operating cost support for running UPHC (other than untied grants and medicines & consumables)**				Rs.20 lakhs per annum per UPHC	As per norms given in framework

4.3.3.1	**Human Resource**					
4.3.3.1.1	**MO salary**	02 M.B.B.S doctor at each U-PHC	1129 MOs on contractual and 147 MOs from Govt.	(after excluding the no of Govt. Medical Officer who are posted in UHPs)	2 MOs per UPHC @ Rs 40,000 pm	as per salary approved under NHM
4.3.3.1.2	**Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other)**	02 Staff Nurses , 01 Pharmacist , 01 Lab Technician at each U-PHC	638 UPHCs		2 Staff Nurses per UPHC @ Rs 22000 pm, 1 Pharmacist per UPHC @ Rs 18000 pm; 1 Lab Tech. @ Rs 15000 pm	as per salary approved under NHM
4.3.3.1.3	**Salary of support staff (non clinical staff)**	3 Support staff for 1 UPHC	1914 (147 Ayah regular and 1767 contractual support staff)	(after excluding the no of Govt. Worker who are posted in UHPs)	Rs 5,000 pm per support staff	as per salary approved under NHM
4.3.3.1.4	**HMIS/MCTS Data entry operator**	01 HMIS/MCTS data entry operator per U-PHC	638 U-PHCs	01 HMIS/MCTS Data Entry Operator per U-PHC	Rs 12000/- pm	State has decided to focus on strengthening the HMIS /MCTS under NUHM, therefore the position of HMIS/MCTS DEO has been proposed in PIP meanwhile the position of Public Health Manager at U-PHC is not being proposed as per State decision
4.3.3.2	**Office Expenses**	For each UPHC	638 UPHCs	For electricity, water, telephone , stationary etc	Rs 7,000 pm	As approved by GOI in ROP of 2013-14
4.3.3.3	**Others (e.g. hiring of premises/mobile PHC)**	For rent of UPHC	545 UPHCs	(Govt. Running in rented building , under NRHM and new U-PHCs	Rs 15000 pm per U-PHCs for 545 UPHCs	As approved by GOI in ROP of 2013-14
4.3.4	**Untied grants to UPHC**	For each U-PHC	638 UPHCs		Rs 2,50,000 per year	As per PIP framework
4.3.5	**Medicines & Consumables for UPHC**	For each U-PHC	638 UPHCs		Rs.12,50,000per year per UPHC	As per PIP framework
4.4	**Urban CHC (UCHC)**					
4.4.1	**Capital cost support for new UCHC**	Proposed in Lucknow, Varanasi, Shahjahanpur and Kanpur nagar	19 Urban Health Facilities	09 (08 BMCs + 01 U-CHC at T.B. Hospital) in Lucknow,	Rs 30,00,000/- per U-CHC (maintenance of building, renovation and equipments)	As per District PIP

				04 in Varanasi, 05 Kanpurnagar 01 in Shahjahanpur	after gap analysis	
4.4.2	**Human Resource**					
4.4.2.1	Specialists,	Specialists,	Gynaecologists, Paediatrician, Radiologists, Anaesthetists and Physician	Additional support after gap analysis Total 95 Specialists have been proposed after gap analysis	Rs 65,000 pm per Specialists	as per salary approved under NHM
4.4.2.2	**Support Staff**	Staff Nurse, Pharmacists, LT and support Staff	86 Staff Nurse,26 Pharmacists, 30 Lab Technician,09 Data Assistant and 112 Support Staff	Additional support after gap analysis Total 95 Specialists have been proposed after gap analysis	Rs 22000/- pm per Staff Nurse, Rs 18000/- pm Per pharmacist, Rs 15000/- pm per LT, Rs 12000/- pm per Data Assistant and Rs 5000/- pm per support Staff	as per salary approved under NHM
4.4.3	**Untied grants for UCHC**		19 U-CHC		Rs 5,00,000 per U-CHC	As per PIP framework
4.4.4	**Medicines & Consumables for UCHC**		19 U-CHC		Rs 25,00,000 per U-CHC	
4.6	**IEC/BCC**	ASHA kit IEC at U-PHC NUHM hoarding per 50000 urban population	To each U-ASHA (after selection and training), To each U-PHC 01 NUHM hoarding 50000 Urban Population	6813 U-ASHAs(**ASHA Kit, Flip Book, Slum HIR, dress to ASHA, Bag, ID, Pen, handouts for community),** 638 U-PHCs for Citizen's charter, ED List, Immunization Schedule, Signage 684 NUHM hoarding for IEC and awareness	Rs 2,000 per ASHA, Rs 15000/- per U-PHC Rs 23100/- per NUHM hoarding	one time to each U-ASHA, each U-PHC and for NUHM hoarding
5	Regulation & Quality Assurance					
6	Community Processes					
6.1	MAS/community groups	To each MAS as untied grant	13626 MAS	As untied grant after opening of their accounts	Rs.5000 per year per MAS	As per PIP framework
6.2	ASHA (urban)	For U-ASHA incentives	6813	After selection and training	Approx. Rs.2000 pm per ASHA for 6 months	As per PIP framework
6.3	NGO support for	For each MAS formation	13626	For MAS formation	Rs 500/- per MAS formation	processes meeting

	community processes					
7	Innovative Actions & PPP					
8	Monitoring & Evaluation					
8.1	Baseline/end line surveys	Baseline survey	In 131 cities	To be carried out centrally from State level :	Rs 220000/- for cities having Urban population less than 1 Lakh, Rs 330000/- for cities having Urban Population from 1-5 Lakhs, Rs 550000/- for cities having Urban Population from 5-10 Lakhs ,Rs 770000/- for cities having Urban population from 10-40 Lakhs	As per MHUPA guideline (budget has been proposed after 10% increase in)
8.3	IT based monitoring initiatives					

Proposed State level NUHM Budget for 2014-15

Human Resource under State Urban Health Cell:

Sl.	Post	No	Amount in Lakhs	Approved /new Posts	Remarks
1	Additional Mission Director	01	As per Norms	Already approved	**Budget has been proposed under State Programme Management head under NHM**
2	General Manger	01	As per Norms	Already approved	
3	Deputy General manager	01	As per Norms	Already approved	
4	Consultants	04	As per Norms	02 posts already approved and 02 new posts	
5	PS to AMD	01	Rs 30000/- pm	01 New Post	
6	Accountants	02	As per Norms	01 post already approved and 01 new post	
7	Programme Coordinators	04	As per Norms	02 posts already approved,02 posts new	
8	Programme Assistant	01	As per Norms	Already approved, working at DGFW office	
9	Data Assistant	04	As per Norms	02 already approved(01 working at DGFW),02 new posts	
10	Data Entry Operator	05	As per Norms	01 already approved,04 new posts	
11	Office attendant	07	As per Norms	New posts	
12	Cost of hiring of SPMU and DPMU staff	01	Rs 30 Lakhs	Selection will done as per norms under NHM by external agency	

Mobility support to State NUHM Staff:

Sl.	Particulars	Quantity	Amount in Lakhs	Remarks
1	Vehicle on rent	2	As per norms	01 for DGFW office and 01 for SPMU under pool

Operational Expenses at State Urban Health Cell					
Sl. No.	**Particulars**	**Target**	**Unit cost(in Rs)**	**Frequency**	**Budget (in Lakhs)**
1	State Stakeholder workshop for NUHM	1	10,00,000	1	10
2	Review meetings	150	300	3	1.35
3	Multisectoral meetings	40	400	3	0.48
4	Orientation training of Urban Health Coordinators	75	10,000	1	7.5
5	Orientation training of DCAA	131	7,000	1	9.17
6	Orientation training of HMIS/MCTS operator	638	1,000	1	6.38
7	Study tour	1	500,000	1	5
8	Strengthening & Operational Expenses for State Urban Health Cell	1	Procurement will be done as per Norms		2
a.	Photocopy machine(for DGFW office)	1			
b.	Laptop(for DG FW office)	1			
c.	Computer set(for DGFW office)	2			
d.	Colour printer and scanner (02 DG FW office and 01 for SPMU)	3			
e	Fax Machine(01 for DGFW office and 01 for SPMU)	2			
f	Data Card(net USB) (01 for DGFW office and 01 for SPMU)	2			
g	CUG mobile (03 for DGFW office and 03 for SPMU)	6			
Total					**41.88**

Budget Summary of National Urban Health Mission – 2014-15

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	National Urban Health Mission					
1	**Planning & Mapping**		**270.00**		**-**	**This activity has kept as committed & same activity has been approved in FY 2013-14**
1.1	Metro cities		-		-	
1.1.1	*Mapping*	15	-			
1.1.2	*Data gathering (secondary/primary)*	-	-	-	-	
1.1.3	*Any Other*	-	-	-	-	
1.2	Million+ cities		-		-	
1.2.1	*Mapping*	10	-			
1.2.2	*Data gathering (secondary/primary)*	-	-	-	-	
1.2.3	*Any Other*	-	-	-	-	
1.3	Cities (1 lakh to 10 Lakhs population)		150.00		-	
1.3.1	*Mapping*	30	150.00			
1.3.2	*Data gathering (secondary/primary)*	-	-	-	-	
1.3.3	*Any Other*	-	-	-	-	
1.4	Towns (50,000 to 1 lakh population)		120.00		-	
1.4.1	*Mapping*	60	120.00			
1.4.2	*Data gathering (secondary/primary)*	-	-	-	-	
1.4.3	*Any Other*	-	-	-	-	
2	**Programme Management**		**858.00**		**506.54**	
2.1	State PMU		41.88		100.76	
2.1.1	*Human Resources*	-	-	-	76.56	Approved for a) Additional Mission Director @1.5 Lakhs/m (on deputation) (b) 1 GM NUHM@1.25 Lakhs/Month (already approved under NRHM), (c) 1 DGM NUHM @ 80000/month (already approved under NRHM), (d)2 Consultants (Planning)@ Rs. 50000/month-1 Consultant approved in FY 2013-14 under NUHM & 1 Consultant approved under Urban RCH in FY 2012-13, (f) 2 Programme Coordinator @ Rs. 30000/month(already approved under NRHM) (g) 1 Accountant @ Rs.30000/month (h) 1 Data Assistant Rs.@25500/month(already approved under NRHM) (i) 1 Data Entry Operator Rs.10000/month (j) 1 Programme Assistant @ Rs. 27500/month (already approved under NRHM) (k) Support

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
						services to be outsourced @ Rs. 30000/month (4 Support Staff) **Approval shifted from FMR. A.10**
2.1.2	*Mobility support*	-	-	-	12.00	Approved. 1 lakh/month for 12 months for mobility support. **Approval shifted from FM R A.10**
2.1.3	*Office Expenses*	12	41.88		12.20	(a) Approved Rs. 60000/month for 12 months for office expenses, from which cost of review and multisectoral meeting may be incurred & 2 Lakhs for one time establishment cost for SPMU,(b) Approved @ Rs. 3 Lakhs for a National NUHM workshop to be organized in collaboration of Development Partners. (c) **Under A.10.1.11.5 approval given under NRHM-RCH Flexi pool for recruitment of personnel under NRHM through NHSRC.** (d) Approval pending for Orientation of Urban Health Coordinator and Data cum Accountants Assistant (DCAA). State to be share training module before approval for this activity.
2.2	District PMU		816.12		405.78	
2.2.1	*Human Resources*	75	343.62	75	240.48	a) Approved for 75 Urban Health Coordinator @ Rs. 30000/month and 83 Data cum Accountant Assistant @ Rs. 20000/month for 6 months.(b) Approved for 1 Sr. Computer Operator @ Rs.16335 per month, 1 Store keeper cum Care Taker @ Rs. 10890 per month, 1 Sweeper @ Rs. 5445/month, 2 Dak Runner @ Rs.5445/month and 1 Office Peon @ Rs. 5445/month for 12 months shifted from Urban RCH DHQ staff at Lucknow.
2.2.2	*Mobility support*	75	135.00	75	97.80	Approved for 1 vehicle/PMU @Rs. 25000/month for 6 months for 26 DPMUs of the districts having population of HQ towns above 2.5 Lakhs which are: Agra, Aligarh,Allahbad, Bareilly, Bulandshahar,Etawah, Farukhabad, Firozabad, GB nagar, Ghaziabad, Gorakhpur,Hapur, Jhansi, Kanpur Nagar,Lucknow, Mathura, Mau,Merrut, Moradabad, Muzaffarnagar,Rampur, Saharanpur, Varanasi, Bagpat,Sambhal. rest of districts mobility cost approved @ Rs. 20000/month for 6 months.
2.2.3	*Office Expenses*	75	337.50	75	67.50	@Rs.15000/month for 6 months for 75 DPMUs.
2.3	City PMU		-		-	
2.3.1	*Human Resources*		-	-	-	
2.3.2	*Mobility support*	-	-	-	-	

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
2.3.3	*Office Expenses*	-	-	-	-	
3	**Training & Capacity Building**		**2,536.45**		**275.80**	
3.1	Orientation of Urban Local Bodies (ULB)	84	111.50	48	24.00	Approved for remaining 48 cities. For 83 cities, the amount already been sancted in 2013-14
3.2	Training of ANM/paramedical staff	3,045	152.25	422	21.10	Approved for 422 ANMs additional ANMs (including 147 ANMs from state budget ans 231 ANMs from Urban RCH)@Rs.5000/ANM. The same activity has been approved in FY 2013-14 for 2623 ANMs.
3.3	Training of Medical Officers	1,276	127.60	766	76.62	Approved for 766 MOs additional Mos (including 147 MOs state budget and 231 MOs from RCH) @Rs.10000/month The same activity has been approved in FY 2013-14 for 350 MOs.
3.4	Orientation of Specialists	-	-	-	-	
3.5	Constitution and Training of MAS	13,626	1,362.60	196	5.88	Approved for 196 additional MAS 48 cities @ 3000/MAS. The same activity has been approved in FY 2013-14 for 13430 MAS
3.6	Selection & Training of ASHA	6,813	681.30	6,813	140.70	For 6665 @Rs.2000/ASHA and for 148 @Rs.5000/ASHA. As same has been approved for 6813 in FY 2013-14
3.7	Other Trainings/ Orientations	75	101.20	75	7.50	For 75 districts @Rs.10000/district for last 2 Quarters
4	**Strengthening of Health Services**		**28,950.41**		**14,588.06**	
4.a	Human Resource		11,228.65		6,812.44	
4.b	Infrastructure		3,639.00		1,704.00	
4.c	Untied grants		1,690.00		324.25	
4.d	Procurement (drugs and consumable)		8,366.60		3,487.50	
4.e	Other services		4,026.16		2,259.87	
4.1	**Outreach services/ camps/ UHNDs**		**2,020.95**		**1,187.10**	
4.1.1	UHNDs	109,620	274.05	73,080	182.70	For 3045 ANMs @4 UHNDs per ANM per month @Rs.250/UHND for 6 months
4.1.2	Special outreach camps in slums/ vulnerable areas	17,469	1,746.90	10,044	1,004.40	For 10044 outreach camps for 558 UPHCs @3 camps/UPHC/month @Rs.10000/camp for 6 months
4.2	**ANM/ LHV**		**2,914.39**		**1,988.76**	
4.2.1	Salary support for ANM/ LHV	75	2,816.11		1,886.07	Approved for (a) 231 ANMs shifted from Urban RCH @ Rs. 10890/month/ANM for 12 months.(b)2623 ANMs approved in FY 2013-14 @ 9900/month/ANM for 6 months, c)44 additional ANMs as per gap analysis @ Rs.9900/month/ANM for 6 months. (d) 147 ANMs already available in these urban areas from state budget. **Total ANMs approved as proposed for 3045**.

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
4.2.2	Mobility support for ANM/ LHV	75	98.28		102.69	Approved for (a) 231 ANMs shifted from Urban RCH @ Rs. 500/month/ANM for 12 months.(b)2623 ANMs approved in FY 2013-14 @ 500/month/ANM for 6 months, c) 44 additional ANMs as per gap analysis @ Rs.500/month/ANM for 6 months. (d) Rs. 500/month/ANM for 12 month for 147 ANMs which are supported from State budget **Total ANMs approved as proposed for 3045.**
4.3	**Urban PHC (UPHC)**		**21,737.76**		**11,073.66**	
4.3.1	Renovation/ up-gradation of existing facility to UPHC	251	2,844.00		1,704.00	(a)Approved @10 Lakhs/UPHC for 33 UPHCs out of Total 93 UPHCs functioning In Government buildings. One UHC has been renovated under state budget. Rest 59 UPHCs were approved in FY 2013-14. (b) Approved for equipments & furniture for 548 UPHCs @ Rs.3 Lakhs per UPHC. for the same activity approval was given for 100 UPHCs in FY 2013-14
4.3.2	Building of new UPHC	3	225.00			Approval pended- State to specify status of land identification & specific DPRs for these UPHCs.
4.3.3	**Operating cost support for running UPHC (other than untied grants and medicines & consumables)**		**9,092.16**		**5,557.91**	
4.3.3.1	***Human Resource***		**7,575.24**		**4,587.83**	**The staff of urban family welfare centres (UFWC) which are not being upgraded to UPHCs will be redistributed & positioned in the U-PHCs supported under NUHM.**
4.3.3.1.1	MO salary	83	3,264.00		2,209.68	Approved for (a) 231 Full time Mos shifted from Urban RCH@Rs.39600/month/MO for 12 months. (b) 100 Full time Mos approved in FY 2013-14 @Rs. 36000/month/MO for 6 months. C) 80 full time MOs as per Gap analysis @ Rs.36000/month/MO for 6 months (d) 147 full time MOs already available in these urban areas supported from state budget. (e) 215 Part time MOs approved in FY 2013-14 @Rs. 21600/month/MO for 6 month (f) 343 additional part time MOs as per gap analysis @ Rs. 21600/month/MO for 6 month Total 411 full time MOs and 558 Part time MOs approved for 558 UPHCs. The new MOs should be selected through SPMU. The MOs sanctioned under NUHM will be selected by SPMU following an open & transparent process. Retired doctors should not be engaged

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
						without explicit approval of government of India.
4.3.3.1.2	Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other)	77	3,252.48		1,952.53	Approval for 558 UPHCs: (a) 231 SNs shifted from Urban RCH @Rs. 18150/month/SN for 12 months. (b) 315 SNs approved in FY 2013-14 (2 SNs per UPHC for 100 new UPHCs& 1 SN for 115 old UPHC) @ Rs.16500/month/SN for 6 months. (C) 192 SNs additional approved this year (2 SNs per UPHCs for 80 new UPHCs & 1 SN per UPHC for 32 UPHCs supported under state budget) @ 16500/month. Total SNs approved -738) Note: 3 SNs can be recruited for PHCs which will be operate 24X7. Otherwise, no. of SNs per PHC be limited to 1 or 2 depending on the level of service delivered.(d) 215 Pharmacists approved in FY 2013-14@Rs.16500/month/Pharmacist for 6 months. (e) 343Pharmacists additional approved this year @Rs.16500/month/Pharmacist for 6 months. **(Total Pharmacist approved- 558)** (f) 215 LTs in FY 2013-14 @Rs.11800/month/LT for 6 months. (e)343 LTs additional approved this year @Rs.11800/month/LT for 6 month. **(Total LTs approved -558) All the Paramedical personnel should be selected through an open & transparent process after assessing their skills & aptitude.**
4.3.3.1.3	Salary of support staff (non-clinical staff)	77	599.40		425.62	Approved for (a) 231 Sweeper cum Choukidar shifted from Urban RCH @ Rs. 5445/month/person for 12 months (b) Approved @ 14000 per month per UPHC for support staff (LCD,Grade D) for remaining 327 PHC for 6 months. Support staff may be outsourced.
4.3.3.1.4	Public Health Manager	638	459.36		-	Not Approved
4.3.3.2	**Office Expenses**	**638**	**535.92**		**331.38**	**Approval for (a) 231 UPHCs from Urban RCH @ Rs. 7000/month for 12 months (b) Approved @ Rs. 7000/ UPHC for Office expense remaining 327 PHCs for 6 months.**
4.3.3.3	**Others**	**545**	**981.00**		**638.70**	Approved for rent @ Rs. 15000/month/ UPHC for 218 UPHCs shifted from Urban RCH for 12 months & 66 new UPHCs approved in FY 2013-14 for 6 months. Out of 100 UPHCs approved in FY 2013-14, 34 are in are in Government building. For new 80 UPHCs approved in FY 2014-15, rent is approved @Rs. 20000/month/UPHC for 6 months. However the state may be use the rent differentially on actual basis. Rent for 101 PHCs approved @ Rs. 15000/month for 6 months supported from State running on rental basis subject to the condition that the rent should not be funded under more than one

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
						source.
4.3.4	Untied grants to UPHC	638	1,595.00		324.25	(a) Approved for 93 UPHCs functioning government building @ Rs. 1.75 Lakhs/UPHC and 465 UPHCs @ Rs. 1 lakh/UPHCs functioning in rental building. (b) Amount approved for 59 UPHCs @Rs.2.5 Lakhs/UPHC and 156 UPHCs @ Rs. 1 lakh/UPHC given last year deducted from the approved from the approval as the same has been kept as committed unspent, the same may be utilized in the current FY i.e. 2014-15
4.3.5	***Medicines & Consumables for UPHC***		**7,981.60**		**3,487.50**	
4.3.5.1	Emergency drugs	638	7,975.00		3,487.50	Approved @ Rs. 6.25 Lakhs/PHC for 558 UPHCs for 6 months. The state need to have differential Facility level EDLs Transparent procedure should be followed for procurement of drugs. Strict quality control norms should be put in place to ensure that the drugs supplied are of the highest quality. An IT enabled drugs procurement, distribution and quality assurance system should be put in place for effective drugs delivery. The conditionality imposed under NRHM for procurement of drugs will apply mutatis matandis for procurement of drugs under NUHM.
4.3.5.2	Others	1	6.60		-	
4.4	**Urban CHC (UCHC)**		**1,887.30**		**338.54**	
4.4.1	Capital cost support for new UCHC	19	570.00		-	Approval pended-Subject to the state sharing facility wise detail of renovation work.
4.4.2	***Human Resource***		**837.30**		**338.54**	
4.4.2.1	Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians, Dental Surgeons, Radiologist, Sonologists, Pathologists)	55	546.00		338.54	(a) Approved 1 Gynaecologist @ Rs. 65000/month at each of the 8 BMC for 12 months. (shifted from Urban RCH) (b) Approved for 4 Pediatrician @Rs. 65000/month for 12 month. (shifted from Urban RCH) (c Approved for Anestheitist at each BMC on call basis @ Rs. 2000/call maximum 100 calls per month.(shifted from Urban RCH) (d) Approved for 1 Radioligist, 1 Physician(Specialist), 1 Anaesthetist @ Rs. 60000/month at each of the 8 BMC for 6 months. (approved in FY 2013-14) (e) Approved for 4 Pediatrician @ Rs. 60000/month for 6 months. (Additional approved in FY 2014-15. (f) Approved 1 Staff Nurse @ Rs. 18150/month, 1 Data Assistant @ Rs. 12000/month, 2 Ward Aaya @ Rs. 5000/month and 2 sweeper @

FMR Code	Budget Head	Total Proposed 2014-15		Total Approved (2014-15)		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
						5000/month at each of the 8 BMC for 12 months. (shifted from Urban RCH) The specialist Doctors should be recruited by SPMU. Retired doctors should not be engaged without prior approval of GoI.
4.4.2.2	Staff Nurses, Pharmacists, Lab. Tech., Support Staff (Sweeper cum Chowkidar, Ward Aaya, Ward Boy)	16	291.30			Approval pended- Subject to the State share facility wise gap analysis.
4.4.3	Untied grants for UCHC	19	95.00			Approval for 8 BMCs for FY 2013-14 This activity has been kept as committed unspent. State may utilize the same amount for the current FY i.e 2014-15.
4.4.4	Medicines & Consumables for UCHC	19	385.00			This may be borne from FMR 4.3.5
4.5	**RBSK**		**-**		**-**	
4.5.1	Human Resource		-	-	-	
4.5.2	Other RBSK services	-	-	-	-	
4.6	**IEC/ BCC**	**75**	**390.01**			This activity has been kept as committed unspent. State may utilize the same amount may be utilized for the IEC/BCC activities this year. ASHA drug kit to be given from training of ASHA.i.e FMR 3.6 as per Community Process guidelines under NUHM.
5	**Regulation & Quality Assurance**		**-**		**-**	
			-	-	-	
6	**Community Processes**		**1,563.39**		**68.13**	
6.1	MAS/ Community Groups	13,626	681.30			Not Approved-State has't formed single MAS yet.
6.2	**ASHA (urban)**	**39,558**	**813.96**	**-**	**-**	Not Approved-State has not recruited a single ASHA yet.
6.2.1	ASHA Incentives	-	-	-	-	
6.2.2	ASHA Drug kits and HBNC kits	-	-	-	-	
6.3	NGO support for community processes	13,626	68.13		68.13	Approved @Rs.500/MAS for 13626 MAS
7	**Innovative Actions & PPP**		**-**		**-**	
8	**Monitoring & Evaluation**		**408.10**		**-**	
8.1	Baseline/ End line Surveys	82	408.10			Approval pended-State to share detailed methodology, To Rs etc. This activity may carried out from the approval given in Planning & Mapping in FY 2013-14
8.2	Research Studies in Urban Public Health	-	-	-	-	
8.3	IT based monitoring initiatives	-	-	-	-	
	TOTAL		**34,586.35**		**15,438.53**	

PART-C : NATIONAL DISEASE CONTROL PROGRAMMES (NDCPS)- COMMUNICABLE DISEASES

CHAPTER - 31: INTEGRATED DISEASE SURVEILLANCE PROGRAM (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) were revised and a proposal for restructuring and extension of IDSP up to 2012 had been prepared.

ORIGINAL 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 Medical Officers, Medical College Doctors, Epidemiologist, Microbiologist and Entomologist. It would be done regionally by drawing the faculty from the resource group, facilitated by NCDC.
- Refresher training / workshop of District Surveillance Officer at State HQ to reorient about the program and goal.
- Additional training for reporting and analysis for District Data Managers, health supervisors, block health team, pharmacists, LTs 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 analysed, 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 2013-14

1. **Activities:-**
   a. IDSP collects information from all the districts on P and L formats which is then complied and sent weekly on IDSP portal on-line to State Head Qtr. & NCDC, Delhi.
   b. Data cell and training cell are present in 71 district of the state.
   c. Microbiologists, Data Manager & DEO are working in the regional lab established in Health Directorate, Swasthya Bhawan, Lucknow.
   d. Epidemiologists posted at district level are actively working whenever there is any kind of outbreaks or warning signal of epidemic in their respective districts.
   e. Data Managers appointed in 49 districts are doing collection, collation, compilation & dissemination of data to State Head Qtr & from state to Central Head Qtr.
   f. IDSP has played a remarkable role in prevention and treatment of Swine Flu.
   g. IDSP plays an important role in monitoring, testing and evaluating in case of an outbreak.
   h. Monthly compiled report of communicable and non-communicable diseases from all the districts is regularly sent to CBHI, New Delhi.
   i. Online data reporting is being done from all districts.
   j. Swine flu vaccination completed in all the districts in two phases.

2. **Training:-**
   a. Training of Trainer (TOT) of all District Surveillance Officer has been completed, by GoI.

b. Batches of District Surveillance Officer (DSO) have under gone Field Epidemiological Training Program (FETP) at PGI, Chandigarh, NCDC, PHFI Delhi, by GoI.
c. Microbiologist posted at regional lab, Head Quarter Lucknow has been given Induction Training at BJ Medical College Pune, by GoI.
d. All currently posted Epidemiologists have undergone TOT (Training of Trainers), by GoI.
e. Data Manager posted at State Surveillance Unit has undergone TOT Training, at NCDC, New Delhi for online portal Entry, by GoI.
f. Training of District Rapid Response Team (RRT) Members has been done by GoI.

Sl. No	Designation	No. of persons Trained
1	District Surveillance Officer (TOT)	71
2	District Surveillance Officer (Field Epidemiology Training Prog.) – Delhi.	46
3	Microbiologist - Pune	1
4	Epidemiologist - Lko. (Induction Training)	40
5	State Data Manager - Delhi	1
6	Rapid Response Team (RRT) Members	140

3. Human Resources:-

At State Head Qtr. (State Surveillance Unit):- Appointments of Microbiologist, 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 Sate Head Qtr. is as below:-

Sl. No	Post	Sanctioned	Filled	Vacant
1	Microbiologist	1	1	0
2	Epidemiologist	1	0	1
3	Entomologist	1	0	1
4	Veterinary Consultant	1	0	1
5	Consultants Finance	1	0	1
6	Consultants Training	1	0	1
7	Data Manager	1	1	0
8	Data Entry Operator	1	1	0
Total		**8**	**3**	**5**

At District Level (District Surveillance unit):- At district surveillance Unit (DSU's) currently 35 Epidemiologists, 49 Data Managers & 49 Data Entry Operators are working. The list of sanctioned/Filled posts at District Surveillance Units is as below:-

Sl. No	Post	Sanctioned	Filled	Vacant
1	Microbiologist	2	0	2
2	Epidemiologist	75	35	40
3	Data Manager	75	49	26
4	Data Entry Operator	75 + 10 (Govt. Medical Colleges)=85	49	36
Total		**237**	**133**	**104**

4. Laboratory Component:-

State Priority Laboratories (Regional Lab at State Head Qtr and District Hospital Lab Ghaziabad):-

a. No procurement has been done for priority labs under IDSP as the existing infrastructure is well furnished.
b. Tests done-Stool Culture for cholera, ELISA for Dengue, Chikungunya, JE, Measles, Hepatitis A&E and Water Bacteriology.

ACTVITIES PROPOSED FOR THE YEAR 2014-15

1. **Surveillance Activity**:-

- This Year Vaccine preventable disease - Measles, Pertussis, Diphtheria and other diseases like Influenza A H1N1, Bird flu and other communicable diseases will be covered in IDSP Surveillance.
- All Medical Colleges of the State will be involved with proper guidelines of reporting from OPD (Areas of prevalence) in data collection and disease surveillance.
- Private sector Hospitals and Nursing Homes are to be actively involved in phase manner, with proper guidelines of reporting from OPD in disease surveillance.
- Strengthening the Surveillance activities of Epidemic Prone Diseases of U.P. especially AES / JE and Dengue.
- To ensure the 100% online Data Entry from all districts of U.P.
- To start video conferencing between SSU and DSUs & Indentified Government medical Colleges under IDSP.

2. **Training**:-

- **Training of Medical Officers**: - To help them in understanding the objectives and importance of surveillance, to train them for filling up of various IDSP formats, so that complete and timely information from the hospitals is sent to the State Unit. Three day training will be given at district level under the guidance of District Surveillance Officer (DSO), for sensitization & orientation of Medical Officers, three days training workshops for 20 participants per batch @ Rs. 60000/batch, for two batches in each district in phase manner.
- **Training of Hospital Pharmacist/Nurses**-For detecting and reporting early warning signals of outbreaks. One day training will be given at district level in 2 batches having 25 participants per batch @ Rs. 45000/- per batch, in each district in phase manner.

Sl. No	Training	No. of Batches	@ Rate	Proposed Budget for 12 months in 2014-15 (Rs. In Lakhs)
1	Medical Officers (3 days)	150	Rs. 60,000/batch.	90.00/-
2	Hospital Pharmacists /Nurses Training (1 day)	150	Rs. 45,000/batch.	67.50/-
Total		**300**		**157.50/-**

Approval 2014-15: **Against the proposal of training of MOs and Hospital Pharmacists/ Nurses for Rs. 157.50 Lakhs, the state received an approval of 15.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code E.2. However, Supplementary Proposal may be submitted to GoI on utilization of the budget of Rs. 15 Lakhs.**

3. **Human Resources (HR)** :

Process has been initiated for recruitment for all the vacant positions under the program and will be done during 1st Qtr of the Financial Year 2014-15. 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	40
3	Data Manager	75	26
4	Data Entry Operator	85 (75 at DSU's & 10 At Govt. Medical College)	36
Total		**237**	**104**

An amount proposed of Human Resource (HR) for State Surveillance Unit (State Head Qtr.) under IDSP is as bellow:-

Sl. No	Post	Sanctioned positions	@ Rate	Proposed Budget for 12 months in 2014-15 (Rs. In Lakhs)
1	Microbiologist	1	Rs. 60,000/mth.	7.20/-
2	Epidemiologist	1	Rs. 60,000/mth.	7.20/-
3	Entomologist	1	Rs. 50,000/mth.	6.00/-
4	Veterinary Consultant	1	Rs. 60,000/mth.	7.20/-
5	Consultants Finance	1	Rs. 27,000/mth.	3.24/-
6	Consultants Training	1	Rs. 50,000/mth.	6.00/-
7	Data Manager	1	Rs. 27,000/mth.	3.24/-
8	Data Entry Operator	1	Rs. 16,000/mth.	1.92/-
Total		**8**		**42.00/-**

An amount proposed of HR for District Surveillance Unit (DSU) under IDSP is as bellow:-

Sl. No	Post	Sanctioned positions	@ Rate	Proposed Budget for 12 months in 2014-15 (Rs. In Lakhs)
1	Microbiologist	3	Rs. 50,000/mth.	18.00/-
2	Epidemiologist	75	Rs. 50,000/mth.	450.00/-
3	District Data Manager	75	Rs. 25,000/mth.	225.00/-
4	District Data Entry Operator	85	Rs. 12,000/mth.	122.40/-
Total		**238**	**-**	**815.40/-**

Approval 2014-15: **Against the proposal of human resource for State Surveillance Unit (SSU) and District Surveillance Units (DSUs) for Rs. 857.40 Lakhs, the state received an approval of Rs. 503.37 Lakhs from MoHFW, GoI for 2014-15 under FMR Code E.1. The existing positions have been approved for 12 months while the vacant positions have been approved for 3 months.**

4. **Operational Expenses**:-

Operational Cost	Activity	@ Rate	Proposed Budget for 2014-15 (Rs. In Lakhs)
At State Head Qtr	MOBILITY: Travel Cost, POL, mobility cost at SSU	Rs 3,60,000/- per Annum (Rs. 30,000/mth)	3.60/-
	Office expenses on stationary, telephone, computer accessories, fax, Broadband Expenses etc, Annual Disease Surveillance report, and other miscellaneous expenditures etc.	Rs 3,60,000/- per Annum (Rs. 30,000/mth)	3.60/-
	Repairing of Computer Equipments/ Maintenance and Video Conferencing Cell Renovation (VSAT), ICT equipment maintenance, AMC of IT & office equipments etc.	Rs 3,00,000/- per Annum	3.00/-
	Refresher training/workshop of District Surveillance Officer (DSO) at State HQ	Rs 2,00,000/- per workshop for 3 workshops	6.00/-
	State Identified lab (Regional Lab, Swasthya Bhawan, Lko) under IDSP	Rs. 5,00,000.00/-	5.00/-
Total		**1 unit**	**21.20/-**

Operational Cost	Activity	@ Rate	Proposed Budget for 2014-15 (Rs. In Lakhs)
At District Surveillance Unit + 10 Medical Colleges.	MOBILITY: Travel Cost, POL, mobility cost at District Surveillance Unit (DSU).	Rs. 2, 40,000/- per Annum for 75 units (Rs. 20000/mth).	180.00/-
	Office expenses on telephone, fax, Broadband Expenses, Weekly Alert Bulletin/Annual Disease Surveillance report, and other miscellaneous expenditures etc.	Rs. 2, 40,000/- per Annum for 85 units (75 DSUs. (Rs. 20000/mth)	180.00/-
	Repairing of Computer Equipments/ Maintenance	Rs 2, 00,000/- per	142.00/-

	and Video Conferencing Cell Renovation, ICT equipment maintenance, AMC of IT & office equipments etc.	Annum for 71 DSUs & 10 Med. Coll.	
	Repairing of Computer Equipments/ Maintenance and Video Conferencing Cell Renovation, ICT equipment maintenance, AMC of IT & office equipments etc. in 10 Government Medical Colleges.	Rs 3, 00,000/- per Annum for 10 Medical Colleges.	30.00/-
	District Priority lab	Rs. 5, 00,000/- per district for 3 district.	15.00/-
Total		**85 unit**	**547.00/-**

Approval 2014-15: **Against the proposal of operational expenses (Mobility, office expenses, repairing/ annual maintenance of computer & office equipments, state identified lab/ district priority lab etc.) for Rs. 568.20 Lakhs, the state received an approval of Rs. 166.28 Lakhs from MoHFW, GoI in 2014-15 under FMR Code E.3, E.4 & E.5. However, Supplementary Proposal may be submitted to GoI on utilization of the budget.**

5. **Budget for 4 New Districts of Uttar Pradesh**: - 4 new districts (Bheem nagar (Sambhal), Prabhudha nagar, Panchsheel nagar and Amethi) have been created where there is no District Surveillance unit (DSU) under IDSP is established. It is proposed to provide budget for establishing and procurement of Computer Hardware with Accessories etc., related to activate data center and video conferencing in the following DSU's i.e. Bheem nagar (Sambhal), Prabhudha nagar, Panchsheel nagar and Amethi.

Head	Activity	Unit	Unit Cost (in Rs.)	Amount (Rs. In Lakhs)
New Districts	Computer Hardware with Accessories etc. (mainly related to video conferencing equipments).	4	5, 00,000.00	20.00
Total				**20.00**

Approval 2014-15: **No approval has been received in the RoP 2014-15 of MoHFW, GoI against the proposal of establishment of District Surveillance Units (Computer hardware, accessories etc.) in 4 select districts for Rs. 20.00 Lakhs.**

Summary of Budget Proposed in PIP and Approved in RoP 2014-15:

Sr. No.	Budget Head	Budget Proposed in PIP 2014-15 (Rs. Lakhs)			Budget Approved in RoP 2014-15 (Rs. Lakhs)
		District	State	Total	
1.	Remuneration for contractual human resource	815.40	42.00	857.40	503.37
2.	Training	157.50	-	157.50	15.00
3.	Laboratory support for District Public Health Laboratory strengthening	15.00	5.00	20.00	8.00
4.	Operational costs	360.00	7.20	367.20	150.00
5.	Computer equipments, repairing/ maintenance and video conferencing cell renovation (Districts and 10 Government Medical Colleges)	172.00	3.00	175.00	8.28
6.	Refresher training/ workshop of District Surveillance Officer (DSO) at State HQ.	-	6.00	6.00	0.00
7.	Budget for expenses on account of newly formed districts for establishing District Surveillance Units (DSUs)	20.00	-	20.00	0.00
	GRAND TOTAL	**1539.90**	**63.20**	**1603.10**	**684.65**

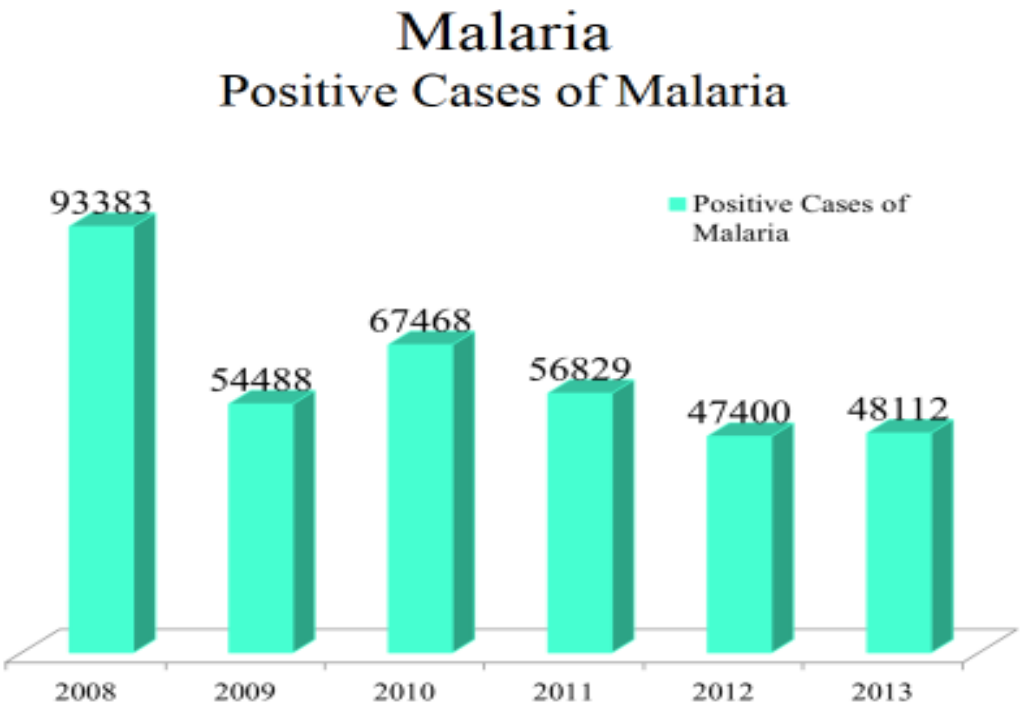
CHAPTER - 32: NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

Disease Situation in the State:- (Calendar year)

Year	Malaria			Filaria		J.E./A.E.S		Dengue		Kala-Azar		Chikungunia
	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	2675	577	130	2	69	1	4
2008	93383	2310	0	5134	477	2730	468	51	2	26	0	0
2009	54488	660	0	2815	452	3073	556	161	2	17	1	0
2010	67468	1389	0	2291	412	3548	498	960	8	14	0	5
2011	56829	1857	0	2109	364	3490	579	155	5	11	1	0
2012	47400	740	0	1969	322	3484	557	369	4	5	0	13
2013	48112	581	0	2006	327	3096	609	1414	5	11	1	1

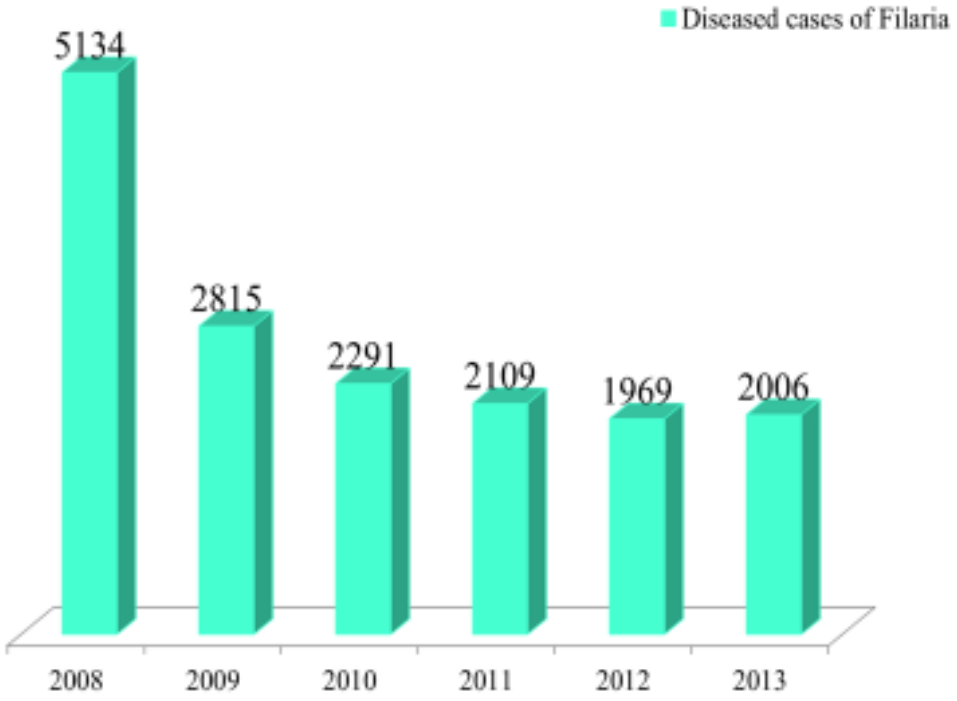
P.f.=Plasmodium Falciparum (Species causing cerebral malaria)

M.f.=Micro filariae (Stage of filarial parasite detected in blood examination)

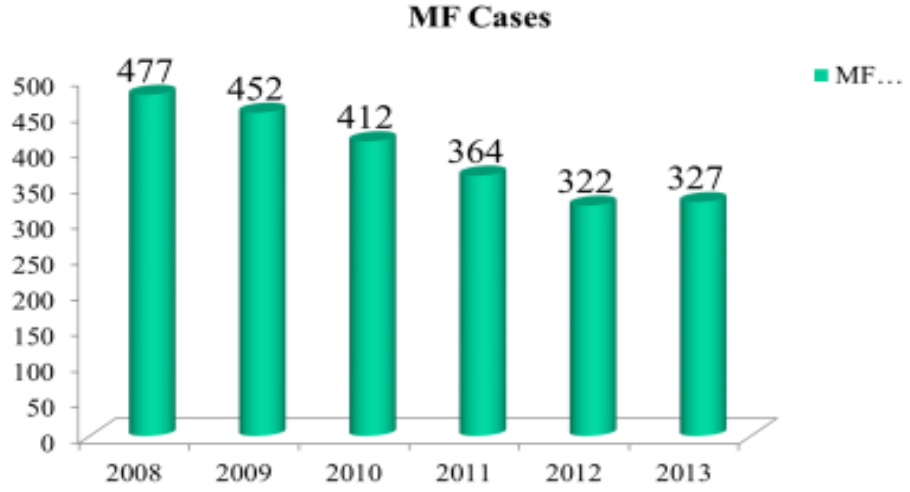


Filaria

Disease Cases of Filaria



Filaria- MF Positive cases



Disease	Number of Endemic Districts	Name of Priority/ High risk Districts
Malaria	Prevalent in All 75 Distt. & 23 are high risk districts.	Aligarh, Kasganj, Bijnore, Badaun, Mirzapur, Sonbhadra, Bhadohi(St R.D. Nagar), Allahabad, Pratapgarh, Kanpur Dehat, Farrukhabad, Kannauj, Auraiya, Jhansi, Jalaun, Chitrakoot, Hamirpur, Mahoba, G.B. Nagar, Bulandshaher, Saharanpur, Muzaffar Nagar and Shamli
Dengue	Prevalent in 61 Distts. (12 are High Risk districts)	Lucknow, Ghaziabad, Kanpur Nagar, G.B.Nagar, Meerut, Bareilly, Allahabad, Gorakhpur, Varanasi, Agra, Bijnore & Unnao.
Chikungunya	Endemic in 1 Districts	Lucknow,
Filaria	51Districts. 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 Siddharth Nagar, Azamgarh, Mau, Ballia, Varanasi, Chandauli, Jaunpur, Gazipur, Mirzapur, Sonbhadra, St. Ravidas Nagar(Bhadohi), Faizabad, Ambedkar Nagar, Sultanpur, Amethi, Barabanki, Bahraich, Shravasti, Gonda, Balrampur, Allahabad, Kaushambi, Pratapgarh, Fatehpur, Banda, Chitrakoot, Mahoba, Jalaun, Hamirpur, Kanpur Nagar, Kanpur Dehat, Etawah, Auraiya, Farrukhabad, Kannauj, Bareilly, Pilibhit, Shahjahanpur, Rampur, Lucknow, Rae Bareli, Unnao, Hardoi, Kheri, and Sitapur.
	The 18 districts which are having Mf rate less than one and need to be listed for LF elimination.	Rampur, Bareilly, Pilibhit, Shahjahanpur, Lucknow, Rae Bareli, Unnao, Etawah, Auraiya, Farrukhabad, Kannauj, Basti, St. Kabir Nagar, Siddhathnagar, Jalaun, Hamirpur, Chitrakoot, and Mahoba .
Kala-Azar	Prevalent in 6 Districts	Kushi Nagar, Deoria, Ballia, Varanasi, Ghazipur. St. Ravidas Nagar(Bhadohi).
A.E.S./ J.E.	High Risk Districts are 30	Gorakhpur, Mahrajganj, Deoria, Kushi Nagar, Basti, St Kabir Nagar, Siddharth Nagar, Gonda, Behraich, Shrawasti, Balrampur, Azamgarh, Mau, Ballia, Khiri, Rai Bareili, Hardoi, Sitapur, Kanpur Dehat, Sahranpur, Gazipur, Unnao, Pilibhit, Faizabad, Barabanki, Sultanpur, Amethi, Amebedkar Nagar, Bareilly, Lucknow.
Vector Borne Disease.	Priority Districtsfor A.E.S./J.E, Malaria,Kala-Azar & Dengue are 50.	Kushi Nagar, Deoria, Ballia, Azamgarh, Bahraich, Balrampur, Basti, Gonda, Gorakhpur, St R.D. Nagar, Lakhimpur Kheri, Maharajganj, Mau, Shrawasti, SiddharthNagar, Sitapur, St. Kabir Nagar, Hardoi, Rai-bareli, Varanasi,Ghazipur, Lucknow, Ghaziabad, Kanpur Nagar, G.B.Nagar, Meerut, Bareilly, Allahabad, Agra, Bijnor, Unnao. Aligarh, Kasganj, Badaun, Mirzapur, Sonbhadra, Pratapgarh, Kanpur Dehat, Farrukhabad, Kannuj, Auriya, Jhansi, Jalaun, Chitrakoot, Hamirpur, Mahoba, Bulandsaher, Saharanpur, Mujaffar Nagar and Shamli,

In the State A.E.S/ J. E. are major public health problem.

