



National Health Mission Uttar Pradesh

Supplementary PIP 2014-15

Department of Medical Health & Family Welfare, Uttar Pradesh

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Chapter-1. CHILD HEALTH

- **Sick Newborn Care Unit**

Neonatal Mortality of UP is 37/1000 LB which is quite high as compared to national average 29/1000 LB. As in the state, institutional deliveries are increasing at various facilities. Sometimes, there is need of emergency care of neonates. To reduce the neonatal and peri natal deaths, all facilities of level III type should have sick new born care unit. For decreasing neonatal mortality in the state, it has been pointed out in different review meetings and feedback given by CRM team that state has to increase number of SNCUs for providing proper treatment & management of sick/low birth weight newborns at district level.

At present 27 SNCUs are functional at medical colleges and District Women Hospital. 19 SNCUs are under process of establishment in 19 HPDs. (that will cover 23+19 =42 districts) Although SNCUs are integral part of MCH wing but it will take time for establishment. Further, state is proposing 5 new SNCUs at district women hospital where space is available. The cost of 5 new SNCUs proposed below.

S.N.	FMR Code	Budget Head	Amount Proposed (in Lacs)	Remarks
1	A.2.2.1	One time Establishment Cost @ Rs. 12.00 lacs Per SNCU	60.00	for 5 New SNCUs One time establishment cost Rs. 12.00 lacs per unit will be required
2	B4.1.5.4.2	Minor Repair/ Renovation@ 3.00 lacs per SNCU	15.00	MCH Wings may take time hence to start immediately minor repair may be required for establishment of 5 new SNCUs
3	B16.1.2.2	Procurement of Equipments for SNCUs @ 25.00 lacs per SNCU	125.00	Procurement of equipments for 5 New SNCUs @ 25.00 lacs per SNCU will be required as per GOI norms
4	Total amount (Rs. in lac)		200.00	

Thus, an amount of Rs. 200.00 Lakhs is being proposed for the above purpose.

Chapter-2. RASHTRIYA KISHOR SWASTHYA KARYKRAM (RKSK)

Weekly Iron Folic Acid Supplementation (WIFS) programme is being implemented across the State. Under this programme, there is a provision of free weekly distribution of IFA tablets and biannual Albendazole tablets for students studying in class 6th to 12th in Govt. and Govt. aided schools.

In this financial year, the programme is going to be expanded to AWC of 14 HPD districts for out of schools adolescent girls and in 5 districts for out of schools adolescent boys.

Therefore registers are to be provided for the purpose of record keeping of the details of weekly distribution of IFA tablets and biannual Albendazole tablets. Hence, budget for 10 registers per school and 1 register per AWC is being proposed. Details are as below :

S.No.	Details	No. of schools/ AWC	Register required (10 reg. per school and 1 register per AWC)	Funds to be proposed @ Rs. 30 per register
1	Govt. and Govt. aided Schools (class 6 th to 12 th) in 75 districts	60598	605980	18179400
2	AWC in 14 HPD districts For out of schools Adolescent Girls	36578	36578	1097340
3	AWC in 5 districts for out of schools Adolescent boys	13605	13605	408150
Total			656163	196,84,890

Thus total funds of Rs. 196.85 Lakhs is required for 656163 registers @ Rs. 30/register.

Chapter-3. RASHTRIYA BAL SWASTHYA KARYKRAM (RBSK)

- **Booklet for ASHAs for Identification of Birth Defects**

Training of ANMs is underway to detect birth defects during field visits for which a booklet has been developed and printed by the State for the purpose. It is proposed that the trained ANMs will train the ASHAs during field visits to identify birth defects as early as possible. A booklet for ASHAs will be developed comprising of 15-16 pages, which will be more of pictorial nature with few bold messages. This booklet will be used by ASHA during home visits.

One booklet will be provided to each ASHA and one booklet would be made available at each sub centre.

As there are 159482 ASHAs in the State and 20521 sub centers, a total of 1.80 Lakh booklets will be required @ Rs 20 per booklet totaling to Rs 36.00 Lakhs.

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

Proposed by Sanjay Gandhi Postgraduate Institute of Medical Sciences

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.

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**. (Ethical guidelines for biomedical research on human participants -http://icmr.nic.in/ethical_guidelines.pdf)

All neonates born in the following hospitals and who are not discharged within first 24 hours will be offered testing. The parents will be provided information about the disorders to be tested and utility of testing during newborn period by the field worker. The samples of neonates whose parents agree for testing will be sampled by heel prick. The numbers expected are about 15000 per year.

1. King Georges Medical University, Lucknow
2. District Women's Hospital, Raibareilly
3. District Women's Hospital, Barabanki
4. Awanti Bai District Hospital, Lucknow
5. Jhalkari Bai Mahila Hospital, Lucknow
6. Ram Manohar Lohia Hospital, Lucknow
7. Rani Laxmi Bai 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.

The tests based on assays accepted worldwide for newborn screening 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 at Sanjay Gandhi Post graduate Institute of Medical Sciences, Lucknow and followed up in close collaboration with the doctors at the peripheral hospital. The project will be linked to the Mother and Child Tracking System, so that the follow up of all babies can be ensured.

BUDGET

Total budget for 1st year: [Rs. 14,223,300.00]

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

Consumables +manpower per child will cost Rs 824-00

S No	Item	Budget (Rs) (Calculations as per expected neonates covered per year- given in bracket)		
		First Year (15000 neonates)	Second Year (20000 neonates)	Third year (20000 neonates)
I	Non recurring			
	Equipment for newborn screening	2,500,000.00	nil	nil
	Deep Freeze [-80 degree C Computer & printer, Refrigerator, Incubator, Micro and multipipette sets	1,000,000.00	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	6,000,000.00	8,000,000.00	8,000,000.00
	Sample collection kit	150,000.00	200,000.00	200,000.00
	Plasticware, gloves, disposables, common chemicals, consumables for confirmatory tests	150,000.00	200,000.00	200,000.00
	Printing (brochures, cards, posters, etc)	300,000.00	400,000.00	400,000.00
	Stationary, miscellaneous	200,000.00	250,000.00	250,000.00
	Travel	300,000.00	400,000.00	400,000.00
	Manpower			
	Supervisory officer X 1 (Rs 50000 per month)	300,000.00	600,000.00	600,000.00
	Program Managers X 2 (Rs 25000 per month)	300,000.00	600,000.00	600,000.00
	Data entry operator X 1 (Rs 15000 per month)	90,000.00	1.80.000.00	1.80.000.00

	Technicians X 3 (Rs 17000 per month)	306,000.00	612,000.00	612,000.00
	Field / Medical Social workers X 10 in first year & 12 in third & fourth year (Rs 15000 per month)	900,000.00	216,000.00	216,000.00
	Awareness programs, training programs, multimedia based awareness advertisements, etc	1,000,000.00	1,000,000.00	1,000,000.00
	TOTAL	13,546,000.00	12,658,000.00	12658000 .00
	Overhead -5%	677,300.00	632,900.00	632,900.00
	GRAND TOTAL	14,223,300.00	13,290,900.00	13,290,900.00
Grand Total (for 3 years)				40,805,100.00

The budget for salaries of human resource is calculated for 6 month. Therefore, the total budget of Rs.142.23 Lakhs is being submitted for the above purpose.

Manpower details

S No	Post	Requisite Qualification	Job responsibilities
1	Supervisory 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 / laboratory 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 one year diploma in computers. Two year experience is preferred	Data entry in lab registers & computer with analysis of data, patient report generation
4	Technician	DMLT or B Sc in biology with 2 years experience as a laboratory technician	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

- **Sanction of uniform honoraria for pharmacists/paramedics (FMR Code A.8.1.7.4.3)**

At FMR Code A.8.1.7.4.3 an amount of Rs. 2205.40 Lakh has been approved for honorarium of Pharmacists recruited under RBSK, but in remarks column approval of Rs. 2267.77 Lakhs has been shown. This is to be informed that 1314 paramedics are working in the scheme. These Paramedics are either Optometrist, Dental hygienist, Physiotherapist or Pharmacist. The honorarium approved for Paramedics (Optometrist, Dental hygienist, Physiotherapist) in the year 2013-14, was 11,880/ per month, whereas for Pharmacists it was approved at Rs. 13,500/ per month. 76 Pharmacists are also working since last financial year on this rate.

The rates approved this year is Rs. 12,474 for all, which is shown as 5% increase over last year but for pharmacists it will be a reduction in salary. It is proposed to pay all the Paramedics and Pharmacists uniformly, which may be at Rs. 13,500/ per month with no hike in honorarium of Pharmacists.

Thus, the amount required for existing 1314 Paramedics and 76 Pharmacists @ Rs 13500 for 12 months will be 2251.80 Lakhs.

For 250 New Pharmacists @Rs 13500 for 4 months= 135.00 Lakhs.

Total amount required is Rs. 2386.80 Lakhs, as an amount of 2205.40 Lakhs has already been approved.

Thus, the remaining amount required is Rs. 181.40 Lakhs only.

Chapter-4. PC-PNDT

- **SUPPORT TO PNDT CELL (A.7.1)**

In the State, 75 District level PC-PNDT Cells are functional; one contractual DEO is posted at each cell. At 18 divisional districts, 1 Data Assistant is placed with the support of NHM. The Honorarium approved by GOI in FY 2013-14, was Rs. 10,000/- per month and Rs. 17,000/- PM for Data Entry Operators and Data Assistants respectively. In FY 2014-15, the Honorarium proposed for DEO is Rs. 12000/- pm. and for Data Assistant is Rs. 19000/- pm amounting to a total budget of Rs. 149.04 Lakhs. As contingency, a budget of Rs 20,000/- per unit for both district and divisional level units has been proposed for a total amount of Rs. 18.60 Lakhs. It is being reiterated that looking at the importance of PC-PNDT program the functioning of district and divisional level cells is crucial for the implementation of the scheme and proper timely reporting and record keeping. **Hence, we request you to kindly approve an amount of Rs.167.64 Lakhs for the above mentioned HR which is already working on contract under NHM.**

Divisional Level PC-PNDT Cell			District Level PC-PNDT Cell		
Name of Post	No. of Units	Unit Cost (Rs.)	Name of Post	No. of Units	Unit Cost (Rs.)
Data Assistant	18	19000.00	Data Entry Operators	75	12000.00
Contingency	18	20000.00	Contingency	75	20000.00

- **Up -gradation and Maintenance of PC-PNDT Website (A.7.2.8)**

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 Lakh is proposed for this Year. As directed by Principal Secretary-Health, up gradation, bilingual and Hack Proofing of the website has been done through UPDESCO. Thus, an additional budget of Rs.3.00 Lakhs is required for making the above said changes and maintenance of the Website. **Hence, we request you to kindly approve an additional amount of Rs.3.00 Lakhs for this mentioned activity.**

- **District Level Sensitization Workshops – (A.7.2.6)**

In the PIP-2014-15, for District level sensitization workshop an amount of Rs. **18.75** Lakhs was proposed at the rate of 25000/- per district against which an amount of only Rs.8.40 Lakhs has been approved for 74 districts at the rate of 10,000/- district. As the state has total 75 districts, it seems that no. of districts has wrongly been mentioned as 74, which needs rectification. **Hence, we request you to kindly give funds for total 75 districts @Rs.25000/district, totally to Rs.10.35 Lakhs excluding the already approved amount.**

- **Capacity building of DGCs/CJMs/District officers etc-(A.7.2.9)**

Under this FMR Code, the proposal was for capacity building of DGCs/CJMs/District Officers, Nodal Officers, Ultra Sound Owners and ASHAs and AWWs Workshops at State, Regional, Division, District and Block Level, for which total budget proposed was Rs. 73.50 Lakhs but the approval granted is only 68.50 Lakhs, which does not include the budget of Rs.5.00 Lakhs for workshops for District Appropriate Authority-DMs,ADs etc. **Thus, a proposal is being submitted to approve a budget of Rs.5.00 Lakhs for the above mentioned activities.**

Chapter-5. HUMAN RESOURCE

• **Proposal for sanction of Dental Doctors on contract at DH and CHCs**

Since RBSK is being implemented across the state and medical teams recruited under this programme are screening children for dental conditions/diseases and Hygiene as well, large number of children with dental diseases are being referred to at the district hospitals and CHCs, where dental surgeons are needed for their treatment.

Total number of children referred to CHCs for various dental conditions in year 2013-14 is 818568. This means that children with dental conditions are being referred by the medical teams in addition to the normal OPD. This indicates that there is need of posting dental surgeons in these facilities either on regular or contractual basis. There are total 194 dental surgeons posted against the sanctioned position of 317 on regular basis. In addition to this, 87 dental doctors are working on contract under NHM. There are many CHCs, where no dental surgeon is posted.

This is to inform that there are 10 district hospitals and 67 CHCs, where dental chair is available but no dental surgeon(regular/contractual) is posted. Hence, looking into the urgent need of dental doctors, it is requested to kindly consider the proposal and sanction 77 posts of contractual dental doctors @Rs.38000/month for 6 months. The list facilities are annexed herewith.

Therefore, an amount of Rs.175.56 Lakhs is being proposed for the above activities.

• **Lab Technicians - FMR Code No. A.8.1.2.1 and X Ray Technicians - A.8.1.7.2**

For the above human resources for the year 2013-14, the honoraria fixed was Rs. 11800/- per month for X Ray Technician and Rs.11880/- per month for Lab Technicians (while the rates for both technicians was same in previous years), while in the year 2014-15 the approval given is Rs. 13100/- per month for Laboratory Technicians and Rs. 12400/- per month for X Ray Technicians. Also there were 209 existing positions while in the approval given in 2014-15 approval is 189 positions for Lab Technicians. It is also to state that the budget approved for paramedics in RBSK programme is Rs.13500/- per month. Hence the same is proposed for LT and X-Ray technicians to remove the disparity for the same positions in different programmes.

Lab Technician

As approved in 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	189	13100	12	29710800
vacant	169	13100	4	8855600
Total				38566400

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	209	13500	12	33858000
vacant	149	13500	4	8046000
Total				41904000

Difference in budget (in Rs.)

3337600

X Ray Technician (As approved in 2014-15)

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	89	12400	12	13243200
vacant	48	12400	4	2380800
Total				15624000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	89	13500	12	14418000
vacant	48	13500	4	2592000
Total				17010000

Difference in budget in Rs. 1386000

- **Dental Surgeons and Dentists - FMR Code No. A.8.1.3.7**

Approval was given for 87 Dental Surgeons in the FY 2013-14. In FY 2014-15 approval is given for 80 positions (80 existing and 7 vacant positions) while, there were 85 existing positions out of 87 in April 2014.