Demographic Profile of U.P.:-

Infrastructure	Number
Population of the state	20.39 crores
Districts	75
Community Health Centres (CHCs)	773
Primary Health Centres (PHCs)	3692
Microscopy Centres	4207
Health Sub Centres(HSCs)	20521
Villages	107452
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

Status of Manpower (Sanctioned & Vacant):-

Regular Posts	Required	Sanctioned	In Position	Vacant
District Malaria Officer	75	75	49	26
Assistant Malaria Officer	150	117	83	34
Senior Malaria Inspector	56	56	0	56
Malaria Inspector	300	229	212	17
Multi-purpose Supervisor	3789	3789	2730	1059
MPWs	10260	9080	1729	7351
Lab Technician	3000	2224	1836	388
Lab Asistant	1000	184	60	124
Filaria Control Officer	6	6	5	1
Biologist	21	21	10	11
Entomological Assistant junior	6	6	3	3
Entomological Assistant Senior	4	3	3	0
Filiria Inspector	87	87	65	22
ASHAs		166823	136094	30729

**Source of above information-D.G.M&H Monitoring Cell

Post	Sanctioned	In position	Vacant	Remarks/reasons for vacancy
MPW Regular	**9080**	**1729**	**7351**	**Vacant posts are under process for regular recruitment/ retirement**
MPW Contractual under NVBDCP	**3397@ Rs 6000 PM for 12 Months**			**Rs 2445.84 Lakhs**
Lab.Tech.	**-**	**-**	**-**	
Consultants, (State level one consultant for M&E (Medical graduate with PH/Experience in VBDCP for atleast 03 years),One VBD consultant (Preferably PhD. in Entomology)			**2**	**@ Rs. 75,000/- per month for Consultant M&E and Rs. 60,000/- for VBD Consultant 09 months each. Total Rs. 12.15 Lakhs**
One District level VBD Consultant (MSc. In Entomology/ Zoology/Biotechnology) for 30 priority Districts for Malaria, Dengue& Kala-Azar. These 30 priority districts are:-Ghazipur, Lucknow, Ghaziabad, Kanpur Nagar, G.B.Nagar, Meerut, Bareilly, Allahabad, Agra, Bijnor, Unnao. Aligarh, Kasganj, Badaun, Mirzapur, Sonbhadra, Pratapgarh, Kanpur Dehat, Farrukhabad, Kannuj, Auriya, Jhansi, Jalaun, Chitrakoot, Hamirpur, Mahoba, Bulandsehar, Saharanpur, Mujaffar Nagar, Varanasi, Bhadoi(St. R.D. Nagar) and Shamli.			**32**	**@ Rs. 35,000/- per month for 06 months. Total Rs. 67.20 Lakhs**
VBD Technical Supervisor (1 for each Block 06 Block in a District for all 32 priority districts for Malaria, Dengue & Kala-Azar)			**192**	**@ Rs. 15,000/- per month. Total Rs. 178.20 Lakhs**
Project monitoring unit staff at state level, One secretarial assistance cum data entry operator			**1**	**@ Rs. 12,000/- per month for 09 months. Total Rs. 1.08 Lakhs**
One District level Data Entry Operator			**75**	**@ Rs. 12,000/- per month for 06 months.**

for 75 Districts.		**Total Rs. 54.00 Lakhs**
ASHA incentive for all 75 Districts.	**81300**	**Proposal for total honorarium for Asha's = Rs. 121.95 Lakhs.**

Approval 2014-15: **No approval has been received in 2014-15 of MoHFW, GoI against the proposal of contractual payments for human resource for Rs. 2703.39 Lakhs under FMR Code F.1.1.a.**

Approval 2014-15: **Against the proposal of incentives to ASHA under Malaria Control Programme for all 75 districts of Rs. 121.95 Lakhs, the state received an approval of Rs. 100.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.b.**

Priorities: The priorities in the 12th five year Plan period are:

1. The elimination of two diseases namely Kala-azar and Lymphatic Filariasis by 2015
2. Control and contain the outbreaks of Dengue, Chikungunya and Japanese Encephalitis.
3. Paving the way for pre-elimination phase of malaria.

The General Strategy for Prevention and Control of Vector Borne diseases are:

- Early detection of cases and complete treatment of all suspected/confirmed cases.
- Attention towards all fever cases.

I. Any fever case ---- Malaria
II. High fever cases with altered sensorium------- AES/JE
III. High fever for more than two weeks, not responding to anti malarial drugs and antibiotics------ Kala-Azar.
IV. High fever with myalgia and arthralgia-------- Dengue/Chikungunia.

- Vaccination only against J.E. with SA 14-14-2 and then inclusion under RI programme.
- Case management for Dengue, Kala-Azar and J.E. with high quality of medical care.
- Integrated Vector Management (fish, chemical and bio-larvicide, source reduction, use of mosquito net, curtains, wiremesh in windows and doors etc.)
- IRS, Space Spraying and Fogging.
- Annual Mass Drug Administration for Lymphatic Filariasis Elimination
- Behavior Change Communication/IEC and capacity Building.

Targets for the Year 2014-15, 2015-16 and 2016-17

Malaria – To prevent mortality, outbreak and minimize morbidity due to Malaria with special attention to PF endemic districts.

- To increase ABER upto 10%
- To maintain API below 1, treatment of clinical malaria (suspected malaria) by giving 03 days chloroquine and 01 day primaquine 45mg in high risk areas.

Dengue / Chikungunia-

- To prevent death and outbreak due to Dengue.
- House index/Container Index survey during Aug. to Nov. in endemic Districts.
- All Sentinel Surveillance Hospitals labs to be made functional and strengthened for early diagnosis and prompt case management.
- Special Emphasis to be given on health education and community participation.

Lymphatic Filariasis-

- Focusing on Elimination by 2015. Regular MF surveys of endemic districts and monitoring of Filaria clinics.

A.E.S./J.E.-

To decrease mortality & morbidity by strengthening of surveillance system

- Epidemiological surveillance:- 1. Circulation of clear case defination. 2. To know early warning signals. 3. Efficient response mechanism
- Entomological Surveillance:- 1. Mapping of paddy cultivation. 2. To know fortnightly Mosquito density near ponds/pools morning/evening.
- Lab Surveillance:- 1. Antibody presents positive reports from testing labs.
- Veterinary Surveillance:- Random collections of Sera Sample from pig population to know the presence of JE viruses.
- Developing pediatric ICU in 12 A.E.S/J.E. prone districts.

Monitoring And Evaluation:-

1. Prediction of high rains by meteorological department. 2. Unusual increase of adult JE vectors. 3. Sudden increase in pig population.

Kala-Azar:-

- Focusing on Elimination by 2015.

Monitoring and Evaluation on:-

1. Detection rate = new cases of KA per year / population of same area.
2. Treatment completion rate = no. of patients took full course of first line drug / all new cases that started treatment in same year.
3. Monitoring of PKDL cases:- 1. Initial cure-reduction of size of nodules. 2. Final cure:- Complete resolution, twelve months after the end of Tt.

Key issues/challenges adversely affecting performance

- 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 Worker (Male).

Current Scenario of MPW (Male)-

- The Population has increased relative to which infrastructure has not strengthened. Only 1729 post of MPW (Male) are filled up against 9080 sanctioned post of MPW (Male). So active surveillance is badly affected.
- Presently ANMs (MPW Female) & ASHAs are not able to fully contribute in V.B.D. Control Programme because of over burden of other programmes.
- Due to urbanization and increased travelling facilities the State is having increase in Dengue.
- 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.
- Training/ Reorientation of Lab Technician/Lab Assistant withheld by Regional Director, Health & FW, GOI Kendriya Bhawan, Aliganj, Lucknow.

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)

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	81580	1989	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	54488	660	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	47400	740	1.53	2.24	1.19	0.27	0.02	0
2013	2039.7	4211429	4211429	48112	581	1.12	2.06	1.14	0.24	0.01	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 %

Epidemiological Data for 2012 & 2013 *(district-wise details)

S. No	Name of District	Population	BSE	RDT	Positive	P.*f.*	No of Death	pf%	API	ABER	SPR	SFR
1	**Agra**	4477170	116041	0	113	1	0	0.88	0.03	2.59	0.1	0.001
2	Mathura	2597816	66806	0	259	6	0	2.32	0.1	2.35	0.42	0.010
3	Mainpuri	1887832	36894	0	310	2	0	0.65	0.16	1.92	0.86	0.006
4	Firozabad	2551690	36477	0	363	3	0	0.55	0.14	1.42	1.00	0.006
5	**Aligarh**	3754674	57192	0	1050	31	0	2.86	0.28	1.52	1.83	0.052
6	Kashganj	1469795	37426	0	640	8	0	1.35	0.4	2.04	1.98	0.027
7	Etah	1799897	36795	0	585	0	0	0	0.31	1.97	1.59	0.000
8	Hathras	1600123	38612	0	622	34	0	5.47	0.39	2.41	1.61	0.088
9	**Bareilly**	4563582	117646	0	551	0	0	0	0.12	2.4	0.48	0.000
10	Pilibhit	2082044	50877	0	19	0	0	0	0.01	2.44	0.04	0.000
11	Shahjahanpur	3068428	29568	0	10	0	0	0	0	0.96	0.03	0.000
12	Badaun	3794418	49218	0	761	0	0	0	0.2	1.3	1.55	0.000
13	**Moradabad**	4878147	100021	0	164	3	0	0.62	0.03	2.05	0.16	0.001
14	Amroha	1879224	56890	0	198	0	0	0	0.1	3.01	0.34	0.000
15	Rampur	2386777	43309	0	262	2	0	0.76	0.11	1.81	0.6	0.005
16	Bijnore	3764942	125110	0	720	9	0	1.25	0.19	3.32	0.58	0.007
17	Sambhal											
18	**Lucknow**	4689401	78557	0	53	1	0	1.89	0.01	1.68	0.07	0.001
19	Unnao	3179028	45176	0	53	1	0	1.89	0.02	1.42	0.12	0.002
20	Rae-Bareli	3478892	54316	0	72	2	0	1.41	0.02	1.54	0.13	0.002
21	Sitapur	4572884	43520	0	21	5	0	20	0	0.93	0.05	0.009
22	Hardoi	4181390	53613	0	35	0	0	0	0.01	1.28	0.07	0.000
23	Kheri	4101934	70343	0	242	4	0	1.65	0.06	1.62	0.36	0.006
24	**Faizabad**	2522675	42018	0	28	3	0	10.71	0.01	1.63	0.07	0.007
25	Ambedkar Nagar	2451481	25529	0	23	0	0	0	0.01	1.04	0.09	0.000
26	Sultanpur	3874322	35072	0	241	0	0	0	0.06	0.91	0.69	0.000
27	Barabanki	3329659	41053	0	3	0	0	0	0	1.23	0.01	0.000
28	Amethi											
29	**Gonda**	3506876	32315	0	20	1	0	5	0.01	0.91	0.06	0.003
30	Balrampur	2196345	25618	0	6	0	0	0	0	1.17	0.02	0.000

31	Bahraich	3554779	83072	0	32	3	0	9.38	0.01	2.34	0.04	0.004
32	Shravasti	1139137	31480	0	29	0	0	0	0.03	2.72	0.09	0.000
33	**Basti**	2515199	50439	0	98	11	0	11.83	0.04	2.01	0.18	0.022
34	St.Kabir Nagar	1752015	37688	0	22	0	0	0	0.01	2.11	0.06	0.000
35	Siddharth Nagar	2609704	23349	0	224	0	0	0	0.09	0.89	0.96	0.000
36	Gorakhpur	4533873	50416	0	1	0	0	0	0	1.11	0	0.000
37	**Maharajgunj**	2723928	28097	0	113	0	0	0	0.04	1.01	0.41	0.000
38	Deoria	3166807	30563	0	14	0	0	0	0	0.97	0.05	0.000
39	Kushi Nagar	3639168	67982	0	192	0	0	0	0.05	1.87	0.28	0.000
40	**Azamgarh**	4718072	44520	0	12	0	0	0	0	0.94	0.03	0.000
41	Mau	2253684	47749	0	2	0	0	0	0	2.05	0	0.000
42	Ballia	3294562	31582	0	2	0	0	0	0	0.96	0.01	0.000
43	**Varanasi**	3763202	31689	0	296	2	0	0.68	0.08	0.84	0.93	0.006
44	Chandauli	1995673	24127	0	120	1	0	0.83	0.06	1.21	0.5	0.004
45	Jaunpur	4574546	45405	0	191	0	0	0	0.04	0.98	0.43	0.000
46	Ghazipur	3702427	29806	0	80	1	0	1.3	0.02	0.81	0.26	0.003
47	**Mirzapur**	2549413	117149	0	5229	13	0	0.25	2.05	4.6	4.46	0.011
48	Sonbhadra	1903589	96763	0	9581	116	0	1.2	4.69	4.82	9.75	0.117
49	Bhadohi (St.R.D.Nagar)	1588395	31709	0	1293	0	0	0	0.81	2	4.06	0.000
50	**Allahabad**	6090914	134310	0	5598	18	0	0.32	0.92	2.21	4.17	0.013
51	Kaushambi	1632041	37291	0	304	0	0	0	0.19	2.27	0.82	0.000
52	Fatehpur	2690603	45912	0	1301	6	0	0.46	0.48	1.71	2.83	0.013
53	Pratapgarh	3243575	90887	0	176	1	0	0.57	0.05	2.8	0.19	0.001
54	**Kanpur Nagar**	4673556	62226	0	447	2	0	0.47	0.09	1.33	0.69	0.003
55	Kanpur Dehat	1834584	63118	0	1021	31	0	1.98	0.55	3.44	1.6	0.032
56	Farrukhabad	1929104	28825	0	329	0	0	0	0.17	1.48	1.14	0.000
57	Kannauj	1694481	43535	0	435	1	0	0.23	0.26	2.57	1	0.002
58	Etawah	1613902	34170	0	493	1	0	0	0.31	2.08	1.47	0.000
59	Auraiya	1402477	47284	0	937	1	0	0	0.67	3.37	1.98	0.000
60	**Jhansi**	2044772	46846	0	853	8	0	0.94	0.42	2.29	1.82	0.017
61	Jalaun	1707474	30101	0	432	3	0	0.69	0.25	1.76	1.44	0.010
62	Lalitpur	1244798	43324	0	766	3	0	0.39	0.62	3.48	1.77	0.007
63	**Chitrakoot**	1012420	19595	0	572	2	0	0.35	0.56	1.94	2.92	0.010

64	Banda	1839131	52568	0	606	8	0	1.32	0.33	2.86	1.15	0.015
65	Hamirpur	1128309	71013	0	759	1	0	0.13	0.67	6.29	1.07	0.001
66	Mahoba	895328	30209	0	788	7	0	0.89	0.88	3.37	2.61	0.023
67	**Meerut**	3523248	53688	0	149	14	0	9.4	0.04	1.52	0.28	0.026
68	Bagpat	1330803	17386	0	220	0	0	0	0.17	1.3	1.27	0.000
69	Ghaziabad	4764004	62880	0	341	8	0	2.48	0.07	1.32	0.51	0.013
70	G.B.Nagar	1711558	45673	0	452	4	0	0.88	0.26	2.67	0.99	0.009
71	Bulandshahar	3575474	184002	0	734	0	0	0	0.21	5.15	0.4	0.000
72	Hapur											
73	**Saharanpur**	3540441	153528	0	1982	89	0	4.44	0.56	4.34	1.29	0.057
74	Muzaffar Nagar	4229654	97327	0	2750	267	0	10.44	0.6	2.3	2.63	0.274
75	Shamli											
	Total	203972270	3904034	0	47400	740	0	1.56	0.23	1.93	1.20	0.018

2012

2013

S. No.	Name of District	Population	BSC	BSE	Positive	P.*f.*	API	ABER	SPR	SFR	PF%
1	**Agra**	4477170	180622	180622	115	2	0.03	4.03	0.06	0.00	1.74
2	Mathura	2597816	71203	71203	274	0	0.07	1.90	0.38	0.00	0.00
3	Mainpuri	1887832	46124	46124	217	0	0.15	3.14	0.47	0.00	0.00
4	Firozabad	2551690	36084	36084	278	2	0.17	2.26	0.77	0.01	0.72
5	**Aligarh**	3754674	58573	58573	1044	3	0.28	1.56	1.78	0.01	0.29
6	Kashiram Nagar	1469795	29173	29173	1099	0	0.75	1.98	3.77	0.00	0.00
7	Hathras	1600123	45085	45085	442	5	0.28	2.50	0.98	0.01	1.13
8	Etah	1799897	39087	39087	547	0	0.30	1.53	1.40	0.00	0.00
9	**Bareilly**	4563582	125595	125595	439	0	0.10	2.75	0.35	0.00	0.00
10	Pilibhit	2082044	71208	71208	20	0	0.01	3.42	0.03	0.00	0.00
11	Shahjahanpur	3068428	48438	48438	14	0	0.00	1.58	0.03	0.00	0.00
12	Badaun	3794418	40750	40750	612	0	0.16	1.07	1.50	0.00	0.00
13	**Moradabad**	2658932	100025	100025	286	1	0.11	3.76	0.29	0.00	0.35
14	J.P.Nagar	1879224	55843	55843	397	0	0.21	2.97	0.71	0.00	0.00
15	Rampur	2386777	38900	38900	327	0	0.14	1.63	0.84	0.00	0.00
16	Bijnore	3764942	165508	165508	685	15	0.18	4.40	0.41	0.01	2.19
17	Sambhal	2219215	32479	32479	104	0	0.05	1.46	0.32	0.00	0.00
18	**Lucknow**	4689401	79328	79328	125	3	0.03	1.69	0.16	0.00	2.40

19	Unnao	3179028	61677	61677	40	0	0.01	1.94	0.06	0.00	0.00
20	Rae-Bareli	3478892	48614	48614	52	0	0.01	1.40	0.11	0.00	0.00
21	Sitapur	4572884	36351	36351	6	1	0.00	0.79	0.02	0.00	16.67
22	Hardoi	4181390	45930	45930	76	0	0.02	1.10	0.17	0.00	0.00
23	Kheri	4101934	63321	63321	276	5	0.07	1.54	0.44	0.01	1.81
24	**Faizabad**	2522675	39825	39825	28	2	0.01	1.58	0.07	0.01	7.14
25	Ambedkar Nagar	2451481	27472	27472	30	0	0.01	1.12	0.11	0.00	0.00
26	Sultanpur	2233550	32141	32141	160	0	0.07	1.44	0.50	0.00	0.00
27	Barabanki	3329659	45272	45272	7	0	0.00	1.36	0.02	0.00	0.00
28	Amathi	1640772	26413	26413	57	0	0.03	1.61	0.22	0.00	0.00
29	**Gonda**	3506876	30737	30737	40	0	0.01	0.88	0.13	0.00	0.00
30	Balrampur	2196345	22936	22936	13	0	0.01	1.04	0.06	0.00	0.00
31	Bahraich	3554779	62726	62726	63	9	0.02	1.76	0.10	0.01	14.29
32	Shravasti	1139137	16437	16437	21	0	0.02	1.44	0.13	0.00	0.00
33	**Basti**	2515199	39383	39383	35	1	0.01	1.57	0.09	0.00	2.86
34	St.Kabir Nagar	1752015	28628	28628	43	0	0.02	1.63	0.15	0.00	0.00
35	Siddharth Nagar	2609704	20217	20217	218	0	0.08	0.77	1.08	0.00	0.00
36	Gorakhpur	4533873	60624	60624	2	0	0.00	1.34	0.00	0.00	0.00
37	**Maharajgunj**	2723928	32268	32268	30	0	0.01	1.18	0.09	0.00	0.00
38	Deoria	3166807	30988	30988	14	0	0.00	0.98	0.05	0.00	0.00
39	Kushi Nagar	3639168	36950	36950	109	0	0.03	1.02	0.29	0.00	0.00
40	**Azamgarh**	4718072	61589	61589	30	0	0.01	1.31	0.05	0.00	0.00
41	Mau	2253684	46904	46904	2	0	0.00	2.08	0.00	0.00	0.00
42	Ballia	3294562	29991	29991	2	0	0.00	0.91	0.01	0.00	0.00
43	**Varanasi**	3763202	43058	43058	335	0	0.09	1.14	0.78	0.00	0.00
44	Chandauli	1995673	26885	26885	136	0	0.07	1.35	0.51	0.00	0.00
45	Jaunpur	4574546	53343	53343	241	2	0.05	1.17	0.45	0.00	0.83
46	Ghazipur	3702427	27118	27118	64	0	0.02	0.73	0.24	0.00	0.00
47	**Mirzapur**	2549413	109375	109375	4192	9	1.64	4.29	3.83	0.01	0.21
48	Sonbhadra	1903589	99532	99532	10097	182	5.30	5.23	10.14	0.18	1.80
49	St.R.D.Nagar	1588395	26889	26889	1258	0	0.79	1.69	4.68	0.00	0.00
50	**Allahabad**	6090914	135117	135117	6703	33	1.10	2.22	4.96	0.02	0.49
51	Kaushambi	1632041	36273	36273	251	2	0.15	2.22	0.69	0.01	0.80
52	Fatehpur	2690603	71266	71266	858	0	0.32	2.65	1.20	0.00	0.00
53	Pratapgarh	3243575	93772	93772	178	0	0.05	2.89	0.19	0.00	0.00
54	**Kanpur Nagar**	4673556	78609	78609	356	2	0.08	1.68	0.45	0.00	0.56

55	Kanpur Dehat	1834584	53770	53770	665	14	0.36	2.93	1.24	0.03	2.11
56	Farrukhabad	1929104	40671	40671	574	0	0.30	2.11	1.41	0.00	0.00
57	Kannauj	1694481	42377	42377	407	2	0.24	2.50	0.96	0.00	0.49
58	Etawah	1613902	40092	40092	353	0	0.22	2.48	0.88	0.00	0.00
59	Auraiya	1402477	51139	51139	797	0	0.57	3.65	1.56	0.00	0.00
60	**Jhansi**	2044772	75828	75828	719	2	0.35	3.71	0.95	0.00	0.28
61	Jalaun	1707474	36740	36740	655	1	0.38	2.15	1.78	0.00	0.15
62	Lalitpur	1244798	61926	61926	470	0	0.38	4.97	0.76	0.00	0.00
63	**Chitrakoot**	1012420	26071	26071	720	0	0.71	2.58	2.76	0.00	0.00
64	Banda	1839131	57177	57177	851	4	0.46	3.11	1.49	0.01	0.47
65	Hamirpur	1128309	99536	99536	956	3	0.85	8.82	0.96	0.00	0.31
66	Mahoba	895328	44641	44641	1531	3	1.71	4.99	3.43	0.01	0.20
67	**Meerut**	3523248	45674	45674	105	6	0.03	1.30	0.23	0.01	5.71
68	Bagpat	1330803	25077	25077	304	0	0.23	1.88	1.21	0.00	0.00
69	Ghaziabad	3173800	43672	43672	251	2	0.08	1.38	0.57	0.00	0.80
70	G.B.Nagar	1711558	50072	50072	674	5	0.39	2.93	1.35	0.01	0.74
71	Bulandshahar	3575474	188039	188039	495	0	0.14	5.26	0.26	0.00	0.00
72	Hapur	1590204	22342	22342	293	0	0.18	1.40	1.31	0.00	0.00
73	**Saharanpur**	3540441	146172	146172	1746	56	0.49	4.13	1.19	0.04	3.21
74	Muzaffar Nagar	2749354	74123	74123	1594	53	0.58	2.70	2.15	0.07	3.32
75	Shamli	1480300	40981	40981	1223	160	0.83	2.77	2.98	0.39	13.08
	Total	203972270	4278776	4278776	48112	581	0.24	2.10	1.13	0.01	1.22

Urban Filaria Control Units under NFCP in the State of U.P.-

NFCP Town/ clinics/ survey units	Population	Staff					Persons examined during 2012		Mf positive		Disease Positive	
		Biologist/FCO/MO	Field Worker	Insect Collectors	Technician	Filaria Inspector	2012	2013	2012	2013	2012	2013
Jalaun	50000	FCO-1	28	3	1	2	1647	1251	10	6	34	21
Unnao	50000	Biologist-1	4	1	1	2	5090	4751	33	37	41	41
Barabanki	50000	FCO-1	7	2	1	3	3282	3554	41	38	48	47
Rae-Bareli	50000	Biologist-1	9	1	1	2	1495	4082	0	2	12	40
Sitapur	50000	Vacant	18	2	1	2	1882	1825	6	6	72	77
Gonda	50000	Biologist-1	10	1	1	2	6410	6822	3	3	19	13
Kheri	50000	Vacant	19	1	1	0	3601	5852	28	48	78	126
Banda	50000	Vacant	18	2	1	2	2285	2359	1	4	24	29
Rampur	50000	Vacant	27	3	1	3	1554	3912	0	0	0	0
Shahajahanpur	50000	Vacant	8	4	1	3	5154	4718	6	7	149	138
Hameerpur	50000	Biologist-1	2	1	1	0	2472	1632	0	0	59	21
Pilibhit	50000	Vacant	4	2	1	0	2907	1030	0	0	26	10
Fatehpur	50000	FCO-1	22	1	2	2	7234	14547	9	18	131	267
Bahraich	50000	FCO-1	5	3	1	2	8518	6822	2	3	63	63
Azamgarh	50000	Biologist-1	2	0	1	3	7345	8135	11	8	89	112
Deoria	50000	Biologist-1	1	1	1	1	8987	9220	5	3	127	93
Farrukhabad	50000	Vacant	1	0	1	2	4381	4781	3	4	28	23
Jaunpur	50000	Vacant	2	1	1	2	6619	8161	9	13	117	99
Basti	50000	Vacant	6	3	1	2	4484	4070	22	13	105	105
Gorakhpur	50000	FCO-1	13	1	1	5	7254	9857	0	14	47	33
Lucknow RRT Unit	50000	MO-1	12	4	1	3	4861	5616	35	37	95	93
Ballia	50000	Biologist-1	2	4	1	2	3118	3225	4	1	31	27
Hardoi	50000	Vacant	2	1	1	1	1962	2082	3	2	136	25
Sultanpur	50000	Biologist-1	8	1	1	1	1577	1850	7	13	34	52
Mirzapur	50000	MO-1	10	1	1	3	8223	9003	4	5	39	45
Pratapgarh	50000	Biologist-1	7	1	1	3	4086	2596	4	2	80	81
Ghazipur	50000	Vacant	8	0	1	3	5739	6252	44	3	68	73

Faizabad	50000	FCO-1	0	0	1	3	3151	771	1	0	1	0
Allahabad	50000	Vacant	0	0	1	0	1900	2323	4	3	55	61
Varanasi	50000	Vacant	0	0	1	2	1683	2300	15	21	42	47
Kanpur Nagar	50000	Vacant	0	0	1	0	4719	5053	12	13	119	124

Note: status of integration of NFCP units/clinics/survey units may be indicated.

Urban Malaria Scheme

UMS Town	Population	Staff				Persons examined during 2012	Persons examined during 2013	Total malaria cases 2012	Total malaria cases 2013	Pf Cases 2012	Pf Cases 2013	Death in 2012/2013
		Medical Officers	Field Workers	Insect Collectors	Malaria Inspectors							
Kanpur Nagar	4752670	1	402	12	12	13950	13704	89	78	1	1	0
Badaun	168188	1	30	0	0	0	0	0	0	0	0	0
Agra	1566762	1	75	3	1	4647	5260	28	25	0	0	0
Jhansi	390231	1	19	1	0	6971	7111	388	404	5	3	0
Moradabad	820561	1	72	2	0	4048	4205	6	8	0	0	0
Ghaziabad	2358525	1	71	3	0	5625	1023	75	18	3	0	0
Mathura	392000	1	20	2	0	2536	2640	12	17	1	3	0
Aligarh	821512	1	40	1	1	687	14322	2	252	0	0	0
Allahabad	1976000	1	56	2	3	5818	5818	93	96	3	3	0
Meerut	1313828	1	23	1	2	7794	11660	18	47	8	3	0
Muzzafar Nagar	75524	1	27	0	0	5410	6240	113	192	6	11	0
Lucknow	1959679	1	93	4	4	0	0	0	0	0	0	0
Varanasi	1600000	1	35	3	3	4925	5207	56	62	0	0	0
Buland Shahar	6700000	1	58	1	0	10070	11054	115	110	0	0	0
Total	**24895480**	**14**	**1021**	**35**	**26**	**72481**	**87221**	**995**	**1291**	**27**	**24**	**0**

Entomological -

The performance on entomological surveillance done during 2012 and 2013 indicated as below:

1. Prevalence of vector in the districts under the jurisdiction of zonal team (district-wise).
2. Monthly density of vector (either in table or graph)
3. Susceptibility status if conducted and reason if not conducted
4. Sporozoite incrimination if done and found positive
5. Any other parameter conducted
6. Status of zonal team in terms of human resource

Name of zonal team	Functional	Entomologist sanctioned	Entomologist in position
Agra	Yes	01	Meena Rajput
Allahabad	No	01	Vacant
Bareilly	Yes	01	Deepak Kumar
Faizabad	No	01	Vacant
Gorakhpur	Yes	01	Vijay Kr. Srivastava
Jhansi	Yes	01	Ravi Das
Lucknow	Yes	01	Manvendra Tripathi
Meerut	No	01	Vacant
Varanasi	Yes	01	R.P. Singh

7- The activities to be performed and logistics with respective cost or as below should be reflected

Mobility & Strengthening of Entomological Zones to be monitored at State H.Q. With the assistance of Divisional A.D.s

Entomologist on Contractual basis for 09 new entomological zones, namely Aligarh, Sahahranpur, Moradabad, Kanpur Nagar, Chitrakoot, Basti, Azamgarh, Devipatan and Mirzapur (Vindhyanchal) @ Rs. 35,000/- per month for 06 months. Rs. 2.10 Lakhs Per Zone.	Rs. 18.90 Lakhs
Honorarium for college/ university two research scholars for conducting/ collecting Entomological data in eighteen divisions @ Rs. 15000 pm for 06 months (Rs. 0.15 Lakhs X 2X 6 months =Rs. 1.80 Lakhs per divisions)	Rs. 32.40 Lakhs
Honorarium for college/ university research scholars two assistants for conducting/ collecting Mosquitos including vector species and related information's in eighteen divisions @ Rs. 6000 pm. (Rs. 0.06 Lakhs X 6 months X 2 nos=Rs. 0.72 Lakhs per divisions)	Rs. 12.96 Lakhs
Training/C.B. at each zone for Insect collector and other staff Rs. 48000 per division X 18 divisions	Rs. 8.64 Lakhs
Contingency for 18 divisions including 6 existing functional divisions/ Zonal for conducting Entomological work & strengthening& mobility support @ Rs 50000.00 per div.	Rs. 9.00 Lakhs
Total	**81.90 Lakhs**

Approval 2014-15: **Against the proposal for mobility support and strengthening of Zonal Entomological Units for Rs. 81.90 Lakhs, the state received an approval of Rs. 30.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.h.**

Strategy & Innovation for EDCT(Effective Disease control and treatment) Epidemilogical Surveillance & Disease Management

Microscopic Centres - Strengthening the existing surveillance. All microscopic centers are to be made functioning. 200 LT's and 200 LA's to be re-oriented/ trained for proper microscopy in recognizing parasites in high risk for Malaria.

Active Surveillance - ANMs/ MPWs should make blood slides for Malaria regularly

ASHAs - Involvement of ASHAs for active surveillance honorarium of Rs 15/- to ASHA for each blood slide collection & sending to nearby lab. for examn.

- If they actively participate for giving radical treatment to the patient then per patient Rs. 75/- will be paid
- Remote Areas ASHAs & ANMs/MPWs to be provided RDT Kits.

Case Management - All Malaria positive patients should get radical treatment as earliest as possible in the Supervision of M.O.s/ H.I./M.I./H.S./ H.V./ L.Ts.

- Epidemic preparedness & Rapid Response Team.
- Involvement of Private Providers.

Integrated Vector Management

- Effective Entomological Surveillance.
- Source reduction using Minor Engineering Method.
- Environmental control – Biological & Larvivorous fish.
- Larvicides (Biolarvicides), Larvicide (Chemical).
- Timely & Good quality of **IRS** is important & implemented with sound technical skill.
- Operational Research.

Inter-sectoral coordination-

Optimal utilization of local Panchayati Raj Institutions especially Village Health Nutrition and Sanitation Committees (VHNSC) to play a crucial role in National Vector Borne Disease Control Programme. In the state, high risk areas for Vector Borne Diseases are mainly rural areas and urban slums, as majority of the VBD cases come from these areas. Close coordination as well as supervision and monitoring of VHNSC/local institutions will improve community ownership especially in the areas of sanitation and reduction of vector breeding sites.

Capacity Building

- Training of ASHA in making Blood Smears& use of Rapid Diagnostic Kit by MO/IC/Supdtts.
- Training of LTs/LAs of PHC/CHC in identifying Malaria/Filaria parasite by qualified faculty.
- Reorientation of staff in different disease drug policies.
- 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 equipment's and techniques.

Capacity Building/Training

S No	Trainings	Cost (Rs)Expenditure per Batch(Rs.)	Trained in previous year (No)	To be Trained in Current year
				No. of batches
1	300 Medical officers from high risk PHCs.	15000	-	1500006 Batches each of 50 M.Os. at State HQ. One day workshop / Capacity Building @ Rs.500/- each for Refreshment, contingency etc.

2	DMO/AMO	60000	-	04 Batch of 25 D. M.Os/A.M.Os..at State HQ for 3 days (Honorarium @ Rs.300/-per day, TA @ Rs.600/- approx. each. Faculty @Rs.500/- each for 4 faculty each day, Refreshment, contingency etc.
3	Lab Techs (reorientation)	72500	-	12 Batch of 25 LTs.at State HQ for 05 days (Honorarium @ Rs.200/-per day, TA @ Rs.500/- approx.each, , Faculty @Rs.500/- each for 2 Officer's faculty and Rs. 300/- for 03 Sr. Technician Faculty each day, Refreshment, contingency etc.
4	Malaria/Filaria Inspector and Insect Collector's of High VBD risk distts.	72500	-	05 Batch of 25 MI/FI.at State HQ for 05 days (Honorarium @ Rs.200/-per day, TA @ Rs.500/- approx.each, , Faculty @Rs.500/- each for 2 officer's faculty and Rs. 300/- for 3 Technicians Faculty each day, Refreshment, contingency etc.
5	L.As. of high VBD risk distts.	72500	-	10 Batch of 25 LAs.at State HQ for 05 days (Honorarium @ Rs.200/-per day, TA @ Rs.500/- approx.each, , Faculty @Rs.500/- for 2 officer's faculty and Rs. 300/- for 3 Technicians Faculty each day, Refreshment, contingency etc.
6	ASHAs at district level	81300	-	Rs. 150/- per Asha's at districts at block level

Approval 2014-15: **Against the proposal of training/ capacity building of DMO/AMO, MOs, Lab. Techs., Malaria/Filaria Inspectors, ASHAs etc. for Rs. 99.70 Lakhs, the state received an approval of Rs. 50.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.g.**

Monitoring & Evaluation

Mobility support by hiring vehicle in all 57 districts for 06 months: -@ Rs 35,000 p.m. x 06 month = Rs.2,10,000/- per districts	Rs.119.70 Lakhs
Monitoring Evaluation & Supervision Epidemic preparedness, Printing of formats for reporting including POL for all 57 districts @ Rs 30000/- per distt.	17.10 Lakhs
NAMMIS: One Computer with all accessories for all 57 District`s @ Rs 70000/- each	39.90 Lakhs
Total	**176.70 Lakhs**

Approval 2014-15: **Against the proposal of monitoring, evaluation, supervision and epidemic preparedness for Rs. 176.70 Lakhs, the state received an approval of Rs. 150.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.d.**

IEC/ BCC Activities:

- Wide spread messages related to prevention & control of Vector borne diseases through various print & electronic media
- Wide Spread publicity before Indoor residual spraying to ensure high level coverage with quality in order to make it successful.
- Health Education materials to be supplied to all Health centers and to be distributed to public in the Malaria day in April and malaria month in June.

Sl.	Items	Unit	Total (Rs. Lakhs)
1.	Print media in News Papers	At State H.Q.	7.00
2.	Electronic media (T.V., Radio, etc.)	For state HQ	20.00
3.	Flax Banners, Hand bills, folders, booklet & Posters	District- 75Distt @ Rs. 80,000= 60,00,000 State HQ- Rs.1000000	70.00
Total Requirement of IEC/BCC			**97.00**

Approval 2014-15 : **Against the proposal of IEC/ BCC for Rs. 97.00 Lakhs, the state received an approval of Rs. 60.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.e.**

PPP/ NGO and Intersector Convergence:

Sr. No.	Items	Unit	Total (Rs. Lakhs)
1.	Advocacy Workshop with inter-personal & inter- sectorial meetings.	District-75 Distt x 2 nos.= 150 in nos. @ Rs 10000 per workshop. Rs. 20000/- per districts State HQ- 1@ Rs.50000	15.50
Total Requirement of PPP/ NGO and Intersector Convergence			**15.50**

Approval 2014-15: **Against the proposal of PPP/ NGO and intersector convergence for Rs. 15.50 Lakhs, the state received an approval of Rs. 7.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.f.**

General Vector Control Strategy-

- Main strategy for control of vector borne disease is vector management.
- To control condition promoting mosquito breeding.
- One week day –Saturday to be made dry day (emptying overhead 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).