As approved in 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	80	38000	12	36480000
vacant	7	38000	4	1064000
Total				37544000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	85	38000	12	38760000
vacant	2	38000	4	304000
Total				39064000

Difference in budget in Rs. 1520000

- **Data Entry Operators- FMR Code No. A.8.1.9**

There are 154 District Hospitals in UP for which approval of 154 DEOs was given in FY 2013-14. In the ROP 2014-15 approval has been given for 135 DEOs only.

As approved in FY 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	135	9700	12	15714000
vacant	0	9700	4	0
Total				15714000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Last year	154	9700	12	17925600
vacant	0	9700	4	0
Total				17925600

Difference in budget in Rs. 2211600

- **Sanction of uniform honoraria for pharmacists/paramedics (FMR Code A.8.1.7.4.3)**

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The rates approved this year is Rs. 12,474 for all, which is shown as 5% increase over last year but for pharmacists it will be a reduction in salary. It is proposed to pay all the Paramedics and Pharmacists uniformly, which may be at Rs. 13,500/ per month with no hike in honorarium of Pharmacists.

Thus, the amount required for existing 1314 Paramedics and 76 Pharmacists @ Rs 13500 for 12 months will be 2251.80 Lakhs.

For 250 New Pharmacists @Rs 13500 for 4 months= 135.00 Lakhs.

Total amount required is Rs. 2386.80 Lakhs, as an amount of 2205.40 Lakhs has already been approved.

Thus, the remaining amount required is Rs. 181.40 Lakhs

Chapter-6. TRAINING

a. Nurse Mentor Strategy for the state

Nurse mentor program is being successfully implemented in 25 HPDs district in Uttar Pradesh through SIHFW and with technical support of UP Technical Support Unit from September 2014 at field level for achieving the given goal and objectives:

Goal: To improve the availability of quality RMNCH+A services:

- Increase the availability of an entire range of RMNCH+A services i.e safe delivery and newborn care, family planning, treatment of childhood diarrhoea and pneumonia, adolescent health services.
- Improve the quality of services.

Objectives

- To provide on-site mentoring and supportive supervision at L1, L2 and L3 delivery points in the Block through a dedicated cadre of nurse mentors.
- Capacity building of staff Nurses, LHVs and ANMs posted at delivery points.

At present a total 150 Nurse Mentors (all BSc / MSc nursing staff) are working in 25 HPDs and deployment of the nurse mentors after completion of five weeks training are as follows:

- 100 nurse mentors are posted in 100 selected blocks of TSU @ 1 nurse mentor per Block under UP Technical support Unit.
- 50 nurse mentors are posted for 50 additional blocks in the 25 HPDs @ 1 per Block under National Health Mission. These additional blocks selected with the highest number of institutional deliveries as per the latest data.

Gol had approved budget Rs. 175.50 lakhs under NHM PIP 2013-14 for Nurse Mentor program comprising of 50 Nurse Mentor for six months for the state in following heads.

Sl.	Heads	Rate	Amount(Lakhs)
1	Hiring of 50 Mentors Tutors (B. Sc. Nursing) 6 month	@40000 X 50 X 6	120.00
2	Transportation/POL	@2000 X 50 X 6	6.00
3	Accommodation + DA	@1500 X 50 X 6	4.50
4	Mannequins	@ 1,50,000 X 25	37.50
5	Modules Printing	@1000 X 500	5.00
6	Orientation of Mentors	-	1.50
4	Monitoring & Evaluation	100000.00	1.00
	Total		175.50

In the month of March 2014, NHM, EC has committed the above budgeted amount for expenditure in implementation for F.Y. 2014-15.

As National Health Mission and Technical Support Unit (TSU) both are working in HPDs on same objectives and norms, hence NHM-EC decided that NHM and TSU will follow the same norms going forwards, which are as follows: Consultancy Charges Rs. @36750/-, Mobile Top-Up Rs. @ 500/-, Computer stationary (for official use) Rs. @ 750/- and Transportation Cost (TA) Rs. @2000/- per Nurse Mentor per month.

The approved available budget will be over by Feb 2015, hence the state proposes the budget requirement for Nurse Mentor Program for another one month ie. For March 2015 are as follows:

SI	Heads	Rate(Rs)	Amount(Rs. Lakhs)
1	Consultancy Charges for 50 Nurse Mentor for one month	@36750 X 50 X 1	18.37
2	Mobile Top-Up for 50 Nurse Mentor for one month (for official use)	@500 X 50 X 1	0.25
3	Computer stationary etc for 50 Nurse Mentor for one month(for official use)	@750 X 50 X 1	0.37
4	Transportation Cost(TA) for Nurse Mentor for one month	@2000 X 50 X 1	1.00
	Total		20.00

Therefore it is requested to approve another one month budget Rs. 20.00 lakhs(As per above table) for the March 2015 for smooth implementation of nurse mentor program till PIP 2015-16 gets approve.

Secondly GoI had also approved Rs. 1.50 lakhs per district i.e total Rs. 37.50 lakhs for purchase of Mannequin (25 HPDs) in PIP 2013-14. Technical Support Unit has given kit of equipments to their Nurse Mentors (list enclosed), which will be used by Nurse Mentors for providing training and skill development of CHC/PHC/Delivery point staffs engaged in labour room.

On the basis of same norms the above equipments/instruments including mannequins are also required for training purposes for Nurse Mentors working under National Health Mission. The state will purchase all proposed equipments (List enclosed) with in approved mannequins budget and will not requires any additional budget in above mentioned budget head.

Essential list of equipments for mini skill lab in HPDs

Sl. No.	Description of Asset.	Quantity
1.	MamNatalie Complete	50
2.	NeoNataile Complete	50
3.	Mama U	50
4.	Haemoglobinometer Sahil's	50
5.	Urostix	50
6.	Baby Weighing Machine	50
7.	Contraceptive methods charts	50
8.	Needle Holder	50
9.	BP Apparatus	50
10.	Stethoscope	50
11.	Thermometer (Mercurial)	50
12.	Digital thermometer	50
13.	Paed. Stethoscope	50
14.	Cord Clamp	50
15.	Cord Cutting Scissor Complete Stainless Steel	50
16.	Kelly's Forcep	50
17.	SIMS Speculum	50
18.	Vulsillum	50
19.	Tennaculum	50
20.	Artery forcep	50
21.	Episiotomy Scissor	50
22.	Kidney Tray	50
23.	Bowl	50
24.	Small tray with cover	50
25.	Big Tray with cover	50
26.	Mucus Extractor	50
27.	Foetal Doppler - Digital	50
28.	Foetus & Pelvis	50

b. Setting up of EmOC training centre

Under FMR Code A.9.3.2.1 Rs. 23.40 Lakhs were proposed for setting up of 3 EmOC training centers (two existing & one new). For two existing centers Rs. 9.18 Lakhs has been approved, while budget for new centre has not been approved. As per the GOI norms the operational cost of EmOC centre is Rs. 13.60 Lakhs (i.e. Rs. 8.40 Lakhs as running cost, Rs. 2.60 Lakhs for monitoring and Rs. 10000.00 for certification of participants, totaling to Rs. 3.20 Lakhs for 32 participants). **Hence, it is proposed to approve the remaining budget of Rs. 4.42 Lakhs as per GOI norms.**

c. Study Tours/Workshop/Participation in State/National Conferences/Contingency support

A budget of Rs. 17.79 Lakhs was proposed for study Tours/Workshop/Contingency support for TNA and finalization of course contents for various training programmes. It is also used for interaction and coordination with other reputed institutions and nomination in training programmes and payment of registration/course fee as per NHM guide lines.

Contingency support is very vital for the conduction of training programmes and smooth running of the institute. The State budget provided for this purpose is very limited as two 125 KVA generators have been installed at the institute during 2014-15 with the budget provided by NHM and the running cost is huge due to irregular electric supply. Besides this, class rooms and hostel rooms have been made air-conditioned for which extra money for payment of higher electricity bills is required. If the contingency support is withdrawn they these facilities will no longer be available leading to difficulty in running the courses. Also, the library at SIHFW is strengthened by contingency support.

It is also worth mentioning that against the total requirement of Rs. 35.00 Lakhs, an amount of Rs. 22.21 Lakhs was already available for this activity with the institute. Therefore, only Rs. 12.79 Lakhs was proposed for approval. The entire available amount of Rs. 22.21 Lakhs has already been spent and at present no fund is available for the above activities.

FMR Code	Activity	Proposed Amt.
A.9.2.2.2	Workshop/ Study Tour/ Participation in State/National Conferences	Rs. 12.79
A.9.2.2.2	Contingency Support to SIHFW	Rs. 5.00

Therefore, it is requested to kindly reconsider the approval of the budget of Rs.17.79 Lakhs under the above mentioned FMR Codes/activities.

d. Clinical Consultant:

Rs. 22.50 Lakhs were approved for H.R. (Clinical Consultants –SIHFW) in F.Y. 2013-14, but as the sanction arrived late, this activity could not be taken up and the budget was committed for the year 2014-15.

It is also to be taken in to consideration that under RMNCH+A various training programmes have been initiated in the state. In SIHFW, a number of faculty members have retired and limited faculty is available for various trainings (Clinical). Although SIHFW has provided two medical

consultants, but they are retired personnel, their movement is limited and most of the time they work and report physical progress to the NIHFWS as per their guidelines.

Thus 4 consultants (Medical experts- Maternal Health-2 & -Child Health-2)) for 6 months @Rs.65000/month are required to conduct various clinical training programmes, **for which an amount of Rs.15.60 Lakhs is being proposed.**

e. Security Guard & Support Staff

The institute carries out training activities on a regular basis in which male and female trainees participate. The SIHFWS Campus is very huge. It contains administrative block, training block and 3 hostels of SIHFWS along with a big residential area for officers and staff of the institute. This campus also contains the office of Regional Training Centre and their several hostels. Thus it becomes very vital to remain vigilant round the clock so that any untoward incident or a breach in security could be avoided.

It is also to be noted that only Foundation Training Courses for the Medical Officers is conducted from the State budget at the institute. Rest of the entire training programmes are run from NHM budget. Only two Chaukidars are available under the state government budget. They are miserably insufficient for providing round the clock security of the campus. At least 5 guards are needed in three shifts to fulfill the minimum security requirement of institute. Therefore non approval of this proposal will disable the security of the campus and will make it very unsafe and undesirable.

Similarly keeping in view the large number of training activities at least two assistants and two helpers are needed at the institute. They not only help in organizing the training activities in many ways but also help in other routine activities like reporting book keeping and assisting the consultants.

Keeping in view the security of campus and trainees, the security Guards are hired from Home Guard Department and the support staff (Accountant-1, Data Entry Operator-1 & class room Attendant-2) has been hired through outsourcing agency (UP Bhutpurav Sainik Kalyan Nigam). The training activities will affect adversely if the above staff is not made available to SIHFWS. **Therefore, for this purpose, an amount of Rs.20.34 Lakhs is being proposed for the year 2014-15.**

f. PPIUCD Trainings for Medical Officers and Staff Nurse-(A.9.6.5.2)

A proposal of 15 batches for PPIUCD Training of Medical Officers and Staff Nurses was included in the PIP 2014-15, but now it is felt that 35 more batches are required to meet the unmet need of skilled human resource in PPIUCD. Hence, it is requested to kindly approve **an additional amount of Rs. 27.72 Lakhs for the additional 35 batches.**

Sl	Training Activities	Unit Cost in /Batch	Physical target	No. of Batches	Amount Proposed (Rs in Lakhs)
1.	PPIUCD insertion training				
1.1	PPIUCD Training for Lady Medical Officer and Staff Nurse	79200	355-(215 SN & 140 LMO)	35	27.72

g. Facility based Clinical Training sites (FTC) under RHFWTC of Uttar Pradesh

To meet out the need of large number of trained service providers in order to strengthen the health system in the state for providing quality services in FP, the clinical trainings were decentralized to Divisional Level District Women Hospitals viz: Allahabad, Azamgarh, Kanpur Nagar, Moradabad, Meerut, Saharanpur, Mirzapur, Agra, Jhansi, Varanasi which were strengthened under the project 'Institutional Strengthening of 10 Divisional Level Hospital as FTC's' in the year 2008-09 for delivering quality trainings.

Each training centre is supported by regular / contractual staff and provision of administrative cost for maintenance of training records, accounting, upkeep & maintenance of DCTC complex, postage, communication etc for facilitating quality training.

The staff is already posted and working in place at each center and the budgetary detail is as below:-

Support Staff for 10 FTCs 2014-15 (Honoraria for 12 months)				
(A) Administrative Cost				
S. N	Particulars	Rate	Details	Amount (Rs.)
1	Stationary/Photocopy/cartridge	@Rs.1000/- per month	1000x12	12000
2	Communication/postage/fax	@.Rs2000/- per month	2000x12	24000
3	Miscellaneous (banner, photographs, documentation etc)	@.Rs1000/- per month	1000x12	12000
4	Payment of internet bills	@ Rs 500/- per month	500X12	6000
5	POL for genset	@Rs.10000/-	1000x12	12000
Cost for 1 FTC				66000
(B) Personnel Cost				
	Particulars	Rate	Detail	Amount (Rs.)
1	Salary for Training Coordinator	@Rs.18000/- per month	18000x12	2,16,000
2	Salary for Accountant (Honorarium Rs 5,000/- if departmental.)	@Rs.12000/- per month	12000x12	1,44,000
3	Honorarium to peon	@.Rs.5000/- per month	5,000x12	60,000
4	Honorarium to Aaya	@.Rs.2500/- per month month	2500x12	30,000
Cost for 1 FTC.				4,50,000
(C) Maintenance & other support				
	Particulars	Rate	Details	Amount (Rs.)
1	Miscellaneous repair & renovation(civil/electrical) in training hall, OT, toilets, office room & practice room	Rs. 20000/- (lump sum)	20000x1	20000
Cost for 1 FTC				20000
Total cost for 01 FTC (A+B+C)				5,36,000
Total cost for 10 FTC				Rs.53.60 lacs

Thus, it is requested to kindly approve an amount of Rs. 53.60 Lakhs for above mentioned 10 FTC for smooth functioning and quality FP Trainings.

h. Increasing Acceptance of Non- Scalpel Vasectomy in Uttar Pradesh

No Scalpel Vasectomy (NSV) is a safe, simple and effective method for permanent contraception for men. Entire procedure can be completed in 10- 20 minutes and the acceptor can return back home walking after an hour. The procedure requires minimum logistics support. In the state, trained service provider is less in the no. and to promote the NSV as popular method of family planning, we need further trained service provider. To address this gap, medical personnel have to be trained as

service provider. For this purpose in the Urology Department of Medical College –KGMU, a Center of Excellence for the State has been established as a Static Training Center which has a huge load of clients, thus, fund for appointing an honorary Surgeon is also being budgeted. At this Centre of Excellence the trainers as well as service providers are trained for providing services/trainings at the facilities. As KGMU is over burdened with teaching activities and other trainings, so the regular staff is not available for the training purpose. Hence, for smooth running of this center, budget for staff on contractual basis is being proposed as under:

A - Recurring Annual Cost - Salary of Staff			
S N	Items	Rate	Amount (Rs.)
1	Surgeon cum Trainer -1 (Contractual)	25000/- per month x12 months	3,00,000.00
2	Accountant Cum office Assistant Cum MIS officer	12,000/- per month x 12 months	1,44,000.00
3	Nurse -1	15000/- per month x 12 months	1,80,000.00
4	Technician-1 for OT & Pathology Laboratory (Contractual)	10,000/- per month x 12 months	1,20,000.00
5	One class IV employee	5,000/- per month x 12 months	60,000.00
6	Data Analyzer / Documentation Specialist	10,000/- per month x 12 months	1,20,000.00
7	Communication & Postage	2,000/-per month x 12 months	24,000.00
8	Miscellaneous	1500/-per month x 12 months	18,000.00
Sub Total			9,66,000.00
B - Recurring Cost - Annual Maintenance and repair			
1	Consumables for computer, Handy cam, printer etc.	lump sum Rs. 24000 per year	24000
2	OT Consumables	40/-client for 1000 clients	40000
3	Telephone bills, Electricity bills, AC maintenances (EMI) etc	30000/per year	30000
Sub Total			94000
Total funds for COE-(A+B)			10,60,000.00

Seeing the success of COE KGMU Lucknow it was decided to establish 03 more NSV Training Centers as Satellite Centers where only service provider training is to be provided .Thus 03 NSV satellite centers were established in 2010-11 at Allahabad, Kanpur and Meerut medical colleges. These centers are providing the trainings to the Medical Officers and also functioning as static centers for NSV. The staff is already posted and working in place at each center and its budgetary details are as below. These Medical Colleges are also over burdened with teaching activities and other trainings, so their regular staff is not available for the training purpose. Hence, for smooth running of these centers, only staff on contractual basis was posted and no honorary surgeon was provided for these satellite centers. The budgetary detail is given below –

NSV Satellite Centre - Allahabad, Kanpur and Meerut Medical Colleges					
A - ADMINISTRATIVE EXPENSES & OTHER ESSENTIAL ITEMS					
S.N	Budget Head	Rate per month	Allahabad	Kanpur	Meerut
1	Communication/postage/Telephone/fax/internet bills per month	Lump sum	8000	8000	8000
2	Stationary/photocopy per month	Lump sum	1000	1000	1000
3	Contingency (unforeseen expenses / documentation etc) per month	Lump sum	3000	3000	3000
4	Consumables for computer, handcam, printer-paper, cartridge, DVD etc.	Lump sum	5000	5000	5000
5	OT consumables-Disposable syringes, cap, medicines, gloves, handy plast, betadine, mask	40/- per client	10000	10000	10000
Sub Total for 1 Centre			27000	27000	27000

B- SALARY OF STAFF						
SN	Budget Head	Rate	Months	Allahabad Rs.	Kanpur Rs.	Meerut Rs.
1	Staff Nurse-one	15000	12	1,80,000	180,000	180,000
2	One Training Coordinator cum Accountant cum computer operator	12000	12	1,44,000	1,44,000	1,44,000
3	OT Technician	10000	12	1,20,000	1,20,000	1,20,000
4	One class IV employee	5000	12	60000	60000	60000
Sub Total for 1 centre				5,04,000	5,04,000	5,04,000
Total for 1 centre (A+B)				5,31,000	5,31,000	5,31,000
G. Total for 03 Centers 1				15,93,000		

Thus, it is requested to kindly approve a total amount of Rs. 26.53 Lakhs for above mentioned 01 COE (KGMU Lucknow) and 03 NSV Satellite Centre for smooth functioning and quality NSV Trainings.

i. IUCD Training of SNs/ANMs/LHVs

Intensive efforts are being made by Family Planning Division to increase the uptake of spacing methods across the State. Availability of a provider who is skilled in IUCD insertion (PPIUCD and Interval IUCD) at the facility is an important strategy for addressing the issue so that quality services are provided.

HLFPPT, a Govt. of India Enterprise is providing the training to medical personal (SN/LHV/ANM) in the State. An MOU was signed for training of Service Providers in the State on yearly basis in 2012-13; 2013-14. A budget of Rs.459.43 Lakhs under FMR Code A.9.6.6 in year 2012-13 and Rs.637.83 Lakhs under FMR Code A.9.6.6.1 in year 2013-14 was provisioned by Gol to conduct these training. HLFPPPT trained 3011 SPs successfully against target of 3000 SPs, according to the terms & condition mentioned in MOU 2012-13. This year MOU was signed in May 2014 for training of 5000 medical personal (SN/LHV/ANM) against which they have trained 2057 SPs till now. In this way in two years total 5068 Service Providers are trained. To meet the unmet need of trained Service Providers at each health facility in the State, it is planned to train more service providers in IUCD insertion & handling of Pregnancy test cards.

To achieve the goal of FP-2020, 1700 more SPs are to be trained in the year 2014-15. HLFPPPT, submitted the project costing Rs.251.35 Lakh to train 1700 more medical personal (SN/LHV/ANM) in IUCD in the year 2014-15.

Thus, it is requested to kindly approve a total amount of Rs. 251.35 Lakh for the above mentioned IUCD training of SNs/ANMs/LHVs by HLFPPPT.

j. TA and Accommodation for PPIUCD Training

Funds for Accommodation and Travel of the participants was not budgeted for the PPIUCD Training in the PIP 2014-15. In year 2014-15, the approved batches for PPIUCD training are 15 and in the supplementary PIP we are proposing 35 more batches. As per our experience in previous years many training batches were cancelled due to non availability of participants for the training. A main reason that is known to state is the non provision of TA and difficulty in accommodation at training sites in the districts. They also informed that getting the TA and Accommodation reimbursed from the place of posting is very difficult. Thus, for smooth

implementation of the trainings it is requested to approve the proposal. The details for TA and Accommodation is as given below-

Sl.	Activity	Rate in Rs.	No. of Participants	Days	Total Budget (Rs)
1	TA-Doctors Maximum Rs.1500 (Too & Fro)	1500	4	1	6000
2	TA-Staff Nurse Maximum Rs.1500 (Too & Fro)	1000	6	1	6000
3	Accommodation @ Rs.900 per day	900	10	3	27000
	Total budget for one batch (Rs)				39,000
	Total budget for 50 batches-(Rs)				19,50,000.00

Thus, for 50 batches total amount of Rs.19.50 Lakhs is proposed for Supplementary PIP 2014-15.

k. RKSK training modules (A.9.7.1)

In the PIP 2014-15, State has proposed RKSK training including;

- Modules for TOT of Adolescent Friendly Health Services (A.9.7.1.1)**

A proposal was submitted for RKSK trainings (TOT for MOs/ANMs/Counsellors) for which an amount of Rs. 10.25 Lakhs has been approved, which does not include the cost of training modules.

The proposal for printing of the modules is as follows: budget of Rs.

The calculation is given below:

- I. 1 Batch of MO TOT (30 participants*1 Batch*Rs. 200*2 Modules) = 12,000.00
- II. 3 Batch of ANM TOT (30 participants* 3 Batch*Rs.200 *2 Modules) = 36,000.00
- III. 1 Batch of MO TOT (30 participants* 1 Batch*Rs.200 *2 Modules) = 12,000.00

60,000.00

Thus, it is requested to approve an amount of Rs. 0.60 Lakhs for the above activity.

- Modules for AFHS Training of Medical Officers (A.9.7.1.2)**

For conducting the AFHS training of Medical Officers, the total amount proposed was Rs. 115.36 Lakh @ 2.06 lakh per batch including the cost of training module @ Rs. 200 per module * 1 module, but only Rs. 37.17 has been approved for training of 20 batches of MOs and it does not include the cost printing of training modules. **Thus, for 20 Batches of MOs, an amount of Rs. 1.20 Lakhs is required for printing of modules- (30 participants * 20 Batch* Rs. 200 for Module)**

Chapter-7. PROGRAMME MANAGEMENT

- Operational cost for DPMU units- FMR Code No. A.10.2.8.1**

Approval was given in the FY 2013-14 for Operational cost for DPMU units @ Rs. 75000/- per month for each DPM unit. However, in the FY 2014-15 approval has been provided @ Rs. 50000/- per month per DPM unit.

As approved in FY 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	75	50000	12	45000000
Total				45000000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Last year	75	75000	12	67500000
Total				67500000

Difference in budget in Rs. 22500000

- Strengthening of Block PMUs- FMR Code No. A.10.3.1**

Approval was given for 820 BAMs each in the FY 2013-14. In FY 2014-15 approval is given for 772 positions of BAMs while, there were 774 existing positions out of 820 in April 2014.

As approved in FY 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	772	11000	12	101904000
vacant	48	11000	4	2112000
Total				104016000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Last year	774	11000	12	102168000
vacant	46	11000	4	2024000
Total				104192000

Difference in budget in Rs. 176000

- Divisional PMU Personnel and Operational Cost- FMR Code No. A.10.1.11.1**

Approval was given in the FY 2013-14 for Operational cost for Div. PM units @ Rs. 137500/- per month for each Div. PM unit. However, in the FY 2014-15 approval has been provided @ Rs. 75000/- per month per Div. PM unit.

As approved in FY 2014-15

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Existing	18	75000	12	16200000
Total				16200000

Proposed in supplementary for rectification

	No.	Rate (in Rs.)	Months	Total Amount (in Rs.)
Last year	18	137500	12	29700000
Total				29700000

Difference in budget in Rs. 13500000

For the above purpose, only approval may be granted as proposed and budget may be utilized from the savings of the overall HR budget. May kindly like to approve the above proposal to be included in Supplementary PIP 2014-15

• **Rent and Operational Expenses for SPMU, NRHM (FMR code A.10.1.11.4)**

Sub Heads	Amount sanctioned in ROP 2014-15 (Rs. in Lakhs)	Supplementary proposal of for the FY 2014-15 (Rs. in Lakhs)
A. Rent for State PMU *	72.00	25.50
B. Office Establishment **/ office equipments / furniture/ fixtures etc for New/ Old SPMU.	50.00	50.00
C. Library Establishment Procurement of books, Journals / e-journals /research/Surveys/Study tours	10.00	10.00
Total	132.00	85.50

A. Rent for State PMU * –

An amount of Rs 72.00 Lacs was proposed in PIP 2014-15 for Rent of SPMU-NHM-UP as under :-

1. Rent approved for office space already being used by SPMU, NHM for FY 2014-15	Rs 42.00 Lacs
2. Amount Proposed for office space to be hired by SPMU, NHM in FY 2014-15	<u>Rs 30.00 Lacs</u>
TOTAL (1+2)	<u>Rs 72.00 Lacs</u>

In FY 2014-15, for approx 7,500 sqft Super area at Vishal complex (First and Upper Ground floor), an amount of Rs 0.60 Lacs per month was paid to SIFPSA as per arrangement for providing office space since FY 2009-10. These floors have been vacated by SIFPSA on 30 september, 2014. Hence, they need to be hired directly by SPMU to accommodate Finance, Child Health, Maternal Health, Quality Assurance, Store, Pantry, Meeting Hall, RBSK and Planning cell etc. of SPMU, NHM-UP.

Apart from that One more floor of approx 1,500 Sq. ft. to be hired for Urban Health Mission, ASHA Resource centre and Record Sections as per the details given in Annexure -II. Therefore, a total of Rs 97.50 Lacs is required for FY 2014-15 as under :-

1- Rent approved for office space already being used by SPMU, NHM for FY 2014-15. (Annexure-I).	Rs 42.00 Lacs
2- Amount Proposed for office space to be hired by SPMU, NHM in FY 2014-15 (Annexure-II)	<u>Rs 55.50 Lacs</u>
TOTAL	<u>Rs 97.50 Lacs</u>

GOI has already approved an amount of Rs 72.00 Lacs in ROP 2014-15 as rent for SPMU. Thus, a balance amount of Rs 25.50 Lacs is required for expansion of SPMU.

3- 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 in year 2014-15, an amount of Rs 50.00 Lakhs was sanctioned for establishment of furniture/ fixture etc for newly hired building.

Thus , the balance amount of Rs 50.00 Lakhs is essentially required to furnish the rest of the area.

- 4- Library Establishment Procurement of books, Journals / e-journals /research /Surveys /Study tours - an amount of Rs 10.00 Lakhs was sanctioned in year 2014-15, but this budget has been already utilized on workshops and seminars.

Hence, a budget of Rs 10.00 Lakhs is additionally required for various study tours, seminars, etc. for the year 2014-15.

Annexure - I

1. Details of office space already being used by SPMU, NHM in FY 2013-14

(Rs. in Lakhs)

Details of Floor/ area for SPMU	Months	Rent per months	Total	Amount Proposed (Rs. In Lakhs)
• For approx 3,500 sqft area at Vishal Complex Basement	12	1.05	12.60	42.00
• For approx 3500 sqft area at Saubhagya Bhawan, First floor	12	1.5	18.00	
• For approx 1300 sqft area at Saubhagya Bhawan, Upper Ground floor - front portion	6	0.65	3.90	
• For approx 7,500 sqft area at Vishal complex First and Upper Ground floor to be paid to SIFPSA	12	0.6	7.20	
Total			41.70	

Annexure - II

2- Details of office space to be hired by SPMU, NHM in FY 2014-15

Details of Floor/ area for SPMU	Months	Rent per months	Total rent for FY 2014-15	Agreement cost	Amount Proposed (Rs. In Lakhs)
• For approx 7,500 sqft area at Vishal complex First and Upper Ground floor (From 1 oct 2014 to 31 march 2015)	6 month Advance and 6 month rent for FY 2014-15	3.50	42.00	7.50	49.50
• For approx 1,500 sqft area at Saubhagya Bhawan, Upper Ground floor, back portion	3 month Advance and 3 month rent for FY 2014-15	0.75	4.5	1.50	6.00
Grand total					55.50

- **Visits of Divisional Level Officers under Supportive Supervision**

Under A.10.8.1 – Vehicles for Divisional/AD Office, amount of Rs.54.00 Lakhs has been approved in the PIP for one vehicle @Rs.25000/- per vehicle per month for 18 divisions of Uttar Pradesh. This amount has already been released to concerned districts.