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	120000	18	2	36	150	142.00	766800
2	Mirzapur	180000	27	2	54	150	142.00	1150200
3	Muzaffar Nagar	120000	18	2	36	150	142.00	766800
4	Saharanpur	120000	18	2	36	150	142.00	766800
5	Kheri	60000	9	2	18	150	142.00	383400
6	Sitapur	60000	9	2	18	150	142.00	383400
7	Mathura	60000	9	2	18	150	142.00	383400
8	Mahoba	30000	4.5	2	9	150	142.00	191700
9	Allahabad	300000	45	2	90	150	142.00	1917000
10	Kanpur Dehat	120000	18	2	36	150	142.00	766800
11	Farukhabad	30000	4.5	2	9	150	142.00	191700
12	Ghaziabad	66600	10	2	20	150	142.00	426000
13	G.B. Nagar	60000	9	2	18	150	142.00	383400
14	Mainpuri	60000	9	2	18	150	142.00	383400
15	Fatehpur	30000	4.5	2	9	150	142.00	191700
16	Jaunpur	60000	9	2	18	150	142.00	383400
17	Aligarh	60000	9	2	18	150	142.00	383400
18	Chitrakoot	30000	4.5	2	9	150	142.00	191700
19	Shamli	60000	9	2	18	150	142.00	383400
20	Jhansi	60000	9	2	18	150	142.00	383400
21	Lalitpur	60000	9	2	18	150	142.00	383400
22	Jalaun	60000	9	2	18	150	142.00	383400

23	Hamirpur	60000	9	2	18	150	142.00	383400
24	Badaun	60000	9	2	18	150	142.00	383400
	Total	**1926600**	**289**	**2**	**578**	**150**	**142.00**	**12311400**

A. 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	108	135	142	2070360
2	Mirzapur	120000	27	3	54	135	142	1035180
3	Muzaffar Nagar	88000	20	3	40	135	142	766800
4	Saharanpur	120000	27	3	54	135	142	1035180
5	Shamli	88000	20	3	40	135	142	766800
Total		**656000**	**148**	**3**	**296**	**135**	**142**	**5674320**

Note: - The labour wages are calculated according to State MANREGA charges.

B. Operational Cost for Spray of Insecticides; Logistic, Transportation & Capacity building:

Budget Head	Proposed Budget (Rs. Lakhs)
Bucket & Mugs - 104 of each per million population; No. of Buckets & Mugs req. = 300 of each	0.74
Transportation of Insecticides & Conveyance of Spray Squads	1.12
Capacity building for Spray Workers	0.50
Total	**2.36**

Approval 2014-15: **Against the proposal of operational cost for IRS for Rs. 2.36 Lakhs, the state received an approval of Rs. 2.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.1.c.ii.**

C. Area for Focal Spray by D.D.T. 50%

To be done by village health sanitation committee

Sr. No.	Name of District	No. of Sub-Centre	Population
1	Lucknow	2	12000
2	Ambedkar Nagar	4	20000
3	Chandauli	3	16000
4	Moradabad	3	17000
5	Bahraich	4	21000
6	Pilibhit	3	11000
7	Shajahanpur	4	16000
8	Sultanpur	3	16000
9	Basti	4	22000
10	Unnao	4	16000
11	St. Kabir Nagar	4	16000
12	Hardoi	4	16000
13	Hathras	4	16000
14	Bulandsahar	4	16000
15	Meeret	4	16000
Total		**54**	**247000**

FMR Code	Budget Head	Unit Cost (In Rs.)	Quantity/ Target	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.1	**Malaria**				
F.1.1.a	**Contractual Payments**				
F.1.1.a.i	**MPW contractual**	72000.00	3397	2445.84	0.00
F.1.1.a.ii	Lab Technicians (against vacancy)				
F.1.1.a.iii	VBD Technical Supervisor (one for each block)	90000.00	192	178.20	0.00
F.1.1.a.iv	District VBD Consultant (one per district) (Non- Project States)	210000.00	32	67.20	0.00
F.1.1.a.v	State Consultant (Non – Project States),				
	M&E Consultant (Medical Graduate with PH qualification)	675000.00	1	6.75	0.00
	VBD Consultant (preferably entomologist)	540000.00	1	5.40	0.00
F.1.1.b	**ASHA Incentive**	150.00	81300	121.95	100.00
F.1.1.c	**Operational Cost**				
F.1.1.c.i	Spray Wages	142.00	126660	179.86	150.00
F.1.1.c.ii	Operational cost for IRS	270.00	874	2.36	2.00
F.1.1.c.iii	Impregnation of Bed nets- for NE states				
F.1.1.d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility & NAMMIS and MPW monitoring incentive	310000	57	176.70	150.00
F.1.1.e	IEC/BCC	80000.00	76	97.00	60.00
F.1.1.f	PPP / NGO and Intersectoral Convergence	20000.00	76	15.50	7.50
F.1.1.g	Training / Capacity Building	100.00	81301	99.70	50.50
F.1.1.h	Zonal Entomological units	350000.00	9	31.50	30.00
		560000.00	9	50.40	
F.1.1.i	Biological and Environmental Management through VHSC			0.00	
F.1.1.j	Larvivorous Fish support			0.00	
F.1.1.k	Construction and maintenance of Hatcheries			0.00	
F.1.1.l	**Any other Activities (Pl. specify)**				
F.1.1.l a	Data Entry Operator	72000.00	76	55.08	0.00
F.1.1.l b	Other activities	5148000.00	1	51.48	0.00
	Total Malaria (DBS)			**3584.92**	**550.00**

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 number of endemic districts now becomes 51.

Sl. No.	Year	Cases	M*f* Positive
1	2007	5791	637
2	2008	5134	477
3	2009	2815	452
4	2010	2291	412
5	2011	2109	364
6	2012	1969	322
7	2013	2006	327

Specific Constrains for Implementation of Programme

- Apart from disability, Management is great challenge to remove the social stigma from the population suffering from disease 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 tentative 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 &in 2012-13 due to delay in supply of DEC 100 mg, MDA was observed in February/march 2013 in four rounds. This year in 2013-14 MDA in objerved in three rounds (Jan, Feb, & March 2014)

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 Achivements

Sl.	Year	2011		2012		2013	
		Target	Achievement	Target	Achievement	**Target**	Achievement
1	**Population Coverage**	1101 Lakhs	270 Lakhs	1206 Lakhs	1000 Lakhs	1244 Lakhs	Report Awaited
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	MF rate above 1 in Sonbhadra, Barabanki, Gorakhpur and Kheri. And in rest districts below 1.	Below 1 in all endemic districts	MDA is observed in Jan., Feb.& March, 2014
3	**Hydrocele operation**	36135 cases	3254 cases	32991 cases	2877 cases	All line-listed cases	Report Awaited

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 (Hydrocele& Lymphedema etc.)
- M.f. survey at 4 sentinel& 4 random sites in each District.
- Training of M.O.s, Paramedical& Drug Distributors.
- Identification of Volunteers/Drug Distributors.
- Composition of Rapid Response Team.
- Preparation at Village & Sub-center 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.

Requirements of Medicines for MDA 2014

S. No.	Name of District	Population	Targeted Population	Requirement of DEC 100mg tablet	Requirement of Albendazole 400mg tablet
1	Bareilly	4563582	3879045	9600000	3800000
2	Pilibhit	2082044	1769737	4400000	1700000
3	Shahjahanpur	3068428	2608164	6500000	2600000
4	Rampur	2386777	2028760	5000000	2000000
5	Lucknow	4689401	3985991	9900000	3900000
6	Unnao	3179028	2702174	6700000	2700000
7	Rae-Bareli	3478892	2957058	7390000	2950000
8	Sitapur	4572884	3886951	9000000	3800000
9	Hardoi	4181390	3554182	8800000	3550000
10	Kheri	4101934	3486644	8700000	3500000
11	Faizabad	2522675	2144274	5300000	2100000
12	Ambedkar Nagar	2451481	2083759	5200000	2080000
13	Sultanpur	2233550	1898518	4700000	1800000
14	Barabanki	3329659	2830210	7000000	2800000
15	Amathi	1640772	1394656	3480000	1390000
16	Gonda	3506876	2980845	7400000	2980000
17	Balrampur	2196345	1866893	4600000	1800000
18	Bahraich	3554779	3021562	7500000	3000000
19	Shravasti	1139137	968266	2400000	950000
20	Basti	2515199	2137919	5300000	2100000
21	St.Kabir Nagar	1752015	1489213	3700000	1450000
22	Siddharth Nagar	2609704	2218248	5500000	2200000
23	Gorakhpur	4533873	3853792	9600000	3800000
24	Maharajgunj	2723928	2315339	5700000	2300000
25	Deoria	3166807	2691786	6700000	2650000
26	Kushi Nagar	3639168	3093293	7700000	3000000
27	Azamgarh	4718072	4010361	10000000	4000000
28	Mau	2253684	1915631	4780000	1910000
29	Ballia	3294562	2800378	7000000	2800000

30	Varanasi	3763202	3198722	8000000	3100000
31	Chandauli	1995673	1696322	4240000	1690000
32	Jaunpur	4574546	3888364	9700000	3850000
33	Ghazipur	3702427	3147063	7860000	3100000
34	Mirzapur	2549413	2167001	5400000	2150000
35	Sonbhadra	1903589	1618051	4000000	1600000
36	St.R.D.Nagar	1588395	1350136	3300000	1300000
37	Allahabad	6090914	5177277	1270000	5100000
38	Kaushambi	1632041	1387235	3400000	1350000
39	Fatehpur	2690603	2287013	5700000	2280000
40	Pratapgarh	3243575	2757039	6800000	2750000
41	Kanpur Nagar	4673556	3972523	9900000	3900000
42	Kanpur Dehat	1834584	1559396	3800000	1500000
43	Farrukhabad	1929104	1639738	4000000	1600000
44	Kannauj	1694481	1440309	3600000	1440000
45	Etawah	1613902	1371817	3400000	1350000
46	Auraiya	1402477	1192105	2980000	1200000
47	Jalaun	1707474	1451353	3600000	1400000
48	Chitrakoot	1012420	860557	2100000	850000
49	Banda	1839131	1563261	3900000	1500000
50	Hamirpur	1128309	959063	2300000	950000
51	Mahoba	895328	761029	1900000	760000
		143551790	**122019022**	**280700001**	**120330000**

Requirements of Budget for Honorarium And Training in MDA

S. No.	Name of District	Population	Targeted Population	No. of Drug Administrator Required	No of Supervisors	Total of DD & Supervisor	Honorarium for DD & Supervisor
1	Bareilly	4563582	3879045	15516	1552	17068	5120000
2	Pilibhit	2082044	1769737	7079	708	7787	2330000
3	Shahjahanpur	3068428	2608164	10433	1043	11476	3400000
4	Rampur	2386777	2028760	8115	812	8927	2650000
5	Lucknow	4689401	3985991	15944	1594	17538	5200000
6	Unnao	3179028	2702174	10809	1081	11890	3550000
7	Rae-Bareli	3478892	2957058	11828	1183	13011	3900000
8	Sitapur	4572884	3886951	15548	1555	17103	5100000
9	Hardoi	4181390	3554182	14217	1422	15638	4690000
10	Kheri	4101934	3486644	13947	1395	15341	4600000
11	Faizabad	2522675	2144274	8577	858	9435	2830000
12	Ambedkar Nagar	2451481	2083759	8335	834	9169	2700000
13	Sultanpur	2233550	1898518	7594	759	8353	2500000
14	Barabanki	3329659	2830210	11321	1132	12453	3730000
15	Amathi	1640772	1394656	5579	558	6136	1840000
16	Gonda	3506876	2980845	11923	1192	13116	3930000
17	Balrampur	2196345	1866893	7468	747	8214	2460000
18	Bahraich	3554779	3021562	12086	1209	13295	4000000

19	Shravasti	1139137	968266	3873	387	4260	1250000
20	Basti	2515199	2137919	8552	855	9407	2800000
21	St.Kabir Nagar	1752015	1489213	5957	596	6553	1900000
22	Siddharth Nagar	2609704	2218248	8873	887	9760	2900000
23	Gorakhpur	4533873	3853792	15415	1542	16957	5080000
24	Maharajgunj	2723928	2315339	9261	926	10187	3000000
25	Deoria	3166807	2691786	10767	1077	11844	3550000
26	Kushi Nagar	3639168	3093293	12373	1237	13610	4000000
27	Azamgarh	4718072	4010361	16041	1604	17646	5290000
28	Mau	2253684	1915631	7663	766	8429	2500000
29	Ballia	3294562	2800378	11202	1120	12322	3690000
30	Varanasi	3763202	3198722	12795	1279	14074	4200000
31	Chandauli	1995673	1696322	6785	679	7464	2200000
32	Jaunpur	4574546	3888364	15553	1555	17109	5130000
33	Ghazipur	3702427	3147063	12588	1259	13847	4100000
34	Mirzapur	2549413	2167001	8668	867	9535	2800000
35	Sonbhadra	1903589	1618051	6472	647	7119	2100000
36	St.R.D.Nagar	1588395	1350136	5401	540	5941	1700000
37	Allahabad	6090914	5177277	20709	2071	22780	6834000
38	Kaushambi	1632041	1387235	5549	555	6104	1800000
39	Fatehpur	2690603	2287013	9148	915	10063	3000000
40	Pratapgarh	3243575	2757039	11028	1103	12131	3640000
41	Kanpur Nagar	4673556	3972523	15890	1589	17479	5200000
42	Kanpur Dehat	1834584	1559396	6238	624	6861	2000000
43	Farrukhabad	1929104	1639738	6559	656	7215	2150000
44	Kannauj	1694481	1440309	5761	576	6337	1900000
45	Etawah	1613902	1371817	5487	549	6036	1810000
46	Auraiya	1402477	1192105	4768	477	5245	1570000
47	Jalaun	1707474	1451353	5805	581	6386	1900000
48	Chitrakoot	1012420	860557	3442	344	3786	1130000
49	Banda	1839131	1563261	6253	625	6878	2060000
50	Hamirpur	1128309	959063	3836	384	4220	1265000
51	Mahoba	895328	761029	3044	304	3349	1000000
	Total	**143551790**	**122019022**	**488076**	**48808**	**536884**	**159979000**

A-FINANCIAL ASSISTANCE REQUIRED FOR STATE H.Q.:-

F.1.4.a	State Task Force Meeting & Technical Advisory Committee meeting and Training Workshop	Rs 1.75 Lakhs
F.1.4.e	IEC – Rs 15.00 Lakhs for State H.Q	Rs. 15.00 Lakhs
Total (a)		**Rs 16.75 Lakhs**

F.1.4.a- District Coordination Committee Meeting including sensitization of Media etc.-

Rs. 1400 per district for 02 meeting (Pre, During & post MDA)

F.1.4.a- Mobility, Monitoring and Supervision and rapid Response Team POL-

Rs. 50,000 per district.

F.1.4.a- Printing of Forms/Registers-

Rs. 1, 00, 000 per district.

F.1.4.a- Cost of Morbidity Management of Lymphedema& Hydrocele cases-

Morbidity Management Kit including 1 Mug, 1 Soap, Towel & Cream costing about Rs 150/- for each Lymphedema patient & for Hydrocele operation incentive of Rs. 750/- for each case (conducted in the Camps only). Rs 50, 000 per district.

F.1.4.b- Micro Filaria Survey-

TA @ Rs. 225/- for 4 person for 8 Sites=Rs 7200/-, Honorarium of Rs. 150/- for 4 person for 3 days for 8 sites=Rs 14400/-, Contingency of Rs. 500/- each for 8 sites= Rs. 4000/-, Glass slides=Rs. 20200/-, Honorarium of Rs. 500/- for examination of 500 slides to L.T. Total Rs. 50,000/- per district.

F.1.4.c- Post MDA assessment by Medical Colleges & RD Office etc.-

TA Rs. 2000/- each for 2 person, Honorarium Rs. 1000/- each for 4 days, Contingency Rs. 1000/- and for POL Rs. 2000/- Total Rs.15000 per district.

F.1.4.d- Training/ Sensitization of District level Officers on ELF & Drug Distributors and Supervisors including peripheral Health workers-

For training of District/PHC level Officers on ELF Rs. 60, 000 per district, for paramedical workers including supervisors essential on MDA, Morbidity Management and supervision, For total Drug Distributors of State and @ Rs 110 for each participant & Lab technicians for LF Microscopy.

F.1.4.e- Specific IEC/BCC at State/District, PHC, Sub Centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85%-

For 03 district Mau, Kaushambi and Amethi @ Rs. 2.00 Lakhs and for rest 48 districts @ Rs 2.25 Lakhs per districts.

F.1.4.f- Honorarium of Drug Distributors (ASHAs, Volunteers etc)& Supervisors involved in MDA-

Rs 300 per Drug distributors & Supervisors.

F.1.4.h.1- LY. & HY. Survey (Lymphedema & Hydrocele Survey)-

Every PHC and Medical Officer In-charge should be instructed to get the survey done in the villages for 01 time to list the name, age and sex of all Lymphedema and Hydrocele cases by health workers or ASHAs and for this 01 time incentive of Rs. 100/- may be provisioned for 2000 population Rs. 70, 000 per Non MDA 24 districts.

Financial Proposal for Lymphatic Filariasis:-

FMR Code	Budget Head	Unit cost	Quantity/ Target	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.4	**Lymphatic Filariasis**				
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision and mobility support for Rapid Response Team and contingency support	2,14,000	51	109.14	86.50
		1,75,000	1	1.75	1.75
F.1.4.b	Microfilaria Survey	50,000	51	25.50	25.50
F.1.4.c	Monitoring &Evaluation (Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions)	15,000	51	7.65	5.55
F.1.4.d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers		51	585.59	240.95
F.1.4.e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA		51	114.00	39.20
			1	1.50	1.50
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA		51	1599.79	440.00
F.1.4.g	**Verification and validation for stoppage of MDA in LF endemic districts**				
F.1.4.g.i	a) Additional MF Survey			0.00	7.00
F.1.4.g.ii	b) ICT Survey			0.00	21.00
F.1.4.g.iii	c) ICT Cost			0.00	150.00
F.1.4.h	**Verification of LF endemicity in non-endemic districts**			0.00	
F.1.4.h.i	a) LY & Hy Survey in 350 distt	70,000	24	16.80	0.00
F.1.4.h.ii	b) Mf Survey in Non- endemic distt			-	-
F.1.4.h.iii	c) ICT survey in 200 distt			-	-
F.1.4.i	**Post-MDA surveillance**			-	-
F.1.4.j	ASHA incentive for one time linelisting of Lymphoedema and Hydrocele cases in non-endemic distt.			-	-
	Total for Lymphatic Filariasis			**2475.22**	**1018.95**

DENGUE & CHIKUNGUNIA

Objective

- To reduce the incidence of Dengue &effective control on Chikungunia Morbidity.
- Strengthen the State wise Surveillance mechanism for Dengue & Chikungunia.

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
2013	1414	5	1	0

Districts which were highly affected by Dengue in the previous years are: Lucknow, Kanpur Nagar, Allahabad, Gorakhpur, Bareilly, Agra, Ghaziabad, Meerut, Varanasi, Bijnore, Unnao and G.B. Nagar.

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 / space spray 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. In each District Hospital an isolated ward for Dengue should be strengthened having wire-net on doors and windows in transmission season.
- 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.

Inter-Sectoral Convergence-

To improve inter-sectoral coordination between Ministry of Women and child development, urban development, local civic bodies and other relevant departments for integrated vector management especially vector source reduction, there is emerge need of sensitization about disease and its effect as well as coordination activities to avoid breeding of mosquitoes. These can be possible by organizing meetings at various levels at village, block, district and State.

Inter-sectoral coordination committees will be established at the state and district level for a coordinated action to prevent vector breeding and assist the health department in controls efforts. In each endemic district, a coordination committee will be constituted under the Chairpersonship of District Magistrate with chief Medical officer of the district as conveyor and district vector borne disease control officer and representative of Nagar Nigam will be act as members.

Division of Urban Development Ministry shall ensure checking of all over head tanks, underground task cisterns, etc, to ensure that lids in the water containers are tightly closed and there are no holes for the entry of the mosquitoes. Besides routine checking of breeding of mosquitoes by municipal

corporations, a random check of all water container/potential breeding places could be conducted to assess the impact of cleanliness

All construction sites in cities and towns shall be identified by the local bodies and regular check ups for mosquitoes breeding conditions shall be ensured. The contractors and owners of the buildings shall be motivated to maintain cleanliness at the sites of construction and ensuring mosquito free premises.

Resident's welfare Associations shall organize week long cleanliness campaigns in respect of their premises and ensure that all coolers and water storage tanks are free of mosquito breeding. They shall organize house to house check of mosquitoes breeding in co-ordination with the functionaries of local bodies.

Schools/collages/university campuses shall organize cleanliness drive by involving school children/student. The insect collectors of the local bodies shall make a random check of school in each ward of cities and towns to assess whether breeding of mosquitoes exist. The outcome of such survey shall be disseminated through newspapers, cable TV so that others schools are motivated to ensure proper ensure cleanliness and mosquito free environment in their school premises.

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 and school education 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 25 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 Referal Laboratories in the State with advanced diagnostic facility.

1	Nodal Officer, Apex Referal Lab, H.O.D. Dept of Micro Biology, SGPGI Lucknow
2	Regional Lab, Swasthya Bhawan, Lko
3	C.M.S. Mukund Lal Munucipal Govt. Distt. Hospital , Ghaziabad
4	I/C Blood Bank, LLRM Medical College Meerut
5	Prof.& HOD Pathology, ML Medical College, Jhansi
6	HOD Micro Biology, MLN Medical College, Allahabad
7	HOD, Micro Biology, Instt. of Medical Sciences, BHU Varanasi
8	Micro Biologist, Deptt. Of Pathology, SN Medical College Agra
9	HOD, SPM Deptt. Co-ordinator, Sentinal Surveillnce Lab. GSVM Medical College Kanpur
10	Micro Biologist, Deptt of Micro Biology, CSMMU, Lucknow
11	Pathologist, Bhimrao Ambedkar Multi Speciality Distt. Hospital, Sec.39 G.B.Nagar (NOIDA)
12	District Hospital, Agra
13	P.G. Ram Manohar Lohia Institute, Gomti Nagar, Lucknow
14	Supt. In Chief, Distt. Hospital, Basti
15	Pathologist, Distt. Hospital Saharanpur
16	Supt. In Chief, Distt. Hospital, Gorakhpur
17	CMS, Distt. Hospital, Bahraich
18	Rural PGI, Safai, Etawah
19	CMS, Distt. Hospital, Gonda
20	CMS, Distt. Hospital, Balrampur
21	Govt. Medical College, Jalaun
22	Govt. Medical College, Kannauj
23	Govt. Medical College, Ambedkar Nagar
24	District Hospital, Bareiily
25	CMS, Distt. Hospital, Rae Bareli

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 2012 & 2013-

Sr. No.	Name of District	Dengue-2012		Dengue-2013		Chikungunia-2012		Chikungunia-2013	
		Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths	Positive Cases	Deaths
1	Lucknow	55	0	452	2	3	0	1	0
2	Sitapur	8	1	9	1	0	0	0	0
3	Rae-bareily	6	1	4	0	0	0	0	0
4	Unnao	7	0	31	0	0	0	0	0
5	Hardoi	14	0	15	0	0	0	0	0
6	Kheri	0	0	10	0	0	0	0	0
7	Allahabad	20	0	32	0	2	0	0	0
8	Pratapgarh	1	0	18	0	0	0	0	0
9	Kaushambi	1	0	4	0	0	0	0	0
10	Fatehpur	10	0	17	0	0	0	0	0
11	Varanasi	7	0	42	0	0	0	0	0
12	Jaunpur	5	0	8	0	1	0	0	0
13	Ghazipur	3	0	1	0	0	0	0	0
14	Chandauli	1	0	0	0	0	0	0	0
15	Moradabad	1	0	1	0	0	0	0	0
16	Rampur	0	0	7	0	0	0	0	0
17	Bijnor	4	0	32	0	0	0	0	0
18	J.P. Nagar (Amroha)	0	0	6	0	0	0	0	0
19	Sambhal	0	0	0	0	0	0	0	0
20	Gonda	4	0	10	0	0	0	0	0
21	Bahraich	0	0	11	0	0	0	0	0
22	Shrawasti	1	0	0	0	0	0	0	0
23	BalramPur	0	0	1	0	0	0	0	0
24	Faizabad	2	0	9	0	0	0	0	0
25	Sultanpur	5	0	12	0	1	0	0	0
26	Ambedkar Nagar	7	0	7	0	0	0	0	0
27	Barabanki	4	0	8	0	1	0	0	0
28	Amethi	1	0	3	0	0	0	0	0
29	Gorakhpur	52	0	11	0	0	0	0	0
30	Kushinagar	0	0	1	0	0	0	0	0
31	Deoria	7	0	1	0	1	0	0	0
32	Maharajganj	1	0	0	0	0	0	0	0
33	Kanpur Nagar	66	0	225	0	2	0	0	0
34	Kanpur Dehat	8	0	14	0	0	0	0	0
35	Auraiya	5	0	5	0	0	0	0	0
36	Kannauj	2	0	3	0	0	0	0	0
37	Etawah	4	0	2	0	0	0	0	0
38	Farrukhabad	0	0	0	0	0	0	0	0
39	Bareilly	3	0	74	0	0	0	0	0
40	Pilibhit	11	0	2	0	0	0	0	0
41	Shahjahanpur	0	0	9	0	0	0	0	0
42	Badaun	2	0	0	0	1	0	0	0
43	Jhansi	1	0	0	0	0	0	0	0

44	Lalitpur	0	0	1	0	0	0	0	0
45	Jalaun	0	0	0	0	0	0	0	0
46	Chitrakoot	0	0	0	0	0	0	0	0
47	Mahoba	0	0	0	0	0	0	0	0
48	Banda	4	1	13	1	0	0	0	0
49	Hamirpur	1	0	7	0	0	0	0	0
50	Aligarh	0	0	1	0	0	0	0	0
51	Hathras	0	0	0	0	0	0	0	0
52	Etah	1	0	2	0	0	0	0	0
53	Kasganj	0	0	1	0	0	0	0	0
54	Agra	0	0	41	0	0	0	0	0
55	Firozabad	0	0	1	0	0	0	0	0
56	Mathura	1	0	0	0	0	0	0	0
57	Mainpuri	0	0	0	0	0	0	0	0
58	Basti	2	0	10	1	0	0	0	0
59	St. Kabir Nagar	2	0	0	0	0	0	0	0
60	Siddharth Nagar	0	0	1	0	0	0	0	0
61	Mirzapur	0	0	2	0	0	0	0	0
62	Sonbhadra	0	0	2	0	0	0	0	0
63	St. R.D. Nagar (Bhadohi)	1	0	7	0	1	0	0	0
64	Azamgarh	1	0	3	0	0	0	0	0
65	Ballia	2	0	2	0	0	0	0	0
66	Mau	0	0	1	0	0	0	0	0
67	Saharanpur	0	0	2	0	0	0	0	0
68	Muzaffar Nagar	0	0	12	0	0	0	0	0
69	Shamli	0	0	2	0	0	0	0	0
70	Meerut	0	0	91	0	0	0	0	0
71	Buland Saher	0	0	0	0	0	0	0	0
72	Bagpat	0	0	7	0	0	0	0	0
73	G.B. Nagar	14	0	69	0	0	0	0	0
74	Ghaziabad	11	1	24	0	0	0	0	0
75	Hapur	0	0	8	0	0	0	0	0
	TOTAL	**369**	**4**	**1414**	**5**	**13**	**0**	**1**	**0**

Financial Proposal for Dengue/Chikungunia:-

F.1.2.a.(i) Apex Referral Labs recurrent @ Rs. 3.00 Lakhs per lab is the operational cost and includes hiring of manpower/procurement of consumables/Computerization of lab/equipment maintenance/ cost of EQAS etc.- Rs. 3.00 Lakhs are being proposed for Apex Referral Lab situated at District Lucknow.

Approval 2014-15: **Against the proposal of recurring cost for Apex Reference Lab. For Rs. 3.00 Lakhs, the state received an approval of Rs. 3.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.a(i).**

F.1.2.a.(ii & iii) Sentinel Surveillance Hospitals Labs Strengthening @ Rs. 100,000.00 per labs as operational cost etc. ELISA reader and washer for 2 SSHs labs:-

Rs. 3.00 Lakhs for 03 SSHs labs in Districts Lucknow. Rs. 2.00 Lakhs for 02 SSHs Labs in District Agra. Rs. 1.00 Lakhs for 01 SSHs labs for districts, Ghaziabad, Meerut, Jhansi, Allahabad, Varanasi, Kanpur Nagar, G.B.Nagar, Basti, Saharanpur, Gorakhpur, Bahraich, Gonda, Balrampur, Rae-bareli, Bareilly, Kannauj, Ambekar Nagar, Jalaun, Etawah. Rs.8.00 Lakhs per SSHs labs for District Hospital Bareilly and Govt medical college Jalaun which are not having ELISA Reader and Washer.

Approval 2014-15: **Against the proposal of recurring cost for Sentinal Surveillance Hospital Lab Strengthening for Rs. 24.00 Lakhs, the state received an approval of Rs. 24.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.a(ii).**

F.1.2.b. Test Kits ELISA based NS-1for Dengue 05 kits & Chikungunia 01 kit per district hospitals and SSHs Labs/APEX Referral Lab. Total 610 kits for Dengue & 100 kits for Chikungunia @ Rs. 14400/- per kit. ELISA IgM Kits 161 for Dengue & 15 kits for Chikungunia will be supplied by GoI through NIV Pune.

Approval 2014-15: **Against the proposal for procurement of NS1 and Mac ELISA Kits for Rs. 87.84 Lakhs, the state has not received any approval in 2014-15 under FMR Code F.1.2.b. The MoHFW, GoI suggested to put the proposal under FMR Code F.6.h.**

F.1.2.c - Monitoring /Supervision & Rapid Response-

It includes strengthening of reporting and various other miscellaneous expenses like mobility, review meetings etc.at each 75 district @ Rs. 50,000/-per district. Periodic operational assessments to determine the progress of work and actual inputs received by the programme in terms of materials and man power and periodic entomological assessments to determine the success or failure of the control measures applied to the vector population and/or epidemiological analyses.

Approval 2014-15: **Against the proposal of monitoring/ supervision and rapid response for Rs. 37.50 Lakhs, the state received an approval of Rs. 12.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.c.**

F.1.2.d - Epidemic Preparedness (Logistic &Operational cost) for each District-

This Head includes the activities required for epidemic preparedness and containment of outbreak @ Rs. 20,000/- per district.

Approval 2014-15: **Against the proposal of logistics & operational cost towards epidemic preparedness for Rs. 15.00 Lakhs, the state received an approval of Rs. 10.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.d.**

F.1.2.e - Case Management-

Treatment/ Case management 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/Case management schedule to be displayed in wards & clinician chambers and accordingly followed Rs. 50,000/- per district is being proposed for strengthening of District Hospitals for Dengue/Chikungunya case management with mosquito proofing of wards.

Approval 2014-15: **Against the proposal of case management for Rs. 37.50 Lakhs, the state received an approval of Rs. 10.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.e.**

F.1.2.f - Vector Control, environmental management & fogging machine-

Hand operated Fogging Machines for Indoor Space Spray and its surroundings to have 02 machines per block level PHC/CHC. At this time to procure 10 fogging machines per district having population > 20 lcas which are (22) Agra, Mathura, Firozabad, Aligarh, Badaun, Moradabad, Rampur, Bijnore, Varanashi, Jaunpur, Mirzapur, Allahabad, Fatehpur, Pratapgarh, Kanpur Nagar, Meerut, Ghaziabad, Bulanadshahar, Shamli, G.B Nagar, Shahjahpur & Muzzafar Nagar,and 05 fogging machines per district having population <20 lcas which are (23) Mainpuri, Kasganj, Hathra, Etah, Amroha, Sambhal, Chandauli, Sonbhadra, Kaushabi, Farrukhabad, Kannuj, Etawah, Auraiya, Jhansi, Jalaun, Lalitpur, Chitrakoot, Banda, Hamirpur, Mahoba, Bagpat, , Bhadoi(St. R.D. Nagar) & Hapur & 20 H.O. fogging machine for State HQ. Hand operated Fogging Machines for indoor space spray in the houses and its surroundings from the districts where cases are reported. While calculating the requirement, available fogging machines (in working conditions / repairable) should also take into consideration. Total 355 H.O. fogging machines @ Rs. 70, 000/- per machine is being proposed.

Approval 2014-15: **Against the proposal of vector control, environmental management & fogging machine for Rs. 248.50 Lakhs, the state received an approval of Rs. 35.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.f.**

F.1.2.g - IEC/BCC for Social Mobilization-

Activities including media campaign, Advocacy campaign for community awareness community will be sensitized through different types of IEC/BCC activities such as electronic (Radio, TV, FM etc) and Print media as well as Railway & Bus tickets bearing key messages for prevention of the disease. At State HQ Rs. 20.00 Lakhs and Rs. 1.50 Lakhs per district is being proposed.

Approval 2014-15: **Against the proposal of IEC/ BCC for social mobilization for Rs. 132.50 Lakhs, the state received an approval of Rs. 10.75 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.g.**

F.1.2.h - Inter-Sectoral Convergence-

The prevention and control of vectors and vector borne disease require close collaboration and partnership between the health and non-health sectors (i.e. Government, Private, NGOs, etc.) for Cooperation of other Departments / Ministry. They need to be sensitized about the disease to avoid breeding of mosquitoes by organizing meetings at State and district level. Rs. 2.00 Lakhs for State HQ and Rs. 50000/- for per district is being proposed.

Inter-sectoral coordination committee will be established at the state and district level for a coordinated action to prevent vector breeding and assist the health department in controls efforts.

Reward and appreciation letter will be given to ward representative of Nagar Nikay and school which has been chosen for cleanliness and mosquito free environment by the District coordination committee.

Approval 2014-15: **Against the proposal of inter-sectoral convergence for Rs. 39.50 Lakhs, the state received an approval of Rs. 0.50 Lakh from MoHFW, GoI in 2014-15 under FMR Code F.1.2.h.**

F.1.2.i. Training & Printing of Guidelines, Formats etc. including operational research-

It includes training workshop of clinicians and other paramedical staff at State and District Level which is necessary for dengue case management including printing of guidelines and formats locally Rs. 15000/- per district and Rs. 50000/- for State HQ.

Approval 2014-15: **Against the proposal of training and printing of guidelines, formats etc. including operational research for Rs. 11.75 Lakhs, the state received an approval of Rs. 5.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code F.1.2.i.**

Financial Proposal for Dengue/Chikungunia:-

FMR Code	Dengue & Chikungunya	Unit cost	Quantity /Target	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.2.a	**Strengthening surveillance (As per GOI approval)**				
F.1.2.a(i)	Apex Referral Labs recurrent	300000	1	3.00	3.00
F.1.2.a(ii)	Sentinel surveillance Hospital recurrent	100000	24	24.00	24.00
F.1.2.a(iii)	ELISA facility to Sentinel Surv Labs	800000	2	16.00	5.00
F.1.2.b	Test kits (Nos.) to be supplied by GoI (kindly indicate numbers of ELISA based NS1 kit and Mac ELISA Kits required separately)	14400	610	87.84	0.00
F.1.2.c	Monitoring/supervision and Rapid response	50000	75	37.50	12.00
F.1.2.d	Epidemic preparedness	20000	75	15.00	10.00
F.1.2.e	Case management	50000	75	37.50	10.00

F.1.2.f	Vector Control, environmental management & fogging machine	70000	335	234.50	21.00
			20	14.00	14.00
F.1.2.g	IEC BCC for Social Mobilization	150000	75	112.50	10.75
		2000000	1	20.00	0.00
F.1.2.h	Inter-sectoral convergence	50000	75	37.50	0.50
		200000	1	2.00	0.00
F.1.2.i	Training & printing of guidelines, formats etc. including operational research	15000	75	11.25	4.50
		50000	1	0.50	0.50
	Total Dengue/ Chikungunia	**-**	**-**	**653.09**	**115.25**

REQUIREMENT of ELISA-IGM kits & NS-1 kits:-

Sr. No.	SSH Labs	Dengue NS1 Kits	Dengue IGM Kits	Chikungunia IGM Kits
1	Apex Referal Lab, SGPGI Lucknow	22	19	4
2	Regional Lab, Swasthya Bhawan, Lko	5	7	1
3	C.M.S. Mukund Lal Munucipal Govt. Distt. Hospital , Ghaziabad	5	7	0
4	L.L.R.M Madical College Meerut	7	7	0
5	MLB Medical College, Jhansi	6	1	0
6	MLN Medical College, Allahabad.	5	12	0
7	Instt. of Medical Sciences, BHU Varanasi	5	4	0
8	S.N Medical College Agra	5	6	0
9	GSVM Medical College Kanpur.	15	26	3
10	K.G.M.U, Lucknw	15	25	4
11	Aurthority Hospital, G.B.Nagar (NOIDA)	10	5	0
12	Distt. Hospital, Basti	5	2	0
13	Distt. Hospital Saharanpur	1	2	0
14	Distt. Hospital, Gorakhpur	5	6	0
15	CMS, Distt. Hospital, Bahraich	2	5	0
16	CMS, Distt. Hospital, Gonda	1	4	0
17	CMS, Distt. Hospital, Balrampur	1	2	0
18	CMS, Distt. Hospital, Rae Bareli	1	1	0
19	Distt. Hospital Bareilly	2	4	1
20	Govt. Medical College Kannauj	1	2	0
21	Govt. Medical College Ambedkarnagar	1	2	0
22	Govt. Medical College Jaloun	1	2	0
23	Rural P.G.I Safai, Etawah	1	2	0
24	PGRMLIMS, Gomti Nagar Lucknow	2	6	2
25	District Hospital Agra	1	2	0
26	State HQ as buffer stock	10	0	0
	Total	**125 & 5 for each 75 District Hospitals total 510 kits**	**161**	**15**

KALA-AZAR

Goal

Kala-azar is targetted 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. bordering Bihar States namely Kushi Nagar, Deoria, Ballia, Varanasi, Gazipur and St. Ravi Das Nagar (Bhadohi). 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
2013	11	1

Detail of Kala-Azar Affected Districts in the Year 2011:-

Sr. No.	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 angina
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:-

Sr. No.	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%

Detail of Kala-Azar Affected Districts in the Year 2013:-

Sr. No.	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	2	2	Barathaur, Gournour
3	Kushi Nagar	14	2	2	Dudhai, Tamkuhi
TOTAL		**45**	**5**	**5**	

Monitoring of Diagnosis and Treatment Compliance of Kala-azar Patients in 2013

Sr. No.	Districts	Cases	Deaths	Cases Treated	Cases Received full Treatment	% Treatment Compliance
1	Deoria	2	0	2	2	100%
2	Gazipur	2	0	2	2	100%
3	Kushi Nagar	7	1	7	7	100%

Spray Report Kala-azar Districts of Uttar Pradesh for the year 2013

S. No.	Districts	Kind of spray	Insecticide	Round	Date of commencement	Date of completion	Population			No. of Rooms			DDT	
							Targeted	Covered	%	Targeted	Covered	%	DDT Balance in the district	DDT Requirement for the year 2013-14
1	Deoria	IRS	DDT 50%	I	15-06-13	19-07-13	120436	70311	59 %	120433	70060	56 %	6.02 MT	4.5 MT
			DDT 50%	II	24-12-13	30-01-14	120436	20849	17 %	120433	27260	23 %		
2	Kushi Nagar	IRS	DDT 50%	I	14-06-13	01-08-13	109210	104210	98 %	100501	91340	91 %	4 MT	9 MT
			DDT 50%	II	30-07-13	03-09-13	31778	31778	100 %	26713	26713	100 %		
3	Ballia	IRS	DDT 50%	I	01/04/13	28/05/13	124905	124905	100 %	7691	7691	100 %	Nil	4.5 MT
			DDT 50%	II	01/06/13	24/7/13	124905	124905	100 %	7691	7691	100 %		
4	Varanasi	Focal	DDT 50%	I	03-01-13	20-01-13	6769	6424	94.90 %	6132	5919	96.52 %	8.55 MT	4.5 MT
			DDT 50%	II	NIL				NIL			NIL		
5	Ghazipur	IRS	DDT 50%	I	05-03-13	20-10-13	17328	17328	100 %	15198	13297	90.28 %	1.2 MT	2.5 MT
			DDT 50%	II	22-10-13	06-12-13	17328	17328	100 %	15210	13231	86.98 %		
TOTAL			DDT 50%	I			378648	323178	86 %	249955	180616	75 %	19.77 MT	25 MT
			DDT 50%	**II**			**294447**	**194860**	**70 %**	**170047**	**74895**	**45 %**		

Specific Constrains for Implementation of Programme

- The disease has long incubation period &not detectable in early stages.
- The houses of affected population is kacchha.
- 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 and they are also having relations/marriages at inter border villages.

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 insufficient 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 (Bhadohi). These 6 districts are off and on are having Kala-Azar cases for last 5 years.