In the Review meeting of Sri Manoj Jhalani, Joint Secretary (Policy) on 19.12.2014 at Lucknow, the issue of POL for Govt. vehicle available with Additional Directors was raised by Additional Directors present and a request was made to sanction POL for Govt. vehicles, so that these vehicles may also be used for supportive supervision visits in the division.

In light of the directions of Joint Secretary(Policy), it is proposed that following amount Rs.43.20 Lakhs may be approved for government vehicle available with 18 Additional Directors @Rs.20000/- per month.

Total Divisions	Per month amount for POL (Rs.) for one division	Total amount for 12 months per division (Rs) for one division	Total amount for 12 months for 18 divisions (Rs.)
18	20000	240000	4320000

As per above, in the supplementary PIP 2014-15, proposal for Rs.43.20 Lakhs is being submitted for approval..

Chapter-8. COMMUNITY PROCESS

1. Module 6&7 training

A. In the FY 2013-14, training of 64905 ASHAs of 58 districts was approved for 1st and 2nd round of Module 6&7. Training could not be started due to delay in procurement of HBNC Kit and Printing of modules for ASHAs, therefore this amount need to be kept under committed unspent this year, but due to some reasons following districts could not book this amount under committed unspent for the year 2014-15.

Sl.	District	ASHAs were proposed to be trained in 1st and 2nd round of Module 6&7 in FY 2013-14	Number of Batches	Amount Proposed (Rs. In Lakhs)
1	Amethi	1200	40	50.62
2	Badhoi	1200	40	50.62
3	Chandauli	1200	40	50.62
4	Etha	1200	40	50.62
5	Hapur	717	24	30.32
6	Kasganj	1085	36	45.61
7	Sambhal	1200	40	50.62
	Grand Total	7802	260	329.03

Therefore, kindly approve Rs. 329.09 Lacs for the above districts.

B. Further, NHSRC, New Delhi has informed that IInd round training is being organized at Garhchiroli, Maharashtra in Feb, 2015. For which it is proposed that 10 State trainers may participate, for which **Rs. 1.20 lacs** (12000/trainer for TA/DA) is required. The total budget proposed is as follows:

FMR Code	Budget Head	Amount Proposed (in lacs)	Comment
B1.1.1.2	Module VI & VII	1.20	For 2 nd round ToT of 10 State trainers, at Garhchiroli, Maharashtra

2- ASHA Sangini Training District Sambhal

In the FY 2013-14, training of ASHA Sangini for 58 districts were approved. Training could not be started due to delay in ASHA Sangini selection, therefore this amount need to be kept under committed unspent this year, but due to some reasons district Sumbhal could not book this amount under committed unspent. Therefore, kindly approve Rs. 1.98 Lacs for ASHA Sangini training for district Sambhal.

FMR Code	Budget Head	Amount Proposed (in lacs)
B1.1.1.5.1	Training of ASHA Facilitator	1.98

Thus, an amount of Rs.1.98 Lakhs is required for above purpose.

Chapter-9. HOSPITAL STRENGTHENING

- **Construction of 10 Trauma Wing at District Hospitals- FMR Code B4.1.1.3**

A proposal was submitted to GOI in year 2013-14 for the construction of 10 Nos of Trauma wing @98.00 Lacs/unit, totally Rs. 980.00 Lacs. But GOI has approved only Rs. 294.00 Lacs in January 2014.

Work has been allotted to Govt. construction agencies & detail design & plan is being prepared. As per state Govt. rules & Construction manual of NHM, UP 50% of the project cost is to be released to selected agencies in the first installment & target of the completion of the project is 30 June 2015. Due to non availability of sufficient fund state is not able to release the 50% of the project cost as first installment to the selected agencies for mobilization of the works. As the preparatory stage is over & project will be start at the end of this month i.e. January 2015, So GOI is requested to release all remaining fund Rs. 686.00 Lacs to complete the project well with in time. The construction sites are Pilibhit, Balrampur, Baghpat, Shrawasti, Bulandshahar, Amroha, Deoria, Mau, Mathura and Kaushambi.

- **Spill over of ongoing works (15 New CHCs)- FMR Code B4.1.2.3**

This project is sanctioned in 2012-13 @Rs. 500.00 Lacs per unit & Rs. 5625.00 Lacs is released till today by GOI. Work is allotted to Govt. construction agencies & progress is in full swing & target of the completion of the project is November 2015. As per state Govt. rule & Construction manual of NHM, UP 50% of the project cost has already released to selected agencies in the first installment & construction agency consumed near about released amount. So remaining 50% amount is to be released before February 2015. Due to non availability of sufficient fund state is not able to release the final installment to the selected agencies for completion of the works. By so GOI is requested to release remaining Rs. 1875.00 Lacs to complete the project well with in time. The detail progress is annexed as annexure no. 1. The sites of construction are in Raibareilly, Ballia, Mau(3), Jhansi(2), Etah(4), Bareilly (2), Pilibhit and Saharanpur districts.

- **Spill over of ongoing works (28 New PHCs)- FMR Code B4.1.3.3**

This project is sanctioned in 2012-13 @Rs. 150.00 Lacs per unit & Rs. 3675.00 Lacs is released till today by GOI. Work is allotted to Govt. construction agencies & progress is in full swing & target of the completion of the project is December 2014. As per state Govt. rule & Construction manual of NHM, UP 75% of the project cost has already released to selected agencies in the first/final installment & construction agency consumed near about released amount. So remaining 25% amount is to be released by the end of this month. Due to non availability of sufficient fund state is not able to release the final installment to the selected agencies for completion of the works. By so GOI is requested to release remaining Rs. 525.00 Lacs to complete the project well with in time. The detail progress is annexed as annexure no. 2. The construction sites are in Raibareilly, Basti, Gorakhpur, Deoria, Gazipur(3), Jaunpur(4), Fatehpur, Mainpuri(2), Mathura(2), Hathras, Badaun, Bijnour(2), Bahraich, Gautambudh Nagar(2) and Muzzaffarnagar(5) districts.

- **Spill over of ongoing works (200 Bed state referral Maternity & Child Hospital, Gomti Nagar)- FMR Code B4.1.5.4.4**

This project is sanctioned in 2012-13 @Rs. 5162.49 Lacs per unit & Rs. 4000.00 Lacs is released till today by GOI. Work is allotted to Govt. construction agencies & progress is in full swing & target of the completion of the project is November 2015. As per state Govt. rule &

Construction manual of NHM, UP 75% of the project cost has already released to selected agencies in the first/second installment & construction agency consumed 60% of released amount. So, remaining amount is to be released by the end of February 2015. Due to non availability of sufficient fund state is not able to release the final installment to the selected agencies for completion of the works. By so GOI is requested to release remaining Rs. 1162.49 Lacs to complete the project well with in time. The detail progress is annexed as annexure no. 3.

Chapter-10. NEW CONSTRUCTIONS

- **Construction of New CHCs (FMR Code B5.1.1)**

In the state 773 Nos of CHCs is already established & 138 Nos. is under construction in which 15 Nos. are constructed under NHM Fund, rest is constructed by state budget. There is lack of 495 nos of CHCs in the state for the strengthening the health system.

Construction of New CHCs 100 Nos proposal is pended in ROP 2014-15 due to non availability of land & places. As per proposal of DG-MH only 64 places are identified where land is available. That's why against 100 Nos of construction of CHCs only 64 Nos. is proposed in supplementary PIP 2014-15 @563.00 Lacs per unit & 10% of the construction cost is proposed in the supplementary PIP 2014-15. In the 64 CHCs all sites are approved by District Planning Committee. Details of the proposal is annexed as annexure no. 4.

- **Monitoring & Evaluation - HR- setting up Infrastructure Wing for Civil Works (Staff at the State Level)**

As per NHM guideline 33% of the outlay can be utilized for infrastructure related activities. No health facility can be provided proper services to the patients unless it is infrastructurally strong. Under infrastructure new construction works and repair/renovation of existing structures are included.

During last 5 years GOI had approved an envelop (outlay) of Rs. 13693 Cr. Out of this only Rs. 3160 Cr. was allotted for infrastructure works which is roughly 23% of the total resource envelop. (still short of 10% as per norms). It is also inform that state approved approximate more than 500 Cr. per year for infrastructure.

Since 2012-13 and onward works were allotted to various govt. agencies with a rider that they shall execute the works after obtaining tenders from open market.

To strengthen the Monitoring & Evaluation system with Quality Assurance at state level including programme management. The demand of 32 nos of post in which the technical staff & Non technical staff included. The demand of the salary is only 3 months for the 2014-15. The detail of the proposal is annexed as annexure no. 5.

- **Monitoring & Evaluation - HR- setting up Infrastructure Wing for Civil Works (Staff at the Division & District Level)- FMR Code B5.4.2**

As per NHM guideline 33% of the outlay can be utilized for infrastructure related activities. No health facility can be provided proper services to the patients unless it is infrastructurally strong. Under infrastructure new construction works and repair/renovation of existing structures are included.

During last 5 years GOI had approved an envelop (outlay) of Rs. 13693 Cr. Out of this only Rs. 3160 Cr. was allotted for infrastructure works which is roughly 23% of the total resource envelop. (Still short of 10% as per norms)

The work was allotted to various state govt. construction agencies. Prior to 2012-13 these construction agencies executed the work on DCU (Departmental Construction Unit) pattern.

Since 2012-13 and onward works were allotted to various govt. agencies with a rider that they shall execute the works after obtaining tenders from open market. The very limitation of state govt. construction agencies exist in non availability of man power. These agencies are already over crowded with other works sanctioned through state budget. Due to practical paucity of man power works are not being completed within stipulated time inspite of regular monitoring of works at state level.

Although the works sanctioned under NRHM seems to be larger amount but most of the works cost less than Rs 1 Cr. and also these works are spreaded throughout the state therefore it is absolutely necessary that execution of works must be done at division / district level after inviting open tenders.

Timely execution of works within stipulated quality need healthy and competitive tendering at district/division level. It is proposed that one Executive Engineer shall be posted at each division and one Assistant Engineer at each district level with supporting staff. All the posts are proposed to be filled through deputation/contractual basis.

It is requested to GOI approve the above plan to strengthen the monitoring & evaluation system with quality assurance for the construction programme, so that Govt. of UP can execute the work in the same way as in the other state of India. The detail of the proposal is annexed as annexure no. 6.

Progress of Ongoing Works (Spill Over) Annexure 1 , 2 & 3										
Sr. No.	FMR Code	Name of Works	Construction Agency	No. of Works	Total Sanctioned Cost	Amount Released	Financial Progress	Work Starting Month	Completion Target	Comments
1		2	3	4	5	6	7	8	9	10
1	B4.1.2.3	Construction of CHCs	UPSKNN	15	7500.00	3385.00	848.89	March 2014	Sept 2015	13 Works in progress. Retendering at 2 places.
2	B4.1.3.3	Construction of PHCs	PACCFED	28	4200.00	2880.00	1632.67	July 2013	Dec 2014	All Works in Progress.
3	B4.1.5.4.4	200 Bedded MCH Hospital, Gomti Nagar Lucknow	UPAVP	1	6750.41	3200.00	2063.12	July 2013	Nov 2015	Structural works complete & Finishing work is in Progress

[Annexure-4 for new CHC proposal/list and estimate is annexd as PDF.](#)

Annexure No. - 5
FMR Code B5.4.1- Monitoring & Evaluation - HR- setting up Infrastructure Wing for Civil Works (Staff at the State Level)

Sr. No.	Name of Post	FMR Code (as per ROP 2014-15)	FMR Code (Proposed in PIP 2014-15)	Total amount sanctioned by GOI in FY 2014-15				Additional post/Amount proposed for Suppl. PIP 2014-15 (FOR 3 Months)			
				Unit of Measure	QTY	Monthly Salary	Total Annual Cost (Rs)	Unit of Measure	QTY	Monthly Salary	Total Annual Cost (Rs)
1	Chief Engineer	A.10.1.11.3	B5.4.1	No.	1	125000	750000	-	-	-	-
2	Executive Engineer	A.10.1.11.3	B5.4.1	no.	1	80000	960000	-	-	-	-
3	Advisor (Technical)	A.10.1.11.3	B5.4.1	no.	1	45000	270000	-	-	-	-
4	Assistant Engineer (Civil)	A.10.1.11.3	B5.4.1	No.	1	50000	600000	No.	2	65000	390000
5	Assistant Engineer (E/M)	A.10.1.11.3	B5.4.1	No.	1	50000	600000	-	-	-	-
6	Junior Engineer (Civil)	A.10.1.11.3	B5.4.1	No.	3	45000	1620000	No.	3	45000	405000
7	Junior Engineer (E/M)	A.10.1.11.3	B5.4.1	No.	1	45000	540000	-	-	-	-
8	Architect	A.10.1.11.3	B5.4.1	No.	1	50000	600000	-	-	-	-
9	Accountant	A.10.1.11.3	B5.4.1	No.	2	30000	540000	-	-	-	-
10	Data Assistant	A.10.1.11.3	B5.4.1	No.	1	25000	300000	No.	2	25000	150000
11	Computer Operator	B.5.4.1	B5.4.1	No.	2	12000	288000	No.	6	12000	216000
12	Programme Assistant	-	B5.4.1	-	-	-	-	No.	2	30000	180000
13	Steno/Secretary	-	B5.4.1	-	-	-	-	No.	1	20000	60000
14	Office Assistant	-	B5.4.1	-	-	-	-	No.	4	8000	96000
15	Vehicle for Mobility Support	-	B5.4.1	-	-	-	-	No.	5	30000	450000
16	Office Maintenance	-	B5.4.1	-	-	-	-	No.	1	70000	210000
17	One Time Grant for Purchase of Computers, Printer & Accessories	B.5.4.1	B5.4.1	No.	-	-	-	No.	6	75000	450000
Total							7068000		32		2607000

Annexure No. -6
FMR Code B5.4.2- Monitoring & Evaluation - HR- setting up Infrastructure Wing for Civil Works (Staff at the Division & District Level)

Sr. No.	Name of Post	FMR Code (Proposed in PIP 2014-15)	Total amount sanctioned by GOI in FY 2014-15				New post/Amount proposed for Suppl. PIP 2014-15 (for 3 Months Only)			
			Unit of Measure	QTY	Monthly Salary	Total Annual Cost (Rs)	Unit of Measure	QTY	Monthly Salary	Total Annual Cost (Rs)
1	Executive Engineer	B5.4.2	-	-	-	-	No.	18	80000	4320000
2	Assistant Engineer (Civil)	B5.4.2	-	-	-	-	No.	75	65000	14625000
6	Programme Assistant	B5.4.2	-	-	-	-	No.	18	30000	1620000
7	Accountant	B5.4.2	-	-	-	-	No.	18	30000	1620000
8	Data Assistant	B5.4.2	-	-	-	-	No.	18	25000	1350000
10	Computer Operator	B5.4.2	-	-	-	-	No.	93	12000	3348000
11	Office Assistant	B5.4.2	-	-	-	-	No.	93	8000	2232000
12	Vehicle for Mobility Support	B5.4.2	-	-	-	-	No.	93	30000	8370000
13	Office Maintenance	B5.4.2	-	-	-	-	No.	93	32500	9067500
14	One Time Grant for Purchase of Computers, Printer & Accessories	B5.4.2	-	-	-	-	No.	93	75000	6975000
Total										53527500

- **Proposal for Support for Strengthening Regional Health & Family Welfare Training Centres (RHFUTCs) 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 strengthened 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	Gorakhpur	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 is being proposed for the year 2014-15 (FMR Code-B.5.10.1.1).

Chapter-11. IEC/BCC

- **Printing of Hindi Version of SBCC Strategic Guideline-**

Strategy and Planning SBCC Guideline for NHM, Uttar Pradesh has been developed by NHM with the help of UNICEF, Lucknow. 2000 copies of English version of this guideline was printed and distributed at state and across all 75 districts. This guideline needs to be translated in Hindi for distribution at District and Block level to IEC/BCC Nodal Officers. The Hindi version is being prepared by UNICEF. About 2000 copies (@Rs.200/-) of Hindi SBCC Strategy and Planning Guideline needs to be printed for distribution to District and Block level IEC/BCC Nodal Officers (BHEOs/BPM). **Thus, an amount of Rs.4.00 Lakhs is required for the above activity.**

- **District Level Plan of Mix Media and Naturally Occurring Gathering**
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 behaviours 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 each Division by NHM with the support of UNICEF and other IEC/BCC TSGs. In all 18 Divisional Workshops Divisional PMs, DPMs, DCPMs Dy. CMOs, Dist. HEOs of all 75 Districts, representatives from SPMU, UNICEF and TSG-BCC were present. The Situational Analysis, Priority Behaviours, Barriers and Media Plan prepared in the Workshops have been compiled District wise. On the basis of needs emerged in the Divisional Workshops the District specific IEC/BCC Plans have been prepared. This District Plan was proposed in PIP 2014-15 but could not be sanctioned by GoI since all sheets of 75 districts was a very lengthy document it could not be attached in PIP. Only plan of Allahabad Division was sent for sample.

At present Training on IEC/BCC of all nominated IEC/BCC Nodal Officers at District level (ACMOs RCH & DHEOs/DCPMs) have been completed. They have been oriented on IEC/BCC/IPC Concepts, priority behaviours, District IEC/BCC Plan, its implementation and Monitoring of activities etc. As the District plan has not been approved the field level IEC/BCC can not be done which is the most essential for improvement in health indicators. Also these nodal officers will feel de-motivated.

The revised District plan of Rs. 2771.49 Lakhs is again being sent for approval. Summary of Activities as prepared at the district level is given below:-

- **IEC/BCC Activities for MH and FP**

To increase the visibility of services and Health facility following activities planned: News paper ads on services, facility and special days in Hindi and Urdu newspaper, Stripes in popular local cable channel Hoardings, Wall Paintings in all delivery prominent places, DH, Block level points, Folk Troup performances in high populated slums. Printing of handbills on RMNCH+A issues.

- **IEC/BCC Activities for CH and RI**

News paper ads on services, facility and special days in hindi and urdu newspaper , stripes in popular local cable channel, Hoardings, Wall Paintings in all delivery prominent places, DH, Block level points, folk troupe performances in high populated slums. Printing of handbills on child and new born health.

To decrease the IMR: Towel distribution to newborn babies in selected facilities with messages where IMR is high due to infection. ASHA will motivate family members to initiate breastfeeding just after delivery and exclusive BF up to 6 months. At facility level different counselling materials are proposed which will motivate facility staff and family members for new born care just after delivery and also timely referral.

- **IEC/BCC Activities for AH/RBSK**

News paper ads on services, facility and special days in hindi and urdu newspaper , stripes in popular local cable channel to promote specific behaviours on different theme, Hoardings, Wall Paintings in all delivery prominent places, DH, Block level points, Wall paintings in all panchayat bhavan folk troupe performances in high populated slums. Printing of handbills on Adolescent health. Increase visibility of AFHS clinics by using posters, pamphlets, handbills etc.

ASHA will conduct adolescent group meeting and discuss the menstrual hygiene and nutrition related issues. Group meetings with Adolescent girl to discuss life education, nutrition, menstrual hygiene. Meeting with School/college teacher for menstrual hygiene.

- **Sehat Sandesh Wahini (Video Van Programme) for promotion of NHM schemes and services with focus on selected villages of blocks having Scheduled Tribe and marginalised Population**

Introduction and its Objective - Information and education are indispensable for socializing the young/couples/families into health promoting norms and behaviour. To promote appropriate healthy behaviour 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 behaviour. Sehat Sandesh Wahini (SSW) project has been completed in 20 villages of each block of 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 counsellor also gives an opportunity to audience to get answer to their queries which are the main attraction of the program.

Presently, Sehat Sandesh Wahini project is being implemented by SIFPSA on behalf of NHM-UP. In the first phase 11 divisions namely Kanpur Nagar, Lucknow, Gorakhpur, Basti, Allahabad, Faizabad, Devi Patan, Aligarh, Mirzapur, Moradabad and Chitrakoot covered. A total of 10520 shows have been completed in the 1st phase.

Now, in the second phase started from 26th September,2014 remaining 7 divisions i.e. Varanasi, Azamgarh, Agra, Meerut, Bareilly, Jhansi and Saharanpur are being covered. 2nd phase will be completed by March,2014.

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: -

Sl.No.	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	Naugarh, Chakiya, Dhanapur, Barhani, Chandauli
12.		Ghazipur	5	Mohammadabad, 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. 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 Lakhimpur 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 counsellor 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. Counsellors would be oriented about NHM scheme at state level before launching of project. The counsellor 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 counsellor to reply to audience. This would help to know the reaction of audience about the program and their health behaviour. 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/HIO/MO/MOIC/ANM of the area. Monitoring by district level officers ie District PM/DCM/ DAM/ DHIO/ ACO 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 along with two photographs of the show, two minutes video recording of the show and Feedback of audience maintained by counsellor 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 No.	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 lacs 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 Lacs and Rs 1001.60 Lacs respectively to cover whole blocks of UP with emphasis on Tribal concentrated areas.. Details are as below: -

Sl. No.	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		20,29,000	4,36,33000

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 behaviour. 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. **Thus, an amount of Rs. 436.33 Lakhs is being proposed for the above activity.**

- **BCC IEC campaign “Chalo Gaon Ki Ore Lekar Apna Hausla” based on all NHM issues.**

BACK GROUND:- Awareness on Maternal Health, family planning, Gender, Adolescent health etc. is still a challenge. Grass root level service providers in Uttar Pradesh are being trained in technical skills. The need to build community and systemic sensitivity towards the service providers and then to move to a situation where the community perceives quality health services, as a right, remains one of the key challenges of communication.

To address these challenges SIFPSA has developed and implemented the Campaign ‘Chalo Gaon Ki Ore’ covering entire state. This campaign consists of 3 IEC components:

1. **Folk Media:-**SIFPSA had trained folk troupes in six folk forms of folk troupes on NHM and Role of ASHA. Scripts were developed by best script writers of the Lucknow.
2. **Audio Spots airing:** - Audio Spots on maternal health, FP, Female sterilization, NSV & Age at marriage were developed.

3. **26 Episodes of Radio Drama Series** "Sunehere Sapne SanwantiRahe.":-This Radio drama series was developed by the technical advice and support of ITAP, JHUCCP, SIFPSA, NRHM, Family Welfare Dept, ASHAs and DPMUs.

All, above mentioned IEC material is pretested and revised. Suggestions provided by the experts incorporated in the material. Project 'chaloGao Ki ore' was launched by SIFPSA in 2014-15 in U.P

Objectives:-

- Increase in number of women and family influential's aware of, and adopting appropriate maternal and child health practices
- Increase in adoption of permanent methods by couples who want no more children
- Increase in adoption and continuation of Spacing methods by couples
- To create a powerful atmosphere for Adolescents Health.(Clean behavior , Diet and Age at Marriage)
- Increase in number of audience populations who know specific RTI/ STI and HIV/AIDS prevention measures.
- Increase in Number of Target audience who know specific TB, Malaria, Vector and water born diseases.

Strategy for Radio

- AIR Primary channels have maximum coverage in U.P; hence it is proposed to air this radio drama series through 12 AIR primary channels.
- It is propose to form 375 Listeners group/ ShrotaSangh @ 5 per district under supervision of ASHAs. Divisional PMU will coordinate with support of Dist PMUs and ASHAs to form these Shrota Sanghs. Name of competent ASHAs will be selected with the help of DPM/CMO.
- One small transistor with batteries will be provided to each selected ASHA for shrotaSangh. (Listeners group). Rs 500 will be provided to each Shrota Sangh (For arrangement of Dari and change of batteries etc).
- To make the program interactive two Quiz questions will be asked during all 26 episodes and prizes shall be announced on radio. Answer of queries will be given by NRHM expert in the program.
- The answers and name of prize winners will be included in the program by AIR Lucknow on their approved rates. 10 prizes@ 1000 will be given to listeners who will give correct answer of quiz questions. Name of prize winners will be selected randomly by lottery system.
- SIFPSA post box will be utilized to get the maximum feedback /letters. Post box no will be announced in every episode of radio drama.
- 20 prizes for ASHAs (for best performing Shrota Sangh) will be based on receiving of maximum letters of Shrota Sangh.
- Minimum three month airing is proposed for 12 audio spots.

Strategy for Folk Media.

- Folk performance will be 4 villages per block. Total 3480 shows are proposed.2 shows par day in 2 village will be covered by folk troupe

Proposed Budget:-

A	Folk Form	No of Shows	Rate	Light sound	Contingency	Final Total	Comments
1	Folk Nautanki	130	5000	150	800	773500	shows will be conducted by troupes registered in information department at their approved rate
2	Nukkad Natak	800	5000	150	800	4760000	
3	Birha	700	3000	150	500	2555000	
4	Jadu	1700	2000	150	500	4505000	
5	Puppet	150	1500	150	500	322500	
	Total	3480	16500	750	3100	12916000	
7	Orientation of Troupes Lump Sum for TA DA and food					300000	
8	Preparatory meetings, Script Photocopies etc					10000	
	Total of Folk media					13226000	
B	Airing Cost						
	Cost of airing radio drama series	No of episodes	@	total	Total cost with ST12.36%		payment will be done as per AIR norms
9	Airing +Service tax12.36%	26	45000	1170000	1314612		
10	Expert fee	6	500		3000		
11	Awards for ASHA for best performing Listener group	20	1000		20000		
12	Prizes for community	10	1000		10000		
13	Listeners group 'Shrota Sangh' arrangements	375	500		187500		
14	Transistors including batteries	375	600		225000		
15	Re editing and Quiz questions adding, cost Lum Sum				150000		Will be paid as per AIR rules
	Total				1910112		
C	Audio spot airing Lum Sum				5000000		Will be paid as per AIR rules
D	Evaluation Monitoring and documentation				500000		Monitoring & Evaluation will be conducted by selected agency
	Total of A,B,C ,D				20636112		
17	SIFPSA man-day @ 6 %				1238166.72		
	Grand Total				21874278.72		
	Proposed budget in round figure				21874300		

This strategy has been proposed by SIFPSA and will be executed by SIFPSA for which the funds will be allocated to SIFPSA. Thus, an amount of Rs. **218.74 Lakhs is being proposed for above activities.**

Other Local Mela Mahotsav (Rs.10.0 lacs)

In ROP 2014-15, the budget for Mela and Mahotsav has been sanctioned specifically for Lucknow Mahotsav, Agra Taj Mahotsav and Magh Mela Allahabad. In Uttar Pradesh several other local Mela Mahotsav are organized in several districts like Deva Mela, Nauchandi Mela, Hardoi Mahotsav and Kisan Melas. In these local gatherings/ Mela/Mahotsav a large number of men, women and children participate. In these Melas information and awareness about NHM programmes and services can be very useful. For this a lump sum amount of **Rs.10.00 lacs** is proposed for awareness of NHM programmes and services among local gatherings.

Monitoring of Field Level IEC/BCC Activities (Rs. 1.0 lac)

The Review Meetings for monitoring of IEC/BCC Activities was proposed in PIP 2014-15 which was not sanctioned. This meeting is again proposed for 2 quarters and will be done at SPMU level. The process has been adopted for monitoring of IEC/BCC Activities:-

- M & E Tools have already been developed for monitoring of IEC/BCC Interventions at the field level.
- The concurrent monitoring (Internal) of all activities will be carried out with support from UNICEF Lucknow & TSG BCC Partner Agencies.
- UNICEF Consultant BCC for NHM with TSG-BCC Partners and NHM Staff will jointly monitor each IEC/BCC 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 TSG-BCC and NHM.

The cost proposed for 2 Review and monitoring meetings is as below:

Sr.	Activity	Unit Cost in Rs.	Total Cost in Rs.
1	Review meetings at state , one meeting in each quarter for 2 quarters	@Rs.50,000/-	1,00,000

Other Misc. Printing Work (Rs.5.0 lacs)

Specified programme related printing has been sanctioned by GoI but for other small unforeseen needs for example small booklet on NHM Programmes, schemes and services for District administration and the same in simplified manner for the community, News Paper Advt. for other issues etc., State proposes lump sum Rs.5.00 lacs with a flexibility to use as per need .