Strategy and Innovation Proposed:-

- Case search Camp & Fortnight Survey - 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 diagnosed cases.
- Behavior 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.
- District Administration should look for pakka houses and proper nutrition for the Kala-Azar affected population

Requirement of Logistic for Kala-Azar affected Districts:-

Sl. No.	Name of Districts	Population	DDT 50%	Rounds	No. of Days	Wages for spray (in Rs.)	Pending wages for spray (in Rs.)
1	Varanasi	60,000	4.5 M.T.	2	90	160,000	606,600
2	Gazipur	32,000	2.5 M.T.	2	90	85,000	0
3	Kushi Nagar	1,20,000	9 M.T.	2	90	320,000	15,000
4	Deoria	60,000	4.5 M.T.	2	90	160,000	536,500
5	Ballia	60,000	4.5 M.T.	2	90	160,000	1,548,800
6	Bhadohi	1,20,000	9 M.T.	2	90	320,000	55,250
	Total					**1,205,000**	**2,762,150**

Sl. No.	Name of Districts	Population	RDT kits	Tab. Miltefosine 10 mg	Tab. Miltefosine 50 mg
1	Varanasi	60,000	150	7 Packs	8 Packs
2	Gazipur	32,000	75	4 Packs	8 Packs
3	Kushi Nagar	1,20,000	150	10 Packs	20 Packs
4	Deoria	60,000	100	5 packs	8 Packs
5	Ballia	60,000	50	2 Packs	2 Packs
6	Bhadohi	1,20,000	75	2 Packs	4 Packs
Total			**600**	**30 Packs**	**50 Packs**

F.1.5 Financial Proposal for Kala-Azar under Domestic Budget Support (DBS) -

FMR Code	Budget Head	Coverage/ proposed area	Activity details	Basis of computation	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.5	Case Search/ Camp Approach	Case Search/ Camp Approach in endemic areas/villages on quarterly basis.	Responsibility for this activity is of MO I/C / Superintendent of PHC/CHC and DMO/ District VBD Nodal Officer. Motivation to ASHA/ Angan Bari Karykatri involment is inportant to search the hidden cases of KA. IEC posters/flex boards/munadi/small pamphlets/mobility/tent (if required)/mobility and training etc. for sensitization the community to avail the facility.	Rs. 2.50 Lakhs per district for 6 districts	15.00	15.00
F.1.5. a	Spray pumps & accessories	For 6 distrcts- Kushinagar, Deoria, Balia, Gazipur, Varanasi and Bhadohi	Expenditure on spray pumps & accessories	Rs. 50,000/- per district for 6 districts	3.00	3.00
F.1.5. b	Operational cost for spray including spray wages	For IRS Ist Round and 2nd Round of DDT 50% with previous pending spray wages	As per Programme of individual District.	With the population of districts to be covered.	39.67	38.60
F.1.5.c	Mobility/POL /Supervision	For 6 endemic districts for KA	Rs.20,000 per districts for POL		1.20	1.20
F.1.5. d	Monitoring & Evaluation	For 6 endemic districts for KA	Meeting, workshop and entomological surveillance	Rs.20,000 per districts	1.20	1.20
F.1.5. e	Training/ Capacity Building	For 6 endemic districts for KA	For grass root worker (ASHA/Health workers/Angan Bari Sahiya). Printing of forms, guidelines etc. can also be met from this head.	Rs.30,000 per districts	1.80	1.80
F.1.5.f	IEC/BCC/Advocacy for KA	For 6 endemic districts for KA	For better acceptance of IRS, compliance of treatment and timely referral. Inet personal communication, advocacy session for community is to be orgnised at regular interval.	IEC metterail for comp search, ASHA, Preparing Drug Shedule and guidelines.	1.80	1.80

FMR Code	Budget Head	Coverage/ proposed area	Activity details	Basis of computation	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
				Rs. 30,000 perdistricts		
F.1.5.g	Incentive to ASHA	For 6 endemic districts for KA	A sum of Rs. 50 for a case of KA to refer to nearest health facility center and Rs. 150.00 shall be paid after ensuring the complete treatment. Thus a total of Rs. 200.00 is for ASHA incentive for DOT's basis complete diagnasis and Treatment.	Rs. 2000.00 per districts	1.20	1.20
F.1.5h	Loss of wages	For 6 endemic districts for KA	Rs 50/- is to be paid to the KA patient during the entire treatment period.	Rs. 10000/- per districts	0.60	0.60
F.1.5.i	Free diet to patient and attendant	For 6 endemic districts for KA	As the treatment period is long, it has been decided that KA patient would receive free diet for him and one attendant.	Rs. 10000/- per districts	0.60	0.60
	Total for Kala-Azar		**-**	**-**	**66.07**	**65.00**

Cash Grant for Decentralized Commodities & Commodities to be Supplied by NVBDCP

FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/ Target	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.6.a	Chloroquine phosphate tablets	@ Rs. 3.80 per 10 tabs	95.00 Lakhs	36.10	17.48
F.6.b	Primaquine tablets 2.5 mg	@ Rs. 2.00 per 10 tabs	8.50 Lakhs	1.70	0.82
F.6.c	Primaquine tablets 7.5 mg	@ Rs. 3.00 per 10 tabs	4.15 Lakhs	1.25	0.60
F.6.m (i)	Multiphoscine 10 mg tablets for KA (GoI supply)	NVBDCP, GoI Supply	30 Packs x 56 tabs = 1680 tabs	-	-
F.6.m (ii)	Multiphoscine 50 mg tablets for KA (GoI supply)	NVBDCP, GoI Supply	50 Packs x 56 tabs = 2800 tabs	-	-
F.6.k	ACT (For Non Project states) ACT (adult)	@ Rs. 22.40 per pack	55000 Packs (50% GoI supply)	7.15	3.46
	ACT (0-1 yr)	- @ Rs. 4.00/pack			
	ACT (1-4 yrs.)	- @ Rs. 6.88/pack			
	ACT (5-8 yrs.)	- @ Rs. 11.79/pack			
	ACT (9-14 yrs.)	- @ Rs. 16.36/pack			
F.6.f	DEC 100mg tablets -	@ Rs. 2 for 10 tabs	2907.00	581.40	281.57

FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/ Target	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
			Lakhs		
F.6.g	Albendazole 400 mg tablets (GoI supply)	WHO free supply	1203.30 Lakhs	-	-
F.6.	**Diagnostics**				
F.6.m	RDT Kits for KA (GoI supply)	Centralised Supply	600 Kits	-	-
F.6.l	RDT Malaria - bi-valent (for Non-Project states)	@ Rs. 18 for 1 kit	341000 Kits	61.38	29.73
F.6.m (i)	Mac Elisa IgM kits for Dengue (GoI supply)	Centralised supply	161 Kits for Dengue	-	-
F.6.m (ii)	Mac Elisa IgM kits for Chikungunia (GoI supply)	Centralised supply	15 Kits for Chikungunia	-	-
F.6.	**Larvicides & Insecticides with Diesel**				
F.6.i (a)	Temephos	@ Rs. 1250 per litre	13250 Litre	165.63	80.21
F.6.i (b)	Bti (for polluted & non polluted water) -				
F.6.j	Pyrethrum Extract 2%	@ Rs. 1700 per Litre	12250 Litre	208.25	100.86
F.6.m (a)	Malathion Technical for Dengue	@ Rs. 100 per Litre	337780 Litre	337.78	163.59
F.6.m (b)	Diesel				
F.6.m (c)	DDT 50%wdp - for Malaria (GoI supply)	NVBDCP Supply	289 MT	-	-
F.6.m (d)	DDT 50%wdp - for KA (GoI supply)	NVBDCP Supply	34 MT	-	-
F.6.m (e)	Malathion 25% wdp	For DDT resistant high risk P.F. prevalent 5 dist.	148 MT	148.00	71.68
F.6.m (f)	Procurement Bednet/ LLIN	Centralized supply	-	-	-
F.6.m (g)	Pulse Fog for Dengue	Proposal made under Dengue/ Chikungunia plan	-	-	-
	Total Decentralized Commodities	-	-	**1548.63**	**750.00**

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 vishunii gp mosquitoes. At intervals, the disease assumes epidemic form, in the year 2005 the disease affected 34 districts of Uttar Pradesh. With concrete preventive & curative efforts, the department has been able to contain the disease to only 18 districts in 2011 & 16 districts in 2012. In the year 2013, 28 district of Uttar Pradesh has been affected by this disease. The Districts of Saharanpur division was 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. During 2013 the geographical area has increased to 28 district (Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, SiddharthNagar, Sant Kabir Nagar, Azamgarh, Mau, Ballia, Behraich, Shrawasti, Gonda, Balrampur, Lakhimpurkheri, Raebareli, Hardoi, Sitapur, Unnao, Lucknow, Faizabad, Ambedkarnagar, Amethi, Barabanki, Sultanpur, Ghazipur, Bareilly & Pilibhit).

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 disease incidence has been brought down to considerable level as is evident from the following table-

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
2013	28	3069	609	281	47

For prevention and control of disease the Group of ministers (GoM), Government of India has identified 20 districts of Uttar Pradesh namely Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. kabir Nagar, Siddharthnagar, Behraich, Balrampur, Gonda, Shrawasti, Azamgarh, Mau, Ballia, Lakhimpur Kheri, Hardoi, Raebareli, Sitapur, Kanpur Dehat and Saharanpur for intensified intervention measures, but during 2013 the disease spread to larger geographical area and as such 10 more districts Lucknow, Unnao, Ghazipur, Bareilly, Pilibhit, Faizabad, Barabanki, Sultanpur, Amethi & Ambedkarnagar in addition to the existing 20 district also reported disease cases which also require intervention measures, accordingly steps required are incorporated in the present PIP.

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 Ardied 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 centers 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.

B. Strategy and Innovations proposed

Disease Surveillance-

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 early track the patients of AES/JE in endemic areas with symptoms of fever, headache and altered sensorium (Encephalopathy). The ASHA/AWW will convince the family members of the tracked patients to contact the nearby treatment centers 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. If the case motivated/assisted case declared to be of JE/AES, then the concerned ASHA shall be entitled for honorarium worth rupees 300 per case (Fever tracking of AES / JE cases).

District hospitals needs to be strengthened for surveillance. AES/JE ward already identified have been expanded and upgraded. There is a need to set up an ICU, in each district hospital out of which 12 districts have been granted and released funds from GoI and remaining 08 districts (Balrampur, Shrawasti, Ballia, Mau, Hardoi, Sitapur, Kanpur Dehat and Saharanpur) will be provided funds for ICU setup. In the year 2014-15, 03 ICUs establishment has been proposed in the PIP at current price index. Drugs and other medicines are required to be procured by the state. For running of already established ICUs the 10 Medical Officers & 10 Staff Nurses from each district have been proposed for training in operation and critical care management.

Diagnosis-

Early Diagnosis and prompt treatment will be ensured by strengthening the diagnostic facilities in 20 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 will be trained at State APEX lab, Lucknow. Recurring funds need to be made available to these Labs and capacity building of the technicians/pathologist is reflected in the present PIP.

Treatment/Case management-

Treatment/ Case management 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/Case management schedule of AES/JE cases to be displayed in wards & clinician chambers and accordingly followed.

Entomological Surveillance of JE-

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. To monitor the entomological parameters, one Consultant/Entomologist with sufficient background of Knowledge & experience will be engaged / utilized for collecting & analyzing different related parameters.

Vector Control for JE - 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 have been provided but 11 district identified by GoM still required vehicle mounted fogging machine for which the proposal has been included in the present PIP. In the PIP guideline it is stated to procure 3 MT Malathion Technical which in turn will require 15200 lt diesel for 01 MT quantity. Accordingly the recurring expenditure to be incurred on fogging machine procurement/arrangement and operational expenses are proposed in the PIP in relevant FMR code.

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)

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. The impact of already released gumbushia fish in Gorakhpur & Basti Divisions shall be monitored in regular intervals. The recurring expenditure to ward this is proposed in the PIP in relevant FMR code.

Training of Medical Officers (MOs) - Medical Officers 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.

IEC/BCC - 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 BCC activities such as electronic (Radio, TV, FM etc) and Print media as well as Railway & Bus tickets bearing key messages for prevention of the disease. Printed material to be made available through group meeting and interpersonal communication in order to prevent contraction of the disease and the prototype health education material will be developed and communicated to the affected districts.

Operational Research - Impact assessment of IEC/BCC activities on the community vis-à-vis change in treatment seeking behavior, trend of disease incidence and mortality by medical institutions/ independent agencies/NGOs in 11 highly affected districts @ Rs. 200000 / District (for HR, mobility & contingent expenditures etc)

Supervision and monitoring – For effective monitoring and the supervision of the prevention and control activities at least one vehicle for transmission period of 6 months is proposed in the PIP more over computer with accessories, State & district consultants have also been proposed. Weekly and fortnightly review meeting of JE/AES situation will be conducted at ground zero. The activity and mobilization of District Malaria/VBD Officer and other paramedical personnel at district level will be ensured. Regular supervisory and analytical trips from State and Divisional Head Quarters.

Vaccination - 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. Further it is stated that JE vaccination has been included in UIP since 2011 and two doses of JE vaccine at the age of 9 month and 16-20 month are being administered, but the occurrence of AES cases still needs attention for its containment.

Budgetary Outlay of AES/ JE under National Vector Borne Disease Control Programme

FMR Code	Budget Head	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
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 computer with accessories, one Date Entry Operator for 12 months and lab reagents, consumables etc. for diagnostic facility, for 20 distt.	20	2.80	56.00	53.00
		State Lab (strengthening of State Regional lab as APEX lab. Hiring space for lab @ Rs. 1.00 Lakhs/mth, Data Entry operator and difference amount which is not sanctioned in F/Y 2013-14 ROP)	State Head Qtr.	47.00	47.00	47.00
F.1.3.b	IEC/BCC specific to J.E. in endemic areas	Total Rs. 135000/annm for community education, Nukkad Natak at block PHCs & other prominent places, printing materials etc. Rs. 90000/- per annum for Advocacy meeting for ASHAs / Aanganwadis.	30	2.25	67.50	10.00
		BCC by electronic media (Radio, TV, FM etc), Print media, Railway & Bus tickets, Handbills, flipcards ect. With key messages to prevent AES/JE and other VBDs diseases by State Head Qtr.	State Head Qtr.	80.00	80.00	10.00
F.1.3.c	Capacity Building	2 Training Workshops of 20 participants per batch @ Rs. 50000/batch.	30	1.00	30.00	14.00
		Training at state Level/ Institute for ICU operation & management (2 Batches)	State Head Qtr.	7.5 Lakhs per batch for 2 batches	15.00	6.00

FMR Code	Budget Head	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.3.d	Monitoring and supervision	Vehicle @ 35000/mth for 6 mth, one computer with accessories, internet, printer, stationary etc. and one district consultant.	20	6.80	136.00	20.00
		One Entomologist/ consultant at State Head Qtr. for 12 Month. Qut review meeting of District program officer / VBD officers for effective implementation of the program @ Rs. 1 Lakh/ review meeting/ workshops and one contractual vehicle for field visits, at State head Qtr.	State Head Qtr.	16.60	16.60	0.00
F.1.3.f	Procurement of Insecticides (Technical Malathion)	3 MT per district for 18 district and 1 MT for 12 other affected districts in year 2013.(Total 66 MT)	30	2.50/MT	165.00	10.00
F.1.3.g	Operational costs for malathion fogging	One MT of Malathion Technical will require 15,200 Lt. diseal @ Rs. 60/- per Lt. = Rs. 9, 12,000/-. Wages are calculated for 1600 men days @ Rs. 200/day/labour = 320000	28	36.96/district for 18 GoI identified district & Rs. 12.32/distt for 12 other affected districts in year 2013.	813.12	3.00
F.1.3.f	Fogging Machine	1 for each district (Big)	11	11 Lakhs/ machine	121.00	5.00
F.1.3.h	Operational Research	Impact assessment of IEC/BCC activities on the community vis-à-vis change in treatment seeking behavior, trend of disease incidence and mortality by medical institutions/ independent agencies/NGOs in 11 highly affected districts @ Rs. 200000 / District (for HR, mobility & contigent expenditures ect.).	State Head Qtr.	22.00 Lakhs	22.00	0.00

FMR Code	Budget Head	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
F.1.3.i	Rehabilitation Setup for selected endemic districts	-	-	-	-	500.00
F.1.3.j (A)	ICU Establishment in endemic districts	Deficit amount of ICU equipments and human resource approved in F/Y 2012-13	District Gorakhpur	150.00	150.00	150.00
	ICU Establishment in endemic districts	1 for each district for 3 District and deficit amount of already sanctioned ICU in 3 districts in FY-2013-14.	3 new Proposed + 3 already sanctioned in FY-13-14	539.00	1617.00	350.00
F.1.3.l	Other Charges for Training /Workshop Meeting & payment to NIV towards JE kits at Head Quarter	Three day orientation training for 2 LT per district for 20 identified districts at state head Qtr. (In 2 batches)	State Head Qtr.	1.00	2.00	0.00
F1.3.m	ASHA incentive for referral of AES/JE cases to the nearest CHC/DH/Medical College	Rs. 300/patient for 1st 1000 AES/JE fever cases for 30 districts	30000 AES/JE fever cases	90.00	90.00	8.00
F.1.3.n	Establish District Counselling Centre (DCC) for AES/JE	-	-	-	-	9.00
	Total AES/ JE	-	-	-	**3428.22**	**1195.00**

Budget Summary - National Vector Borne Disease Control Programme

Sr. No.	Component Head	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
1.	Malaria	3584.92	550.00
2.	Dengue & Chikungunya	653.09	115.25
3.	JE/ AES	3381.22	1195.00
4.	Lymphetic Filariasis	2461.72	1018.95
5.	Kala-Azar	66.07	65.00
6.	Cash grant for Decentralized Commodities	1548.63	750.00
	Total Proposed & Approved under NVBDCP	**11695.65**	**3694.20**

For the above purpose, an amount of Rs.11695.65 Lakhs was proposed out of which GOI approved Rs.3694.20 Lakhs with the remarks that "in view of budgetary constraints, the budget provision has been kept at 3694.20 Lakhs at present. This may be reviewed at the revised budget estimate stage in case, the pace of utilization considered satisfactory."

Budget under Additionalities in Mission flexi pool (B- 22) for Strengthening of NDCP

(A) NVBDCP

Additionalities for JE/ AES

134 contractual Staff for BRD Medical College, Gorakhpur was approved in Jan 2009, and in the year 2012-13 approval of Rs. 21.35 Lakhs for additional 20 staff Nurses and 10 support staff was given by GoI in Dec, 2012. In the year 2013-14 all the posts have been approved. Most of the AES/ JE cases are being treated at BRD Medical College, Gorakhpur, so proposal is being submitted for Man power (HR) and in other heads for 100-bedded NEW JE/ AES WARD at B.R.D. Medical College.

Name of Unit	Head	No.	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
BRD Medical College Gorakhpur	Manpower (HR) for JE/ AES ward	164	430.61	349.86
	AMC for Equipments		40.00	0.00
	Stationery & Other Heads		2.00	0.00
	Sub-Total		**472.61**	**349.86**
	Manpower (HR) for 100 bedded JE/ AES ward	214	484.34	185.16
	For Furniture		3.00	0.00
	Stationery & Other Heads		2.00	0.00
	Sub-Total		**489.34**	**185.16**
	Grand Total		**961.95**	**535.02**

Approval 2014-15: **Against the proposal of Support Strengthening NVBDCP for BRD Medical College, Gorakhpur of Rs. 961.95 Lakhs, the state received an approval of Rs. 535.02 Lakhs from MoHFW, GoI in 2014-15 under FMR Code B.22.3.**

Detail of Contractual Human Resource already approved by GoI in 2013-14 -

Sr. No.	Name of Posts	No. of Positions	Current salary per month (Rs.)	Proposed annual salary 2014-1 (Rs.)
1	Professor, Bal Rog	1	95000	1140000
2	Assistant Professor, Bal Rog	2	84700	2032800
3	Lecturer, Bal Rog	2	60000	1440000
4	Lecturer, Microbiology	1	60000	720000
5	Senior Doctor (Residential), Bal Rog	10	50000	6000000
6	Junior Doctor (Residential), Bal Rog	15	42000	7560000
7	Sister In-charge	3	21780	784080
8	Ward Staff Nurse	57	20570	14069880
9	CSSD Technician	1	20350	244200
10	Medical Record Technician	1	16940	203280
11	Physiotherapist	1	16940	203280
12	Occupational Therapist	1	16940	203280
13	Radiographer	2	15000	360000
14	ECG Technician	1	15000	180000
15	Lab Technician	5	15000	900000
16	EEG Technician	1	15000	180000
17	OT Technician	1	15000	180000
18	Driver	8	12000	1152000
19	Hospital Attendant	15	9000	1620000
20	Lab Attendant	4	9000	432000
21	Laundry Attendant	2	9000	216000
22	Kitchen Attendant	4	9000	432000
23	Security Staff	6	9000	648000
24	Safai Karmi	10	9000	1080000
25	Supporting Staff (Chaukidar-04, Ward Aaya-02, Sweeper-04)	10	9000	1080000
	Total	**164**	**-**	**43,060,800**

Detail of Contractual Human Resource proposed for new 100 bedded AES/JE ward -

Sr. No.	Name of Posts	No. of Posts	Current monthly salary	Proposed Total annual salary for FY 2014-15 of all posts
1	Professor, Bal Rog	1	95000	1140000
2	Assistant Professor, Bal Rog/Superintendent	1	84700	1016400
3	Lecturer, Bal Rog	3	60000	2160000
4	Senior Resident Doctor, Bal Rog	6	50000	3600000
5	Junior Doctor (Residential), Bal Rog	21	42000	10584000
6	Sister In-charge	3	21780	784080
7	Ward Staff Nurse	65	20570	16044600
8	Pharmacist	1	15000	180000
9	Record Technician	1	15000	180000
10	Lab Technician	3	15000	540000
11	Data Entry Operator	1	15000	180000
12	Central Pipe Line Operator/Technician	4	12000	576000
13	Electrician	3	12000	432000
14	Generator Operator	3	12000	432000
15	Ward Boy	20	9000	2160000
16	Ward Aaya	22	9000	2376000
17	Safai Karmi(Male)	22	9000	2376000
18	Safai Karmi(Female)	22	9000	2376000
19	Security Guard	12	9000	1296000
	Total	**214**		**48,433,080**

CHAPTER - 33: NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Situation analysis

The main objectives of NLEP under the XIIth 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.

Performance under NLEP

	Indicators	2009-10	2010-11	2011-12	2012-13	2013-14
1.	No. of new cases detected (ANCDR/100,000)	27473(13.4)	25509(12.52)	24530(12.03)	24222 (11.70)	22565 (10.90)
2.	No. of cases on record at year end (PR/10,000)	16484(0.81)	15719(0.77)	13939(0.68)	14865 (0.72)	14308 (0.69)
3.	No. of Grade II disability among new cases (%)	594(2.16)	645(2.53)	671(2.74)	703 (2.90)	722 (3.20)
4.	Treatment Completion Rate	92.81	93.1	94.78	93.17	U.Comp.
5.	Reconstructive Surgery conducted	405	190	295	311	268

NLEP annual plan for the year 2014-15

The main objectives of under NLEP under the XIIth 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.

Following 8 results are proposed to be achieved at the end of the 12th Plan period i.e. by March 2017.

i. Improved early case detection
ii. Improved case management
iii. Stigma reduced
iv. Development of leprosy expertise sustained
v. Research supported evidence based programme practices
vi. Monitoring supervision and evaluation system improved
vii. Increased participation of persons affected by leprosy in society
viii. Programme management ensured

The State has drawn this annual plan for achievements of above results under the following components and functional heads:

G.1 Improved Early Case Detection

ASHA Involvement - Performance based incentive to ASHA and sensitization to new ASHA

Sr. No.	No. of ASHA activity	Number	Unit Cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
1.	Sensitization of new ASHA	26400	100	26.40	26.40
2.	**Incentive to ASHA for:**				
2.1	Case detection	2504	250	6.26	6.26
2.2	PB	2505	400	10.02	10.02
2.3	MB	2505	600	15.03	15.03
	Total	-	-	**57.71**	**57.71**

Approval 2014-15: **Against the proposal of sensitization of newly recruited ASHA and incentive to ASHA for Rs. 57.71 Lakhs, the state received an approval of Rs. 57.71 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.1.3.**

Special Activity Planned

Special activities - Active case detection drive started in 2014-15 in 111 high endemic blocks of 30 high endemic districts will be taken under special activity of door to door case detection.

FMR Code	Special activities in high endemic blocks in Low endemic districts	No. of Block with ANCDR >10/100,000	Unit cost per Block (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G1.1	**Special activities**				
	House to house visit by search team of ASHA, AWW and PRI members for suspecting cases	111	150000	166.50	44.40
	Confirmation of suspects by team of MO PHC and NMS/PMW	111	20000	22.20	
	Intensive IEC activity prior to house visit	111	50000	55.50	
	Total	**111**	**-**	**244.20**	**44.40**

Approval 2014-15: **Against the proposal of special activities in high endemic blocks in low endemic districts for Rs. 244.20 Lakhs, the state received an approval of Rs. 44.40 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.1.1.**

<u>Improved early case detection (DPMR)</u>

FMR Code	Budget head	No. required	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G2	**DPMR Services**				
G 2.1a	MCR footwear	11,785	400	47.14	35.36
G 2.1b	Aids and appliances	75	17000	12.75	12.75
G 2.1c	Welfare allowance to BPL patients for RCS	580	8000	46.40	46.40
G 2.1d	Support to govt. institutions for RCS	50	5000	2.50	2.50
	Total	**-**	**-**	**108.79**	**97.01**

Approval 2014-15: **Against the proposal of improved early case detection (DPMR services) for Rs. 108.79 Lakhs, the state received an approval of Rs. 97.01 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.2**

Services in Urban Areas - 52 urban areas shall be covered.

FMR Code	Category of urban area	Number	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 1.2	**Urban Leprosy Control (Mega city - 0, Medium city (1) - 3, Med. City (2) - 1 Township - 19)**				
	Town - 40	40	114000	45.60	45.60
	Medium City I - 2	2	240000	4.80	4.80
	Medium City II - 8	8	472000	37.76	37.76
	Mega City - 2	2	560000	11.20	11.20
	Total	**52**	**-**	**99.36**	**99.36**

Approval 2014-15: **Against the proposal of urban leprosy control (Services in urban areas) with for Rs. 99.36 Lakhs, the state received an approval of Rs. 99.36 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.1.2.**

Materials & Supplies - Procurement of materials and supplies as follows -

FMR Code	Budget head	No. of districts	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G.1.4	**Materials & supplies**				
	Supportive drugs & dressings	75	40,000	30.00	30.00
	Laboratory reagents and equipments	75	8,000	6.00	6.00
	Printing works	75	20,000	15.00	15.00
	Total	**-**	**-**	**51.00**	**51.00**

Approval 2014-15: **Against the proposal of materials & supplies for Rs. 51.00 Lakhs, the state received an approval of Rs. 51.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.1.4.**

NGO-SET Scheme - NGO Scheme in NLEP-2013: Government of India has launched in scheme covering various activities under NLEP to be executed by NGOs.

Sr. No.	Name of District under NGO scheme	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
1.	Kanpur Dehat	3,00,000	3.00	3.00
2.	Ballia	3,00,000	3.00	3.00
3.	Bareilly	3,00,000	3.00	3.00
4.	Shahjahanpur	3,00,000	3.00	3.00
5.	Varanasi	3,00,000	3.00	3.00
	Total	**-**	**15.00**	**15.00**

Approval 2014-15: **Against the proposal of NGO-SET Scheme for Rs. 15.00 Lakhs, the state received an approval of Rs. 15.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.1.5**

Stigma Reduction

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:

Sr. No.	Medium	No. of districts	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
1.	Mass Media (TV, Radio Press)	75	39,000	29.25	29.25
2.	Outdoor Media	75	23,000	17.25	17.25
3.	Rural Media	75	31,000	23.25	23.25
4.	Advocacy Meeting	75	5,000	3.75	3.75
	Total	**-**	**-**	**73.50**	**73.50**

Approval 2014-15: **Against the proposal of Information, Education and Communication (IEC/BCC) towards reducing stigma for Rs. 73.50 Lakhs, the state received an approval of Rs. 73.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.3.**

Development of Leprosy Expertise Sustained

A. Trainings planned at districts are as follows -

FMR Code	Type of training	No. to be trained	No. of batches (30 px)	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 4.1	Refresher Taining of Medical Officers	3000	100	67,000	67.00	50.25
	Refresher Training of new Health Supervisors/ Health Workers	7500	250	47,000	117.50	86.65
	5 days training of Physiotherapy Technicians at TLM, Naini Allahabad	18	1	5000	0.90	0.90
	5 days training of Laboratory Technicians at TLM, Naini Allahabad	18	1	5000	0.90	0.90
	Management Training for 22 districts at TLM, Naini Allahabad	18 Surgeons & 30 MOs			3.30	3.30
	Total	**-**		**-**	**189.60**	**142.00**

Approval 2014-15: **Against the proposal of training (Development of leprosy expertise) for Rs. 189.60 Lakhs, the state received an approval of Rs. 142.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.4.1.**

Monitoring, Supervision and Evaluation System Improved

FMR Code	Budget head	No. of unit (State/District)	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G.5.1	**Travel cost and review meeting**				
	Travel cost of contractual staff at state level	1 (State)	25,000	0.25	0.25
	Travel cost for contractual staff of 45 High endemic districts	45 (dists.)	25,000	11.25	11.25
G.5.2	Quarterly review meeting at state level	4 (State)	50,000	2.00	2.00
	Monthly review meeting at district level	75 (Dists.)	12,000	9.00	9.00
	Total	**-**	**-**	**22.50**	**22.50**

Approval 2014-15: **Against the proposal of cost on travel & review meetings for monitoring, supervision and evaluation for Rs. 22.50 Lakhs, the state received an approval of Rs. 22.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.5.1 and G.5.2.**

Office operation and maintenance - This may be calculated for State/UT according to number of districts.

FMR Code	Budget head	No. of unit (State/District)	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 5.3	**Office Operation & Maintenance**				
	State Leprosy Cell	1	75000	0.75	0.75
	Rent, Telephone, Electricity, P&T charges, Miscellaneous District	75	35000	26.25	26.25
	Office Equipment Maintenance cost - State Leprosy Cell	1	50000	0.50	0.50
	Total	**-**	**-**	**27.50**	**27.50**

Approval 2014-15: **Against the proposal of office operation & maintenance for Rs. 27.50 Lakhs, the state received an approval of Rs. 27.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.5.3.**

Consumables - This may be calculated for State/UT according to number of districts.

FMR Code	Budget head	No. of unit (State/District)	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 5.4	**Consumables**				
	State Leprosy Cell	1	50000	0.50	0.50
	Stationery items -	75	30000	22.50	22.50

	District				
	Total	**-**	**-**	**23.00**	**23.00**

Approval 2014-15: **Against the proposal of consumables (stationery items) for State & District Leprosy Cells for Rs. 23.00 Lakhs, the state received an approval of Rs. 23.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.5.4.**

Vehicle Hiring and POL/ Maintenance

FMR Code	Budget head	No. of unit (State/ District)	No. of vehicles	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G.5.5	**Vehicle Hiring and POL**					
	State Leprosy Cell	-	2	200000	4.00	4.00
	District Leprosy Unit	75	1	150000	112.50	112.50
	Total	**-**		**-**	**116.50**	**116.50**

Approval 2014-15: **Against the proposal of vehicle hiring and POL/maintenance for Rs. 116.50 Lakhs, the state received an approval of Rs. 116.50 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.5.5.**

Programme Management Ensured - Contractual Staff at State HQ.

FMR Code	Budget head	No. of positions	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 4.2.1	**Contractual Staff at State level**				
	Surveillance Medical Officer	1	50,000	6.00	6.00
	BFO Cum Admn. Officer	1	30,000	3.60	3.60
	Admn. Asstt.	1	20,000	2.40	2.40
	DEO	1	22000	2.65	2.64
	Driver	1	12100	1.45	1.45
	Office Follower-cum-Multi Tasker	1	8000	0.96	0.00
	Total	**-**	**-**	**17.06**	**16.09**

Approval 2014-15: **Against the proposal of contractual staff at state level for Rs. 17.06 Lakhs, the state received an approval of Rs. 16.09 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.4.2.1.**

Contractual Staff in Select Districts (MOs & PTTs) - Few contractual posts for the identified 45 high endemic districts have been proposed.

FMR Code	Category of post	No. of select district	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 4.2.2	**Contractual Staff at Disrrict & block level**				
	District Leprosy Consultant (high endemic districts)	45	50,000	270.00	86.40
	Physiotherapist at District Hospital (endemic district)	45	25,000	135.00	72.00

	Total	**-**	**-**	**405.00**	**158.40**

Approval 2014-15: **Against the proposal of contractual staff at district level (MOs & Physiotherapists) for Rs. 405.00 Lakhs, the state received an approval of Rs. 158.40 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.4.2.2.**

Contractual Staff at Block Level in Select districts - 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.

FMR Code	Category of post	No. of high endemic blocks	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 4.2.4	**Contractual Staff at Disrrict & block level**				
	Paramedical Worker	425	16,000	826.56	428.16
	Total	**-**	**-**	**826.56**	**428.16**

Approval 2014-15: **Against the proposal of contractual staff at block level (Para-medial Workers) for Rs. 826.56 Lakhs, the state received an approval of Rs. 428.16 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.4.2.4.**

Others

FMR Code	Budget head	No. of unit (State/District)	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 6	**Others**				
	Amount for Office strengthening	75	50,000	37.50	15.00
	Patient's Health House hold contact activities @ Rs. 200/= per patients Family & neighbours examined	75	200	48.84	
	Total	**-**	**-**	**86.34**	**15.00**

Approval 2014-15: **Against the proposal of others (office strengthening & household contact activities for patients' families) for Rs. 86.34 Lakhs, the state received an approval of Rs. 15.00 Lakhs from MoHFW, GoI in 2014-15 under FMR Code G.6.**

Budgetary Details of National Leprosy Eradication Programme (NLEP) – 2014-15

FMR Code	Budget head	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
G 1	**Improved early case detection**		
G 1.1	Sensitization and incentive to ASHA	57.71	57.71
G 1.2	Specific plan for High Endemic Distrcts	244.20	44.40
G 2	**Improved case management**		
G 2.1	DPMR Services	108.79	97.01
G 2.2	Urban Leprosy Control (Mega city - 0, Medium city (1) - 3, Med. City (2) - 1 Township - 19)	99.36	99.36
G 2.3	Material & Supplies	51.00	51.00
G 2.4	NGO - SET Scheme	15.00	15.00
G 3	**Stigma Reduced**	73.50	73.50
G 4	**Development of Leprosy Expertise sustained (Training)**	189.60	142.00
G 5	**Monitoring, Supervision and Evaluation System improved**		
G 5.1	Travel Cost and Review Meeting	22.50	22.50
G 5.2	Office Operation & Maintenance	27.50	27.50
G 5.3	Consumables	23.00	23.00
G 5.4	Vehicle Hiring and POL	116.50	116.50
G 6	**Programme Management ensured**		
G 6.1	Contractual Staff at State level	17.06	16.09
G 6.2	Contractual Staff at Disrrict & block level	405.00	158.40
G 6.2.iv	Contractual Staff at Block Level in Select districts (Paramedical Worker)	826.56	428.16
G 7	**Others**	86.34	15.00
	Total	**2362.67**	**1387.13**

Approval 2014-15: **Against the proposal of National Leprosy Eradication Programme (NLEP) for Rs. 2362.67 Lakhs in PIP 2014-15, the state has received an approval of Rs. 1387.13 Lakhs from MoHFW, GoI in 2014-15.**

CHAPTER - 34: REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP)

Annual Plan for Programme Performance & Budget for the year (RNTCP)

1st April 2014 to 31st March 2015

State	Uttar Pradesh	Norm	1	Type		
		Type of setting	**Rural**	**Urban**	**B**	**C**
Setting	Mixed	**Number of districts**	**75**	**0**	**59**	**0**

Section-A – General Information about the State		
1	State Population (in Lakhs);Please give projected population for next year	2103
	Rural Population	1594
	Urban Population	509
	Under already identified urban cities with >1 million population	
	Under Municipal corporation/council/ Cantonment area	
	Total Population	2103
2	Tribal Population	
3	Hilly population	
4	Slum / Urban poor population	
5	Any other known groups of special population for specific interventions (e.g. nomadic,migrant,industrial workers, etc)	

	Existing	Additional plan in 2014-15	Additional plan in 2015-16	Additional plan in 17	2016-
Number of Districts in the state	75	0	0	0	
Number of Districts With DTC	70	5	0	0	
Number of STDC	1	1			
Number of SDS	4	0			
No of TB Units in the State	503	492	0	0	
No of BPMUs in the state under NRHM	795	13	0	0	
No of DMCs in the state	1928	222	51	47	

No of non-DMC PHIs in the state	1952	0	0	0
No of DRTB Centres in the state	13	8	0	0
No of C&DST Labs in the state	5	8	3	2
No of DMCs / health facilities with rapid molecular diagnostics (CBNAAT) in the state	6	54	12	5

District Performance	Performance Achieved		Performance to be Achieved		
	2012	2013 (till Sep 2013)	2014	2015	2016
No. of TB suspects examined in DMC	1130065	948429	1546749	1757823	1965439
No. of Sm+ve patients diagnosed	165494	135560	178388	201226	238918
No. of Total TB pateints registered under RNTCP	248999	199330	355518	405391	452385
Treatment success rate among NSP (%)	6328	6417	6662	6665	6582
Treatment success rate among Retreatment Sm+ve (%)	5477	5515	6303	6320	6238
No. of registered TB patients with known HIV status	49076	55035	383797	377352	421337
No. of TB patients notified from private / NGO sector	4925	5886	82399	155425	248923
No. of MDRTB suspects subjected to C/&DST	485	5397	65505	75443	85673
No. of TB pateints initiated on Cat IV	113	1437	8277	9487	10714
No. of TB pateints initiated on Cat V	0	9	317	384	459
Any other (specify)	0	0	0	0	0

Revised National TB Control Program

Name of the State:	**Uttar Pradesh**
Organization of Services:	Year 2013-14

S. No.	Name of the District	Population (in Lakhs)	No. of TUs		No. of DMCs		
			Govt	NGO	Public Sector*	NGO	Private Sector^
1	Ambedkar Nagar	2529794	5	0	22	0	0
2	Agra	4620195	8	0	37	2	0
3	Allahabad	6285489	12	0	45	7	0
4	Aligarh	3874618	7	0	31	0	1
5	Amethi	2477784	4	0	19	0	0
6	Amroha	1970000	4		13	2	0
7	Auraiya	1447280	3	0	14	0	0
8	Azamgarh	4868792	9	0	45	0	0
9	Budaun	3915632	6	0	31	0	4
10	Ballia	3399808	6	0	30	0	0
11	Barabanki	3436025	6	0	29	0	1
12	Baghpat	1373316	3	0	12	0	3
13	Bijnor	3885214	7	0	28	1	0
14	Bulandshahar	3689693	7	0	33	0	0
15	Banda	1897882	4	0	18	0	0
16	Bahraich	3668337	6	0	30	1	0
17	Bareilly	4709366	9	0	42	1	2
18	Balrampur	2266508	4	0	21	1	0
19	Basti	2595548	5	0	24	0	0
20	Chandauli	2059425	4	0	19	0	0
21	Chitrakoot	1044762	3	0	9	0	0
22	Deoria	3267971	6	0	31	0	0
23	Etah	1857395	4	0	16	1	0
24	Etawah	1665458	4	0	18	0	0
25	Faizabad	2603263	5	0	25	0	0
26	Firozabad	2633204	6	0	21	0	0
27	Farrukhabad	1990729	4	0	16	0	0
28	Fatehpur	2776555	5	0	22	1	0

29	Gautam Budh Nagar	1766234	3	0	11	2	0
30	Gonda	3618904	6	0	30	1	0
31	Gorakhpur	4678709	9	0	41	3	0
32	Ghaziabad	4916191	5	5	16	3	4
33	Ghazipur	3820702	7	0	32	0	0
34	Hamirpur	1164354	2	0	12	0	0
35	Hapur	1430906	3	0	9	0	3
36	Hathras	1651239	3	0	16	0	0
37	Hardoi	4314966	8	0	40	0	0
38	Jalaun	1762019	4	0	18	0	0
39	Jaunpur	4720680	10	0	43	3	0
40	Jhansi	2110092	4	0	18	2	0
41	Jyotiba Phule Nagar	1939256	4	0	13	2	0
42	Kannauj	1748612	4	0	18	0	0
43	Kanpur Dehat	1893190	4	0	19	0	0
44	Kanpur Nagar	4822854	10	0	41	0	0
45	Kheri	4232971	7	0	36	0	0
46	Kanshiram Nagar	1516748	3	0	9	0	0
47	Kaushambi	1684177	2	1	16	3	0
48	Kushinagar	3755422	7	0	34	0	0
49	Lalitpur	1284563	3	0	10	0	0
50	Lucknow	4839205	9	0	36	5	2
51	Mainpuri	1948139	4	0	18	0	0
52	Mau	2325678	4	0	20	1	0
53	Mahoba	923930	3	0	13	0	0
54	Maharajganj	2810945	5	0	25	1	0
55	Moradabad	5033980	6	0	23	4	0
56	Meerut	3635799	7	0	29	7	0
57	Mathura	2680803	5	0	24	6	0
58	Muzaffarnagar	4364771	6	0	26	1	0
59	Mirzapur	2630854	6	0	23	0	1
60	Pilibhit	2148555	4	0	20	0	0
61	Pratapgarh	3347191	6	0	27	1	0
62	Rae Bareli	3590026	5	0	24	0	0

63	Rampur	2463023	5	0	24	0	0
64	Sonbhadra	1964400	5	1	23	3	0
65	Siddharthnagar	2693071	4	0	22	0	0
66	Shahjahanpur	3166450	6	0	22	0	0
67	Saharanpur	3653541	7	0	26	1	0
68	Sant Kabir Nagar	1807983	3	0	16	0	0
69	Sambhal	2217436	4	0	14	2	0
70	Sant Ravidas Nagar	1639137	3	0	12	0	0
71	Sitapur	4718966	3	1	16	3	0
72	Sultanpur	3998088	8	0	41	1	0
73	Shravasti	1175526	5	0	24	0	0
74	Unnao	3280583	6	0	28	0	0
75	Varanasi	3883419	7	0	30	11	0
		218584332	**400**	**8**	**1789**	**83**	**21**

Organization of TB-HIV & PMDT services:

S. No.	Name of the District	Number of ART Centres	Number of Link ART Centres	Number of ICTCs	Number of Facility Integrated ICTCs	Number of the DRTB Centre	
						Govt	NGO
1	Agra	1		7	6	12	0
2	Aligarh	0		4	1	5	0
3	Allahabad	1		21	0	21	0
4	Ambedkar Nagar	0		2	4	3	0
5	Amethi	0		1	0	1	0
6	Auraiya	0		2	1	3	
7	Azamgarh	1		9	6	15	0
8	Baghpat	0		2	0	2	0
9	Bahraich	0		2	6	8	0
10	Ballia	0		9	1	10	0
11	Balrampur	0		2	0	2	0
12	Banda	0		5	5	10	0
13	Barabanki	0		3	0	3	0
14	Bareilly	1		8	2	10	0
15	Basti	0		5	0	5	0

16	Bijnor	0		2	3	5	0
17	Budaun	0		3	0	3	0
18	Bulandshahar	0		2	0	2	0
19	Chandauli	0		5	0	5	0
20	Chitrakoot	0		2	0	2	0
21	Deoria	1		9	0	9	0
22	Etah	0		2	1	3	0
23	Etawah	1		8	2	10	0
24	Faizabad	1	0	6	0	6	0
25	Farrukhabad	0		2	0	2	0
26	Fatehpur	0		3	0	3	0
27	Firozabad	0		2	0	2	0
28	Gautam Buddha Nagar	0		2	0	2	0
29	Ghaziabad	0		2	2	4	0
30	Ghazipur	1		5	2	7	0
31	Gonda	0		4	3	7	0
32	Gorakhpur	1		4	2	6	0
33	Hamirpur	0		2	0	2	0
34	Hapur	0	0	1	0	1	0
35	Hardoi	0	0	3	0	3	0
36	Hathras	0		2	0	2	0
37	Jalaun	0		2	0	2	0
38	Jaunpur	0		2	3	5	0
39	Jhansi	1	0	5	0	5	0
40	Jyotiba Phule Nagar	0		2	0	2	0
41	Kannauj	0		2	0	2	0
42	Kanpur Dehat	0		2	0	2	0
43	Kanpur Nagar	1	0	10	2	12	0
44	Kashiram Nagar	0		1	0	1	0
45	Kaushambi	0		3	2	5	0
46	Kheri	0		2	1	3	0
47	Kushinagar	1		7	5	12	0
48	Lalitpur	0		3	0	3	0
49	Lucknow	2	2	15	2	17	1
50	Maharajganj	0		1	6	7	0
51	Mahoba	0		2	0	2	0

52	Mainpuri	0		2	0	2	0
53	Mathura	0		2	0	2	0
54	Mau	0		6	4	10	0
55	Meerut	1	0	5	4	9	0
56	Mirzapur	0		3	4	7	0
57	Moradabad	0		4	0	4	0
58	Muzaffarnagar	0		3	1	4	0
59	Pilibhit	0		2	0	2	0
60	Pratapgarh	1		6	4	10	0
61	Rae Bareli	1	0	5	0	5	0
62	Rampur	0		2	0	2	0
63	Sambal	0	0	0	0	0	0
64	Saharanpur	0		5	4	9	0
65	Sant Kabir Nagar	0		3	4	7	0
66	Sant Ravidas Nagar	0		1	0	1	0
67	Shahjahanpur	0		3	0	3	0
68	Shamli	0		2	0	2	0
69	Shravasti	0		1	4	5	0
70	Siddharthnagar	1		2	5	7	0
71	Sitapur	0		2	0	2	0
72	Sonbhadra	0	0	4	1	4	1
73	Sultanpur	0		2	5	7	0
74	Unnao	0		3	0	3	0
75	Varanasi	2	0	10	1	11	0
	Total	**20**	**2**	**290**	**109**	**394**	**2**

RNTCP performance indicators:

Sr. no.	Name of 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
							Annualized NSP CDR
1	Agra	6897	152	5955	65	90%	90%
2	Aligarh	7423	195	4624	85	91%	90%

3	Allahabad	7466	121	5476	60	89%	90%
4	Ambedkar Nagar	1861	74	1511	53	94%	90%
5	Amethi	2227	90	1647	54	92%	90%
6	Auraiya	1775	125	1556	79	93%	90%
7	Azamgarh	3866	78	2280	35	86%	90%
8	Baghpat	1781	132	1141	60	89%	90%
9	Bahraich	4361	132	2672	64	87%	90%
10	Ballia	3245	94	1960	56	93%	90%
11	Balrampur	2110	98	1217	52	85%	90%
12	Banda	1986	107	1393	43	91%	90%
13	Barabanki	5046	150	3010	68	91%	90%
14	Bareilly	5980	132	5255	59	86%	90%
15	Basti	2875	111	1723	51	88%	90%
16	Bijnor	4334	111	3012	63	90%	90%
17	Budaun	4589	150	3456	84	92%	90%
18	Bulandshahr	7978	220	4083	95	94%	90%
19	Chandauli	1807	91	1221	50	85%	90%
20	Chitrakoot	1274	126	704	49	85%	90%
21	Deoria	2432	73	1677	40	90%	90%
22	Etah	2792	144	2305	75	94%	90%
23	Etawah	2676	164	2362	71	87%	90%
24	Faizabad	3092	121	2223	67	90%	90%
25	Farrukhabad	2391	121	1562	58	88%	90%
26	Fatehpur	2859	105	2069	56	92%	90%
27	Firozabad	3831	148	2210	55	91%	90%
28	Gautam Budh Nagar	3893	229	2106	83	91%	90%
29	Ghaziabad	8536	258	3403	91	91%	90%
30	Ghazipur	2936	77	2325	53	88%	90%
31	Gonda	4346	122	2415	54	94%	90%
32	Gorakhpur	3499	74	3071	46	83%	90%
33	Hamirpur	1319	101	1013	55	88%	90%
34	Hapur	2530	177	1343	81	92%	90%
35	Hardoi	6813	161	4323	82	90%	90%
36	Hathras	1582	98	1339	62	92%	90%

37	Jalaun	2509	148	1378	63	89%	90%
38	Jaunpur	5555	120	2859	50	88%	90%
39	Jhansi	2555	123	2338	62	89%	90%
40	J P Nagar	2340	123	1854	79	92%	90%
41	Kannauj	1797	104	1373	61	93%	90%
42	Kanpur Dehat	1691	88	1400	53	92%	90%
43	Kanpur Nagar	6221	136	5583	64	83%	90%
44	Kanshiram Nagar	1601	109	1035	62	94%	90%
45	Kaushambi	2351	145	1376	68	95%	90%
46	Kheri	5350	131	3575	69	92%	90%
47	Kushinagar	2850	82	2048	52	89%	90%
48	Lalitpur	1463	120	1082	74	94%	90%
49	Lucknow	6668	139	6774	64	82%	90%
50	Maharajganj	1721	62	1172	37	91%	90%
51	Mahoba	762	85	698	48	92%	90%
52	Mainpuri	1931	101	1287	58	93%	90%
53	Mathura	3104	120	2116	57	87%	90%
54	Mau	1877	81	1430	47	93%	90%
55	Meerut	6349	178	4236	83	92%	90%
56	Mirzapur	3609	141	2077	65	95%	90%
57	Moradabad	3958	127	3315	79	90%	90%
58	Muzaffarnagar	3969	138	2695	64	88%	90%
59	Pilibhit	2529	120	1855	57	84%	90%
60	Pratapgarh	3368	99	2250	55	95%	90%
61	Rae Bareli	3367	132	2158	62	88%	90%
62	Rampur	4068	169	2836	86	90%	90%
63	Saharanpur	4628	131	2852	57	91%	90%
64	Sambhal	2553	116	1529	70	87%	90%
65	Sant KabirNagar	1546	85	952	40	88%	90%
66	Sant Ravidas nagar	2353	144	1329	69	96%	90%
67	Shahjahanpur	3700	116	2567	60	89%	90%
68	Shamli	1922	147	1229	70	90%	90%
69	Shravasti	900	80	751	54	93%	90%
70	Siddharthnagar	2018	81	1184	47	90%	90%

71	Sitapur	7019	151	3959	70	94%	90%
72	Sonbhadra	1798	98	1453	64	92%	90%
73	Sultanpur	2262	93	1804	56	93%	90%
74	Unnao	4174	129	2712	64	89%	90%
75	Varanasi	4414	116	3449	56	89%	90%
	TOTAL	**257258**	**123**	**176212**	**62**	**90%**	**90%**

S.No.	Priority areas	Activity planned under each priority area
1	Recruitment of Staff at State TB Cell to fill vacant posts	1 a) The appointment of the vacant posts (out of 38 sanctioned posts 23 stands vacant i.e.60% posts vacant). Which is key support to the State TB Cell is to be done on immediate priority by the State. The State TB Cell presently is highly understaffed and hence the day to day functioning and district reports collection, collation and their analysis and taking subsequent remedial action is not promptly possible
		1 b) Training of the Appointed staff training at National / STD level
2	**Establishment of RNTCP Services as per the National Strategic Plan(NSP) 2012-2017**	2 a) Establishment of all TB Units as per the community development blocks in the State
		2 b)Recruitment of manpower (Old + New TOR) as per sanctioned positions in NSP in all the districts
		2 c) Training of all the staff at STDC/ District level as per norms
3	**Creating of centre of excellence at STDC Agra for all state level training, monitoring & supervision and guidance to all four RTPMU**	3 a) Ensuring adequate infrastructure to create this centre of excellence.
		3 b) Training of master trainer as part of the STDC faculty
4	**Establishing PMDT Diagnostic and Treatment services enabling the state to smoothly go into Criteria C**	4a) Establishment of deficits DR TB Centre so that state has a total of 21 DR TB Centres as per population norms
		4 b) Establishment of Diagnostic & Follow up services in selected Govt Medical college keeping equi-distribution in mind
5	**Establishment of TB-HIV Diagnostic services under one roof**	5 a) Establishing WBT with Kit1 at all DMCs in the state (30% in FY 2014-15 ; 30% in FY 2015-16; 40% in FY 2016-17)
		5 b) Provision of Freezer at SDS and DTCs for storage of WBT kits
		5 c) Training of all the LTs in the DMCs on WBT
6	**Enabling RTPMU (Regional Tuberculosis**	6 a) RTPMU are approved in FY 2014-2014 PIP but all their infrastructure & HR as per proposal to be ensured

	Program Management Unit) to assist STC & STDC	
		6 b)The State has devised a strategy of conducting Regional Level Review at all the 4 RTPMU (Agra , Lucknow, Bareilly & Varanasi) for their assigned districts to ensure hand holding and capacity building of each DTO as this is virtually impossible at State level review DTO review when all the 75 districts are called.
		6 c)The RTPMU will be doing follow up on review observations of the assigned districts and action taken report sent to State TB Cell.

Priority Districts for Supervision and Monitoring by State during the next year

S No	***District***	***Reason for inclusion in priority list***
1	**Sddhartha nagar**	Low suspect examination rates
2	**Chitrakoot**	Low suspect examination rates
3	**Amethi**	Low suspect examination rates
4	**Deoria**	Low suspect examination rates
5	**Maharajganj**	Low suspect examination rates
6	**Azamgarh**	Low suspect examination rates and identified and establishment of DR-TB centres
7	**Ambedkar nagar**	Low suspect examination rates and identified and establishment of DR-TB centres and C & DST lab
8	**Aligarh**	To support the AMU to oerationalize the DR-TB centre and C and DST lab
9	**Agra**	To support STDC , address the gap with NRL Jalma and to support the State RNTCP training and DR-TB centre
10	**Gorakhpur**	Identified for establishment of DR-TB Centre, slow progress in civil works and C&DST Lab establishment
11	**Varanasi**	Identified for establishment of 2nd DR-TB Centre, slow progress in civil works, C and DST lab involvement
12	**Jhansi**	Identified for establishment of DR-TB Centre and to support the adoption of C and DST lab in RLB medical college
13	**Meerut**	Establishment and functional operational of DR-TB Centre, and C a& DST lab Adoption in LLRM Medical college
14	**Lucknow**	Support to IRL in establishment of CBNAAT site and Quality of program to be supervised closely, being the State capital
15	**Allahabad**	CBNAAT Lab, two DR-TB centres and to establish the C and DST lab in MLN medical college.
16	**Barielly**	CBNNAT lab, Two pvt medical college involvement, identified and establishment of DR-TB centre.
17	**Kanpur**	CBNNAT lab, pvt medical college involvement, identified and functional of DR-TB centre, identified and adoption of C & DST lab in GSVM medical college.
18	**Etawah**	Establishment and functional operational of DR-TB Centre, and C a& DST lab Adoption in RIMS safai.

RNTCP Training Plan									
Name of State	**Uttar Pradesh**								
Activity	**No. in the District**	**No. already trained in RNTCP**	**No. planned to be trained in RNTCP during each quarter of next FY**				**Expenditure (in Rs) planned for current**	**Estimated Expenditure for the next financial year for**	**Justification/ remarks**

							financial year	which plan is being submitted	
			Q1	**Q2**	**Q3**	**Q4**		**(Rs.)**	
	(a)	(b)	(c)				(d)	(e)	(f)
Training of DTOs-EQA			25		25			140100	
Training of MOTCs- Initial			30	30	60	60		2529000	
Training of STSs- Initial			100	100	100	100		2674000	
Training of STLSs- Initial			12	12	12			541575	
Training of DRTB HIV Sup- Initial			30					184450	
Training of MOTCs- PMDT				90	90			673950	
Training of STSs- PMDT					30			63300	
Training of MOs- Nikshay				15	15	15		146250	
Training of DEOs- Nikshay				15	15	15		110250	
Training of STLSs- EQA				36	24	24		194950	
Training of STLSs- EQA				36	24	24		194950	
Training of DRTB Centre Counselors					25	50		325800	New posts
Training of District Program Coordinators					25	50		325800	New posts
Training of PPM Coordinators				25	25	25		325800	New posts
Training of soft skills for DTOs				75				287850	
Training of Accountants				25	50			382650	Faculty from CTD Finance
TOTAL			**197**	**459**	**520**	**363**		**9100675**	

	Faculty	Trainees	DA without stay	Days	Total DA	Course material	Total Course material	Refreshment	Total Refreshment	Hon Faculty	Total Hon Faculty	Course organization	Batches	Total Course organization	GRAND TOTAL
Training of DTOs-EQA	5	25	800	2	40000	350	10500	175	11550	500	5000	3000	2	6000	140100
Training of MOTCs- Initial	6	30	800	12	288000	350	12600	175	81900	500	36000	3000	6	18000	2529000
Training of STSs- Initial	5	20	400	8	64000	300	7500	175	39200	500	20000	3000	20	60000	2674000

Training of STLSs- Initial	6	12	400	15	72000	300	5400	175	55125	500	45000	3000	3	9000	541575
Training of DRTB HIV Sup- Initial	5	30	400	8	96000	350	12250	175	53200	500	20000	3000	1	3000	184450
Training of MOTCs- PMDT	4	30	800	3	72000	350	11900	175	19425	500	6000	3000	6	18000	673950
Training of STSs- PMDT	3	15	400	2	12000	350	6300	175	7350	500	3000	3000	2	6000	63300
Training of MOs- Nikshay	6	15	800	2	24000	350	7350	175	8400	500	6000	3000	3	9000	146250
Training of DEOs- Nikshay	6	15	400	2	12000	350	7350	175	8400	500	6000	3000	3	9000	110250
Training of STLSs- EQA	4	12	400	2	9600	350	5600	175	6650	500	4000	2000	7	14000	194950
Training of STLSs- EQA	4	12	400	2	9600	350	5600	175	6650	500	4000	2000	7	14000	194950
Training of DRTB Centre Counselors	6	25	400	5	50000	350	10850	175	29750	500	15000	3000	3	9000	325800
Training of District Program Coordinators	6	25	400	5	50000	350	10850	175	29750	500	15000	3000	3	9000	325800
Training of PPM Coordinators	6	25	400	5	50000	350	10850	175	29750	500	15000	3000	3	9000	325800
Training of soft skills for DTOs	4	25	800	3	60000	350	10150	175	16800	500	6000	3000	3	9000	287850
Training of Accountants	6	25	400	6	60000	350	10850	175	35700	500	18000	3000	3	9000	382650
TOTAL									**0**						**9100675**

District wise head wise Summary

Sr No.	Category of Expenditure	Agra	Aligarh	Allahabad	Ambedkar Nagar	Amethi	Auraiya
1	**Civil works**	3595000	4360000	3200000	7465000	2005000	655000
2	**Laboratory materials**	2229540	2033850	1900560	1129350	780000	441000
3	**Honorarium/Counselling Charges**	6161408	16017522	8453950	3264150	3466200	2364670
4	**ACSM**	868372	1953520	1464000	470000	826000	250000
5	**Equipment maintenance**	96000	259500	226500	48000	45000	75000
6	**Training**	997700	1464588	1357500	540000	574560	318320
7	**Vehicle Operation (POL & maintenance)**	1265000	2000000	1955000	615000	2020000	625000
8	**Vehicle hiring**	1993200	3349700	2917200	1161600	1887600	976800
9	**Public-private Mix (PP/NGO support)**	5166240	9595100	4920100	898400	686000	1662200
10	**Medical Colleges**	1639677	2000325	1109000	60000	0	0
11	**Office operations (Miscellaneous)**	467520	714240	600800	197400	222640	167600
12	**Contractual services**	16969000	27193950	22162800	7075100	7819800	5423700
13	**Printing**	353000	518631	480800	585000	203490	112455
14	**Research, studies & Consultancy**	0	0	2500000	0	0	0
15	**Procurement of Drugs**	500000	500000	893000	500000	500000	500000
16	**Procurement –vehicles**	780000	1950000	325000	585000	1235000	520000
17	**Procurement – equipment**	280000	570000	945000	135000	375000	185000
18	**Patient support & transportation charges**	2645521	2433083	3155740	334550	343046	476500
19	**Supervision & Monitoring**	1142370	1699285	1525550	678000	691800	418100
	Total	**47132971**	**78885294**	**60199500**	**25741550**	**23681136**	**15171345**

Sr No.	Category of Expenditure	Azamgarh	Baghpat	Bahraich	Ballia	Balrampur	Banda
1	**Civil works**	7125000	555000	1465000	1505000	800000	785000
2	**Laboratory materials**	1460400	535200	1321920	1020000	902880	640000
3	**Honorarium/Counselling Charges**	5435100	2075000	4371674	4505000	2762972	3276500
4	**ACSM**	2097200	226800	650000	637900	3172400	442700
5	**Equipment maintenance**	226000	46000	85000	110000	106000	88000
6	**Training**	1051488	325000	792360	734359	489456	471500
7	**Vehicle Operation (POL & maintenance)**	1330000	655000	1200000	1125000	660000	625000
8	**Vehicle hiring**	2600400	554000	1386000	1993200	1254000	1274000

9	**Public-private Mix (PP/NGO support)**	5022800	1284000	1698400	1507000	1315000	1861300
10	**Medical Colleges**	150000	0	0	0	0	1077000
11	**Office operations (Miscellaneous)**	487440	150000	343000	321900	231280	201760
12	**Contractual services**	12250900	5658600	7329000	13426900	7044100	7028800
13	**Printing**	372402	150000	280000	260085	173349	427500
14	**Research, studies & Consultancy**	0	0	0	0	0	0
15	**Procurement of Drugs**	800000	350000	500000	400000	500000	200000
16	**Procurement –vehicles**	1820000	260000	1495000	975000	390000	715000
17	**Procurement – equipment**	1230000	375000	225000	570000	235000	520000
18	**Patient support & transportation charges**	862550	459800	1091700	512208	264690	275000
19	**Supervision & Monitoring**	1199640	201000	843718	861956	601180	516310
	Total	**45521320**	**13860400**	**25077772**	**30465508**	**20902307**	**20425370**

Sr No.	Category of Expenditure	Barabanki	Bareilly	Basti	Bijnor	Badaun	Bulandshahr
1	**Civil works**	1390000	2385000	3845000	1215000	1315000	1435000
2	**Laboratory materials**	1186200	2010000	780000	1284400	1080000	1107000
3	**Honorarium/Counselling Charges**	8123950	2460000	3864250	5372600	6673000	7444952
4	**ACSM**	639000	1065120	561320	375000	580000	733200
5	**Equipment maintenance**	56000	280250	235000	106000	46000	45000
6	**Training**	750000	1015200	561600	842400	675000	797040
7	**Vehicle Operation (POL & maintenance)**	1165000	1285000	875000	1070000	1000000	540000
8	**Vehicle hiring**	1716000	2178000	1686000	1808400	1808400	3102000
9	**Public-private Mix (PP/NGO support)**	1904000	3028000	1138000	2839600	1414400	5600400
10	**Medical Colleges**	1808000	1996000	0	0	0	0
11	**Office operations (Miscellaneous)**	322000	0	282000	362000	300000	345200
12	**Contractual services**	11265300	17269000	7568500	14025800	12146200	11040100
13	**Printing**	260000	362610	198900	302328	230000	282285
14	**Research, studies & Consultancy**	0	0	0	0	0	0
15	**Procurement of Drugs**	500000	0	400000	500000	500000	400000
16	**Procurement –vehicles**	1105000	130000	715000	260000	780000	1235000
17	**Procurement – equipment**	420000	350000	310000	345000	535000	310000
18	**Patient support & transportation charges**	1598650	579100	519200	1797100	1407855	3214123
19	**Supervision & Monitoring**	1054000	1161000	678000	977000	798750	928700
	Total	**35263100**	**37554280**	**24217770**	**33482628**	**31289605**	**38560000**

Sr No.	Category of Expenditure	Chandauli	Chitrakoot	Deoria	Etah	Etawah	Faizabad
1	**Civil works**	955000	385000	1545000	1443000	7335000	1310000
2	**Laboratory materials**	617000	313350	980000	795300	499500	800000
3	**Honorarium/Counselling Charges**	1318500	2098000	4029400	2973596	5155550	3494400
4	**ACSM**	387000	196366	614000	577322	443488	540000
5	**Equipment maintenance**	92500	71500	118000	89450	101000	96000
6	**Training**	444744	225612	705000	510000	359640	562305
7	**Vehicle Operation (POL & maintenance)**	660000	470000	1045000	1020500	710000	2270000
8	**Vehicle hiring**	1254000	762000	3471600	1216780	1161600	1086000
9	**Public-private Mix (PP/NGO support)**	1159880	602400	1875500	1168400	1552000	2410800
10	**Medical Colleges**	0	0	0	0	81000	0
11	**Office operations (Miscellaneous)**	214720	133560	311360	258128	207200	258260
12	**Contractual services**	6013700	4267400	8167100	8045900	9467100	7316100
13	**Printing**	157513	79904	249000	180000	127373	199150
14	**Research, studies & Consultancy**	0	0	0	0	0	0
15	**Procurement of Drugs**	400000	200000	400000	97000	500000	400000
16	**Procurement –vehicles**	780000	325000	1040000	1521000	195000	975000
17	**Procurement – equipment**	350000	135000	110000	288500	100000	440000
18	**Patient support & transportation charges**	450032	335200	667714	385800	821300	479230
19	**Supervision & Monitoring**	473500	320000	831400	531110	462000	678000
	Total	**15728089**	**10920292**	**26160074**	**21101786**	**29278751**	**23315245**

Sr No.	Category of Expenditure	Farrukhabad	Fatehpur	Firozabad	Gautam Budh Nagar	Ghaziabad	Ghazipur	Gonda	Gorakhpur
1	**Civil works**	960000	1345000	1215000	895000	2085000	1695000	1555000	8515000
2	**Laboratory materials**	686400	834000	1053150	510000	1029900	1146300	1085670	1444200
3	**Honorarium/Counselling Charges**	3745560	3496500	3440868	5221894	11245248	3418250	5513200	6702020
4	**ACSM**	374000	400000	910371	320000	1439067	815000	837000	1158870
5	**Equipment maintenance**	45000	112000	96000	57000	138000	106000	108000	182000
6	**Training**	429000	600000	568772	370000	741528	825336	618000	1039824
7	**Vehicle Operation (POL & maintenance)**	615000	875000	910000	1190000	1245000	1045000	1045000	1902000
8	**Vehicle hiring**	1161600	1623600	1623600	1293600	2956800	2170800	1900800	1380000
9	**Public-private Mix (PP/NGO support)**	1406200	1487800	2414000	2390000	2481700	1910500	1339500	4571000
10	**Medical Colleges**	738000	0	0	1065560	1217800	0	0	130000

11	**Office operations (Miscellaneous)**	209200	272400	260656	186000	324640	355680	339512	435120
12	**Contractual services**	8046200	7764100	8999900	6178800	10599700	9665500	9808700	13377200
13	**Printing**	152200	212670	201440	130050	262625	292000	250000	368271
14	**Research, studies & Consultancy**	0	0	0	0	0	0	0	0
15	**Procurement of Drugs**	500000	400000	500000	400000	400000	400000	400000	500000
16	**Procurement –vehicles**	650000	715000	780000	1040000	1625000	1235000	780000	260000
17	**Procurement – equipment**	390000	100000	381000	260000	240000	440000	460000	700000
18	**Patient support & transportation charges**	723210	346850	1055716	3272109	4990356	638628	719875	1884550
19	**Supervision & Monitoring**	537700	700000	685637	471000	869590	800000	912346	1187220
	Total	**21369270**	**21284920**	**25096110**	**25251013**	**43891954**	**26960994**	**27672603**	**45737275**

Sr No.	Category of Expenditure	Hamirpur	Hapur	Hardoi	Hathras	Jalaun	Jaunpur	Jhansi	Jyotiba Phule Nagar
1	**Civil works**	810000	3220000	1705000	770000	950000	1870000	6065000	755000
2	**Laboratory materials**	349200	420000	1420800	495300	546000	1416204	633000	1050000
3	**Honorarium/Counselling Charges**	1637920	3226830	8869950	2684700	2948050	6006742	3441650	3634500
4	**ACSM**	345910	263200	811000	310800	450320	887500	138580	376000
5	**Equipment maintenance**	72000	46000	46000	47000	85000	1063000	102000	95000
6	**Training**	251424	302400	928800	331425	393120	1019500	455760	432000
7	**Vehicle Operation (POL & maintenance)**	1010000	980000	1285000	1070000	522000	1410000	730000	570000
8	**Vehicle hiring**	976800	1623600	2178000	1069200	1254000	2362800	1993200	1069200
9	**Public-private Mix (PP/NGO support)**	1282400	1535200	3114400	1843200	1307000	2292000	1608800	1710800
10	**Medical Colleges**	0	1576000	0	0	60000	0	1003500	0
11	**Office operations (Miscellaneous)**	143120	162000	303680	182080	195600	427600	242800	160000
12	**Contractual services**	4422300	5632300	12670200	4154700	7725500	13889600	9095600	7191400
13	**Printing**	89046	107100	328950	126302	139230	1062000	160650	450000
14	**Research, studies & Consultancy**	0	0	0	0	0	0	0	0
15	**Procurement of Drugs**	500000	400000	500000	400000	400000	400000	500000	500000
16	**Procurement –vehicles**	1040000	390000	975000	650000	650000	1235000	455000	390000
17	**Procurement – equipment**	155000	190000	555000	215000	245000	195000	135000	265000
18	**Patient support & transportation charges**	214100	484400	1574250	1280750	543300	858982	1841030	341500
19	**Supervision & Monitoring**	347720	402000	1072220	350000	498600	1165700	362178	450000
	Total	**13646940**	**20961030**	**38338250**	**15980457**	**18912720**	**37561628**	**28963748**	**19440400**

Sr No.	Category of Expenditure	Kannauj	Kanpur Dehat	Kanpur Nagar	Kanshiram Nagar	Kaushambi	Kheri	Kushinagar
1	**Civil works**	1000000	785000	8005000	3445000	725000	1280000	1415000
2	**Laboratory materials**	498720	567900	1627530	454800	505200	1460100	850000
3	**Honorarium/Counselling Charges**	2223550	2904750	10111700	1920250	5451250	9859100	5346600
4	**ACSM**	328000	355884	1622400	285000	638100	795000	518000
5	**Equipment maintenance**	86000	56000	284000	51000	46000	100000	118000
6	**Training**	377700	408888	1036800	324000	363744	914112	811080
7	**Vehicle Operation (POL & maintenance)**	615000	660000	1520000	480000	935000	1060000	980000
8	**Vehicle hiring**	1161600	1254000	2085600	976800	3300000	1716000	1593600
9	**Public-private Mix (PP/NGO support)**	1801450	2062400	9787800	1404000	3239000	1639600	2761500
10	**Medical Colleges**	868000	0	2218000	0	0	0	0
11	**Office operations (Miscellaneous)**	213888	202000	458000	171280	184720	338560	350400
12	**Contractual services**	7423500	7863900	16392316	6722200	5713700	9595100	8376100
13	**Printing**	133768	144800	1080000	337500	128826	323748	250000
14	**Research, studies & Consultancy**	0	400000	0	0	0	0	0
15	**Procurement of Drugs**	660000	420000	500000	400000	500000	500000	400000
16	**Procurement –vehicles**	455000	520000	1365000	390000	715000	1170000	585000
17	**Procurement – equipment**	520000	285000	600000	220000	25000	320000	255000
18	**Patient support & transportation charges**	313284	473755	2014854	956070	514750	1722500	735000
19	**Supervision & Monitoring**	481722	515390	1184000	327968	467320	1053360	943650
	Total	**19161182**	**19879667**	**61893000**	**18865868**	**23452610**	**33847180**	**26288930**

Sr No.	Category of Expenditure	Lalitpur	Lucknow	Maharajganj	Mahoba	Mainpuri	Mathura	Mau	Meerut
1	**Civil works**	470000	830000	1138000	255000	910000	1255000	855000	2085000
2	**Laboratory materials**	385200	8574000	840000	294330	606000	804000	690000	1029900
3	**Honorarium/Counselling Charges**	2103050	2625000	3359920	1193120	2448824	3758450	2862948	11245248
4	**ACSM**	299172	1284400	652000	173524	699000	503840	451200	1439064
5	**Equipment maintenance**	70000	917000	357300	73000	63000	94000	98900	137000
6	**Training**	277344	1080000	626400	199368	420798	578880	422000	741528
7	**Vehicle Operation (POL & maintenance)**	445000	2935000	750000	435000	615000	470000	660000	1245000
8	**Vehicle hiring**	884400	210000	1438800	1144800	1161600	1346400	1338000	2956800
9	**Public-private Mix (PP/NGO support)**	2115200	13068400	2106800	927200	974074	2774000	1150003	2481700
10	**Medical Colleges**	0	10958000	0	0	0	0	0	1217800

11	**Office operations (Miscellaneous)**	152720	498000	274880	123840	205851	264400	345000	324640
12	**Contractual services**	4955700	32516400	6410900	5918000	6545500	8766000	5062500	10599700
13	**Printing**	98226	497250	215042	70210	149000	205020	324000	262624
14	**Research, studies & Consultancy**	0	200000	0	0	0	0	0	0
15	**Procurement of Drugs**	400000	0	400000	500000	500000	400000	0	400000
16	**Procurement –vehicles**	325000	1435000	715000	260000	455000	715000	650000	1625000
17	**Procurement – equipment**	90000	2861500	450000	160000	640000	195000	10000	240000
18	**Patient support & transportation charges**	263250	1000000	582000	191731	412733	736002	414335	4990356
19	**Supervision & Monitoring**	375320	1254000	640000	292290	528072	696400	609000	869588
	Total	**13709582**	**82743950**	**20957042**	**12211413**	**17334451.5**	**23562392**	**15942886**	**43890948**

Sr No.	**Category of Expenditure**	Mirzapur	Moradabad	Muzaffarnagar	Pilibhit	Pratapgarh	Raebareli	Rampur
1	**Civil works**	1065000	7765000	540000	800000	1410000	1335000	890000
2	**Laboratory materials**	789000	1430420	878100	741150	1235250	785400	1568000
3	**Honorarium/Counselling Charges**	1949200	5778500	7932670	4658700	6164800	4115550	3991000
4	**ACSM**	300400	628500	550276	403000	658000	497800	484000
5	**Equipment maintenance**	190000	98000	51000	46000	45000	46000	96000
6	**Training**	560000	536650	632232	463900	776375	560000	532000
7	**Vehicle Operation (POL & maintenance)**	820000	820000	1640000	615000	2171500	1130000	905000
8	**Vehicle hiring**	1438800	1438800	2116000	1161600	1570800	1386000	924000
9	**Public-private Mix (PP/NGO support)**	1776800	3762000	3282000	1309000	1784400	1412800	2537600
10	**Medical Colleges**	0	358000	858000	0	0	0	0
11	**Office operations (Miscellaneous)**	260000	316000	284000	221840	330000	258000	500000
12	**Contractual services**	8054000	9042100	11754700	7993800	11077500	8348800	8708800
13	**Printing**	201000	250000	223915	164322	787500	198900	562000
14	**Research, studies & Consultancy**	0	0	0	0	0	0	0
15	**Procurement of Drugs**	400000	500000	400000	500000	0	500000	500000
16	**Procurement –vehicles**	845000	585000	390000	455000	715000	845000	455000
17	**Procurement – equipment**	10000	265000	575000	320000	200000	410000	245000
18	**Patient support & transportation charges**	370658	1708500	5101370	1038310	545090	890900	603600
19	**Supervision & Monitoring**	600000	452500	753210	574000	838842	678000	556490
	Total	**19629858**	**35734970**	**37962473**	**21465622**	**30310057**	**23398150**	**24058490**

Sr No.	Category of Expenditure	Saharanpur	Sambhal	Sant Kabir Nagar	Sant Ravidas Nagar	Shahjahnpur	Shamli	Shravasti	Sidharthnagar
1	**Civil works**	2115000	3805000	830000	570000	1445000	3010000	530000	1450000
2	**Laboratory materials**	1412500	1170000	423000	491700	948000	473100	336595	780000
3	**Honorarium/Counselling Charges**	5295000	2447500	2679600	2312802	12221650	1812664	1012000	3119880
4	**ACSM**	687500	385000	338300	307700	845000	269780	95400	561320
5	**Equipment maintenance**	45000	45000	80000	176750	97000	92150	156500	90000
6	**Training**	200000	360400	388800	345600	682560	309960	216000	561600
7	**Vehicle Operation (POL & maintenance)**	1335000	660000	0	375000	1035000	445000	365000	840000
8	**Vehicle hiring**	1663200	1254000	1161600	884400	1346400	884400	797500	1245000
9	**Public-private Mix (PP/NGO support)**	2646800	1640000	1088000	1500400	2177000	717504	590000	1138000
10	**Medical Colleges**	0	0	0	0	0	0	0	0
11	**Office operations (Miscellaneous)**	280000	233000	194000	181120	302800	164800	130000	258000
12	**Contractual services**	12670000	6056000	4822300	5115700	11607800	5478000	4617400	6227900
13	**Printing**	200000	160000	137000	125384	742500	109000	90000	198900
14	**Research, studies & Consultancy**	0	0	0	0	0	0	0	0
15	**Procurement of Drugs**	500000	350000	400000	400000	500000	500000	0	400000
16	**Procurement –vehicles**	2340000	650000	650000	520000	877500	455000	524000	715000
17	**Procurement – equipment**	0	295000	135000	60000	305000	185000	210000	335000
18	**Patient support & transportation charges**	50000	690000	476400	858982	760225	367280	840595	556400
19	**Supervision & Monitoring**	920000	418500	494000	456000	60000	410050	272480	678000
	Total	**32360000**	**20619400**	**14298000**	**14686538**	**35953435**	**15683688**	**10783470**	**19155000**

Sr No.	Category of Expenditure	Sitapur	Sonbhadra	Sultanpur	Unnao	Varanasi	**Total**
1	**Civil works**	2055000	1000000	1340000	790000	4900000	**154581000**
2	**Laboratory materials**	1551810	588000	750000	990000	2253300	**78750579**
3	**Honorarium/Counselling Charges**	5262100	2300000	4131200	5368200	7299550	**347662552**
4	**ACSM**	1505200	319000	808000	1817800	478800	**51593686**
5	**Equipment maintenance**	486000	83000	95000	106000	2382100	**12205400**
6	**Training**	953500	408500	550000	1295590	1926225	**46714795**
7	**Vehicle Operation (POL & maintenance)**	1170000	715000	1130000	1300000	2315000	**76181000**
8	**Vehicle hiring**	330000	1387000	1386000	1663200	1815000	**117658180**

9	**Public-private Mix (PP/NGO support)**	2797620	1414000	986000	3316000	5981200	**183154671**
10	**Medical Colleges**	0	0	0	0	1252400	**33442062**
11	**Office operations (Miscellaneous)**	434000	250000	262800	312400	432640	**21013675**
12	**Contractual services**	11644000	8440500	8805400	8387500	11266900	**708177166**
13	**Printing**	367200	150000	203490	250920	297050	**20517404**
14	**Research, studies & Consultancy**	0	0	0	0	150000	**3250000**
15	**Procurement of Drugs**	0	400000	400000	0	600000	**30770000**
16	**Procurement –vehicles**	650000	520000	1105000	1170000	520000	**59347500**
17	**Procurement – equipment**	90000	195000	225000	425000	395000	**26016000**
18	**Patient support & transportation charges**	550000	876000	476575	455170	2177100	**80593073**
19	**Supervision & Monitoring**	1184000	500000	678000	3790275	997090	**55633797**
	Total	**31030430**	**19546000**	**23332465**	**31438055**	**47439355**	**2107631963**

State Level

Contractual Staff:	Progress FY 2013-14		Proposed FY 2014-15				proposal for 12 months salary			**Salary proposed for Existing Staff (12 months) and new contractual staff (6 months)**
	Physical Progress		Physical							
State level:	No. of posts sanctioned 2013-14	No. filled in	No. required as per the norms	No. of existing posts to be continued	No. of additional posts proposed	Total posts	Salary per annum	existing increments	Total salary (A)	
Asst Programme Officer/Epidemiologist	2	0	2	2	0	2	**7.2**	**0.00**	**14.40**	
Medical officer – STC	1	0	1	1	2	3	**5.28**	**0.00**	**15.84**	
DRTB Coordinator	2	0	2	2	0	2	**6.6**	**0.00**	**13.20**	
TB/HIV Coordinator	2	1	2	2	0	2	**6.6**	**0.00**	**13.20**	
Microbiologist for IRL	2	2	2	2	0	2	**6.6**	**0.21**	**13.41**	
Sr.LT at IRL	2	2	2	2	6	8	**2.64**	**0.18**	**21.30**	
State IEC Officer	2	1	2	2	0	2	**4.62**	**0.00**	**9.24**	
Accounts Officer /State Accountant	2	0	2	2	0	2	**5.28**		**10.56**	
SDS Pharmacist	4	3	4	4	0	4	**2.38**	**0.22**	**9.74**	
Store Assistant (SDS)	4	2	4	4	0	4	**1.72**	**0.05**	**6.93**	
DEO (State TB Cell)	2	1	2	2	0	2	**2.64**	**0.06**	**5.34**	
DEO (IRL)	2	1	2	2	0	2	**2.64**	**0.00**	**5.28**	
Secretarial Asst	1	1	1	1	0	1	**2.38**	**0.00**	**2.38**	

DEO – STF (if approved)	1	0	1	1	0	1	**2.64**	**0.00**	**2.64**	
Technical Officer – procurement & logistics	1	0	1	1	0	1	**4.62**	**0.00**	**4.62**	
IRL – Microbiologist EQA	2	0	2	2	0	2	**6.6**	**0.00**	**13.20**	
C&DST Lab – Microbiologist*	2	0	11	2	9	11	**7.2**	**0.00**	**79.20**	
C&DST Lab – Sr LT*	2	0	11	2	9	11	**2.64**	**0.00**	**29.04**	
C&DST Lab – DEO*	2	0	11	2	9	11	**2.64**	**0.00**	**29.04**	
Sr. MO-DRTB Centre	21	9	21	21	0	21	**6.6**	**0.00**	**138.60**	
SA- DRTB Centre	21	13	21	21	0	21	**2.64**	**0.00**	**55.44**	
Councillor - DRTB Centre	21	0	21	21	0	21	**1.32**	**0.00**	**27.72**	
TREATMENT MONITOR	0	0	2	0	2	2	**6**		**12.00**	
State PPM Coordinator	2	0	2	2	0	2	**6**	**0.00**	**12.00**	
Data Analyst	2	0	2	2	0	2	**2.4**		**4.80**	
LTs (CBNAAT)	0	0	0	0	77	77	**1.98**		**152.46**	
Driver (if sanctioned from RNTCP)	1	1	1	1	0	1	**2.38**	**0.00**	**2.38**	
TOTAL - STATE LEVEL	**106**	**37**	**135**	**106**	**114**	**220**	**112.24**	**0.71**	**703.95**	**1096.14**

District Level:

	District Level:										
1	Medical Officer-DTC	2	2	30	2	28	30	5.28	1.51	159.91	
2	Senior DOTS plus TB – HIV Supervisor	75	68	91	75	16	91	2.9	14.04	277.94	
3	STS	505	442	1009	505	504	1009	2.9	75.82	3001.92	
4	STLS	402	378	410	402	8	410	2.9	76.90	1265.90	
5	DEO	75	71	91	75	16	91	1.98	10.86	191.04	
6	Accountant – full time	75	3	75	75	0	75	2.38	0.00	178.50	
7	Contractual LT	901	825	901	901	0	901	1.78	113.83	1717.61	
8	Driver (if sanctioned from RNTCP)	16	6	16	16	0	16	1.32	0.76	21.88	
16	District Program Coordinator	75	0	75	75	0	75	3.3	0.00	247.50	
17	District PPM Coordinator	91	0	91	91	0	91	2.9		263.90	
18	TBHV	381	314	510	381	129	510	1.98	28.51	1038.31	
19	Medical college MO	17	13	31	17	14	31	5.28	4.54	168.22	
20	Medical College LT	25	23	31	25	6	31	1.78	1.99	57.17	
21	TBHV Medical College	21	19	31	21	10	31	1.98	1.44	62.82	
Total District level		**2661**	**2164**	**3392**	**2661**	**731**	**3392**	**38.66**	**330.19**	**8652.61**	**7086.76**
22	**Others**	**The salaries for this group have been proposed under State Additionalities**									

	DEO-RTPMU										
	Office Assistant-RTPMU										
	Consultant-RTPMU										
	Staff Nurse DRTB Centre										
	Grand Total	**2767**	**2201**	**3527**	**2767**	**845**	**3612**	**150.9**	**330.91**	**9356.57**	**8182.9**

RNTCP Additionalities

Sr. No.	Budget head	Number required	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)	Justification
1.	Support to IMSBHU and AMU (under UGC) having DRTB centres	1000	5600	56.00	0.00	As both the institutes are under UGC hence the charges of pre-test evaluation and admission is practiced for all indoor patients which is applicable to MDR patients also. As per RNTCP no patients is to be charged for the services provided, hence this support to the institute will be for the benefit of the DRTB patients.
2.	Follow up services at SGPGI and IMSRML, Lucknow	10000	400	40.00	40.00	To enhance the follow up capacity of the state involvement of SGPGI and IMSRML is mandatory seeing the follow up load of the state in criteria - C.
3.	**Remuneration of contractual nursing staff for DRTB centres and RTPMU Staff**					
3(i)	Remuneration of contractual nursing staff for DRTB centres	84	16500	166.32	166.32	This cadre has already been approved in RoP 2013-14.
3(ii)	Remuneration of contractual DEO-RTPMU	4	22000	10.56	10.56	
3(iii)	Remuneration of contractual Office Assistant -RTPMU	4	13166.7	6.32	6.32	
3(iv)	Remuneration of contractual Consultant - RTPMU	4	55000	26.40	26.40	
4.	Regional TB Program Management Unit (RTPMU)	4	2319000	92.76	92.76	RTPMUs are already approved in 2013-14 and functioning hence this is the running cost.
5.	MO-DTCs	13	40000	62.40	62.40	To ensure smooth Program functioning in the districts; at least in the districts with

Sr. No.	Budget head	Number required	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)	Justification
						population >4 million.
6.	Gensets at DTCs	75	50000	37.50	Approved Gen. Sets for 2/3 district in 1st phase i.e.50 out of 75	All DTCs have DDS to store second line medicines hence uninterrupted power supply is required. These Gen sets can also work as backup for charging of UPS of CBNAAT machines.
7.	POL for DTC gensets	75	57600	43.20	Approved Gen. Sets for 2/3 district in 1st phase i.e.50 out of 75	80 liters/month @ Rs 60 for 75 districts for a year.
8.	Upgradation of proposed CBNAAT sites at DTCs	71	200000	142.00	Approved for 40 sites	As per priority list sent to CTD, 69 needs to be upgraded in FY 2014-15.
9.	(DRTB centre and CDST Labs) Janitorial services - outsourcing	32	120000	38.40	38.40	Highly infectious biohazard waste are generated from both these sites thus it requires dedicated regular janitorial services.
10.	CUG cost	2484	150	44.71	44.71	TBHV (400) + LT (2103).
11.	CUG cost	1685	300	60.66	60.66	STS (1007) + STLS (405) + DPS (91) + PPM (91) + DEO (91).
12.	Financial Consultant	1	45000	5.40	5.40	CTD has already agreed to get the post approved.
13.	Hindi Translator	1	25000	3.00	3.00	Facilitates translation of modules, IEC material, day-to-day working at STC; CTD has agreed to get the post approved.
14.	Refrigerators for DMCs	300	15000	45.00	45.00	For storage of HIV testing kits so that both TB & HIV testing available under one roof. Training of LTs is already on; 300 DMCs for this FY. Maximum Training possible for 300 LTs.
15.	Ice lined refrigerators (200 litres for SDS)	4	175000	7.00	7.00	For storage of HIV testing kits for the districts linked to SDS.
16.	Ice lined refrigerators (70-90 litres for SDS)	75	100000	75.00	Approved ILR for 2/3 district in 1st phase	For storage of HIV testing kits at the districts level till transported to DMCs.