Chapter-12. MOBILE MEDICAL UNITS

The procurement and operations of 150 MMUs under FMR Code B11.1 was approved by GoI in ROP 2012-13. Total sum of Rs. 3562.50 Lakhs was approved as capital cost of 150 MMUs at rate of Rs 23.75 Lakhs and sum of Rs 1490.25 Lakhs as operation cost of six months at rate of Rs 1.66 Lakhs per month. This amount has been kept as committed unspent for FY 2014-15.

The MMU project could not materialize earlier in lack of clear state policy regarding mode of operations of MMU (PPP Mode or Management contract mode). The direction from government regarding mode of operation has been received on 12/06/2014 through which state has given directions for operationalizing the MMU on management contract mode. The process for development of RFP for tender process for selection of Private Service Provider is almost complete. National MMU guidelines have been followed in developing RFP.

In "Type of Vehicle" section of NMMU guidelines of GoI, it is clearly mentioned that two vehicles should be kept for each MMU. One will be ten seated passenger carrier to transport medical and paramedical personnel. The other vehicle will be for carrying equipment/accessories and basic laboratory facilities.

Funds of Rs. 3562.50 Lakhs for vehicle for carrying equipment/accessories and basic laboratory facilities are already available with the state. The approval for second vehicle (150 transport vehicles) is required. As per the unit cost of second vehicle Rs 7.00 Lakhs per vehicle (as per NMMU guidelines), the total financial requirement for 150 units will be Rs 1050.00 Lakhs.

State is requesting approval of Rs 1050.00 Lakhs as capital cost of 150 second MMU vehicle under FMR Code B11.1

Chapter-13. NGO/ PPP

1. Proposal for SM Net transition Plan Budget for Jan to June 2015

The Social Mobilization Network (SMNet) were established by UNICEF in Uttar Pradesh (UP) in 2002 to generate community support for polio immunization activities in the areas identified as Polio high risk areas. The SMNet follows a tiered personnel structure with mobilizers at community, block, district and sub-regional level. Currently, SMNet had a total of 4900 Community Mobilization Coordinators (CMCs), 465 Block Mobilization Coordinators (BMCs), 50 District Mobilization Coordinators (DMCs), 22 District Underserved Coordinators (DUCs), 7 Sub-Regional Training Coordinators (SRTC)s and 5 Sub-Regional Coordinators (SRCs). SMNet is present in 265 blocks in 47 districts of the state. Each CMC looks after about 500 households, each BMC looks after about 10 CMCs, and each DMC looks after about 12 BMCs. A group of few districts constitute one sub-region which is being headed by the SRCs. In the last 10 years, SMNet has done commendable work to eradicate polio in the state.

To sustain polio free status, and to prevent other vaccine preventable diseases in children, strengthening of routine immunization is top priority of State Government. SM Net will be helpful in this programme also, as this manpower is specially trained for mobilizing and generate awareness in the public. Currently, only 61% of 12 to 23 months. Children (according to WHO/NPSP monitoring data) in the state are fully immunized while 39% children are partially immunized and fair percentages are unimmunized due to lack of awareness and misconceptions amongst families.

Now that India is has been certified polio-free in March 2014, the GOI and all partners discussed a transition strategy is needed to integrate the human resources, management and funding into national systems and to continue to broaden the scope beyond polio to support other health initiatives and systems. This is one of the four components of the Global Polio Eradication Initiative End Game Strategy 2013-2018, to “ensure that a polio-free world is permanent and that the investment in polio eradication provides public health dividends”. The SMNet should continue to prevent polio and transition to support other health priorities in a sustainable, nationally owned and integrated manner. In 2014 and 2015, as part of immunization system strengthening India is focused on strengthening RI and introducing IPV as priority areas. These will be essential steps in the transition plan.

The transition of the SMNet for other health and sanitation initiatives may serve as a model for other countries.

According to this, UNICEF plans to transition SMNet to GOUP SMNet by 25% each year in the next 4 years with the following components:

Transition Strategy in India will need to address the following areas:

1. Programmatic transition -beyond Polio to routine immunization + convergent issues, Funding transition - from current donors,
2. Infrastructure
3. Learning/knowledge management -sharing best practices for other health areas and global learning
- 4.

Under such circumstance, to keep SMNet in place, GOI has asked the proposal from the state via DO letter no. JS (RCH)/01/2013-dated 12 Dec 2013 The state's reply has been sent to GOI.

Via DO letter no. SPMU/NRHM/RI/14-15/99 dated 9 Apr 2014. Detailed proposal is yet to be sent. To discuss the various optional modes to keep SM Net in place, two meetings have been organized on 6th Aug and 20th Oct 2014 with UNICEF, WHO, Core and Rotary. During the meetings, various scenarios were presented by UNICEF Polio Eradication Program manager Dr. Jorge Caravotta. UNICEF has decided to meet out 75% of total expenditure on SM Net in year 2015, in the coming years, it will be further downsize SMNet to 50% (in 2016), 25% (in 2017) and zero (in 2018), respectively. To sustain the SMNet, this percentage of SM Net has to be supported by Government. Thus for the year 2015, 25% of the total cost of SM Net (USD 1.35 million) needs to be borne by Government/National Health Mission to maintain 100% integrity of the activities. If GOI approves the proposal, SM Net will be in place in all high-risk areas. After that, in subsequent years, UNICEF will further downsize expenditure to 50% in 2016, 25% in 2017.

At present, UNICEF is spending Rs. 35 crores on SM Net per year. To retain complete SMNet, state has to bear 25% of total expenditure i.e., about 8 crore 10 lacs, in year 2015.

Thus, it is proposed that for the last quarter of financial year 2014-15 and first quarter of 2015-16, (six months) Rs. 405.29 Lakhs will be needed to sustain SM Net in the State.

2. Proposal For PPP model: Merrygold Health Network – A initiative for Improving Family planning through Private Health Facilities

MGHN is being implemented by Hindustan Latex Family Planning Promotion Trust (HLFPPT) as the franchisor under in the state 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 & child health and Family Planning services through 240 franchised health facilities and 6,120 Merrygold 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 services at affordable pre-fixed prices.

Family Planning 2020: UP's Commitment

To improve the quality of life in Uttar Pradesh with unambiguous and explicit emphasis on sustainable development, there are following points which are decided for UP's commitment for FP2020.

- To provide family planning services to 12.4 million (1.24 cr) additional women.
- To sustain the coverage of 12.6 million (1.21 cr) women currently using contraceptives
- Reducing the unmet need by an improved access to voluntary family planning services, supplies and information.
- Ensuring healthy birth spacing by augmenting the focus on spacing methods.
- Strengthening the sterilization services through quality service and delivery and demand generation.
- Ensuring quality family planning services through skill enhancement of providers and better counseling and monitoring.
- Provision of FP services to all beneficiaries including adolescent through an integrated RMNCH+A approach.

Therefore in consideration the UP commitment towards the FP 2020, The **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 o 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.
- Increase the outreach of the Government schemes by roll out of the same through MGHN private facilities.
- To sensitize and aware the community on Family Planning issues through organizing various IEC/BCC activities.
- To ensure the standardized and quality Family Planning 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.

Merrygold Health Network to be established in the next 3 year (2015-18) as below:

Year	Districts to be covered	Merrygold hospital Urban	Merrygold hospital Rural	Total	Merrygold Member
Existing Network					
2014-15	38	48	23	71	6120
Next 3 year Plan (2015-18)					
2015-16	50	100	50	150	9000
2016-17	65	200	100	300	18000
2017-18	75	250	150	400	24000

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

Merrygold Health Network would provide **all** maternal health and family planning services through its 3tier system consisting of **Merrygold (Urban) Hospitals (L1)** for urban areas, **Merrygold (Rural Hospital (L2)** for block and sub-divisional headquarters level and **Merrygold Members (L3)** at the village level to support the outreach/ referral services etc. The vision of this Network was to create a sustainable Public Private Partnership (PPP) in healthcare for the low-income working class and poor by developing a sustainable network of franchised hospitals offering quality family planning (FP) and Reproductive health (RH) services at pre-fixed prices in addition to following deliverables.

- ☐ Creation & strengthen the network
- ☐ Capacity Building
- ☐ Linkages & Partnership
- ☐ Quality assurance & Monitoring
- ☐ Service outcome : Family Planning
- ☐ Communication & Behavior Change Activities

Key Activities proposed at MGHN facilities:

- Fixed Day Services (FDS) for Family Planning.
- Accreditation of MGHN facilities under Family Planning Scheme
- Proper Client selection, counseling and follow-up

- Demand generation through Merrytarang Network
- Regular service delivery by walk in clients:
- Outreach Camps
- Co-opting accredited providers for providing sterilization services at non-accredited facilities
- Establishment of FP counseling corners at facilities.
- Special-day Activity
- Godbharai Activities
- Community Meetings
- MerryTarang Meetings
- Capacity Building of all Network Partners
- Social Marketing
- Adoption of Village for making ideal in terms of Family Planning.

Department of Health and Family Welfare, GoUP under NHM would have the ownership of the program with provision of financial assistance whereas HLPPT would be responsible for overseeing the implementation of the social franchising project.

Monitoring and verification:

SIFPSA will provide technical support for monitoring, evaluation and documentation etc but HLPPT will be responsible for overall monitoring of MGHN for ensuring the quality of services and pricing of network services. HLPPT will submit the timely report to the district health system as well as state level.

Expected Outcomes:

Particular		Pilot Year	Yr-1	Yr-2	Yr-3	Total
1	No. of Merrygold hospitals	71	150	300	400	
2	IUCD	4000	18000	27000	36000	85000
3	PPIUCD	1800	3600	10800	19200	33600
4	Female Sterilization	-	7200	18000	28800	54000
5	Male Sterilization (NSV)	-	450	1800	4800	7050
6	Inject able	2000	18000	39600	57600	115200
7	ANC	20000	90000	216000	336000	642000
8	Total deliveries	8000	27000	61200	96000	184200

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

Budget Summary					
SI no	Particulars	Year 2014-15 (Pilot Year)	Year 2015-16	Year 2016-17	Year 2017-18
1	Personnel Costs	71.53	238.44	361.28	467.61
2	Travel Cost	28.07	93.58	114.8	130.76
3	Equipment		5.5		
4	Training, Workshops & Seminar	45.71	152.38	421.79	302.7
5	Program Cost	101.46	338.2	447.35	481.06
6	Administration Cost	5.90	19.68	19.06	19.99
7	Management Cost	10.11	33.69	44.97	46.62
Total		262.79	881.47	1409.3	1448.73

Thus, for the above purpose, an amount of Rs.262.79 Lakhs are being proposed.

Chapter-14. INNOVATIONS

A. Proposal for continuation of “Demonstration & Cross Learning Centres for Routine Immunization” in 22 districts of Uttar Pradesh

These “demonstration and cross learning centres” are identified block level health facilities (one facility per district) where immunization related processes and practices are implemented according to national and state guidelines in a practical and integrated manner; and which serve as training venue and provide an opportunity for building skills and capacity of staff members through demonstrations of correct techniques, hands on exercises, interaction with peer group members and learning to utilize available resources in best possible manner.

22 districts Allahabad, Bahraich, Barabanki, Bareilly, Etah, Faizabad, Farukhhabad, Hardoi, Kannauj, Kasganj, Kauxhambi, Lakhimpur Khiri, Pilibhit, Maharajganj, Rampur, Sant Kabir Nagar, Shajahanpur, Siddharthnagar, Sitapur, Hapur, Sultanpur and Gorakhpur were selected in year 2013-14. Same district are proposed for year 2014-15.

For this purpose, an amount of Rs.9.87 Lakhs are requested for approval.

B. Proposal for free diagnosis & treatment of patients with Hemophilia

It has been decided to implement a scheme of providing free/subsidized factor therapy (Any Hemophilia Factors AHF) and diagnostic and physiotherapy facilities to all People with Hemophilia (PWH) registered in the state of Uttar Pradesh.

It has also been decided to implement a two-tier scheme for implementing this scheme. The first level will be at the 18 commissioner levels, where a government medical college/medical institution/community health centre will provide diagnostic, and treatment and physiotherapy facilities. All higher facilities like advanced diagnosis, surgical facilities etc. will be provided at either SGPGIMS or KGMU Lucknow.

Cost of implementing the scheme:

Cost of providing Any Hemophilia Factors to all People with Hemophilia in Uttar Pradesh:

- As per the technical report of the core committee constituted vide order dated 5/1/2011, the total cost of purchasing Any Hemophilia Factors for the patients registered in the State of Uttar Pradesh is Rs. 18.80 crore per annum.
- Purchase of Any Hemophilia Factors will be undertaken by the state government through the Dept. of Transfusion Medicine, SGPGIMS. Supply of Any Hemophilia Factors will be undertaken by the vendor/firm to the designated centers, as per requirement indented with a provision for emergency stocks.
- **Cost of setting up/upgrading diagnostic laboratories at commissioner level:**
- The basic laboratory unit should be equipped as follows:

Manpower	Equipment & Reagents	Infrastructure
Trained Technician...one Lab attendant.....one	Water baths with stirrers....three Centrifuge...two Autopipettes.....0.2 ml, 01. ml	Simple laboratory, or may be co-located with the blood bank facility

	and variables (two sets) stopwatches....two refrigerators...two deep freeze....one semi-automatic coagulometer...one	
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- After identification of the 18 designated centers, a gap analysis will be undertaken to match the available staff and equipment against the norm indicated in the table.
- Provision will be made for 8 centers (18 commissioners less 10 where medical colleges already exist) at the rate of Rs 39.25 lacs per laboratory for purchase of equipment and reagents and hiring of manpower, accordingly, a total budget provision of Rs 3.14 crore has been made for this head.
- **The basic physiotherapy unit should be equipped as follows:**

Manpower	Equipment & Reagents	Infrastructure
Trained Physiotherapist...one	1. Electrotherapy Equipment <ul style="list-style-type: none"> • Electrical Muscle Stimulator • Pulse Wave Diathermy • Tens • Ultrasonic • Traction • Interferential Therapy • Cryotherapy 2. Exercise Equipment <ol style="list-style-type: none"> 1) For upper limb 1) Shoulder wheel 2) Shoulder pulley 3) Hand gripper 4) Hand exercise table 2) For Lower limb 1) Ankle exerciser 2) Foot steeper 3) Quadricep Table 4) Parallel bar (for gait training) 3) Gym ball 75 cm 4) Theraband all colours 5) Yoga mat 6) Cycle (static) 7) Multi gym 8) Tilt Table Motorised 9) Weight cuff 10) Tube (Exercise equipment) 11) Exercise Table/Examination table 	Simple room, or may be co-located with other existing facility

- Provision will be made for each 5 such physiotherapy centers at at the rate of Rs. 20 lacs per unit for purchase of equipment and hiring manpower. Accordingly, a total budget provision of Rs 1.00 crore has been made for this head.