Sr. No.	Budget head	Number required	Unit cost (Rs.)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)	Justification
					i.e.50 out of 75	
17.	Second line drug packaging unit at state level	1	1	23.62	23.62	For packaging and transportation of MDR-TB drugs; new scheme for NGO-PPs already been drafted in newer schemes; to ensure MDR-TB PWBs have all the drugs for the patient; a centralized unit required for quality assurance and uniformity.
18.	Incentivization of TB notification from Private Sector in all the 14 Type A Districts	16000	175	28.00	28.00	
19.	**For STDC Agra:**					
19(i)	Dam (on sides) and beams/ pillars (removing few unused rooms) over Public drain (after expert technical advice)			50.00	0.00	To prevent flooding of bldg. from public drain (nallah) passing through STDC during rains.
19(ii)	Residential Trainees' Hostel Strengthening			623.80	311.90	As 40 year old building is dilapidated 40 years old, needs massive repair, furniture.
19(iii)	2 Training Rooms (20 each) + 1 Conference Hall (100), Toilet complex & Library (16' x 16')			76.11	76.11	No proper training rooms.
19(iv)	Lab Consumable Stores			5.00	0.00	For new BSL III Lab in IRL STDC.
19(v)	Revolving stools (20 nos.)			0.30	0.00	For trainees STLSs.
19(vi)	Electricity bills			15.00	0.00	BSL III Lab IRL + STDC + DTC Agra DDS.
19(vii)	Running cost of IRL 125 KVA & STDC 40 KVA Generators			22.50	22.50	For uninterrupted power supply to both IRL BSL III (POL + includes AMC 33000).
19(viii)	Load up-gradation			2.10	2.10	By Torrent Power Ltd. for uninterrupted power supply to IRL BSL III.
19(ix)	Establishing STDC Sections by Modification of Ward and adjoin rooms of STDC			50.00	0.00	AS training work load (as per NSP RNTCP-2012-2017) shall increase at STDC and needs to be upgraded.
	Total	**-**	**-**	**1859.06**	**1249.73**	**-**

Approval 2014-15: **an amount of Rs.1249.73 Lakhs is approved by GoI in 2014-15 against the state's proposal of Support Strengthening RNTCP for Rs. 1859.06 Lakhs for FY 2014-15 under Mission Flexible Pool of RMNCH+A (FMR Code B22.4).**

Budgetary Details of Revised National Tuberculosis Control Programme (RNTCP)- 2014-15

FMR Code	Budget head	District Total (Rs. Lakhs)	State Total (Rs. Lakhs)	Grand Total (S+D) (Rs. Lakhs)	Budget Proposed 2014-15 (Rs. Lakhs)	Budget Approved in RoP 2014-15 (Rs. Lakhs)
H.1	Civil Works	1545.81	428.00	1973.81	1973.81	994.25
H.2	Laboratory Materials	787.55	108.09	895.64	895.64	624.59
H.3	Honorarium/ Counseling Charges	3476.66	0.00	3476.66	3476.66	2175.08
H.4	Incentive to DOTs Providers	0.00	0.00	0.00	0.00	0.00
H.5	ACSM	515.93	109.24	625.17	625.17	300.00
H.6	Equipment Maintenance	122.05	182.99	305.04	305.04	205.04
H.7	Training	467.14	91.01	558.15	558.15	398.21
H.8	Vehicle Operation (POL & Maintenance)	760.46	8.40	768.86	768.86	512.90
H.9	Vehicle hiring	1176.59	23.10	1199.69	1199.69	685.79
H.10	Public Private Mix (PP/ NGO Support)	1796.11	1012.00	2808.11	2808.11	1717.01
H.11	Medical Colleges	369.92	39.89	409.81	409.81	309.81
H.12	Office Operation (Miscellaneous)	210.13	48.55	258.67	258.67	258.71
H.13	Contractual Services	7086.77	1096.13	8182.90	8182.90	6420.95
H.14	Printing	205.17	312.30	517.46	517.46	302.20
H.15	Research & Studies & Consultancy	32.50	45.00	77.50	77.50	50.00
H.16	Procurement of Drugs	307.63	1958.00	2265.63	2265.63	452.13
H.17	Procurement of Vehicles	593.48	0.00	593.48	593.48	579.80
H.18	Procurement of Equipments	260.16	92.29	352.45	352.45	352.45
H.19	Patient Support & Transportation Charges	805.93	0.00	805.93	805.93	200.37
H.20	Supervision and Monitoring	556.34	94.62	650.95	650.95	500.99
	Sub-Total	**21076.32**	**5649.59**	**26725.91**	**26725.91**	**17040.28**
B22.4	Additionalities under disease flexi pool fund	673.00	1186.06	1859.06	1859.06	**1249.73**
	Grand Total	**21749.32**	**6835.65**	**28584.97**	**28584.97**	**18290.01**

Approval 2014-15: **Against the proposal of Revised National Tuberculosis Control Programme (RNTCP) for Rs. 28584.97 Lakhs in the year 2014-15, the state has received an approval of Rs. 18290.01 Lakhs from MoHFW, GoI.**

PART-D : NATIONAL DISEASE CONTROL PROGRAMMES (NDCPS)- NON-COMMUNICABLE DISEASES

CHAPTER - 35: NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS(NPCB)

A. Background - India was first country to launch the National Programme for Control of Blindness in 1976. The goal of the programme was to reduce the prevalence of blindness. Out of the total estimated 45 million blind people (3/60) in the world, 7 million are in India and 1.85 million in Uttar Pradesh. This is due to the large population base and increased life expectancy. Every year 0.3% of the population, which means about 5.5 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

a. Cataract Surgery.
b. School Eye Screening.
c. Eye banking for keratoplasty to treat Corneal Blindness.
d. 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)	820
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	75
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	23(14 Govt.+ 9 Pvt.)
11	Central Ophthalmic Mobile Unit	9 (Not Working)
12	District Ophthalmic Mobile Unit	60(Not Working)
11	Eye Bank	23
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	942/938
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 (2013-14)	13

2. Programme-The component wise status of programme-

Sl.	Intervention	Targets	Achievement till Feb-14	Expected achievement by Mar-14	Remarks
1	Cataract Operation	11,36,000	6,12,546	7,75,000 Lakhs	• 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	50,00,000	2416602	30,00,000	• Expecting better results than targeted as the activity has been linked up with School health scheme (Ashirvad)
3	Free Spectacles for Poor Children	1,50,000	75797	1,00,000	• Less availability of manpower for screening of school children.
4	Corneal Collection	1500	719	1500	• Due to lack of public awareness.
5	Vision Centre	100	0	0	• Grant could not recd. from GOI.
6	Eye donation Centre	5	0	0	• After full functioning of eye banks it will take off gradually. • Lack of response from the field.

E. Target for 2014-15:

- Targets for cataract operation in the year 2014-15 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.450/- for an operation in govt and Rs.1000 for Operation in NGO owned hospital, the total requirement is (Rs.450 X 284000 Cat.Opr.=1278.00 Lakhs in Govt. Sector) and (Rs.1000 X 284000 Cat.Opr.=2840.00 Lakhs in NGO. Sector) thus a total of Rs. 4118.00.

The state is proposing to increase this amount to Rs. 1000.00 for an operation in govt. sector too, so that quality eye services like lenses, proper medicines and better transportation services can be provide. Hence the budgetary provision for this is Rs.1000*568000=5680.00 Lakhs

Sl.	Activity	Target for 2014-15		
			Cataract Operation @ Current rate 450*568000 (at New rates) in Lakhs	**Cataract Operation @ 750*568000 (old rates should be continue) Lakhs**
1	Cataract Operations (Govt Sector @ 450/oprt.)	2.84 Lakhs	1278.00	2130.00
	Cataract Operations (NGO Sector @ 1000/oprt.))	2.84 Lakhs	2840.00	2130.00
2	School Eye Screening (free Distribution of spectacles 2.00 Lakhs to poor	50 Lakhs Children will be screened under NPCB+School Health	550.00	550.00

	children under NPCB+School Health programme @ Rs 275.00	programme) and 2 Lakhs free spectacles to be distributed to poor children.		
3	Free spectacles Distribution @ Rs 100.00	1 Lakhs old person.	100.00	100.00
4	Corneal Blindness	Target of 3000 eye pair collection and 1500 Corneal transplantation @ 2000/pair	30.00	30.00
5	Diseases other than Cataract Surgeries (Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)	Diabetic Retinopathy (@1500X3400=51.00 Lakhs)	374.00	374.00
		Childhood Blindness, (@1500X3400=51.00 Lakhs)		
		Glaucoma (@1500X6800=102.00 Lakhs)		
		Keratoplasty (@5000X1700=85.00 Lakhs)		
		Vitreoretinal Surgery (@5000X1700=85.00 Lakhs)		
	Total		**5172.00**	**5314.00**

F. Activity wise situation of the programme and proposal for 2014-15-

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
1	2007-08	5.50	317	5.97	108.64%
2	2008-09	7.14	371	6.81	95.51%
3	2009-10	7.14	400	7.31	102.50%
4	2010-11	7.14	400	7.67	107.54%
5	2011-12	7.70	334	6.67	86.62%
6	2012-13	10.26	378	7.54	73.55%
7	2013-14	11.36	304	6.08	53.92% (till Feb. 14)

Strategies to Achieve the Targets of 2014-2015

- Primary Screening by ASHA, MPW to identify with visual impediments.
- Case selection by eye surgeon at screening camps at PHC/CHC & Distt Hospitals.
- 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-

- 10 Good performing District Hospitals will be provided Phecoemulsification Machines. The cost of a Phacomachine is 15.00 Lakhs each, therefore for purchase of 10 Phacomachine, we will require Rs. 150.00 Lakhs.
- This year 20 operating centres (New District & CHCs) will be provided a new microscope. The estimated cost of a microscope is 8.00 Lakhs each. Therefore for purchase of 20 microscopes we require 160 Lakhs.
- 20 Automated Perimeters for stablisments of 20 Glaucoma Units one in each Divisional/big Hospitals for @5-00 Lakhs the total cost required (5X20=Rs.100.00 Lakhs.)
- **Repair and maintenance** of Ophthalmic Equipments at District Hospitals-75, Sub-district hospitals-18 @ of Rs. 100000.00 for each hospital.(93 hospitals X 1.00 Lakhs= 93.00 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.50.00 Lakhs for State level and 75*1.00 Lakhs=75.00 Lakhs for district level thus (total Rs 125.00 Lakhs as required)

Sl.	Activity	Unit cost estimated/proposed (in Rs)	Target	Total cost (in Lakhs)
1	Phacoemulsification Machines	1500000	10	150.00
2	Operating Microscope	800000	20	160.00
3	Automated Perimeters	500000	20	100.00
1	Repair and Maintenance of Ophthalmic Equipments	1.00 Lakh	93 hospitals	93.00
1	IEC (WSD,WGD and EDF) State IEC will be done on electronic media, Radio, local media etc.	1.00 Lakhs for dist.+50 Lakhs for state	75 dist.	125.00
	Total			628.00

2. SCHOOL EYE SCREENING

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 2014-15

a. Screening of 50 Lakhs Children of aged 8-14 years

b. Free Distribution of 2 Lakhs spectacles to poor children (1Lakh under SES programme under NPCB and 1 Lakhs in School Health programme under NRHM) @ Rs 200 each in year 2014-15.

Strategies to Achieve the Targets of 2014-15:

- Training of ASHA, MPWs and school teachers at primary level.
- Suspected refractive error children also screened by contractual PMOA's under school health programme of NRHM and referred to PHC/CHC/NGO Hospitals/trained Optometrist for proper refraction and will provide free spectacles to poor children.
- 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 2014-15 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. 2014. 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. 1,00,000 each for 75 vision centres thus a total of Rs.75.00 Lakhs.
- For providing free spectacles to 2.00 Lakhs students with rate of Rs 275.00 each, total amount required is Rs 550.00 Lakhs. Thus the **total amount required is Rs 625.00 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	1,00,000	75	75.00
2	Providing free spectacles	275.00	200000.00	550.00
	Total			**625.00**

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 2014-15

- Target of 1500 eye collection and 1500 Corneal Transplantation in the year 2014-15 is targeted
- Collection of Donated eye & providing Keratoplasty Services in all Medical Colleges and registered Eye Banks. The total No. of Eye banks available in U.P. are 23 and aprox. 5 more will be added in 2014-15.

Strategies to Achieve the Targets of 2014-15

- Primary eye care medicines will be available at PHC/CHC level.

- 23 Eye Banks are already registered till 2014-2015 and 5 eye banks will be registered in 2014-2015.

Budget Requirements for year 2013-14

- Among all 23 registered eye banks only 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 2014-15 we can provide assistance to only 3 eye banks, Rs. 25.00 Lakhs /per bank (Revised rates). Therefore we require Rs.75.00 Lakhs for this purpose.
- 1 eye Donation centres at agra will be provided, Rs.1.00 lakh each for eye collection and preservation (non recurring grant). Thus Rs.1.00 Lakhs will be required for this purpose and Rs.1.00 lakh will be required for recurring GIA to Eye Donation Centre.
- 1500 eye pair collection and banking will required Rs.30.00 Lakhs (Rs.2000 each pair).

Sl.	Activity	Unit cost (in Rs)	Targets	Total cost (in Lakhs)
1	Assistance to eye banks	2500000	3	75.00
2	Eye collection and preservation at eye donation centre	100000	1	1.00
3	Recurring GIA to Eye Bank	2000	1500	30.00
4	Upgradation of NGO Hospital	0	0	0.00
	Total			**106.00**

Thus, total amount required for this activity is Rs. 106.00 Lakhs.

4. Diseases other than Cataract Surgeries

(Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aids, etc.)

About 16% of total blindness is due to diabetes, glaucoma and other above mentioned disease. Currently there is no mechanism to address this category of blind persons which is gradually increasing. It is proposed to setup screening clinic in every district hospital and treatment centre at every divisional hospital and medical colleges. Equipment for diagnosis diabetes related problem by Govt. of UP. Only indirect ophthalmoscopes are required to undertake screening process for both diseases diabetic retinopathy and other posterior segment disorders.

Strategies to achieve targets:

- All known diabetics to be examined by eye surgeon /ophthalmic assistant.
- Tonometry, fundoscopy and indirect ophthalmoscope will be done at weekly clinic at all district hospitals.
- Medical Management of diabetic retinopathy and surgical management of glaucoma at divisional level hospital.
- For surgical intervention patients referred to Tertiary centres (medical colleges and NGO hospitals) for diabetic retinopathy, Glaucoma and other eye diseases.
- For operation of equipments optometrist should trained at medical colleges by state govt.
- Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Financial requirement

Sl.	Activity For the surgeries of Other Eye Diseases at NGO Hospitals	Unit cost (in Rs)	Targets	Total cost (in Lakhs)
1	Diabetic Retinopathy	1500-00	5000	75.00
2	Childhood Blindness	1500-00	5000	75.00

3	Glaucoma	1500-00	3000	45.00
4	Keratoplastiy	5000-00	2000	100.00
5	Vitreoretinal Surgery	5000-00	2000	100.00
	Total			**395.00**

Total amount required is Rs. 395.00 Lakhs for this activity.

G. Human Resource:

1. Staff for NCD OPD in 40 district Hospitals:-(New Initiative)

From FY 2013-14 NPCB has come under NCD Flaxipool(Non communicable diseases) thus state is proposing to establish a special OPD in 28 district hospitals of UP. This OPD will start from 1 PM to 5 PM every day in these hospitals which will treat only elderly person who are suffering from non communicable disease as mental disorder, cancer, strocks, blindness, Elderly problems. After screening patients will be refered to higher centre for treatment. For the treatment/Screening of blindness in such OPD's NPCB requires one ophthalmic surgeon and one PMOA on contract basis in 40 district hospitals. All other expenses except the salaries of such **contractual staff for 6 months will be required:-**

Staffs		Nos. (NCD Districts)	Monthly Rate	Annual Requirement (In Rs. Lakhs)
1	Ophthalmic Surgeon	28	@ Rs.60,000/-	60,000x6x28=1,00,80,000.00
2	Ophthalmic Assistant	28	@ Rs.18,000/-	18000x6x28= 30,24,000.00
	Total			**131.04 Lakhs**

2. Strengthening Eye Banks(contractual staff for 6 months will be required)

Staffs	Nos.	Monthly Rate	Annual Requirement (In Rs. Lakhs)
Eye Donation Counsellors	23	@ Rs.15,000/-	15,000x6x23=20,70,000.00
Data Entry Operator	75	@ Rs.12,000/-	12,000x6x75=54,00,000.00
Total			**74.70 Lakhs**

3. Strengthening of State Cell at DGMH's 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 2014-15 is as under:

Sl.		Staff s	Monthly existing Rates	Calculation	Annual Requirement (In Rs.)
A.	1	Budget & Finance Officer @Rs.28,000 monthly and Provision of 5% increase annualy	28000/mon+(5% increase 1400)=29400	(12 months X 29400= 3,52800-00	3,52,800.00
	2	Administrative Assistant/ Statistical Assistant @Rs.12,000	12000/mon(5% increase 600)=12600	(12 months X 12600= 1,51,200-00	1,51,200.00
	3	Data Entry Operator @Rs. 12,000 monthly	12000/mon. (5% increase 600)=12600	(12 months X 12600= 1,51,200-00	1,51,200.00
	4	Peon @Rs. 9,000	9000/mon. (5% increase 450)=9450	(12 months X 9450= 1,13,400-00	1,13,400.00

	Sub-Total				**7,68,600.00**
B.	1	TA/DA to Staff	10,000/Mon.	12 mon.	1,20,000.00
	2	POL and Vehicle Maintenance	30,000/Mon.	12 mon.	3,60,000.00
	3	Stationery, Consumables, honorarium to staff and SPO ,Telephone & net, Contingency and Other expenses	42,617/mon.	12 mon.	5,11,400.00
	4	Hiring Of Vehicles	10,000/Mon.	12 mon.	1,20,000.00
	5	Quarterly Review Meeting	30,000/Qtr	4 Qtr	1,20,000.00
	Sub-Total				**12,48,200.00**
Total-					**20,00,000.00**
C. D.H.Society Remuneration (salary , review meeting, hiring of vehicle and Other Activities & Contingency)(75 dist. X Rs2.Lakhs each distt=150.00 Lakhs)					**150,00,000.00**
D. Other Additionality : Computers, Printers and UPS (75 dist.+ 2 state level@50,000)					**38,50,000.00**

H. TRAININGS

Target for year 2014-15 and Budget Requirement

- Training of PMOA (Paramedical Ophthalmic assistant/Optometrist) to be conducted by State in Refraction & instrumentation in 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)**.**

Sl.	No. of Trainees	Name of Training & rate per candidate	Duration	Cost (in Lakhs)
1	200 PMOA's	Refraction & Instrument Management @ 5000/PMOA	6 Days	10.00
	Total			**10.00**

Thus, total budget required for above purpose is Rs. 10.00 Lakhs.

Budget Summary of National Programme for Control of Blindness -2014-15

H.	NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS GRANT-IN-AID TO STATES/UTS FOR VARIOUS ACTIVITIES	Physical target	Amount Proposed (Rs. In lakhs.)	Amount Approved (Rs. In lakhs.)
H.I	**RECURRING GRANT-IN-AID**			
H 1.1	Reimbursement For Cataract Operation for NGO and Private Practitioners as per NGO norms @ Rs 1000/- per case (25% Trg)	284000	2840.00	1209.34
H1.1A	Assistance for consumables/drug/medicines to the Govt./District Hospital for Cat sx etc.@ Rs 450/per case (25% Trg)	284000	1278.00	800.00
H 1.2	**For the surgeries of Other Eye Diseases** Diabetic Retinopathy @ Rs. 1500/- Childhood Blindness @ Rs. 1500/- Glaucoma @ Rs. 1500/- Keratoplastiy @ Rs. 5000/- Vitreoretinal Surgery @ Rs 5000/-	 5000 5000 3000 2000 2000	 75.00 75.00 45.00 100.00 100.00	 75.00 75.00 45.00 100.00 100.00
H 1.3	Screening and Free spectacles to school children @ Rs 275/- per case.	200000	550.00	550.00

H 1.4	Screening and free spectacles for near work to Old Person(New component) @ Rs. 100/- per case	100000	100.00	100.00
H 1.5	Recurring GIA to Eye Bank @ Rs. 2000/- per pair(Eye Bank will reimburse to Eye Donation Centre for eye collected by them @ Rs. 1000/- per pair)	1500 pair	30.00	30.00
H 1.6	Training of 200 PMOA @ 5000 per trainee	For 200 trainees	10.00	2.00
H1.7	State level IEC at World Glaucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme Rs. 50 Lakhs for Major states	UP as major state	50.00	10.00
H1.7A	District level -World Glaucoma Day, Eye Donation Fortnight, World Sight Day & awareness programme (1 lakh each district)	75	75.00	0.00
H1.8	Procurement of Ophthalmic Equipment as per demand (For State Level)		410.00	0.00
H 1.9	Maintenance of Ophthalmic Equipment @1 lakh per unit	93 unit/ Hospitals	93.00	10.00
H.2	**NON RECURRING GRANT-IN-AID**			
H 2.1	Grant-in-aid for strengthening of Distt. Hospital @ Rs. 40 lakhs For 4 hospitals	3	120.00	80.00
H 2.2	Grant-in-aid for Sub divisional Hospitals @ Rs. 20 lakhs for 5 Hospital	0	0.00	0.00
H 2.3	for Vision Centre(PHC)(Govt+NGO) @ Rs. 1 Lakh	75 V.C.	75.00	75.00
H 2.4	For Eye Bank Rs. 25 Lakhs (at Kanpur, Etawah and Gorakhpur Medical Colleges)	3	75.00	0.00
H 2.5	For Eye Donation Centers (New) @ Rs.1 lakh at Agra	1	1.00	1.00
H2.6	For GIA to NGOs for Setting up/expanding eye care unit in semi-urban/rural area @ Rs. 40 Lakhs	0	0.00	0.00
H2.7	Construction of Eye Wards and Eye OTS (renamed as dedicated eye unit) @ Rs. 100 Lakhs.	-	-	0.00
H. 2.8	For Mobile Ophthalmic Units(renamed as Multipurpose distt. Mobile ophthalmic unit @ Rs.30 Lakhs one for each divisional district hospital.	New activity 18	540.00	360.00 (12 Units)
H.2.9	Fixed tele-ophthalmic network unit in Govt.set up/Internet based ophthalmic consultation unit) @ Rs 15 Lakhs.	0	0.00	0.00
H.3	**CONTRACTUAL MAN POWER**	-		
H.3.1	Ophthalmic Surgeon@ Rs.60,000/- p.m (Salary for 6 months)	28	100.80	100.80
H.3.2	Ophthalmic Assistant @ Rs.18,000/- p.m (Salary for 6 months)	28	30.24	20.16 @12000/-
H.3.3	Eye Donation Counsellors @ Rs.15,000/- p.m. / eye Bank(Salary for 6 months)	23	20.70	20.70
H.3.4	Data Entry Operator @ Rs.12,000/- p.m. for district level (Salary for 6 months)	75	54.00	36.00 @8000/-
H.4	**Other Activities (C**omputer ,Printer and UPS for 75 dist. and 2 for SHS office@Rs.50,000/-**)**	77	38.50	0.00
H.4.1	State NPCB Cell at DGMH's office @ 20.00 Lakhs	1	20.00	20.00
H.4.2	District NPCB Cell at CMO office @ 2 Lakhs each	75	150.00	0.00
	Total		**7056.24**	**3820.00**

Thus, for the above purpose, an amount of Rs.7056.24 Lakhs was proposed, out of which Rs.3820.00 Lakhs was approved by GOI(FMR Code- H and its sub heads).

CHAPTER - 36: NATIONAL MENTAL HEALTH PROGRAMME(NMHP)

Introduction

It is estimated that 6-7 % of general population suffers from mental disorders. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (World Health Report, 2001). Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

Apart from a large population suffering from mental illnesses the well being of rest of the population also needs to be ensured by increasing their resilience through mental health promotive components like life skills training & counselling services in schools, college counselling services, workplace stress management and suicide prevention services.

However, most of the mental illnesses do not require hospitalization and are manageable by OPD treatment and follow up care. Such community-based services are cost-effective, accessible, help to ensure respect for human rights, limit stigma and lead to early treatment and recovery.

The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.

Aims

1. Prevention and treatment of mental and neurological disorders and their associated disabilities.
2. Use of mental health technology to improve general health services.
3. Application of mental health principles in total national development to improve quality of life.

Objectives

a. To ensure availability and accessibility of minimum mental health care for all in the near foreseeable future, particularly to the most vulnerable sections of the population.
b. To encourage mental health knowledge and skills in general health care and social development.
c. To promote community participation in mental health service development and to stimulate self-help in the community.
d. To increase awareness about mental illness through change of attitude and public education.

Strategies

1. Integration of mental health with primary health care through the NMHP.
2. Provision of tertiary care institutions for treatment of mental disorders.
3. Eradicating stigmatisation of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority, and State Mental health Authority.

Mental Health care

1. The mental morbidity requires priority in mental health treatment
2. Primary health care at village and sub-centre level
3. At Primary Health Centre level
4. At the District Hospital level
5. Mental Hospital and teaching Psychiatric Units

District Mental Health Programme

In Uttar Pradesh District Mental health programme was launched on pilot basis in Kanpur district in Nov. 1998.The dept. of psychiatry K.G.M.U, U.P. was designated as nodal centre by govt. of India on

14 April 1998. Currently the programme is being implemented from 2005 in 4 districts (Kanpur, Faizabad, Raebareli and Sitapur) in Uttar Pradesh.

As envisaged in National Health Policy 2002 and following globally accepted trend of community care of mentally ill, it is proposed to extend DMHP to 565 more districts. Under the scheme, support will be provided to districts to implement DMHP to provide basic mental health services at the community level. Scheme consists of support for staff, medicines, IEC activities, training, and contingency for running DMHP. Scheme is being revised to include Life Skills Education and Counselling in schools, Counselling services in colleges, Work Place stress management, District Counselling centre and Crisis Helpline with an enhanced outlay.

Components

1. Training programmes of all workers in the mental health team at the identified Nodal Institute in the State.
2. Public education in the mental health to increase awareness and reduce stigma.
3. For early detection and treatment, the OPD and indoor services are provided.
4. Providing valuable data and experience at the level of community to the state and Centre for future planning, improvement in service and research

A) <u>Programme Implementation Plan (PIP) 2014-15 for existing districts Kanpur, Faizabad, Raebareli & Sitapur ongoing programme being conducted by Department of Psychiatry, K.G. Medical University, Lucknow</u>

(Rs. In Lakhs)

S. No.	RECURRING GRANT-IN-AID	Unit cost Per year Per district
1	**District Mental Health Programme**	
1.1	Salary: Psychiatrist/ Medical Officer Trained Clinical Psychologist/Trained Psychologist Psychiatric Social Worker/Trained Medical Social Worker Community Nurse Psychiatric Nurse/ General Nurse Record Keeper/ Clerk Case Registry Assistant	37.20
1.2	(Non Recurring) Infrastructure for district DMHP centre, Counseling centre under psychology department in a selected college including crisis helpline : setting up the centre, furniture, computer facilities telephone etc.	3.00
1.3	Training of PHC Medical officers, Nurses, Paramedical workers and other health staff working under the DMHP	4.00
1.4	IEC and community mobilization activities (a) Procuring/translation of IEC Material and distribution (b) Awareness generation activities in the community, schools, work places with community involvement	4.00
1.5	Targeted intervention at community level activities and interventions targeted at schools, colleges, work places, out of school adolescents, urban slums and suicide prevention: (Rs. 3.00 Lakhs for District Counselling centre and crisis helpline outsourced to psychology department/NGO per year, Rs. 1000/High school for counselling sessions per year, training of master trainers and school teachers in life skills, training of college teacher in counselling skills/orientation of psychology teachers in counseling and hiring the services of psychiatrist, psychologist from private sector)	12.00
1.6	Drugs	10.00
1.7	Equipments	6.00
1.8	Operational expenses of the district centre : Rent, telephone expenses, website etc.	0.10

1.9	Ambulatory Services	2.40
1.10	Miscellaneous/Travel/Contingency	4.50
	Total	**83.20**
	For four existing districts cost will be 83.20 x 4	**332.80**

B) <u>Programme Implementation Plan (PIP) 2014-15 for four New districts Sultanpur, Hardoi, Unnao & Barabanki programme to be conducted by Department of Psychiatry, K.G. Medical University, Lucknow</u>

(Rs. In Lakhs)

S. No.	RECURRING GRANT-IN-AID	Unit cost Per year Per district
2	**District Mental Health Programme**	
2.1	Salary: Psychiatrist/ Medical Officer Trained Clinical Psychologist/Trained Psychologist Psychiatric Social Worker/Trained Medical Social Worker Community Nurse Psychiatric Nurse/ General Nurse Record Keeper/ Clerk Case Registry Assistant	37.20
2.2	(Non Recurring) (a) Infrastructure for district DMHP centre, Counseling centre under psychology department in a selected college including crisis helpline : setting up the centre, furniture, computer facilities telephone etc. (b) Preparatory phase: Recruitment of DMHP Staff and development of district plan	3.00
2.3	Training of PHC Medical officers, Nurses, Paramedical workers and other health staff working under the DMHP	4.00
2.4	IEC and community mobilization activities (a) Procuring/translation of IEC Material and distribution (b) Awareness generation activities in the community, schools, work places with community involvement	4.00
2.5	Targeted intervention at community level activities and interventions targeted at schools, colleges, work places, out of school adolescents, urban slums and suicide prevention: (Rs. 3.00 Lakhs for District Counseling centre and crisis helpline outsourced to psychology department/NGO per year, Rs. 1000/High school for counseling sessions per year, training of master trainers and school teachers in life skills, training of college teacher in counseling skills/orientation of psychology teachers in counseling and hiring the services of psychiatrist, psychologist from private sector)	12.00
2.6	Drugs	10.00
2.7	Equipments	6.00
2.8	Operational expenses of the district centre : Rent, telephone expenses, website etc.	0.10
2.9	Ambulatory Services	2.40
2.10	Miscellaneous/Travel/Contingency	4.50
	Total	**83.20**
	For four new districts cost will be 83.20 x 4	**332.80**

Innovative Programme [1]

Proposal for School Mental Health Program (SMHP) For Lucknow District (Year 2014-15) to be conducted by
Department of Psychiatry, K.G. Medical University, Lucknow

1. Title- ***Sensitization and Training of School Teachers and Life Skills Education of Adolescents In Schools - School Mental Health Program***

2. Duration of the Program – 01-Year Pilot Project

- Translation of resource material and training of clinical psychologist and social workers- 01 month
- Period, which may be needed for collecting the data – 10 months
- Period that may be required for analysis of the data and report writing - 01 month

3. Target Population –

Total number of schools and colleges – 100
Total number of students - 100000 (@ 1000 students per school/college approx.)
Total number of teachers - 200-300 approx.

4. Background and Rationale

Children and adolescents form a major proportion of our country. According to the 2001 census the population of India is 1.028 billion. 46.7% of this population is below the age of 20 years. As shown by the data 12-13% (ICMR 2001) of the children/adolescents have emotional and behavioral problems the Child Mental Health Services are very less and at a nascent stage in India currently. Awareness of childhood mental health issues and child developmental issues is low but increasing.

The school mental health program (SMHP) is a very important and integral part of the educational system worldwide. In India, the SMHP is yet to be recognized and initiated as a part of the health component in schools. The sparse child mental health services which are available currently are restricted to the metropolitan cities where large or well established institutions with psychiatric facilities are present, For example National Institute of Mental Health & Neurosciences, Bangalore, Post Graduate Institute (PGIMER) at Chandigarh, All India Institute of Medical Sciences, New Delhi, Mumbai, Chennai. Training and capacity building towards child mental health services is restricted to the above centers. Non Governmental Organizations play an important role in providing services especially to school children as Career Counseling and Counseling for emotional problems. Counseling services for students with persistent emotional issues and a referral system is set up in a few urban clinics. Most initiatives have focused on increasing the awareness of the teachers and/or parents about child mental health issues.

As evident by the NIMHANS Initiatives of Teachers' Orientation Program the teachers can be trained effectively in basic mental health aspects and problems of children and adolescents; they could be provided with skills to identify psychological problems in their students and handle them effectively. In this initiative the focus was on mental deceases or disorders but it was felt not sufficient for the holistic development and promotion of child and adolescent mental health. WHO introduced the concept of 10 generic Life Skills in 1995 as means to address issues like HIV, Substance Abuse. With the recognition of importance of Life Skills Education for adolescents in India a workshop - Life Skills Education Orientation and Planning Workshop was conducted in 1998 at NIMHANS, Bangalore. One of the recommendations of the workshop was to develop a model Life Skills Education Program specific to the Indian set up and to develop resource materials based on the model.

The educational philosophy in ancient India was one of guru-chela/shisya parampara and stressed on the teacher being responsible both for literacy/knowledge and personality development in the ward.

However, education, which is currently prevalent in our country, is achievement oriented than child oriented. It does not address the needs of all the children who in spite of various levels of scholastic competence are capable of learning and need to develop those skills, and become empowered to live effectively in this world. This empowerment is very essential in today's context in India as there is rapid globalization and urbanization with a breaking up of joint families and the traditional support systems. Academic stress, violence including bullying, sexual permissiveness, easy drug availability and abuse, crowding, poor infrastructure, social divide are some of major issues which a youth has to contend with in this rapidly changing social scene of India. An empowered child has the competence to cope with the challenges of life using the available resources even amidst such adversities.

Methods to improve the psychosocial competence and resilience of the adolescent as health promotional activities and development oriented approach need to be included in the school syllabus and provided as much relevance as the Three Rs (reading, writing, arithmetic).

Life skills (LS)

Life skills (LS) are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands, challenges, and stress of everyday life. Childhood and adolescence are the developmental periods during which one acquires these skills through various methods and people.

The generic LS, which need to be taught at the schools level especially to adolescents, are as follows.

- Critical thinking and creative thinking
- Decision making and problem solving
- Communication skills and interpersonal relations
- Coping with emotions and stress
- Self-awareness and empathy

Life Skills Education And Schools

In India, education has become institutionalized. Schools need to be recognized as the single most important and recognized forum to reach out to the young population. Any program to reach the adolescents/youth has to be incorporated into the educational system to be feasible, effective, and cost-effective. In a country like ours, where resources and trained professionals are sparse and few, it is more be practical to involve and work with the teachers. The teachers are the personnel who interact with the adolescents closely. They could be trained to transfer these skills to the adolescents.

Life Skill Education (LSE) Program

LSE is a novel promotional program that teaches generic LS through participatory learning methods of games, debates, role-plays, and group discussion. Conceptual understanding and practicing of the skills occur through experiential learning in a non-threatening setting. Such initiatives provide the adolescent with a wide range of alternative and creative ways of solving problems. Repeated practicing of these skills leads to a certain mastery and application of such skills to real life situation and gain control over the situation. It is a promotional program, which improves the positive mental health and self-esteem. Our country places a premium on values. LS program empowers the youth to choose the appropriate values and behavior which are ingredients of positive health. LS are the processes that will make the target of values possible. The NIMHANS model of LSE was planned to be experiential, participatory and activity based for the students. "Didactic methodology" or "advice" was not part of the model at any level. Cultural sensitivity was maintained.

Life skill education (LSE) program based on NIMHANS model was implemented by department of Public Instruction (DPI) in collaboration with NIMHANS in four diverse districts ((Bangalore rural, Bangalore urban, Udupi, Haveri) covering selected 261 secondary schools and 55,000 adolescents. Impact of the program at every level was assessed and evaluated.

The NIMHANS model was initiated in late 1996 but crystallized in late 2002. It is a model which is comprehensive focusing on all developmental issues of adolescents; it uses experiential learning with peers using participatory methods thus enabling the adolescent with psychosocial skills. The model also uses the available infrastructure of the school and the teachers for implementation of the program in a continuous manner over the academic years as a co-curricular activity for maximum effect.

The methodology advised by WHO has been designed into a model by NIMHANS and used in the above project. It follows a more resource-effective cascade model of training using the education set up of the country and implements the program. This methodology ensures reproducibility of the program within the existing infrastructure year after year at no extra cost. Experience also has shown that teachers need support in the form of syllabus, resource materials, and training to be able to promote LS among the adolescents. The program has successfully incorporated the needs of the teachers and students as end users at every level/step.

No such program is being conducted in Uttar Pradesh. The present program is a teacher's orientation and health promotion activity and targeted to provide benefit to the large number of child and adolescent population of Lucknow district (rural and urban).

5. Aim & Objectives

1. To train school teachers effectively in basic mental health aspects and problems of children and adolescents
2. To empower the adolescents in psychosocial competence and resilience through life skill education by making Teachers as life skills educators/facilitators

6. Methodology

Resource Material

Resource material Activity Manual for the Teachers on Health Promotion using Life Skills Approach, 8th Standard, 9th Standard, and 10th standard by Bharath S, Kishore Kumar KV, Vranda MN, 2002

Procedure

Following steps will be adopted for the implementation (Based on NIMHANS MODEL of LSE Program):-

1. The Program will be conducted in identified schools of Lucknow district only.
2. Training of clinical psychologists / trained psychologists
3. Training of psychiatric social workers/ trained social workers
4. Translation of the resource materials into the local language, i.e. Hindi
5. Awareness workshops in identified schools
6. Sensitization of teachers (up to 7th standard) about basic mental health aspects and problems of children and adolescents; and to teach skills to identify psychological problems in their students and handle them effectively
7. Training of teachers (8th, 9th, and 10th standard) in identified districts on the concepts of adolescent development, challenges and opportunities in adolescence, life skills, values, LS education, facilitation, using the activities to impart LSE in classes, use of the resource materials, and training of teachers as LS educators.
8. Evaluation- Impact of the program at every level will be assessed and evaluated. Feedback for the training sessions by teachers will be done. Impact of the training will also be assessed in the teachers by a pre- and post-assessment evaluation.

SCHOOL MENTAL HEALTH PROGRAM (SMHP) FOR LUCKNOW DISTRICT
PROGRAM IMPLEMENTATION PLAN (PIP) FOR THE YEAR 2014-15

HEADS	No.	SALARY (P.M.)	TOTAL COST IN RS. IN ONE YEAR
Clinical Psychologist/ Trained Psychologist	6	Rs. 30000/- for Clinical Psychologist or Rs. 18000/- for Trained Psychologist	Rs. 2160000/- for Clinical Psychologist or Rs. 1296000/- for Trained Psychologist
Psychiatric Social Worker or Trained Social Worker	6	Rs. 30000/- for Psychiatric Social Worker or Rs. 18000/- for Trained Social Worker	Rs. 2160000/- for Psychiatric Social Worker or Rs. 1296000/- for Trained Social Worker
Record keeper	1	Rs. 10000/- (graduate with suitable Experience)	Rs. 120000/-
Stationary			Rs. 250000/-
Travel			Rs. 900000/-
Miscellaneous/ Contingency			Rs. 250000/-
		TOTAL	**RS. 58,40,000/-**

Innovative Programme [2]

Proposal for Drug De-addiction Programme For Lucknow District (Year 2014-15) to be conducted by Department of Psychiatry, K.G. Medical University, Lucknow

Title of project: 'Drug De-addiction at grass root level'

Duration of Project – 1 year Pilot Project

1) Period, which may be needed for training and collecting the data – 10 months
2) Period that may be required for analyzing the data:
    a. Statistical analysis – 1 month
    b. Report writing and submission – 1 month

Target population: Approx >85,000 males and >11,000 females in Lucknow (In 2011, Lucknow had population of 45,89,838 of which male and female were 23,94,476 and 21,95,362 respectively *(Census 2011)* and percentage of population with **substance use disorders** (2004) in India approx 3.5% of males and 0.5% of females, *WHO 2010*). The number may be more as this is an estimate only for *Substance use disorders* in 2004, however according to National Family Health Survey-3 (2007) the percentage of only *alcohol users* in Uttar Pradesh is 25.3% of males and 0.3% of females.

Existing resources to be tapped:

- Department of Psychiatry, KGMU, UP, Lucknow (Supervising and training center)
- Government Hospitals (Sanyukt Chikitsalaya) in Lucknow not having a Psychiatrist (3)
- Hospital attached to Jails (JH) (3)
- CHCs in Lucknow District (9)
- PHCs in Lucknow District (26)

Background and Rationale:

Substance (drug) related disabilities are increasingly been recognized as a major source of concern both in developed as well as developing nations. The proportion of problem can be judged by the recent data on alcohol and tobacco users in India in the **National Family Health Survey-3** (2007). Data shows that there are 10.8% of women and 57% of men current *users* of tobacco and 31.9% men and 2.2% women *use* alcohol in the 15-49 years age group. Overall 12 month prevalence of **substance use disorders in India,** according to report by WHO in 2010, was estimated to be 3.71% in men and 0.45% in women. These estimates were from the year 2004 and there has been an increasing trend in these estimates.

Harmful use of these substances of abuse is associated with substantial morbidity and mortality. Some of the major health and psychosocial hazards include overdose, liver damage, suicide, high incidence/prevalence of tuberculosis & HIV, reduced life span, domestic violence, neglect of children and family. High risk sexual behavior with multiple partners and unprotected sex are also not uncommon.

Another major problem is of substance abuse in adolescence which is becoming a global health concern and is fast assuming alarming proportions in both developed and developing nations. There has been extensive research on the extent and nature of substance abuse in adolescents in the West with tobacco, alcohol, cannabis, inhalants and stimulants being the most common substances of abuse. Of late, research on substance abuse has also been receiving attention in developing countries like India because of changing trends in the prevalence of substance use and the rising magnitude of the problem. Many adult substance users are found to have initiation of substance use in adolescence. There is also a progressive decline in the age of initiation of substance use. Early initiation is often associated with poor prognosis and a lifelong pattern of irresponsible behavior. So prevention at this level is recommended.

In India, there are many people and organizations who are trying very hard to make sure that Drug Addiction is not seen as a disease or as the result of genetic or biological predisposition. In the past and even currently, great many people and institutions have tried to help persons with alcohol and addiction related problems. Currently, there are many different programs in India trying to help those people who have a social or personal problem with drugs or alcohol. Yet, the success rate for these programs is low considering the effort and investment made.

There may be countless reasons why these programs are not working, however the main reason is yet to be realized. Existing programs are not working as they should, because they are based on poor technical knowledge essential for success in this area. The physicians or doctors who are treating patients at CHC and PHC are either untrained or undertrained in this specific area, so are not able to address the global picture of addiction including the co-morbid issues.

Another issue is that there is a severe shortage of trained mental health professionals. There are just about 0.4 psychiatrists and 0.02 psychologists per 100,000 people. Clearly, they alone cannot cater to the huge number of substance users in the country. So both the problem can be tackled by providing focused technical training to health professionals like general duty medical officers (GDMO's) and nurses to adequate levels of competence. The need to train medical students and non-specialists has also been emphasized by policy making bodies, starting from the Health Survey and Planning, the Mudaliar Committee (Government of India, 1962) to the National Health Policy (Ministry of Health and Family Welfare, 2002). The policy recognizes the need for more frequent *in-service* training of medical personnel at the level of Medical Officers as well as paramedics, like Nurses and Health workers. In the Indian context, the role of physicians in the prevention and treatment of addictive disorders is important as they are well positioned to play a significant role in the recognition and treatment of drug users.

The Ministry of Health and Family Welfare (MOH&FW) has established 122 De-addiction centers across the country. These government centers are functional from the premises of medical college/district/civil hospitals. Some are located in the Departments of Psychiatry in Medical Colleges. The services need to be available in all district hospitals in the state of UP.

An initiative on "National capacity building of medical professionals for treatment of substance use disorders" has been taken with the support of Department of Revenue, Ministry of Finance, Government of India. This involves training of General Duty Medical Officers posted in district hospitals *(such an activity is being coordinated by the National Drug Dependence Treatment Centre, AIIMS)*. This training will equip the doctors working in district hospitals with knowledge, skills and competency in treatment and management of persons with Substance Use Disorders. Through our project we plan to provide at 'least basic treatment facility' for substance use disorders even at the PHC (grass root) level.

Proposed plan of action:

- ***Interventions planned***:
    - Providing training:
        - **Doctors** (1 GDMO from each PHC , 2 GDMOs from each CHC, 4 GDMOs from JH and 3 GDMOs from each Sanyukt Chikitsalaya to be trained about basic treatment techniques in de-addiction, which can be provided on outpatient/in-patient basis & when to refer cases to higher centre)
        - **Nurses** (2 nurses from each CHC, 3 pharmasists/nurses from JH & 3 nurses from each Sanyukt Chikitsalaya, to be trained about management & care-giving to patients of Drug Abuse)
        - **Counselors/psychologists** (1 at each CHC & Sanyukt Chikitsalaya for psyho-social intervention) (*to be appointed on contract*) for family education, motivational enhancement, relapse prevention, tracing and contacting treatment drop-outs.
        - **Health education information officer/Health workers** (1 from each center to be trained for IEC activities and record keeping)

(Initial training followed by feedback assessment & refresher training after 3 months interval)

    - Prevention :
        - Awareness regarding substances of abuse
        - Enhancing treatment seeking, by awareness about the available treatment facilities (Department of Psychiatry, KGMU; CHCs; PHCs; Govt. Hospitals)
    - Provision of treatment:
        - In-patient care at higher centers
        - Provision of basic treatment at PHC (outpatient, medications)
        - Referral to higher centre only when required (serious cases)
- ***Procedure to be adopted***:
    - **Initial training**: this will be done in the beginning, where doctors, nurses and health workers will be given training about de-addiction. (Training center will be Department of Psychiatry, KGMU, UP, Lucknow)
        - *Training for doctors* (in batches, which do not hamper the routine functioning) will be done separately and will consist 3 days training program based on the manual for physicians developed by National Drug Dependence Treatment Center, AIIMS, New Delhi.
        - *Training of Nurses and Health education information officer/Health workers* (in batches, which do not hamper the routine functioning) will be done together. It will be a 2 day program based on the manual for paramedical staff developed by National Drug Dependence Treatment Center, AIIMS, New Delhi. (Nurses from only from CHCs, JH (pharmacist where nurses are not available) & Sanyukt Chikitsalayas, where in-patient facility will be available will be called, whereas Health education information officer/Health workers from all centers will be called). Health education information officer/Health workers will also be trained about IEC activities & record keeping (filling up of forms of patients).

- Medications (*to be provided free of cost*) will be issued to the Health education information officer/Health worker (pharmacist in case of JH), and they will be responsible of keeping record of the medicines and indent as per requirement at their center. The trained staff will be asked to actively participate in Drug De-addiction activities at their centers.
- **Counselors/psychologists** will be selected at Department of Psychiatry, KGMU, UP, Lucknow, through interviews. They will then be appointed on a contract of 1 year.
    - **1 Counselor/psychologist** will be appointed at each CHC and the three Sanyukt Chikitsalayas. Those appointed at the CHCs will also take care of the PHCs under their respective CHC. Those appointed at Sanyukt Chikitsalayas will also take care of JHs.
    - There job will be:
        - educating the family and the patient regarding the substance abuse
        - motivational enhancement of unmotivated/partially motivated patients
        - educating and promoting relapse prevention strategies
        - tracing and contacting treatment drop-outs
- **Feedback and Refresher training**: this will be done at intervals of 3 months. This will include data compilation from all centers and feedback from the staff. Their queries and difficulties will be solved and they will also receive booster training.
    - *Refresher training for doctors (in batches, which do not hamper the routine functioning)*: will be a two day program.
    - *Refresher training of Nurses and Health education information officer/Health workers (in batches, which do not hamper the routine functioning):* will be a one day program. Data collected over the past 3 months will be submitted by the Health education information officer/Health workers.
    - Over a period of 1 year 3 such refresher trainings will be done.
- All Data and log books will finally be compiled by a record keeper/data manger at the Supervising and training center. (*to be appointed on contract*)
- Compiled data and report of the program will then be submitted.

DRUG DE-ADDICTION PROGRAM
Programme Implementation Plan (PIP) 2014-15 for Lucknow district

s. no.	Head	@ rate	Approx. Expenditure expected in 1 year (approx)
1.	Initial training of Doctors (57) (TA & Food for 3 days)	Approx 800*57*3	1,36,800
2.	Initial training of Nurses (30) and Health workers (38) (TA & Food for 2 days)	Approx 600*68*2	81,600
3.	Photocopy of Manuals (57 for doctors and 68 for paramedical staff)	Approx 14,500 + 8,000	22,500
4.	3 Refresher trainings of Doctors (57) (TA & Food for 2 days)	Approx 800*57*2*3	2,73,600
5.	3 Refresher trainings of Nurses (30) and Health workers (38) (TA & Food for 1 day)	Approx 600*68*3	1,22,400
6.	Salary of Counselor/Psychologist (12)	18,000 * 12*12	25,92,000
7.	Salary of record keeper/data manager at Department of Psychiatry, KGMU (1)	10,000*12	1,20,000
8.	Awareness activities	---	2,00,000
9.	Medicines (Chlordiazepoxide/diazepam, Thiamine tab/inj., Diazepam Inj., Lorazepam Inj., B. Complex, Acamprosate, Natrexone)	----	5,00,000
10.	Miscellaneous/ Contingency	----	10,000
		Total	**40,58,900**

Innovative Programme [3]

Proposal for Starting day care centre at Department of Psychiatry, K.G. Medical University, UP, Lucknow

Background

The Department of Psychiatry, K G Medical University, UP, Lucknow is a General Hospital Psychiatry Unit serving the mentally ill since last more than 40 years. Since its inception, it has provided outpatient and inpatient services and has added specialized services from time to time to remain abreast with global standards of care and to serve its patients to the better. The present proposal is a new step in the same direction.

Introduction

The focus on community psychiatry, growing needs of psychosocial rehabilitation services for psychiatric patients and lack of such services in the Northern & Central region of the country lay the foundation of this project i.e.to set up a day care centre in psychiatry unit of General hospital. This day care centre will be the first of its kind associated with a government sector hospital for psychiatric patients in Uttar Pradesh.

In India, the major source of care for the persons with psychiatric disorders is by GHPU's (GENERAL HOSPITAL PSYCHIATRIC UNITS) as these units are more accessible, approachable, and less stigmatizing and that families can easily visit and stay with the patient. Also, proximity of other medical departments ensures high-quality care if associated with physical problems. In India, we have good family backup support system which can be retained for better monitoring and for active participation in treatment program rather than complaining about paucity of mental health professionals. Generally in India, once the symptoms improves the patients gets discharged from a GHPU to the community with disability in psychosocial role functioning; simply because the hospitalization does not focus much on skill-development and reintegration. Persons with psychiatric disability are usually idle in their homes, and may require assistance or prompting even to do activities of daily living. This eventually poses a challenge for the care givers and burdens them with additional duties of assisting the unproductive family member after discharge. This could deteriorate the family functioning and can even develop negative expressed emotions in primary care givers due to their distress. This also affects the mental health system of our country. The vicious circle continues unless we aggressively give comprehensive care for those who avail treatment from GHPU.

The advantage for a attaching a day care unit to GHPU

- Provide structured psychosocial interventions during hospitalization with the long-term goal of making the person improve in terms of skills and social interactions so that he/she is reinstated back to the family, employment, etc. as a productive member in the society or community.
- Ensure good compliance behavior of the patients and to deal with negative expressed emotions (hostility, criticality, over-involvement), family burden and distress, support system, and coping skills of the primary care givers.
- Maintain active participation in various activities with supervision so that the patients does not spend time by sitting aloof or sleeping even during day time in the ward when hospitalized (that may lead to forgetting skills of the day-to-day functioning adding to the functional deficits); instead patients' learning and re-learning takes place.
- Conduct group interventions for homogenous or heterogeneous patients group or for the care givers group periodically aiming not just on empowering rather on practical solutions here and now.
- Enable and empower persons with disability to live as independently and fully as possible by facilitating the realization of equal opportunities, protection of rights, and full participation of persons with disabilities.

- Bring awareness in the society so that people with psychiatric disability are not abused, neglected, or discriminated, and to encourage measures to ensure that arrangements are made to ensure proper care and custody of the patients after the death of their parents or significant care giver

Objectives

- To provide help for people who are having psychiatric difficulties and need support to be rehabilitated and integrated with family and society.
- To provide short stay facility to the mentally ill to learn social skills.
- To provide family counseling and family therapy to the family.
- To provide Day Care services with suitable therapeutic intervention to enable the people with mental illness to learn basic living skills.
- To promote mental health in the community.
- To implement therapeutic community principles in the treatment.
- To encourage research in this area.

Requirements

- FINANCIAL AID : (Annual Recurring Grant-in-aid Requested - PIP attached)
- INFRASTRUCTURE : (Space for patient activities, Rooms for Psychiatrist/ Psychologist/ Social worker /Therapist, Toilets, Furniture, etc)- Adequate infrastructure is available in the department.
- MANPOWER: (01 Trained **Psychologist/Trained Occupational Therapist and 01 Social Workers to train patients in various life skills and help in rehabilitation; and 01 Attendant/ Safai Karmachari to assist smooth functioning of the facility)- To be employed on contractual basis.**

Supervisor

Professor P. K. Dalal, Head, Department of Psychiatry, K G Medical University, UP, Lucknow

Consultant Incharge

Dr Anil Nischal, Associate Professor, Department of Psychiatry, K G Medical University, UP, Lucknow

Additional Consultants Incharge

Dr. Bandna Gupta, Assistant Professor, Department of Psychiatry, K G Medical University, UP, Lucknow
Dr. Adarsh Tripathi, Assistant Professor, Department of Psychiatry, K G Medical University, UP, Lucknow
Dr. Manu Agarwal, **Lecturer**, Department of Psychiatry, K G Medical University, UP, Lucknow
Chief Therapist

Dr. Suman Jain, Recreational Therapist, Department of Psychiatry, K G Medical University, UP, Lucknow

Other staff to be employed on contractual basis

Admission to services - With Patients and Caregivers consent, after evaluation and on advice of Supervisor/Consultant incharge of the center. The care giver will have to take the responsibility of leaving and receiving the patient at designated timing and will need to sign an agreement to this effect.

Charges- Nil
Timings- 9.00 AM to 3.00 PM
Tentative Schedule of Day Care Center-

09:00 am to 10:00 am	**Attendance and Prayer** Group warm up & light physical exercise
10:00 am to 01:00 pm	**Vocational rehabilitation and Recreational activities** Class /Group Activities (candle, agarbatti, doormats, greeting cards, envelop and doll making, embroidery, painting, Yoga, etc.) and Games (carom, ludo, chess, puzzles, block games, outdoor games), music and movies
01:00 pm to 02:00 pm	**Comfort Break** (Lunch and Medicine: to be provided by the family/caregiver)
02:00 pm to 03:00 pm	**Psychosocial Intervention** (Patient and family psychoeducation, Cognitive Retraining, Family Therapy, Social Skill Training)
03:15 pm	**Closing time**

Annual Recurring Grant-In-Aid Requested

S. No.	RECURRING GRANT-IN-AID	Unit cost (per month)
1	Salary **1)** Trained Clinical Psychologist/Occupational Therapist (01) **2)** Trained Social Worker (01) **3)** **Attendant/Safai Karmachari** (01)	 @20,000/- @15,000/- @5000/-
2	Contingency (including travel cost of staff for home visit)	@5,000/-
3	Supplies (paper, printing material, registers, material for occupational work) & Phone Connection	@5,000/-
4	Total expenses (per month)	@50,000/- only

PIP (2014-15) for Proposal for Starting day care centre at Department of Psychiatry, K G Medical University, UP, Lucknow under National Mental Health Program

Annual Recurring Grant-In-Aid Requested (PIP 2014-15)

S. No.	RECURRING GRANT-IN-AID	unit cost (per month) in Rs.	Unit cost (per year) in Rs.
1	**Salary** **1) Trained Clinical Psychologist/Occupational Therapist (01)** **2) Trained Social Worker (01)** **3) Attendant/Safai Karmachari (01)**	 **@20,000/-** **@15,000/-** **@5000/-**	 **2,40,000/-** **1,80,000/-** **60,000/-**
2	**Contingency** (including travel cost of staff for home visit)	**@5,000/-**	**60,000/-**
3	**Supplies** (paper, printing material, registers, material for occupational work) & Phone Connection	**@5,000/-**	**60,000/-**
4	**Total expenses**	**@50,000/- only**	**600,000/-**

Note: GOI has not yet granted any approval for the National Mental Health Programme of the state for year 2014-15.

CHAPTER - 37: NATIONAL PROGRAMME FOR THE HEALTH CARE OF THE ELDERLY (NPHCE)

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities **(UNCRPD),** National Policy on Older Persons **(NPOP)** adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

1.1 The Vision of the NPHCE is:

- To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population;
- Creating a new "architecture" for Ageing;
- To build a framework to create an enabling environment for "***a Society for all Ages***";
- To promote the concept of *Active and Healthy Ageing*;
- Convergence with National Rural Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

1.2 Specific Objectives of NPHCE are:

- To provide an easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary health care approach
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health care to the elderly.
- To provide referral services to the elderly patients through district hospitals, regional medical institutions

1.3 Core Strategies to achieve the Objectives of the programme are:

- Community based primary health care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
- Information, Education & Communication (IEC) using mass media, folk media and other Communication channels to reach out to the target community.
- Continuous monitoring and independent evaluation of the Programme and research in Geriatrics and implementation of NPHCE.

1.4 Supplementary Strategies include:

- Promotion of public private partnerships in Geriatric Health Care.
- Mainstreaming AYUSH – revitalizing local health traditions, and convergence with programmes of Ministry of Social Justice and Empowerment in the field of geriatrics.
- Reorienting medical education to support geriatric issues.

1.5 Expected Outcomes of NPHCE

- Regional Geriatric Centre (RGC) in one Medical Institution by setting up Regional Geriatric Centre with a dedicated Geriatric OPD and 30-bedded Geriatric ward for management of specific diseases of the elderly, training of health personnel in geriatric health care and conducting research;
- Post-graduates in Geriatric Medicine (2) from the 1 regional medical institution;
- Video Conferencing Units in the Regional Medical Institutions to be utilized for capacity building and mentoring;
- District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward in District Hospitals;
- Geriatric Clinics/Rehabilitation unit**s** set up for domiciliary visits in Community/Primary Health Centres in the selected districts;
- Sub-centres provided with equipment for community outreach services;
- Training of Human Resources in the Public Health Care System in Geriatric Care.
- Coverage of District:
- In Uttar Pradesh, 9 existing districts and 19 new districts are being proposed for the programme in 2014-15. The list is as follows:-

Programme Districts:

SL. No.	Zone Wise Districts covered under NPCDCS in 2014-15					
1	**Zone**	**Allahabad**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
1	Allahabad	**Y**	1	20	60	551
2	**Zone**	**Gorakhpur**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
2	Gorakhpur	**Y**	1	15	11	529
3	**Zone**	**Varanasi**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
3	Varanasi	N	1	7	28	306
4	**Zone**	**Faizabad**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
4	Faizabad	**Y**	1	11	28	257
5	Ambedkar Nagar	**Y**	1	10	43	390
6	Barabanki	**Y**	1	17	53	353
7	Sultanpur	**Y**	1	10	43	390
5	**Zone**	**Agra**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
8	Agra	**Y**	1	16	45	383
9	Firozabad	**Y**	1	7	57	220
6	**Zone**	**Aligarh**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
10	Aligarh	N	1	13	35	333
7	**Zone**	**Kanpur**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
11	Etawah	**Y**	1	8	27	162
12	Farrukhabad	**Y**	1	10	26	192
13	Kanpur Nagar	**Y**	1	10	35	391
14	Kannauj	N	1	11	27	188

8	Zone	Bareilly				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
15	Bareilly	Y	1	15	50	398
9	Zone	Meerut				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
16	Meerut	N	1	12	31	315
10	Zone	Moradabad				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
17	Moradabad	Y	1	3	5	271
11	Zone	Jhansi				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
18	Jhansi	Y	1	6	38	326
19	Jalaun	Y	1	6	36	277
20	Lalitpur	Y	1	5	24	191
12	Zone	Lucknow				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
21	Hardoi	N	1	19	57	432
22	Lakhimpur Kheri	Y	1	11	54	386
23	Raebareli	Y	1	13	42	268
24	Lucknow	N	1	9	28	323
25	Sitapur	N	1	14	66	468
13	Zone	Vindhyachal				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
26	Mirzapur	N	1	16	35	251
14	Zone	Devipatan				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
27	Bahraich	N	1	16	49	310
28	Gonda	N	1	16	50	322
Total (28 Districts)		18	28	326	1083	9183
Details of old 9 Districts		9	9	76	347	2412

Regional Geriatrics Centres

The programme will support establishment of Geriatrics Centers in the Department of Medicine of Institute of Medical Sciences, Banaras Hindu University, and Uttar Pradesh

Budget summary for NPHCE

Budget requirement for the year 2014-15 for District Hospital

Sl. No		FMR Code	Heads	Unit	Unit Cost ()	in Lakhs
Non- Recurring						
1		K.2.1.1	Construction/Renovation/ Extension of the existing building and furniture of Geriatrics Units with 10 beds and OPD facilities.	28	80,00,000	2240.00
2		K.2.1.2	Machinery & Equipments	28	7,00,000	196.00
Recurring grants						
1		K.1.1.1	Machinery & Equipments	28	3,00,000 p.a.	84.00
2		K.1.1.2	Drugs & Consumables	28	10,00,000 p.a.	280.00

3		K.1.1.3	Training of Doctors & Staff from CHC's & PHC's	28	80,000 p.a.	22.40
4		K.1.1.4	Public Awareness & IEC	28	2,00,000 p.a.	56.00
5		K.1.1.5	**Human Resource**			650.46
	a)		Consultant Medicine (2)	80	50,000 p.m.	
	b)		Nurses (6)	240	22,000 p.m.	
	c)		Physiotherapist (1)	40	25,000 p.m.	
	d)		Hospital Attendants (2)	80	9,000 p.m.	
	e)		Sanitary Attendants (2)	80	9,000 p.m.	
Total						**3528.86**

Budget requirement for the year 2014-15 for CHCs

Sl. No		FMR Code	Heads	Unit	Unit Cost (`)	in Lakhs
Non- Recurring						
1		K.2.2	Machinery & Equipments	326	1,00,000	326.00
Recurring grants						
1		K.1.2.1	Training of Doctors & Staff from PHC's / SC's & IEC	326	1,20,000	372.60
Human Resource						
2	**a)**	K.1.2.2	Rehabilitation Worker(1)	326	18,000 p.m.	446.04
Total						**1144.64**

Budget requirement for the year 2014-15 for PHCs

Sl. No		FMR Code	Heads	Unit	Unit Cost	in Lakhs
Non- Recurring						
1		K.2.3	Machinery & Equipments	1083	50,000	541.50
Recurring grants						
1		K.1.3.1	Training & IEC	1083	30,000 p.a.	324.90
Total						**866.40**

Budget requirement for the year 2014-15 for Sub Centre

Sl. No		FMR Code	Heads	Unit	Unit Cost (`)	in Lakhs
Recurring grants						
1		K.1.4.1	Aids and Appliances	9183	30,000 p.a.	2754.90
Total						**2754.90**

Total budget requirement for the year 2014-15 – 8294.80 Lakhs.

Note: GOI has not yet granted any approval for the National Mental Health Programme of the state for year 2014-15.

Note:-

1- To provide the equal salary in all the programme for the similar Human Resource which came within the umbrella of National Health Mission the following salary structure is proposed **:-**

Sl. No.	Post Name	Salary as per Guideline	Salary proposed
1	Nurse	20,000 p.m.	22,000 p.m.
2	Physiotherapist	20,000 p.m.	25,000 p.m.
3	Hospital Attendants	7,500 p.m.	9,000 p.m.
4	Sanitary Attendants	7,500 p.m.	9,000 p.m.

It is requested to approve the above salary so that there is no disparity in the salary between different programs.

2- For district- Raebareli, Sultanpur, Firozabad, Jhansi, Farrukhabad, Jalaun, Lakhimpur Kheri, Etawah, Lalitpur, we had proposed entire amount under Non – Recurring head since majority of districts have not utilized the amount under Non – Recurring head in the year 2012-13, Therefore it is requested to approve the same.

CHAPTER - 38: NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

1. **Programme execution and expansion**

The burden of deafness is relatively high in India with respect to world scenario. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india thus 5.8 lakh people are estimated to be suffering from profound to severe deafness among 19.96 crore population (census 2011) of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

Presently National Programme for Prevention and Control of Deafness is being implemented in **8** Districts of the state (Uttar Pradesh). In 2006-07 two district Barabanki and Gorakhpur , in 2008-09- three districts Varanasi, Banda, Lucknow and in 2009-10 three more districts namely Agra, Saharanpur and Moradabad have been taken under NPPCD in Uttar Pradesh. We propose to include 5 new districts i.e. Allahabad, Aligarh, Baharaich, Jhansi, and Shahjahanpur under the programme in 2014-15

S. No.	Existing districts under NPPCD	New districts proposed under NPPCD in 2014-15
1	Agra	Allahabad
2	Banda	Aligarh
3	Barabanki	Baharaich
4	Gorakhpur	Jhansi
5	Lucknow	Shahjahanpur
6	Moradabad	
7	Saharanpur	
8	Varanasi	

2. Information by State under National Programme for Prevention and Control of Deafness(NPPCD)

1. Total no of districts in Uttar Pradesh : 75
2. Prevalence of Hearing Impairment : Estimated 5.8 Lakhs having severe to profound H.I.
3. Districts covered under NPPCD : 8 (Agra, Banda, Barabanki, Gorakhpur, Lucknow, Moradabad, Saharanpur and Varanasi)
4. New Districts proposed to be covered under NPPCD in 2013-14 : 5 (Aligarh, Allahabad, Bahraich, Jhansi and Shahjahanpur)
5. Number and Name of Districts where ENT Surgeon(s) is posted in the District Hospital : 7 existing and 4 new proposed districts (Existing - Agra, Banda, Barabanki, Lucknow, Moradabad, Saharanpur and Varanasi; New Proposed - Allahabad, Bahraich, Jhansi and Shahjahanpur)
6. Number and Name of Districts where Audiologist / Audiological Assisstant / Instructor for the Young Hearing Impaired Children is posted in the District Hospital : None.
7. Number of CHC and PHC district wise-

Sr No	Name of District	No of CHC	No of PHC
1	Agra	16	45
2	Banda	4	50
3	Barabanki	17	53
4	Gorakhpur	15	79
5	Lucknow	9	28

6	Moradabad	3	34
7	Saharanpur	13	40
8	Varanasi	8	28
9	Aligarh	13	35
10	Allahabad	20	60
11	Baharaich	6	59
12	Jhansi	6	38
13	Shahjahanpur	16	36
	Total	146	585

3. Manpower availability in existing and proposed districts.

	ENT Doctors	Audio logists	Audiometric assisstant	Instructor for the Young Hearing Impaired Children	Obstetrician	Paediatrician	Medical officers	ASHAs
Agra	2	0	0	0	15	8	84	1957
Aligarh	**0**	0	0	0	4	5	50	2067
Allahabad	4	0	0	0	15	17	165	2726
Baharaich	4	0	0	0	3	3	53	2100
Banda	1	0	0	0	2	5	39	1050
Barabanki	2	0	0	0	9	8	129	2610
Gorakhpur	0	0	0	0	10	14	122	2476
Jhansi	2	0	0	0	6	11	64	1178
Lucknow	9	0	0	0	78	50	62	1364
Moradabad	1	0	0	0	7	8	42	2631
Saharanpur	2	0	0	0	3	10	41	1634
Shahjahanpur	2	0	0	0	2	7	56	1942
Varanasi	4	0	0	0	12	14	77	2070

3. Present status of implementation of the programme in the existing 8 districts of Uttar Pradesh

Sl.	**Districts name**	**Equipments procured under NPPCD**	**Manpower recruited**	**Training conducted under NPPCD**	**No of Screening camps conducted**	**No of hearing Aids distributed**
1	Barabanki	Operating microscope, microsurgery instruments, microdrill with hand piece and burrs,Pure tone audiometer	nil	ENT surgeon 3 Obs Gynae Pedia 5 CHC/PHC 14	nil	nil
2	Gorakhpur	Operating microscope, microsurgery instruments, microdrill with hand piece and burrs,.	nil	ENT surgeon 1 Obs Gynae Pedia 5 CHC/PHC 69	nil	nil
3	Banda	Nil	nil	nil	nil	nil

4	Varanasi	Nil	nil	ENT surgeon 1 Obs Gyne Pedia14	nil	nil
5	Lucknow	Nil	nil	ENT surgeon 1	nil	nil
6	Agra	Operating microscope, microsurgery instruments, microdrill with hand piece and burrs,Pure tone audiometer		Obs Gyne Pedia 18		
7	Saharanpur	Nil	nil	nil	nil	nil
8	Moradabad	Nil	nil	Obs Gyne Pedia 12	nil	nil

4. Equipment Availability (Procured under NPPCD)

Sr No	District Name	Equipments available at district hospitals						
		ENT Operating Microscope	Microdrill with burrhead	Microsurgery Instruments	OAE Machine	Pure tone Audiometer	Impedance Audiometer	Sound Treated Room
1	Barabanki	**yes**	**yes**	**yes**	no	**Yes**	no	**yes**
2	Gorakhpur	**yes**	**yes**	**yes**	no	no	no	**yes**
3	Lucknow	no	no	no	no	no	no	**yes**
4	Banda	no	no	no	no	no	no	**yes**
5	Agra	**yes**	**yes**	**yes**	no	**yes**	no	**yes**
6	Varanasi	no	no	no	no	no	no	**yes**
7	Moradabad	no	no	no	no	no	no	**yes**
8	Saharanpur	no	no	no	no	no	no	no
9	Shahjahanpur	no	no	no	no	no	no	No
10	Allahabad	no	no	no	no	no	no	no
11	Aligarh	no	no	no	no	no	no	no
12	Baharaich	no	no	no	no	no	no	no
13	Jhansi	no	no	no	no	no	no	no

Operating Microscope purchased under NPPCD at Barabanki, Gorakhpur and Agra are of Local make (under 1 Lakh price) and does not include teaching or video attachments. It is proposed to procure Good Quality ENT Operating Microscope of reputed / International make having camera and teaching attachments as per new guideline, at all 13 districts to provide best quality medical care to the public.

5.Time line of activities

SNo.	Activities	2nd Quarter	3rd Quarter	4th Quarter
1	TRAINING			
	Level - II ENT Doctors	1 ENT surgeon of each d	2nd ENT surgeof of	-
	Level- II Audiologist	-	dist	-
	Level - III Obstetrition &	13 district	13 district	
	Pediatritian	-	-	-
	Level - IV Medical officer	-	13 district	-
	Level - V CDPO,MPW	-	13 district	Half
	Superwiser etc	-	Half	-

	Level - VI Asha Angnwari worker Level -VII Primary School Teacher etc		-	
2	Procurement of equipments 1.PHC kits 2.CHC kits 3.District hospitals 4.Sound treated room	 11 districts 13 districts 13 districts 6 districts		
3	Recruitment of contractual manpower 1. 1ENTsurgeon for ALIGARH and GORAKHPUR 2. 1Audiologists for each district 3. 1Audiometric assistant for each dist 4. 1Instructor for Hearing impaired for each district 5. 1Consultant 6. 1Programme Assisstant 7. 1Data entry operater	 2-where not available 13 districts 13 districts 13 districts State cell at Med Directo State cell at Med Directo State cell at Med Directo		
4	Organizing screening Camp in collaboration with NRHM/ Min of SJ & E	All 13 districts	All 13 districts	All 13 districts
5	IEC activities	All 13 Districts	All 13 districts	All 13 districts
6	Public Private partnership	All 13 Districts	All 13 districts	All 13 districts
7	Monitoring cell at State level	At Med Directorate		

6. Summary of programme

- GOI 12th Plan Operational Guideline of NPPCD will be followed.
- The existing health infrastructure would be utilized for the project.
- For effective coordination and monitoring of activity a State Nodal Office at Medical and Health Directorate and District Nodal Offices at respective Chief Medical Officers establishment will be set up. A senior Officer under chief medical officer of the district will be the nodal point for coordination and implementation of the programme. The Government and private doctors, medical staff, contractual manpower under the programme will be involved with intersectoral alliances and cooperation. The district Hospital would be strengthened with the provision of equipment to enable diagnosis and treatment.
- 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 and trained for their specific roles in the programme.
- The School Health system and 'Ashirwad' Rashtriya Bal Swasthya Karyakram will play a very important role in the programme. The School teachers of the Primary section would be required to conduct a survey based on a questionnaire for primary children. Those found to be positive; will undergo an ear check up by the school health doctor who would have received training in this aspect. The school health & Rashtriya Bal Swasthya Karyakram 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. It is proposed to utilise part of IEC funds for printing of reporting formats, referral slips and essential stationary.
- The ENT department of CSMMU, Lucknow would be the Centre of Excellence which will support the programme in the state with trainings as well as advance patient care.
- ENT Surgeon of Barabanki, Gorakhpur, Lucknow, and Banda & Varanasi have been trained for the programme at MAMC, New Delhi and CSMMU, Lucknow. All untrained district ENT specialist will be trained at ENT department of KGMU, Lucknow for three days. Contractual Audiologists will be trained at ENT department of KGMU, Lucknow for two days.
- Paediatrician and obstetrician of the district Barabanki, Gorakhpur, Lucknow, Banda & Varanasi given one day training by CSMMU . Pediatrician and obstetrician of district Varanasi, Agra and Moradabad have been given L3 training at respective district hospitals. Remaining untrained Paediatrician and obstetrician will be trained in their districts by district ENT surgeons.
- Construction of sound Proof Audiometry Room has been completed at Barabanki, Gorakhpur, Lucknow, Banda , Varanasi , Agra and Moradabad. It is proposed to construct Sound Proof Room at Saharanpur and new proposed five districts.
- Barabanki, Gorakhpur, Agra have procured surgical instruments and equipments (partial) for district hospital. Remaining part of district hospital capacity building will be completed in 2014-15 subject to timely availability of funds.
- Barabanki and Gorakhpur have procured PHC diagnostic kits for most of PHCs. It is proposed to procure CHC/PHC kits for remaining CHC/PHC of existing 8 and new proposed 5 district in 2014-15.
- District hospital and CHC /PHC capacity building will be completed in 2014-15.
- Screening camp /Hearing aid distribution will be done in collaboration with ministry of Social Justice and empowerment as per the GOI Guideline and MOU of Central Government.
- For Audiometry and other proposed activities services of contractual audiologist / audiometric assistant / Instructor for Hearing impaired would be taken.
- In year 2013-2014 we plan to develop institutional capacity for ear services in eight existing districts & programme will be extended in five new districts .
- Monitoring and auditing of the programme would be done periodically and review shall be done.

BUDGET REQUIRED FOR NPPCD UNDER NCD IN 2014-15, UTTAR PRADESH			
FMR code	Component of NPPCD	Physical Target	Funds Required
L.1	**Recurring Grant FOR 6 month salary in 3rd quarter**		
L.1.1	**NPPCD Monitoring cell at Directorate level- 6 month salary**		
L.1.1.a	Consultant@Rs50,000/-pm	1	300000
L.1.1.b	Programme Assisstant @25000/- pm	1	150000
L.1.1.c	DEO @ Rs 15000/-pm	1	90000
		SUB TOTAL	**540000**
L.1.2	Public Private Partnership - @ 41322 per district for 2014-15 for early identification	13	**537186**
L.1.3	**Manpower at district level -6 months salary**		
L.1.3.a	ENT Surgeon@60000/-pm for Aligarh and Gorakhpur	2	720000
L.1.3.b	Audiologist @Rs 30000/-pm	13	2340000
L.1.3.c	Audiometric assistant @ 15000/- pm	13	1170000
L.1.3.d	Instructor for hearing impaired @ 15000/-	13	1170000
		SUB TOTAL	**5400000**
L.1.4	**IEC/BCC,printing of formats,reference slip and stationary**		
L.1.4.a	State level @ Rs 20,00,000/- annually	20,00,000	2000000
L.1.4.b	District level @ rs 2,00,000/-annually	13 district	2600000
		SUB TOTAL	**4600000**
L.2	**Non Recurring grants in aid**		

L.2.1	Training (Provision of TA/DA, including accommodation as per existing NRHM norms		
L.2.1	Allahabad, Aligarh, Agra, Bahraich, Banda, Jhansi, Lucknow, Moradabad, Saharanpur, Shahjahanpur , Varanasi@ 5 Lakhs per district	Level III to VI training at district	5500000
L.2.1	Barabanki, Gorakhpur @ 3 Lakhs per district	Level III to VI training at district	600000
L.2.1	Level II training of ENT surgeons and Audiologists of all 13 districts	At KGMU Lucknow	200000
		SUB TOTAL	**6300000**
L.2.1.a	**Procurement of equipments**		
L.2.1.b	District hosp capacity building for 8 existing and 5 new proposed districts	13	24045000
L.2.1.c	CHC @ 50,000/kit for for 8 existing and 5 new proposed districts	146	7300000
L.2.1.d	PHC @ 15,000/kit for 6 existing and 5 new proposed districts	453	6795000
		SUB TOTAL	**38140000**
GRAND TOTAL			**55517186**

RS FIVE CRORE FIFTYFIVE LAKHS SEVENTEEN THOUSAND ONE HUNDRED EIGHTY SIX ONLY

ADDITIONAL REQUIREMENT FOR ESTABLISHING STATE NODAL OFFICE AT MEDICAL & HEALTH DIRECTORATE, LUCKNOW- (FMR codeB 22.7 sheet 7.2b Part I)

For efficient and smooth running of NPPCD programme , maintance of records and monitoring it is required to establish suitable infrastructure at Medical and Health directorate. Since budgetery provision under NPPCD is only for manpower and IEC following may be approved under NCD flexipool

	ADDITIONAL REQUIREMENT FOR STATE NODAL OFFICE AT MEDICAL & HEALTH DIRECTORATE FROM NCD FLEXIPOOL		
1	Mobility support/TA DA		100000
2	Contingency		10000
3	Office Furniture		50000
4	Office Computer,Printer-copier-scanner, Photocopier,UPS,Software,Antivirus etc		500000
TOTAL	**Rs Six Lakhs Sixty Thousand only**		**660000**

SUPPORT UNDER NCD FOR NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)for Hearing Aid

(FMR CODE B22.8 IN SHEET 7.2b Part 1)

The National Programme for prevention and control of deafness is being run in District Agra, Banda, Barabanki, Gorakhpur, Lucknow, Moradabad, Saharanpur and Varanasi .Five new districts are being proposed to be included under this programme in 2014-14 viz Allahabad, Aligarh, Bahraich, Jhansi and Shahjahanpur.. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india. Thus 1.41 Lakhs people are estimated to be suffering from profound to severe deafness in these 13 districts of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

It is proposed to rehabilitate cases of Deafness by providing them medical and surgical treatment at PHC / CHC/ District Hospital /Medical college level and by providing them Hearing aid after proper evaluation to bring them in the mainstream of society.

Common causes of Deafness

i. Wax
ii. Secretory Otitis media
iii. Suppurative Otitis media
iv. Otomycosis/otitis externa
v. Exposure to Noise
vi. Presbyacusis
vii Perinatal causes
viii genetic and hereditary causes
IX Ototoxicity
X Meningitis, Encephalitis,
Xi otoscerosis, menieres disease, autoimmune diseases etc

Many of these condition lead to permanent residual hearing impairment for which rehabilitation by Hearing Aid fitting can be done.

Funds Required for hearing aid @ 3 Lakhs per district for above mentioned 13 districts (Agra, Banda, Barabanki, Gorakhpur, Lucknow, Moradabad, Saharanpur, Varanasi, Allahabad, Aligarh, Bahraich, Jhansi and Shahjahanpur **= Total 39 Lakhs**

Special innovations under National Programme for Prevention and control of deafness

(FMR code B14.5 sheet 7.2b Part I)

The burden of deafness is relatively high in India with respect to world scenario. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india thus 5.8 Lakhs people are estimated to be suffering from profound to severe deafness among 19.96 crore population (census 2011) of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

Common causes of Deafness

i. Wax
ii. Secretory Otitis media
iii. Suppurative Otitis media
iv. Otomycosis/otitis externa
v. Exposure to Noise
vi. Presbyacusis
vii Perinatal causes
viii genetic and hereditary causes
IX Ototoxicity
X Meningitis, Encephalitis,
Xi otoscerosis, menieres disease, autoimmune diseases etc

It is envisaged to reduce this medical & socioeconomic burden by early identification , medical / surgical intervention and rehabilitation of deaf people in six districts around Kanpur which is not covered under National programme for Prevention and Control of Deafness by developing PPP model involving government and private health provider agencies , NGOs and others.

It is proposed to bridge present service delivery by coordination and involving NHM, RSBY,ICDS,Sarva Shiksha abhiyan in various activities.

	District	Population	Estimated severe to profound deaf
1	Kanpur Nagar	4572951	13307
2	Kanpur Dehat	1795092	5223
3	Unnao	3110595	9053
4	Kannauj	1658005	4825
5	Auraiya	1372287	3993
6	Etawah	1579160	4595

Estimated total deaf in above six districts 41 Thousand

Estimated Fund Required

Organization of camps at peripheral health centres / identified school by various health service providers @ 1 camp per month per district where cases would be screened , educated and referred to District health centre / Medical colleges / private service provider for medical and surgical intervention. Thus, fund required= 10000/- per camp (9 monthly camps / district) total **5.4 lakhs**

2.Surgical intervention for poor/BPL at District hospital / medical colleges / identified RSBY hospitals and Private service provider at GOI / RSBY rates. Thus, fund required = 5cases per camp x 9 camps per district x 10000/-=**27 lakhs**

3.Hearing Aid to Poor/ BPL cases at GOI Min. of H & FW / Soc Justice & Empowerment rates. Thus, fund required = 10-15 cases per camp= **7.5 Lakhs.**

Total funds required= 39.9 Lakhs

Organization of camps , hearing aid fitting and surgical intervention will be in accordance with NPPCD programme guideline of GOI,Min of Health and FW / RSBY / Reputed institution in the field of Hearing and Speech Pathology.

Note: GOI has not yet granted any approval for the National Programme of Prevention and Control of Deafness of the state for year 2014-15.

CHAPTER - 39: NATIONAL TOBACCO CONTROL PROGRAMME(NTCP)

Background

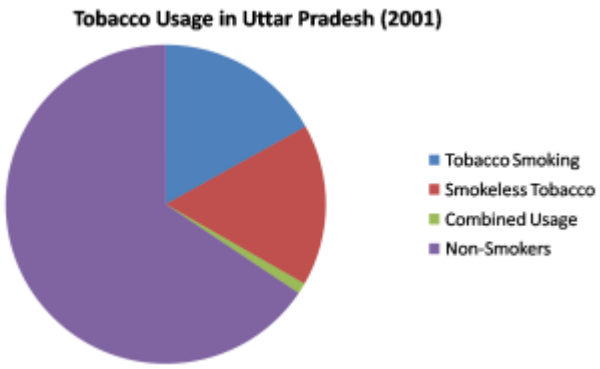
Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it. Globally, it kills nearly 6 million people, of these 0.6 million premature deaths can be attributed to exposure to second hand smoke (SHS). As per WHO, if current trends continue, by 2030 tobacco use will kill more than 8 million people worldwide each year. It is estimated that 80% of these premature deaths will occur among people living in low-and middle-income countries.

As per report of the Tobacco Control of India 2004, more than 0.8 million people die due to tobacco consumption every year in India. There are studies to indicate that approximately 40% of the disease burden in the country is associated with some form of tobacco or other. Approximately 50% of all cancers in males and 20% cancers in females can be attributed to tobacco use. As per studies carried out by ICMR in 1998-99 (extrapolated in 2002-03), the burden to the economy for treating just 3 major diseases (cancer, cardio-vascular diseases and lung disorders) attributable to tobacco use was more than Rs. 30,800 crore.

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.

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 Lakhs people per year. The financial burden attributable to tobacco related morbidity and mortality was estimated to be Rs.308.33 billion in 2002-03.

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.



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.

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.

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.

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 2003**. 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.

Goals and Objectives:

The goal of the National Tobacco Control Programme is to reduce the prevalence of the tobacco use by 5% at the end of the 12th FYP. The objectives of NTCP are as under:

- To build up capacity of the States / Districts to effectively implement the tobacco control initiatives;
- To train the health and social workers;
- To undertake appropriate IEC activities and mass awareness campaigns, including in schools, workplaces, etc.;
- To set up a regulatory mechanism to monitor/ implement the Tobacco Control Laws;
- To establish a system of tobacco product regulation.
- Provide facilities for treatment of tobacco dependence
- To conduct Adult Tobacco Survey/Youth Survey for surveillance, etc.
- To take necessary action, in co-ordination with other Ministries and stakeholders, to fulfill the obligations(s) under the WHO Framework convention on Tobacco Control.

Situation Analysis

National Family Health Survey-2005-06 - Over half of men (53%), but only 6% of women, use some form of tobacco. 3 to 4% of pregnant women and breastfeeding mothers also use tobacco. Among men, tobacco use is more common in rural areas (56%) than in urban areas (48%), while among women it is the same in urban and rural areas.

Global Youth Tobacco Survey (GYTS): 2002-The GYTS data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: Access/Availability and Price, Environmental tobacco smoke exposure, Cessation, Media and advertising and School Curriculum.
The GYTS was a school based survey of students in grades 8-10, conducted in 2002. A two-stage Cluster sample design was used to produce representation data for the of Uttarakhand. At the first stage, school were selected with probability proportional to environment size. At the second stage, classes were randomly selected and all students in selected classes were eleigible to participate.

The school response rate was 100% the students response rate was 83.6% and the overall response rate was 83.6%. A total of 2641 sutdents participated in GYTS.

Prevalence

- 13.6% of students had ever smoked cigarettes (Boys = 14.8%, Girls = 10.2%)
- 21.3% currently use any tobacco product (Boys = 23.2%, Girls =16.1%)
- 7.8% currently smoke cigarettes (Boys = 8.3%, Girls = 6.4%)
- 13.7% currently use other tobacco products (Boys = 15.0%, Girls = 9.8%)
- 12.0% of never smokers are likely to initiate smoking next year

Knowledge and Attitude

- 26.1% thins boys and 22.6% think girls who smoke or chew tobacco have more friends
- 32.7% thinks boys and 27.2% thinks who

HIGHLIGHTS

- ✓ **21% of students currently use any form of tobacco; 8% currently smoke cigarettes, 14% currently use some other form of tobacco.**
- ✓ **Environmental Tobacco Smoke exposure indicates – over 4 in 10 students live in homes where others smoke in their presence; over 5 in 10 are exposed to smoke in public places, over 4 in 10 have parents who smoke.**
- ✓ **Over half of students think smoke from others is harmful to them**
- ✓ **Over 6 in 10 students think smoking in public places should be banned.**
- ✓ **Over 8 in 10 students saw anti-smoking**

smoke or chew tobacco look more attractive

Access and Availability

- 16.7% who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

- 34.2% live in homes where others smoke
- 40.6% are around others who smoke in places outside their home
- 64.5% think smoking should be banned from public places
- 58.1% think smoke from others is harmful to them
- 35.8% have one or more parents who smoke, chew or apply tobacco
- 11.1% have most or all friends who smoke

Media and Advertising

- 83.9% saw anti-smoking media messages, in the past 30 days.
- 86.1% saw pro-cigarette ads on billboards, in the past 30days
- 69.8% saw pro-cigarette ads in newspapers and magazines, in the past 30days.
- 11.1% have an object with a cigarette brand logo

School

- 49.2% had been taught in class during the past year about the dangers of smoking
- 32.7% had been discussed in class during the past year reasons why people their age smoke
- 49.6% had been taught in class during the past year the effects of tobacco use.

media messages in the past 30 days; roughly 7 in 10 students saw pro-cigarette ads in the past 30 days.

Global Adult Tobacco Survey (GATS) – 2009-10

The Ministry of Health and Family Welfare conducted the Global Adult Tobacco Survey in 2009-10 as household survey of persons 15 years of age and above. The major objective of the survey were to obtain estimates of prevalence of tobacco use (smoking and smokeless tobacco), exposure to second-hand smoke, cessation, exposure to media message on tobacco use and knowledge, attitudes and perception towards tobacco use.