Summary:

Cost of providing Any Hemophilia Factors to all People with Hemophilia in Uttar Pradesh	Rs. 18.80 crore
Cost of setting up/upgrading diagnostic laboratories at commissioner level	Rs. 3.14 crore
Cost of setting up Physiotherapy facilities	Rs. 1.00 crore
Total	Rs. 22.94 crore

Therefore, it is requested to sanction Rs 2294.00 Lacs for the same.

C. Proposal for free diagnosis and treatment of Thalassemic patients at King George's Medical University, Lucknow

Justification:

King George's Medical University, Lucknow receives large number of Thalassemic patients in OPD of Clinical Hematology and Pediatric OPD. It is perceived that large number of thalassemic patients remain undiagnosed and thereby is not properly managed. The strengthening of already existing diagnostic and treatment facilities at KGMU will help in providing prompt, comprehensive and specialized management of patients. **Cost** for providing adequate services to patients suffering from thalassemia –

Non Recurring

I. Equipments:

Augmentation of already existing basic diagnostic facilities with newer diagnostic techniques is desirable for prompt and accurate diagnosis of patient with Thalassemia. Following is the list of equipments required to meet such need. The equipments requirements are as follows:

Instrument	Quantity	Estimated cost Rs.
HPLC Instrument	1	35,00,000
Capillary electrophoresis	1	40,00,000
Real Time PCR	1	35,00,000
Thermocycler for PCR	1	5,00,000
Automated cell counter (5 part)	1	7,00,000
Microscope Binocular	1	50,000
Elisa Reader	1	1,50,000
Refrigerator	1	15,000
Glassware	1	50,000
Centrifuge machine	1	12,000
Non recurring total		1,24,77,000

II. Requirement for refurbishment of Infrastructure:

Refurbishment of Infrastructure	5,00,000
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Recurring

III. **Staff** : Following additional contractual staff will be required for providing adequate services to thalassemic patients:

Post	Essential Qualification	Salary/month (fixed)	No. of post	Annual Expenditure (Rs)
Medical Officer	MBBS	50,000	1	1,50,000/-
Research Officer	PhD	45,000	1	1,35,000/-
Nurse	Recognized degree	15,000	1	45,000/-
Lab Technician	DMLT	12,000	1	36,000/-
Social worker/ Counsellor	MA/Msc Psychology/ Sociology/MSW	12,000	2	72,000/-
Data Operator/ Record Keeper	Graduate with Computer Knowledge	12,000	1	36,000/-
Total for 03 months				4,74,000/-

IV. **Consumable (Kits/ disposable gadget) :** List of consumables and their respective expected cost:

Consumables (Reagents and Drugs)	Cost per year
Kits for HPLC	1,00,000
Kits for Capillary Electrophoresis	1,00,000
DNA isolation Kit	80,000
DNA Primers and Taq polymerase	1,20,000
Pipettes	30,000
PCR tubes and columns	20,000
Disposable Gloves	10,000
Needles	10,000
EDTA Vacutainers	20,000
Total recurring Cost	4,90,000

V. **Drugs :** list of essential drugs needed for the management of thalassemia patients :

Drugs	Cost per year
Iron Chelators	1,20,000
Hydroxyurea	1,00,000
Total cost	2,20,000

Total Budget (Recurring and Non Recurring)

Non Recurring cost	A	Total equipments/machines	Rs. 1,24,77,000
	B	Refurbishment of Infrastructure	Rs. 5,00,000
Total (non recurring)			Rs. 1,29,77,000
Recurring cost/	C	Salary of contractual Staff for 3 months	Rs. 4,74,000
	D	Consumable (Kits/disposable gadget)	Rs. 4,90,000
	E	Drugs	Rs. 2,20,000
Total (recurring/yr)			Rs. 11,84,000

Total

Non Recurring	Rs. 1,29,77,000
Recurring	Rs. 11,84,000
Total Budget	Rs. 1,41,61,000

Therefore, it is requested to sanction Rs 141.61Lacs for the same.

D. Proposal for continued support for Scale up of “My Village My Home” for tracking of immunization beneficiaries in 08 districts of Uttar Pradesh

Concept - "My Village My Home" is a mechanism not only for ensuring registration and tracking of all beneficiaries in a particular catchment area but also focuses on developing and strengthening channels of communication between the community and the service providers for improving routine immunization coverage. It also serves as community monitoring tool where community members can monitor and assess the coverage of beneficiaries in their villages and take appropriate actions to improve coverage. This intervention thus emphasizes and addresses bottom up and participatory approach and self-monitoring by community members further helps in building confidence in the program, creating demand and thus increasing the immunization coverage in respective areas.

8 districts Bahraich, Balrampur, Etah, Badaun, Kannauj, Kasganj, Kaushambi, Lakhimpur Khiri were selected in year 2013-14. Same district are proposed for year 2014-15. For this purpose, an amount of Rs.39.60 Lakhs are requested for approval.

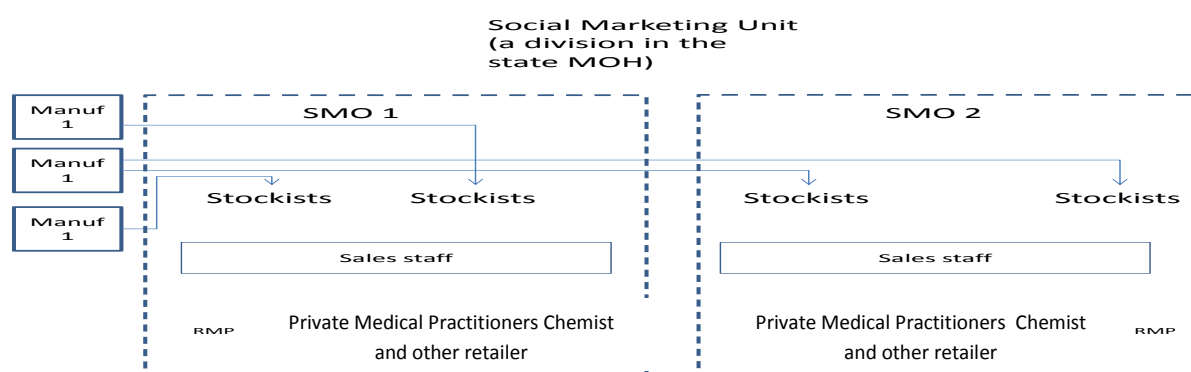
E. Proposal for Social Marketing for Zinc & ORS (B.14.16)

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 Practitioners (**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 Practitioners (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 (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/-

TOTAL COST FOR YEAR 1	SMU 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 1 st year)
Total		Rs. 10.0 crore

These figures are tentative and could be revised each year depending on the performance of the SMOs.

#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

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 is being proposed.

F. Health Data Management and Reporting in Gorakhpur, Uttar Pradesh

Healthcare systems are highly complex, fragmented and use multiple information technology system, incorporating different standards for similar or same systems. In order to be meaningful, the health record of an individual need to be from conception (better) or birth (at the very least). As one progresses through one's life, every record of every clinical encounter represents an event in one's life. Each of these records may be insignificant or significant depending on the current problems that the person suffers from. Thus, it becomes imperative that these records be arranged chronologically to provide a summary of the various clinical events in the lifetime of a person.

GOALS/FEATURES TO ACHIEVE WITH USE OF ELECTRONIC HEALTH DATA MANAGEMENT AND REPORTING

- Capture Health records from Birth to death
- Provide an effective communication to create awareness for better disease control
- Strengthen PHC by providing a electronic referral feature to specialized doctors
- As Healthcare systems are highly complex, fragmented and use multiple information technology system, forms that can be dynamically customized is imperative.
- Internet connectivity in rural Uttar Pradesh is a challenge and thus the system needs to work on an online – offline mode i.e., data entry should be possible even without internet connectivity
- Instant generation of standard and customizable reports in tabular or graphical form can produce useful data for monitoring the performance of the clinics and hospital and achieve better care.
- Maternal Mortality Rate (MMR) is a key indicator of Health performance of a state, so special emphasis has to be placed on this aspect, thus the application should capture relevant records and should provide a dashboard on various parameters connected to MMR for all applicable stake holders.
- SMS reminders can be set to warn about upcoming scheduled tasks like vaccinations (mother and child), therapies, etc.
- Disease prevention can be initiated by sending SMS alerts when communicable diseases are identified in real time.
- A quick and fast on-ground roll-out to deliver early results.
- Capture doctor attendance via biometric device implementation.
- Should complement the existing NRHM application with portability to data handshake and integration as applicable (HL7 communication compatible).
- Should adhere to EHR standards finalized by MoHFW

MANDATORY HEALTH RECORDS TO BE CAPTURED

Health records monitor the occurrence and severity of disease, the effectiveness and cost of treatment & vaccination programs, and tracking other performance indicators like Maternal Mortality Rate, Infant mortality rate, PHC / CHC performance, Doctor Performance. Records can be kept manually on registers or in binders. However, to increase the likelihood that the information is used to its fullest, the records should be computerized. Information recorded should include:

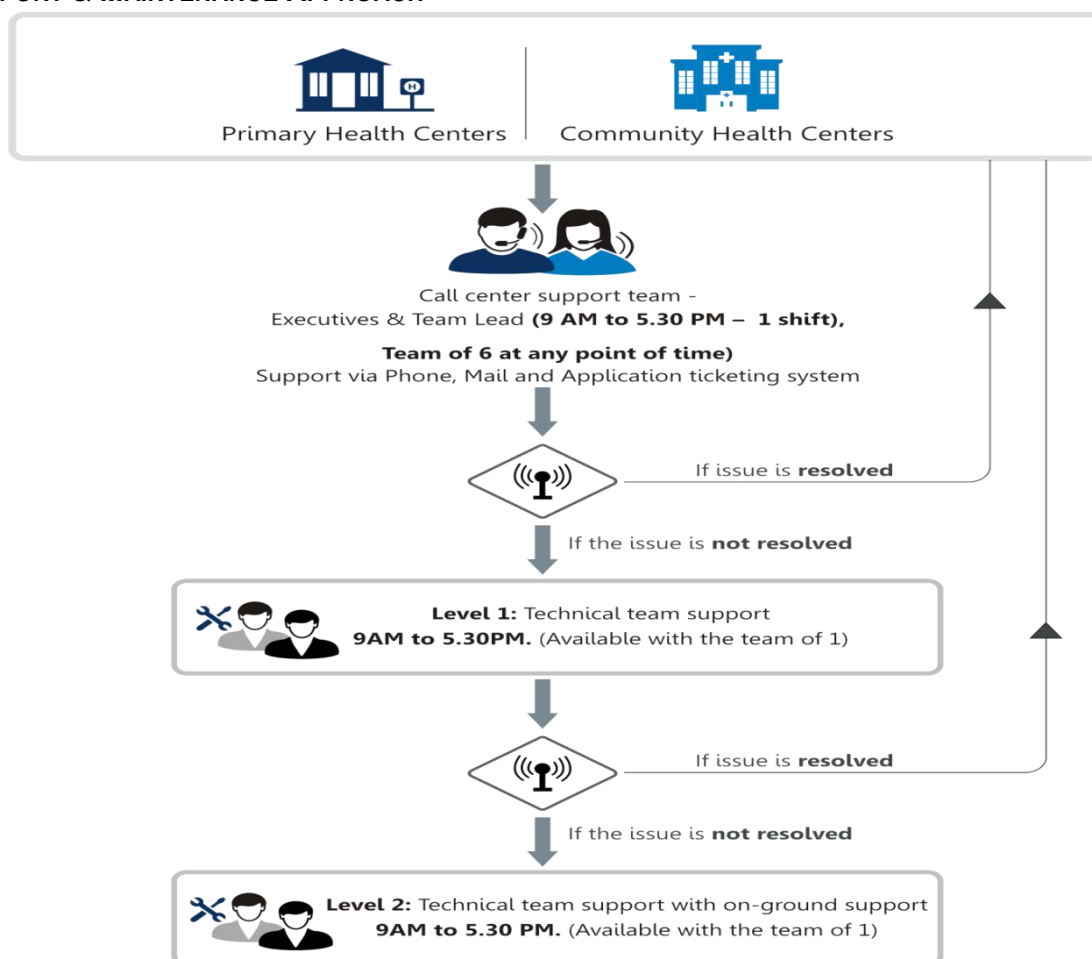
- **Demographics:**
Demographics should include Name, Age (calculated) , DoB, Father/Spouse name, Phone Number, Mobile Number, Address, Any Govt ID (not mandatory), other identifiers like HMIS, MCTS etc (not mandatory).
- **Vitals**
Patient vitals like Height (Multiple readings for under 20 yrs), Weight (last 3-5 Encounters), BP, Pulse, Blood group and more as applicable.
- **Family History**
Relevant family history that have a bearing on treatment plan
- **Social History**
Relevant Lifestyle related information, Smoking and Alcohol
- **Immunizations**
Record of Immunizations
- **Medications**
Active Medications (Currently active prescriptions), In-active Medications (6 Months) & Significant Medications (Past Chemotherapy)
- **Alerts/Intolerances**
Allergies towards Medication/Food/Substances.
- **Visit History**
Past visits history, and vitals during such visits, an option to provide a graphical output of past visit parameters
- **Chief complaints**
An area to capture the chief complaint by the patient
- **Investigations/ Lab Results**
Standard Lab results should be captured
- **Diagnosis**
The diagnosis should be captured, with an option to have drop downs with ICD 10 codes
- **Maternal Records**
For maternity Patients, additional records like LMPs, immunizations, Ambulance service should also be captured.
- **Infant records**
Infant records should capture head circumference, weight & height at each visit, Vaccinations with pre-defined vaccination reminders.
- **Care Plan / Notes**
Notes by the doctor, which can assist in future visits
- **Birth Record**
An option to record birth date & time, along with height and weight, mother's name, father's name, Gender. The Application should also have an option to provide a birth record documents that can assist in birth certificates.
- **Death Record**
The date and time of death should also be captured, cause of death, explanatory comments, and outcome of any further laboratory analyses. These records should be available for further reporting and analysis
- **Data Privacy**
It should conform to Electronic Health Record Standards for India (Appendix 1), Approved by Ministry of Health & Family Welfare, Government of India