HIGHLIGHTS:

- Current tobacco use in any form: 39.9% of Adult (Male – 48.8% and Female-16.9%)
- Current Cigarette smokers: 2.3% of Adults (Male – 4.1% and Female – 0.2%).
- Current Bidi Smokers: 12.4% of Adults (Male – 20.1% and Female – 3.5%)
- Current users of smokeless tobacco: 25.3% of Adults (Male – 35.4% and Female – 13.7%)

Proposed Districts for FY2014-17- The phasing would be done in similar fashion to NPCDCS/NPHCE/NPPC program. State proposes 22 districts named below for National Tobacco Control Programme:

Proposed Districts:

S. No.	District (2014-15)	District (2015-16)	Distrct (2016-17)
1	Lucknow	Faizabad	Badaun
2	Kanpur	Hardoi	Kasganj
3	Firozabad	Etah	Kausambi
4	Jhansi	Sitapur	Chitrakoot
5	Farrukhabad	Bahraich	Mahrajganj
6	Jalaun	Pratapgarh	Deoria
7	Lakhimpu kheri	Bareily	Bijnor
8	Etawah	Aligarh	Sambhal
9	Lalitpur	Mainpuri	Shrawasti
10	Barabanki	Saharanpur	Siddhartha Nagar
11	Gonda	Muzaffar nagar	Kanpur Dehat
12	Kannauj	Bulandshahar	Bagpat
13	Allahabad	Ambedkar nagar	Sonbhadra
14	Mirzapur	Meerut	Balrampur
15	Moradabad	Mathura	Hamirpur
16	Azamgarh	Basti	Mau
17	Varanasi	Rampur	Kushi Nagar
18	G B Nagar	Balia	Shahjahanpur
19	Gorakhpur	Ghazipur	Hapur
20	Jaunpur	Chandauli	Sant Ravi das Nagar
21	Raebareli		Auriya
22	Sultanpur		Pilibhit
23	Ghaziabad		Amroha
24	Agra		Fatehpur
25			Unnao
26			Mahoba
27			Banda
28			Shamli
29			Amethi
30			Hathras
31			Sant Kabir Nagar

Implementation Mechanism (along with key strategies/ activities):

The NTCP shall be implemented through a three tiered structure .i.e. National Tobacco Control Cell, State Tobacco control Cell & District Tobacco Control Cell. The National Tobacco Control Cell (NTCC) will be responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. Likewise the State Tobacco Control Cell (STCC) shall monitor and review all the activities under NTCP carried out in the state.

Sl	Strategy	Activities
1	Training	Training of Stakeholders- • Training of District Level Officials • Training of Block Level Officials • Training of Authorized Officers for Section 4, 5 and 6 under COTPA, 2003 • Training of Health Care personnel.
2	IEC	• Display Panels • Electronic / Print Media • Banners/Posters • Street plays • Handbills • Rally • Hoarding • Intensive Media Campaign – Radio, TV, puppet shows and road shows.

3	School Programmes	• Sensitization to Teachers and Students for create a tobacco free environment. • Slogan Competitions • Seminar in Schools • Sensitization to Parents Teachers Association. • Coordination among different departments (Education, PRI) and School Health Programme (NRHM). • Developed Study Materials for harmful effect of tobacco. • Develop Display Panels for School
4	Monitoring of Tobacco Control Laws	• Monitoring of Section 4, 5, 6 and 7 under COTPA, 2003 at the district and block level. • Monitoring of Tobacco Control programme Activities. • Monthly Crime Review Meeting • Monthly District Level Steering Committee / Task Force Meeting • Quarterly State Level Coordinating Committee meeting.
5	Intersectoral Co-ordination	• Convergence into all health programmes. • Coordination among different state and central government departments. • Co-ordination with Panchayati Raj Institutions for village level activities.
6	Setting-up and Strengthening of Tobacco Cessation Centre at District Hospital	• Setting-up and strengthening of cessation Centre at district hospital.
7	Setting-up and strengthening of District Tobacco Control Cell	• Setting-up and strengthening of district tobacco control cell.

Manpower

State Level: There is State Tobacco Control Cell in the State Level. The manpower at the STCC will be covered under the EFC. The same is being finalized by the National Tobacco Control Cell. The existing structure at the STCC will continue till the new EFC comes into force.

1. State Consultant, 2. Programme Assistant, 3. Data Entry Operator

District Level: In FY2014-15, National Tobacco Control Programme is functioning in the district Lucknow and Kanpur. Proposed manpower for all proposed District Tobacco Cells as follows:

1. Consultant-1, 2. Social Worker-1, 3. Data Entry Operator-1

Setting up and strengthening cessation facilities: In the financial 2014-15, 24 Tobacco cessation centres shall be established in the Districts Hospital. Proposed Manpower for all proposed Tobacco Cessation Centres:

1. Counsellor/Psychologist-1

Other Pending Contractual staff Salary in FY 2013-2014, STCC and District Kanpur is 298000

STCC Staff

1. Programme Assistant Salary – 85000
2. Data entry operator-48000

DTCC Kanpur Staff .

1. Psychologist- 165000

Details of Training

Sr. No.	Training	Training Cost per batch (s) in `	Lucknow- No. of Batches	Kanpur- No. of Batches	Firozabad- No. of Batches	Farrukhabad No. of Batches	Etawah- No. of Batches	Lakhimpu-Kheri- No. of Batches	Raebareli- No. of Batches	Sultanpur No. of Batches	Jalaun No. of Batches	Jhansi No. of Batches
1	Training of the District Level Officers/Law Enforcers	Rs.0.48Lakh	2	2	2	2	2	2	2	2	2	2
2	Training of Block Level Officers / Law Enforcers	Rs.0.71Lakh	2	2	2	2	2	2	2	2	2	2
3	Training of Health Care Personnel's (MO/SN/ANM)	Rs.0.71Lakh	2	2	2	2	2	2	2	2	2	2
4	Training of Flying Squad under COTPA, 2003	Rs.0.60 Lakh	2	2	2	2	2	2	2	2	2	2
	Total	Rs.2.50 Lakhs	Rs.5 Lakhs	Rs.5Lakh	Rs.5 Lakhs	Rs.5Lakh	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5Lakh	Rs.5Lakh	Rs.5Lakh	Rs.5Lakh

Lalitpur- No. of Batches	Kannauj- No. of Batches	Barabanki- No. of Batches	Allahabad- No. of Batches	Mirzapur- No. of Batches	Moradabad - No. of Batches	Azamgarh - No. of Batches	Gonda - No. of Batches	VaranasiNo. of Batches	G B Nagar- No. of Batches	Gorakhpur-Kheri- No. of Batches	Jaunpur- No. of Batches	Ghaziabad No. of Batches	Agra No. of Batches	Total- Training Cost
2	2	2	2	2	2	2	2	2	2	2	2			**Rs.11.52 Lakhs**
2	2	2	2	2	2	2	2	2	2	2	2			**Rs.17.04 Lakhs**
2	2	2	2	2	2	2	2	2	2	2	2			**Rs.17.04**

														Lakhs
2	2	2	2	2	2	2	2	2	2	2	2			**Rs.14.40Lakh**
Rs.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5Lakh	Rs.5 Lakhs	Rs.5Lakh	Rs.5 Lakhs	Rs.5 Lakhs	Rs.5Lakh			**Rs.60.0Lakh**

Timeline

Sr. No.	**Activities**	**1st Quarter(2014-15)**			**2nd Quarter (2014-15)**			**3rd Quarter (2014-15)**			**4th Quarter (2014-15)**		
		Apr.	**May**	**Jun.**	**Jul.**	**Aug.**	**Sep.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar.**
1	Training of Key Stakeholders			X	X	X	X	X	X	X	X	X	X
2.	Implementation of School Health	X	X	X	X	X	X	X	X	X	X	X	X
3	Monitoring of Tobacco Control Laws	X	X	X	X	X	X	X	X	X	X	X	X
4	District Level Steering Committee Meeting/Task Force			X			X		X		X		X
5	State Level Coordination Committee		X				X			X			X
6	IEC Activities	X	X	X	X	X	X	X	X	X	X	X	X
7	Tobacco Cessation Services	X	X	X	X	X	X	X	X	X	X	X	X

Budget Summary of National Tobacco Control Programme for the year 2014-15

Activity	Proposed amount for 24 District (Rs. in Lakhs)	Approved Amount for 10 District (Rs. in Lakhs)
District Tobacco Control Cell	**874.20**	**398.00**
Training / senstization program	120.00	50.00
SBCC / IEC Campaign	168.00	70.00
School Program	168.00	70.00
Pharmacological Treatment	48.00	20.00
Flexible pool	172.80	72.00
Manpower Support (inc. mobility support	173.40	108.00
Tobacco Cessation Centre (TCC)	170.04	75.00
Non recurring grants	24.00	8.00
Tobacco Cessation Centre (TCC)	**170.04**	**75.00**
Training and out reach	48.00	10.00
Manpower support	39.00	30.00
Contigency / Miscellineuos	23.04	10.00
Non recurring grant	60.00	25.00
Total	**1044.24**	**473.00**

Thus, for National Tobacco Control Programme, an amount of Rs.1044.24 Lakhs was proposed, out of which GOI approved Rs.473.00 Lakhs only (FMR Code- M and its sub heads).

CHAPTER - 40: NATIONAL ORAL HEALTH PROGRAMME (NOHP)

Burden of Oral Disease:

According to the World Health Report-2003, oral diseases qualify as major public health problems owing to their high prevalence and incidence in all regions of the world. The greatest burden of oral diseases is on disadvantaged and socially marginalized populations. Poor oral health may have a profound effect on general health. Oral diseases have been linked to bacterial endocarditis due to transient bacteremia from oral focus. Also, inflammatory mediators in periodontal disease are not only involved in local tissue destruction but have the potential to modulate the course of cardiovascular, chronic obstructive lung and autoimmune diseases, diabetes mellitus and preterm birth. In addition, major impact on people's daily lives in terms of pain and suffering, impairment of function and quality of life due to missing, discolored or damaged teeth must be considered.

The economic impact of oral disease is also significant. Traditional treatment of oral disease is costly. In developing countries, resources are primarily allocated to emergency oral care and pain relief; if treatment were available, the costs of dental caries in children alone would exceed the total health care budget for children. Furthermore, oral diseases restrict activities at school and work, causing millions of school and work hours to be lost each year throughout the world.

Oral disease burden in India is very high due to several reasons. Many oral health surveys have been done from time to time from different regions: the comprehensive data on oral health was cited in the report by National Commission on Macro-economics and Health and Oral Health in India: Report of multi-centric oral health survey (Shah et al, 2007). According to these reports, prevalence of various oral diseases in the population is as follows:

S.No.	Disease	Prevalence
1	Dental Caries	40-45%
2	Periodontal diseases	>90% (Advanced disease in 40%)
3	Malocclusion	30% of children
4	Cleft lip and palate	1.7 per 1000 live births
5	Oral cancer	12.6 per lakh population
6	Oral submucous fibrosis *(pre-malignant and crippling condition of mouth)*	4 per 1000 adults in rural India
7	Edentulousness (tooth loss)	19-32% of elderly population >65 years
8	Birth defects involving oro-facial Complex	0.82 to 3.36 per 1000 live births
9	Others: • Traumatic injuries • Mucosal lesions associated with radiation and chemotherapy • Morbidity and deformity following oral cancer surgery.	

Goals & Objectives:

The Programme objectives of NOHP are the following:

1. Improvement in the determinants of oral health e.g. healthy dient, oral hygiene improvement etc. and to reduce disparity in oral health accessibility in rural and urban population.
2. Reduce morbidity from oral diseases by strengthening oral health service at district/sub district hospital to start with.
3. Integrate oral health promotion and preventive service with general health care system and other sectors.
4. Promotion of Public Private Partnerships for achieving public health goals.

Strategies:

To set up a model dental clinic at least one in each district which would be strengthened by following support:

Sr. No.	Strategies	Activities
1	IEC and BCC	Rally Street Play Newspaper Pamphlets/Banner/Poster
2	Training	Training of Health care staff Training of Nodal Officers Training of Principals Training of all counselors of health programme (NTCP/NPCDCS/NPHCE/AIDS etc.)
3	Recruitment of Human Resource on contract basis	Dental Surgeon Dental Hygienist Dental Assistant
4	Logistical Support	One dental chair with supportive equipment's and materials
5	Monitoring, Supervision and Evaluation	All level
6	Public Private Partnerships	Strengthening one of the hospital /SDH/CHC or through PPP Mode

Structure of National Oral Health Programme:

1. **State Oral Health Cell**
    a. State Nodal Officer (Joint Director-Dental)
    b. State Programme Coordinator-1
    c. Administrative and Finance Assistant-1
    Above mentioned posts (b and c) are very important for effective implementation of the programme at state level. So we are proposing these posts for State Oral Health Cell.
2. **District Oral Health Cell**
    a. District Nodal Officer (Dy. CMO)
    b. District Programme Coordinator-1
    c. Administrative and Finance Assistant-1
    Above mentioned posts (b and c) are very important for effective implementation of the programme at district level. So we are proposing these posts for District Oral Health Cell.
3. **Dental Unit at District Level**
    a. Dental Surgeon-1
    b. Dental Hygienist-1
    c. Dental Assistant-1

Activities at various levels:

1. State Level
    a. Strengthening of dental units in the identified districts by release of funds and arrange funds for other logistic support required.
    b. Hiring of Manpower
    c. Monitoring and Evaluation
    d. Training
    e. IEC- Develop IEC material and supply of the same and also conduct IEC through mass media
2. District Level
    a. Purchase of equipments and arrange other logistics support
    b. Hiring of Manpower
    c. Conduct IEC on oral health by integrating it with school health, health mela, mobile health service and other programme activities.

    Eight districts have been proposed. These districts are:

Proposed Districts in FY 2014-15:

1. Kanpur
2. Jhansi
3. Firozabad
4. Allahabad
5. Agra
6. Mirzapur
7. Varanasi
8. Moradabad

The National Tobacco Control Programme has been implemented in these districts.

S. No.	Budget Head											Remarks
			Quarter 1 (Apr - Jun 2014)		Quarter 2 (Jul - Sep 2014)		Quarter 3 (Oct - Dec 2014)		Quarter 4 (Jan - Mar 2015)		Total proposed (Apr 2014-Mar 2015)	
N	**National Oral health programme (NOHP)**		0	129.6	0	0	0	0	0	0	0	**129.6**	
N.1	RECURRING GRANT-IN-AID		0	73.6	0	0	0	0	0	0	0	73.6	
N.1.1	Contractual Manpower-HR		0	0	0	0	0	0	0	0	0	0	
N.1.1.1	Dental Surgeon @ Rs.40,000/-p.m.* for six months	240000	8	19.2	0	0	0	0	0	0	8	19.2	New Activity
N.1.1.2	Dental Hygenist@Rs. 20,000/-p.m.* for six months	120000	8	9.6	0	0	0	0	0	0	8	9.6	New Activity
N.1.1.3	Dental Assistant @ Rs.10,000/-p.m.* for six months	60000	8	4.8	0	0	0	0	0	0	8	4.8	New Activity
N.1.2	Consumables @ Rs.5.00 lakh per year	500000	8	40	0	0	0	0	0	0	8	40	New Activity
N.2	NON RECURRING GRANT-IN-AID		0	56	0	0	0	0	0	0	0	56	
N.2.1	Grant-in-aid for strengthening of Distt. Hospitals (Renovation, Dental Chair, Equipment) @ Rs.7 Lakhs	700000	8	56	0	0	0	0	0	0	8	56	New Activity

Note: GOI has not yet granted any approval for the National Oral Health Programme of the state for year 2014-15.

CHAPTER - 41: NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)

1.1 Introduction

India is experiencing a rapid health transition with a rising burden of Non Communicable Diseases (NCDs). Overall, NCDs are emerging as the leading cause of deaths in India accounting for over 42% of all deaths (Registrar General of India). NCDs cause significant morbidity and mortality both in urban and rural population, with considerable loss in potentially productive years (aged 35–64 years) of life.

It is estimated that the overall prevalence of diabetes, hypertension, Ischemic Heart Diseases (IHD) and Stroke is 62.47, 159.46, 37.00 and 1.54 respectively per 1000 population of India.

Nine Districts of Uttar Pradesh are being supported by the Central Govt. to supplement their efforts by providing technical and financial support through National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS). The NPCDCS program has two components viz. (i) Cancer & (ii) Diabetes, CVDs & Stroke. These two components have been integrated at different levels as far as possible for optimal utilization of the resources. The activities at State, Districts, CHC and Sub Centre level have been planned under the programme and will be closely monitored at different levels.

1.2 Objectives of NPCDCS

1) Prevent and control common NCDs through behaviour and life style changes,
2) Provide early diagnosis and management of common NCDs.
3) Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs.
4) Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and
5) Establish and develop capacity for palliative & rehabilitative care.

1.3. NPCDCS in Uttar Pradesh:

Coverage of District:

Upto 50% of the total districts in the country are proposed to be taken up in 2014-15. In Uttar Pradesh, 9 existing districts and 19 new districts are being proposed for the programme. The list is as follows:-

Programme Districts:

SL. No.	Zone Wise Districts covered under NPCDCS in 2014-15					
1	Zone	Allahabad				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
1	Allahabad	Y	1	20	60	551
2	Zone	Gorakhpur				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
2	Gorakhpur	Y	1	15	11	529
3	Zone	Varanasi				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
3	Varanasi	N	1	7	28	306
4	Zone	Faizabad				
Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub

						Centres
4	Faizabad	**Y**	1	11	28	257
5	Ambedkar Nagar	**Y**	1	10	43	390
6	Barabanki	**Y**	1	17	53	353
7	Sultanpur	**Y**	1	10	43	390
5	**Zone**	**Agra**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
8	Agra	**Y**	1	16	45	383
9	Firozabad	**Y**	1	7	57	220
6	**Zone**	**Aligarh**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
10	Aligarh	N	1	13	35	333
7	**Zone**	**Kanpur**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
11	Etawah	**Y**	1	8	27	162
12	Farrukhabad	**Y**	1	10	26	192
13	Kanpur Nagar	**Y**	1	10	35	391
14	Kannauj	N	1	11	27	188
8	**Zone**	**Bareilly**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
15	Bareilly	**Y**	1	15	50	398
9	**Zone**	**Meerut**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
16	Meerut	N	1	12	31	315
10	**Zone**	**Moradabad**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
17	Moradabad	**Y**	1	3	5	271
11	**Zone**	**Jhansi**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
18	Jhansi	**Y**	1	6	38	326
19	Jalaun	**Y**	1	6	36	277
20	Lalitpur	**Y**	1	5	24	191
12	**Zone**	**Lucknow**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
21	Hardoi	N	1	19	57	432
22	Lakhimpur Kheri	**Y**	1	11	54	386
23	Raebareli	**Y**	1	13	42	268
24	Lucknow	N	1	9	28	323
25	Sitapur	N	1	14	66	468
13	**Zone**	**Vindhyachal**				
Name of District		**CCU**	**No.of DH**	**No. of CHC's**	**No. of PHC's**	**No. of Sub Centres**
26	Mirzapur	N	1	16	35	251
14	**Zone**	**Devipatan**				

Name of District		CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
27	Bahraich	N	1	16	49	310
28	Gonda	N	1	16	50	322
Total (28 Districts)		**18**	**28**	**326**	**1083**	**9183**
Details of old 9 Districts		**9**	**9**	**76**	**347**	**2412**

2. Broad strategies

2.1 Prevention through behavior change:

- Prevention of identified risk factors for NCDs by creating general awareness about the Non Communicable Diseases (NCD)

2.2. Screening/Early diagnosis

- Opportunistic screening of persons above the age of 30 years for diabetes and hypertension, at the point of primary contact with any health care facility.
- Providing support for strengthening screening services at sub centre, PHC, CHC and District Hospitals.

2.3 Treatment of NCDs

Appropriate treatment and management of various NCDs will be provided at PHC/CHC and district hospital level. The uncomplicated diabetes and hypertension can be treated up to district level. The cancer cases may require referral to higher facilities i.e medical colleges and Regional cancer centres. The follow up chemotherapy can be given in the district hospitals with advised from higher centres.

2.4 Linkages with Medical Colleges

Linkages with medical colleges, nursing colleges/ schools and Dental colleges had been made with the following Medical College and Intuitions:-

- B.R.D. Medical College, Gorakhpur, Uttar Pradesh
- Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh
- Sanjay Gandhi Post-Graduate Institute, Lucknow, Uttar Pradesh
- Banaras Hindu University, Varanasi
- J.N. Medical College Hospital, Aligarh Muslim University, Aligarh, U.P.

2.5 Capacity building of human resource

Training of medical and paramedical personnel, health workers in health promotion, prevention, early detection and management of cancer, diabetes, hypertension, cardiovascular diseases and stroke to be carried out by the states is nearby well established training center/institution.

2.6 Rehabilitation

Appropriate provisions for physiotherapy for patients suffering from various NCDs will be made at various levels of health care facilities.

3. Implementation of NPCDCS

The following package of services is to be provided for at various levels of health care delivery under the programme:

3.1 Sub Centre (SC)

- Health promotion for behaviour change and counseling
- 'Opportunistic' Screening using B.P measurement and blood glucose by glucostrip method

- Identification of early warning signals of common cancer
- Referral of suspected cases to CHC/ nearby health facility with referral card
- Designate one day for NCD clinic
- Screening of common cancers (oral, breast & cervical) if possible

3.2 Primary Health Centre (PHC)

- Health promotion for behaviour change and counseling
- 'Opportunistic' Screening using B.P measurement and blood by glucostrip
- Clinical diagnosis and treatment of simple cases of Hypertension and Diabetes
- Identification of early warning signals of common cancer
- Referral of suspected cases of NCDs to CHC
- Designate one day for NCD clinic

3.3 Community Health Centre (CHC/FRU)

- Prevention and health promotion including counseling
- Early diagnosis through clinical and laboratory investigations (Common lab investigations: Blood Sugar, lipid profile, ECG, ultrasound, X ray etc.,if not available, may be outsourced)
- Management of common CVD, diabetes and stroke cases
- 'Opportunistic' Screening of common cancers (Oral, Breast, Cervix and prostate)
- Referral of difficult cases to District Hospital/higher level of health care facility

3.4 District Hospital

- Early diagnosis of diabetes, CVDs and Cancer
- Investigations: Blood Sugar, lipid profile, Kidney Function Tests (KFT), Liver Function Tests (LFT), ECG, Ultrasound, X ray, mammography etc.
- Outsource investigations for poor and needy if not available.
- Medical management of cases (outpatient , inpatient and intensive Care)
- 'Opportunistic' Screening of common cancers
- Referral of difficult cases to higher level of health care facility
- Health promotion for behaviour change and counseling
- Follow up chemotherapy for cancer patients
- Rehabilitation and physiotherapy services

4. Screening, diagnosis and treatment

- The screening of target population (age 30 years and above, and pregnant women) shall be conducted either through opportunistic and/or camp approach at different levels of health facilities and also in urban slums of large cities.
- Screening of pregnant Women would be integrated and through Ante natal Clinic (ANC) under RCH program of NRHM. This is expected to be done for all pregnant women.
- The screening of school children shall be carried out during the routine school health check-up activity under the school health program.
- The suspected cases of diabetes and high blood pressure shall be referred to higher health facilities for further diagnosis and treatment/management.
- The ANMs shall be trained for conducting screening for NCDs at sub centre level.
- Each district shall be linked to nearby tertiary cancer care (TCC) facilities to provide referral and outreach services.
- The suspected cases of various cancers shall be referred to District Hospital and tertiary cancer care (TCC) facilities.

- For screening of diabetes, support for Glucometers, Glucostrips and lancets are provided to the state under NRHM.

5.0 Establishment/Strengthening of Health infrastructure at various levels

5.1 Community Health Centers (CHCs)

- Support is provided to the CHC/FRU to establish a 'NCD clinic' (NCD here refers to Cancer, Diabetes, Hypertension, cardiovascular diseases and stroke) where comprehensive examination of patients referred by the Health Worker as well as reporting directly will be conducted for early diagnosis and treatment.
- Each FRU/CHC needs to be supported with contractual staff (1Doctor, 1Nurse, 1 Technician, 1 Counselor and 1 Data Entry Operator).

5.2 District Hospital

- District hospital is to be strengthened /upgraded for management of Cancer, Diabetes, Cardiovascular Disease and Stroke.

5.2.1 NCD clinic:- All districts under the programme shall establish regular NCD clinic for screening, treatment/management of NCDs.

A. These clinics shall also provide for counseling services and undertake awareness generation activities regarding NCDs and associated risk factors.
B. The NCD clinic shall conduct comprehensive examination of patients referred by lower health facility /health workers as well as of those reporting directly to the clinic.
C. The clinics will advise laboratory investigations of the patients to rule out complications or advanced stages of common NCDs.

5.2.2 Cardiac Care unit: 6 to 10 bedded Cardiac Care Unit (CCU) can be established / strengthened at the district hospital (up to 25 % of districts taken).

A. Special skill based training shall be provided to health professionals and nurses in handling the patients in CCU/ ICU.

5.2.3 Support for cancer: District hospitals needs to be supported for diagnostic facilities for common cancers.

A. In case the facility is not available for diagnosis of common cancers in the district hospital, these investigations may be outsourced. District hospital can consider outsourcing certain laboratory investigations that are not available at the facility,
B. Support is also provided for chemotherapy drugs for cancer treatment (up to 25 % of districts taken under the program). All efforts should be made by State government to provide follow up chemotherapy at district level. Till such time, patients should be referred to designated Tertiary Cancer Centre (TCC) for treatment

5.2.4 Laboratory strengthening:

A. Laboratory services at district hospital are supported to provide necessary investigations for cancer, diabetes, hypertension and cardiovascular diseases.

B. District hospital can consider outsourcing certain laboratory investigations that are not available at the facility.

5.2.5 Manpower development

- Health professionals and health workers at various levels of health care delivery shall be trained for health promotion, NCD prevention, early detection and management of Cancer, Diabetes, CVDs and Stroke.

- The training shall include components of programme management and specialized training for diagnosis, treatment of cancer, diabetes, CVDs and strokes.

5.2.6 Drugs and consumable

- Financial support is provided to district and CHC/FRU/PHC for procurement of common essential drugs for treatment of Cancer, Diabetes, CVDs and Stroke.

The procurement is to be decentralized and to be done at the state level as per relevant norms/procedures in a transparent manner.

6.0 Public private partnership

- NGOs, civil society organizations and private sector can be involved in health promotion activities, early diagnosis and treatment of common NCDs at district levels and below level.

7.0 Surveillance

The surveillance for common NCDs and their risk factors needs to be done on a regular basis under guidance/collaboration with ICMR or any leading institution for uniformity and synergies in accordance with national priorities and needs.

Budget Summary for NPCDCS for the year 2014-15

Budget requirement for the year 2014-15 for District NCD Cell

Sl. No		FMR Code	Heads	Unit	Unit Cost (Rs.)	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
Non- Recurring							
1		O1.1.1.2	Renovation and furnishing, furniture, Computer, office equipments (fax, phone, photocopier etc.)	28	5,00,000	140.00	95.00
Recurring grants							
1	**Human Resource**						
	a)	O1.2.1.2.1	Epidemiologist / Public Health Specialist	28	65,000 p.m.	144.30	214.50
	b)	O1.2.1.2.2	District Programme Coordinator	28	50,000 p.m.	111.90	
	c)	O1.2.1.2.3	Finance cum Logistic Consultant	28	32,000 p.m.	120.96	
	d)	O1.2.1.2.4	Data Entry Operator	28	12,000 p.m.	26.64	
2		O1.4.1.2	Miscellaneous cost for communication, monitoring, TA, DA, POL, contingency etc.	28	6,00,000 p.a.	168.00	84.00
3		O1.5.2	IEC (plan annexed)	28	5,00,000 p.a.	140.00	28.00
4		O1.6.2	Outreach activities	28	2,40,000 p.a	67.20	0.00
Total						**919.00**	**421.50**

Budget requirement for the year 2014-15 for District NCD Clinic

Sl. No		FMR Code	Heads	Unit	Unit Cost	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
Non- Recurring							
1		O1.1.3.1	Strengthening of Laboratory	28	10,00,000	280.00	152.00
2		O1.1.3.2	Furniture, Equipment, Computer etc.	28	1,00,000	28.00	19.00
						308.00	**171.00**
Recurring grants							
1	**Human Resource**						
	a)	O1.2.1.4.1	Doctors (1) General Physician	28	70,000 p.m.	155.40	254.10

	b)	O1.2.1.4.2	GNMs (2)	56	22,000 p.m.	97.68	
	c)	O1.2.1.4.3	Technician (1)	28	18,000 p.m.	41.04	
	d)	O1.2.1.4.4	Physiotherapist (1)	28	25,000 p.m.	55.50	
	e)	O1.2.1.4.5	Counselor/Dietician (1)	28	18,000 p.m.	41.04	
	f)	O1.2.1.4.6	Data Entry Operator	28	12,000 p.m.	26.64	
2		O1.3.1	Drugs and consumable	28	6,00,000 p.a.	168.00	84.00
3		O1.7.1 (Other Activity)	Transport of Referred/ Serious Patients	28	2,50,000 p.a.	70.00	0.00
4		O1.4.1.3	Contingency	28	1,00,000 p.a.	28.00	28.00
Total						**991.30**	**537.10**

Budget requirement for the year 2014-15 for District CCU/ICU & Cancer Care

Sl. No		**FMR Code**	**Heads**	**Unit**	**Unit Cost (Rs.)**	**Amount Proposed (in Lakhs)**	**Amount Approved (in Lakhs)**
Non- Recurring							
1		O1.1.2.1	Developing/ Strengthening and Equipping Cardiac Care Unit (CCU)/ ICU	18	1,50,00,000	2700.00	0.00
2		O1.1.2.2	Cancer Care (for Equipment)	18	5,00,000	90.00	0.00
Recurring grants							
1	**Human Resource**						
	a)	O1.2.1.3.1	Specialist (cardiology/ M.D. General Medicine	18	90,000 p.m.	145.80	82.08
	b)	O1.2.1.3.2	GNMs(4)	72	22,000 p.m.	142.56	
2		O1.3.2	Consumables and other investigations outsourced	18	5,24,000 p.a.	94.32	36.00
Total						**3172.68**	**118.08**

Budget requirement for the year 2014-15 for NCD CHCs Clinic

Sl. No		**FMR Code**	**Heads**	**Unit**	**Unit Cost (Rs.)**	**Amount Proposed (in Lakhs)**	**Amount Approved (in Lakhs)**
Non- Recurring							
1		O1.1.4.1	NCD Clinic : Furniture, Equipment, Computer etc.	76	1,00,000	76.00	72.00
2		O1.7.3 (Other Activity)	Lab Equipments	76	8,00,000	608.00	576.00
Recurring grants							
1	**Human Resource**						
	a)	O1.2.1.5.1	Doctors (1)	92	50,000 p.m.	456.00	413.83
	b)	O1.2.1.5.2	Nurse (GNM) (1)	326	22,000 p.m.	530.64	
	c)	O1.2.1.5.3	Technician (1)	76	18,000 p.m.	164.16	
	d)	O1.2.1.5.4	Counselor (1)	326	18,000 p.m.	434.16	
	e)	O1.2.1.5.5	Data Entry Operator	76	12,000 p.m.	109.44	
2		O1.3.3	Laboratory tests, equipments & Consumables (Glucostrips, Lancets, Swabs (for population above 30 years & pregnant women) @ 10 per person for 20,000 person	326	2,00,000 p.a.	652.00	100.00
3		O1.4.1.6	Transport of referred cases including home based care	326	32,000 p.a.	104.32	0.00
4		O1.4.1.3	Other contingency expences.	326	50,000 p.a.	163.00	90.00
5		O 1.7.2 (Other	Referral Card @ 5 per patient for 4000 person	326	20,000	65.20	0.00

		Activity)					
Total						**3262.92**	**1251.83**

Budget requirement for the year 2014-15 for PHCs

Sl. No	FMR Code	Heads	Unit	Unit Cost (Rs.)	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
1	O1.3.4	Glucostrips, Lancets, Swabs (for population above 30 years & pregnant women) @ 10 per person for 2,500 person	1083	25,000	270.75	0.00
2	O1.4.1.8.1	Referral Card @ 5 per patient for 500	1083	2,500	27.075	0.00
3	O1.4.1.5	Contingency, Travel etc. @ 2500/ month	1083	30,000 p.a.	324.90	0.00
Total					**622.725**	**0.00**

Budget requirement for the year 2014-15 for Sub Centres

Sl. No	FMR Code	Heads	Unit	Unit Cost (Rs.)	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
1	O1.3.5	Glucostrips, Lancets, Swabs (for population above 30 years & pregnant women) @ 10 per person for 2,500 person	9183	25,000	2295.75	0.00
2	O1.4.1.8.2	Referral Card @ 5 per patient for 500	9183	2,500	229.58	0.00
3	O1.4.1.7	Contingency @ 1,500 p.m.	9183	18,000 p.a.	1652.94	0.00
Total					**4178.27**	**0.00**

Budget requirement for the year 2014-15 for State NCD Cell

Sl. No		FMR Code	Heads	Unit	Unit Cost (Rs.)	Amount Proposed (in Lakhs)	Amount Approved (in Lakhs)
Non- Recurring							
1		O1.1.1.1	Renovation and furnishing, furniture, Computer, office equipments (fax, phone, photocopier etc.)	1	5,00,000	5.00	0.0
Recurring grants							
1	**Human Resource**						
	a)	O1.2.1.1.1	Epidemiologist / Public Health Specialist	1	65,000 p.m.	7.80	
	b)	O1.2.1.1.2	State Programme Coordinator	1	50,000 p.m.	6.00	
	c)	O1.2.1.1.3	Finance cum Logistic Consultant	1	55,000 p.m.	6.60	
	d)	O1.2.1.1.4	Data Entry Operator	1	15,000 p.m.	1.80	
Total Salary for Contractual Staff of State NCD CELL						**22.20**	21.24
2		O1.4.1.1	Other contingency expenditure	1	10,00,000 p.a.	10.00	5.00
3		O1.5.1	IEC (Awareness generation)	1	10,00,000 p.a.	10.00	5.00
4		O1.6.1	Outreach activities	1	3,60,000 p.a	3.60	0.00
Total						**50.80**	**31.24**

Under NPCDCS programme, an amount of Rs.13297.69 Lakhs was proposed, out of which GOI approved Rs.3098.40 Lakhs only as per the details given above in table. This approved budget includs procurement of Glucostrips, lancets etc at **PHC & sub centre level** and production of IEC materials are including register, formats & cards, Sinages at PHC level i.e. Rs. 738.65 Lakhs.

3- To provide equal salary under all the programme for similar Human Resource position which came within the umbrella of National Health Mission the following salary structure is proposed **:-**

Sl. No.	Post Name	Salary as per Guideline	Salary proposed
District NCD CELL			
1	District Epidemiologist / Public Health Speciliast	60,000 – 80,000 p.m.	65,000 p.m.
2	District Programme Coordinator	30,000 – 40,000 p.m.	50,000 p.m.
3	Finance cum Logistic Consultant	30,000 – 40,000 p.m.	32,000 p.m.
4	Data Entry Operator	10,000 – 12,000 p.m.	12,000 p.m.
District CCU/ICU & Cancer Care			
1	GNMs	18,000 – 20,000 p.m.	22,000 p.m.
District NCD Clinic			
1	Doctors (General Physician)	60,000 – 70,000 p.m.	70,000 p.m.
2	GNMs	18,000 – 20,000 p.m.	22,000 p.m.
3	Technician	18,000 – 20,000 p.m.	18,000 p.m.
4	Physitherapist	20,000 – 25,000 p.m.	25,000 p.m.
5	Counselor	10,000 – 12,000 p.m.	18,000 p.m.
6	Data Entry Operator	10,000 – 12,000 p.m.	12,000 p.m.
NCD CHCs Clinic			
1	Doctors	40,000 – 50,000 p.m.	50,000 p.m.
2	GNM	18,000 – 20,000 p.m.	22,000 p.m.
3	Technician (1)	18,000 – 20,000 p.m.	18,000 p.m.
4	Counselor (1)	10,000 – 12,000 p.m.	18,000 p.m.
5	Data Entry operator	10,000 – 12,000 p.m	12,000 p.m.
State NCD Cell			
1	State Epidemiologist / Public Health Speciliast	60,000 – 80,000 p.m.	65,000 p.m.
2	State Programme Coordinator	50,000 – 60,000 p.m.	50,000 p.m.
3	State Finance cum Logistic Consultant	40,000 – 50,000 p.m.	55,000 p.m.
4	Data Entry Operator	10,000 – 12,000 p.m.	15,000 p.m.

It is requested to approve the above salary so that there is no disparity in the salary between different programs.

4- For districts Raebareli, Sultanpur, Firozabad, Jhansi, Farrukhabad, Jalaun, Lakhimpur Kheri, Eatawah, Lalitpur, we had proposed entire amount under Non – Recurring head since majority districts have not utilized the amount under Non – Recurring head in the year 2012-13. Therefore it is requested to approve the same.

5- For 31New districts we had not proposed any amount for furnishing and human resource at CHCs level except GNM and Counsellor since we had planned to start only screening component with the help of GNM and behavior changes with the help of Counsellor at CHC level.

6- For State NCD CELL in FMR Code O1.4.1.1 Rs. 10 Lakhs proposed for meeting the expenses relating to Miscellaneous cost for communication, monitoring, TA, DA, POL, contingency etc (including expenses towards hiring of One Vehicle for monitoring and monthly, quarterly review meeting expense at state level).

Training Programme at District/State level :-

SL. No.	Cadre for Health Personnel and levels	Total Numbers	Batch Size	No. of Training Batches	Duration of Training	Training Venue	Trainers
1	District Nodal officer, Epidemiologist Medical Specialist (District NCD	120	30	4	5 Days	State Level	Medical College / Institute

	Clinic)						
2	Specialist-Cardiology/General Medicine OR General Physician	19	20	1	5 Days	State Level	Medical College / Institute
3	GNM at CCU	76	25	3	3 Days	District Level	Specialist-Cardiology/General Medicine OR General Physician
4	GNM at District Hospital	80	30	3	3 Days	District Level	District Nodal officer, Doctor District NCD Clinic and Epidemiologist
5	Mos [PHC/CHC], Medical Specialists (CHC)	1966	30	66	4 Days	District Level	District Nodal officer, Doctor District NCD Clinic and Epidemiologist
6	GNM at CHC	464	30	16	3 Days	Block Level	Mos [PHC/CHC] Medical Specialists (CHC)
7	ANMs (CHC/ PHC)	14028	50	281	1 Days	Block Level	Mos [PHC/CHC]
8	LT District NCD Clinic and CHC	116	40	3	2 Days	State Level	Medical College / Institute

Plan of District Level IEC Activity

	Activites	**Frequency with Specifications**	**Amount in Lakhs**	**Remark**
Mid Media	News paper Advertisement	6 time Once in a month @ Rs. 20,000/-	1.20	As per of DAVP Approval in National & local newspaper
	Foam Posters	1 time activity. Total 171 per district @ Rs. 10.00 per Sq.ft. Size 3x2 sq.ft.	1.03	National programme for prevention and control of Cancer, Diabetes and Cardiao Vascular Diseases & Stroke related material pated in al DH,CHC & PHC equally.
	Nukkad Natak	20 show @ Rs. 5000/- per show	1.00	
	Wall Painting	1 time activity. Total 50 wall painting per district @ Rs. 20.00 per Sq.ft. Size 20x6 sq.ft.	1.20	
	Hoardings	1 time activity. Total 30 hoarding per district @ Rs. 20.00 per Sq.ft. Size 12x8 sq.ft. flex printed	0.57	
	Budget for 1 District		**5.00**	
	Budget for 28 Districts		**140.00**	

PROGRAMMEWISE BUDGET SUMMARY –NATIONAL HEALTH MISSION (NHM)- UTTAR PRADESH, 2014-15

FMR Code	Budget Head	Total Amount Proposed (Rs. Lakhs)	Total Amount Approved (Rs. Lakhs)
A	**REPRODUCTIVE AND CHILD HEALTH**		
A.1	Maternal Health	71,874.91	71,388.64
A.2	Child Health	2,905.03	1,790.09
A.3	Family Planning	8,038.86	7,809.35
A.4	Adolescent Health/ RKSK (Rashtriya Kishore Swasthya Karyakram)	3,636.65	2,351.42
A.5	RBSK	6,623.89	4,920.98
A.6	Tribal RCH	-	-
A.7	PNDT Activities	747.02	92.70
A.8	Human Resources	57,988.96	34,850.39
A.9	Training	10,899.56	6,529.76
A.10	Programme Management	15,858.75	11,038.47
	Sub Total - RCH	**178,573.63**	**140,771.80**
B	**Additionalities under NRHM (Mission Flexible Pool)**		
B.1	ASHA	41,958.05	31,428.38
B.2	Untied Funds/Annual Maintenance Grants /Corpus Grants to HMS/RKS	25,084.40	15,842.80
B.3	Roll out of B.Sc.	-	-
B.4	Hospital Strengthening	79,847.09	634.53
B.5	New Constructions	39,004.63	-
B.6	Clinical Establishment Act	-	-
B.7	Health Action Plans (Including Block, Village)	150.00	140.00
B.8	Panchayati Raj Institutions	109.98	107.73
B.9	Mainstreaming of AYUSH	9,650.28	21,668.96
B.10	IEC-BCC NRHM	11,970.37	4,123.34
B.11	Mobile Medical Units	-	-
B.12	National Ambulance Service	35,568.80	17,580.55
B.13	PPP/ NGOs	4,439.74	44.10
B.14	Innovations (if any)	9,429.87	3,006.16
B.15	Planning, Implementation and Monitoring	7,440.99	5,265.49
B.16	Procurement	27,508.19	17,929.81
B.17	Drug Ware Housing	375.79	323.65
B.18	New Initiatives/ Strategic Interventions	544.00	86.80
B.20	Research, Studies, Analysis	287.46	287.46
B.21	State level Health Resource Centre	-	-

FMR Code	Budget Head	Total Amount Proposed (Rs. Lakhs)	Total Amount Approved (Rs. Lakhs)
B.22	Support Services	3,152.34	1,784.75
B.23	Other Expenditures (Power Backup, Convergence etc)	2,661.45	912.10
B.24	Collaboration with Medical Colleges and Knowledge partners	250.00	-
	Sub Total - MFP	**299,433.43**	**121,166.61**
C	**IMMUNISATION**	**30,908.80**	**25,166.05**
D	**National Iodine Deficiency Disorders Control Programme (NIDDCP)**	**449.75**	**280.00**
PART I	**TOTAL (A+B+C+D)**	**509,365.61**	**287,384.46**
PART II	**TOTAL URBAN HEALTH**	**34,586.35**	**15,438.51**
	Communicable diseases		
E	Integrated Disease Surveillance Program (IDSP)	1,603.10	684.65
F	National Vector Borne Disease Control Programme (NVBDCP)	11,563.56	3,694.20
G	National Leprosy Eradication Programme (NLEP)	2,362.68	1,387.13
I	Revised National Tuberculosis Control Programme (RNTCP)	26,725.91	17,040.28
PART III	**TOTAL COMMUNICABLE DISEASES**	**42,255.26**	**22,806.26**
	Non-Communicable diseases		
I	National Programme for Control of Blindness (NPCB)	7,063.26	3,820.00
J	National Mental Health programme (NMHP)	665.60	-
K	National Programme for the Healthcare of the Elderly (NPHCE)	8,294.80	-
O	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	13,297.69	3,098.40
L	National Programme for Prevention and control of deafness	555.17	-
M	National Tobacco Control Programme (NTCP)	1,044.24	473.00
N	National Oral health programme (NOHP)	129.60	-
PART IV	**TOTAL NON COMMUNICABLE DISEASES**	**31,050.36**	**7,371.40**
PART V	**INFRASTRUCTURE MAINTENANCE**	63,387.88	47,041.00
	GRAND TOTAL NHM (PART- I +II+III+IV+ V)	**680,645.46**	**380,061.63**