DEVELOPMENT GUIDELINES

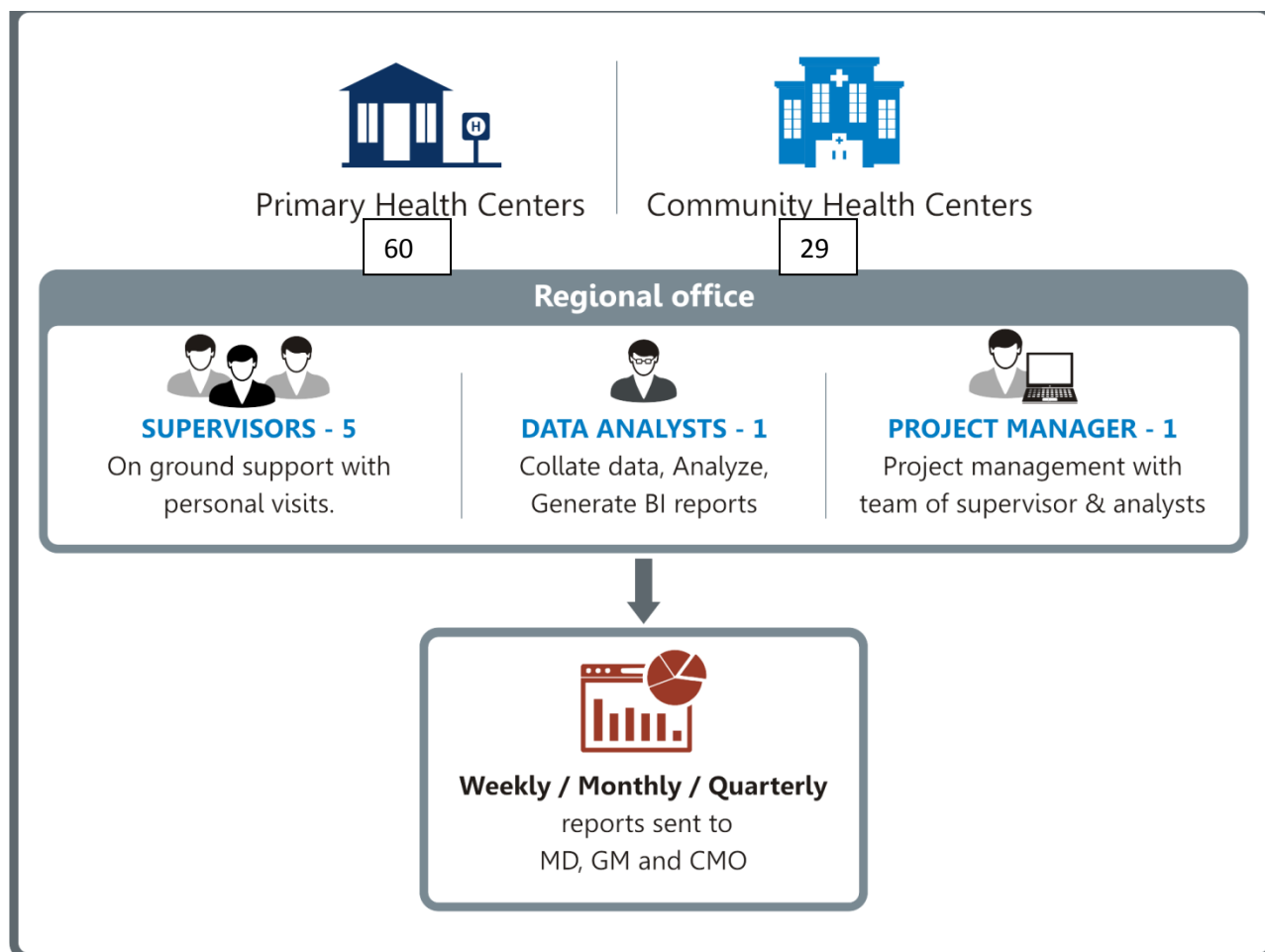
Below are the considerations that need to be considered as part of the platform implementation.

- Ready to use platform is preferred. The system should be flexible for customization as per the need of the department. The customization can be in the area of workflows, capture forms.
- An intuitive web based application with offline capability built on security guidelines like HIPAA, ensuring high data security and error free encapsulation of data.
- Enabling high data security with integrated encryption is a must for the purposes of maintaining sensitive information including clinical data from all stakeholders. Data security enabled with encryption for all sensitive data like clinical data and passwords.
- Open access layering for the driven Business Logic and the outputted data help with easy integration with external or third party applications which are secured and on-demand Business logic and data access layers are open for external application integration (secured and on-demand).
- The central government directive dated 4th September 2014, mentions that any initiative in state EHR / EHS should follow standards prescribed by MoHFW. The solution should follow these standards which can result in HIE (health information exchange) like system with all data being interoperable.
- Multiple deployment models need to be considered at PHCs with infrastructure and processes in consideration.

SUPPORT & MAINTENANCE APPROACH



MANAGEMENT, REPORTING & ANALYSIS TEAM



INFRASTRUCTURE REQUIREMENT

- Space, furniture etc for data entry operator along with power point facility for the workstation need to be provided at each health centre.

ROLL-OUT PLAN

In the current scenario, the application installation is envisaged in about 60 PHCs and 29 CHCs/Block PHCs (03 under construction) across Gorakhpur, Uttar Pradesh.

The roll-out will be based on the customizations required, The customization can be finalized before approval to save on time. We would require a tentative time of about 4 weeks to do the demo with the changes as per the customization. We have envisaged a roll-out of the application with on-ground training at each location

- Week 0 – Acceptance of proposal
- Week 1 – 3 : Freeze on reports, data capture required & process flow tweaks if required
- Week 5 – finalize the dashboards, data capture points and process flow
- Week 6 – 9 : Demo of customized application (3 weeks of customization)
- Week 10 – 12 : Deployment across 89 centers @ 20 locations per week

COSTING

We have considered the application to be installed in about **60 PHCs and 29 CHCs/Block PHCs (03 under construction) across Gorakhpur, Uttar Pradesh**. The cost derived is for 12 months / 1 year, The cost envisaged includes

- Cost of training the staff at each location with a document manual, setting up support centers, regional office, hiring & Infrastructure required for all staff.
- 120 data operators will operate from in about 60 PHCs and 29 CHCs/Block PHCs (approximate count as per the data as on March 2011), cost for is accounted for 12 months salary & (annual)
- 10 Supervisors' on ground team with personal visits for training and infrastructure maintenance.
- 120 laptops / workstations to capture health data.
- 120 internet connections to assist in maintaining central data repository.
- Team of 3 Call center executives support (via phone and mail).
- Team of 2 Technical support team (backend technical team)
- Team of 2 data analysts for data analysis
- 1 Project Manager to manage the entire program.
- Cost up to 1 L SMS per month is included. Any additional SMS required will involve additional cost.
- 120 biometric devices for patient identification

A. CAPITAL COST

This includes cost for customization required to ensure that the data capture forms and dashboards required are in line with expectations set. The customizations planned are those within the framework of the application.

An initial Setup cost is envisaged, this includes cost of training the staff at each location with a document manual, setting up support centers, regional office, hiring & Infrastructure required for all staff.

A one-time cost for the application that has been developed is also considered

One-time Cost applicable for 89 centers				
Cost Components	Cost by Component (in INR)	No. of Unit	Applicable Cost (in INR)	Remarks
Platform Customization cost	2,000,000/-	1	20,00,000/-	Customization as per the Pregnancy Mortality requirement.
Initial Setup Cost	20,000/-	89	17,80,000/-	Includes s/w application deployment cost, account setup, training charges and training material.
Biometric Devices	4,500/-	89	4,00,500/-	Includes s/w application deployment cost, account setup, training charges and training material.
Total Cost			41,80,500/-	

B. Recurring Cost (for 1 year)

The ongoing cost is for providing ongoing training and technical support. The support team will consist of tech support over telephone, on-ground support and supervisors to oversee them.

We shall also provide management support like generating analytical reports with action points, we shall also have account managers who will ensure that each & every centre is adhering to processes.

Ongoing Annual Cost applicable for 89 health centers					
Cost Components	Cost by Component (in INR)	No. of Unit	No of Months	Applicable Cost (in INR)	Remarks
Data Entry Operators	9500	89	12	10146000	Data Entry operators deployed in each PHC and CHC for data capture. 1000/- towards ESI / PF and admin related charges are included.
Data Entry Operators hiring charges	4000	1	12	48000	Data Entry operators deployed in each PHC and CHC for data capture. 1000/- towards ESI / PF and admin related charges are included.
Workstation rentals	1500	89	12	1602000	Workstation taken on rental basis.
Internet Connectivity	500	89	12	534000	Workstation taken on rental basis.
Call center Support executive	15000	3	12	540000	Telephonic support
Technical Support Team	20000	2	12	480000	Telephonic support
On ground supervisors	15000	10	12	1800000	For Supervisory level staff.
Data Analysts	40000	2	12	960000	Data analysts to generate monthly report and also includes Project Manager Cost
Office rent and space	25000	1	12	300000	
Manager and Program Manager	67000	2	12	1608000	Includes cost of program manager and project head.
Travel and dearness allowances	50000	1	12	600000	
SMS and Email Package	70000	1	12	840000	1L SMS and 1L email per month for communications
Total Cost				1,94,58,000	

Thus , the total budgetary proposal of Rs. 236.38 Lakhs is being submitted for approval.

G. Proposal for Strengthening of Blood Banks in the State

Government owned Blood Banks are not running optimally because of scarcity of staff and equipments. Against the total target (as per WHO norms of 1% of population) of 20 Lakh blood units, only 9 Lakh units are being collected in government and private sectors. Government blood banks are collecting approximately 50% (i.e. 4.5 Lakh) blood units. There is always scarcity of blood particularly for severely anemic women undergoing cesarean section(C-section). Collection of blood through Voluntary Blood Donation in the state is just 70% against the GOI target of 90%.

Requirement of Human Resource: There is scarcity of doctors and paramedics at the Blood banks and they are being run with the staff available in the pathology department. NACO is not providing support for doctors and paramedics except one lab technician and one counselor at major blood banks only. Thus, the support being provided by NACO is limited and inadequate. Blood bank equipments also require repair and replacement. The details are shown in the table below:

Voluntary Blood Donation needs to be augmented. Only two Mobile VBD vans are available in the state. A proposal is being submitted for approval of 18 Mobile VBD vans along with salary of driver and attendant, the details for which are shown below.

In the meeting of the Joint Secretary-Planning, GOI on 19th December 2014, it was agreed upon to strengthen 85 blood banks with the support of NHM. A proposal on the directives of Mrs. Vineeta Srivastava, National Consultant-Blood Cell, GoI to strengthen 85 blood banks in the state and for operationalizing voluntary blood donation/transportation vans at divisional level is being submitted as follows:

Budget Proposal for Strengthening of Blood Banks in UP through NHM

No. of Existing Government Blood Banks - 85 (State Medical College- 09 & 76 Distt. Hospitals Blood Banks)

Major Blood Banks including BCSUs=44

District Level Blood Banks=41

A Manpower Support (Details as per Annexure-1)				
S. N.	Details	Requirement No.	Unit Cost	Annual Cost (Rs.)
1	Pathologist	30	50,000	9,000,000
2	Medical Officer	79	40,000	18,960,000
3	Lab Technician	106	13,000	8,268,000
4	Staff Nurse	76	20,000	9,120,000
6	PRO/Data Operator at Divisions (VBD) 17000+3000 for mobility and comm.)	18	20,000	2,160,000
7	Counselor for district level blood banks where NACO is not supporting the post (13000+2000 for mobility and comm.)	41	15,000	3,690,000
8	Class IV Staff/Lab Attendant	152	7,000	6,384,000
Sub Total (A)				57,582,000
B. Equipment and Infrastructure				
1	ELISA Reader & Washer	6	450,000	2,700,000
2	Bl. Bank Refrigerator(250-	12	250,000	3,000,000

	300 BB)			
3	Donor Couches	11	150,000	1,650,000
4	Di-electric tube sealer	10	125,000	1,250,000
5	Invertors	5	40,000	200,000
6	Generator (10 KVA)	2	300,000	600,000
	Sub- Total (B)	46	1,315,000	9,400,000
C. Vehicle (Blood Donation cum Transportation) Support at Division level as per Annexure-2				
1	Vehicles Cost at Division Level	18	3,200,000	57,600,000
2	Salary of Vehicle Driver	18	10,000	1,080,000
3	Salary of Vehicle Attendant	18	7,000	756,000
	Sub- Total (C)		3,217,000	59,436,000
D. Other cost for organizing VBD camps				
1	Blood Collection Monitor & Portable donor couches 2 each for 44 Major BB. & 1 each for 41 DLBB and other camp accessories	129	150000	19,350,000
	Sub- Total (D)			19,350,000
i	Total cost (A+B+C+D)			145,768,000
E. Other Recurring Support as per Annexure 3				
1	Recurring Cost (including POL, Insurance, Vehicle upkeep, one time Branding etc.)	18	1,500,000	27,000,000
2	Blood Bags 25% Support only	140341	Variable Cost of whole & Component Bags	6,550,000
3	Consumables/kits 25% Support only	1122727	Variable Cost of for different Kits	5,783,000
4	Communication including Data Card Rental (Monthly Basis)	85	1000	1,020,000
	Sub- Total (D)			40,353,000
ii	Total recurring cost (D)			40,353,000
Grand Total (i+ii)				186,121,000

The salary for the contractual HR is being proposed for only 6 months. Remaining salary would be proposed in PIP 2015-16. Therefore, the total budget of Rs.1861.21 Lakhs only being proposed. GOI is requested kindly approved the proposal.

Manpower requirement in Blood Banks through NHM support

Division	S. N o.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM							
					Pat h & MO	LT s	Staff Nur se	Data Operat or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Operat or (VBD)	Counse lor	Staff Nur se	Class IV/Lab Attend ant	
AGRA	1	Agra	District Hospital	BB with Comp.	1	2	0	0	0	0	0	0	1	1	1	0	1	2
	2	Agra	S.N. Medical College	BB with Comp.	2	3	1	0	0	2	0	0	0	0	0	0	0	0
	3	Firozabad	District Hospital	BB only	1	1	0	0	0	0	0	0	1	1	0	1	1	2
	4	Mainpuri	District Hospital	BB only	1	0	0	0	0	0	0	0	1	1	0	1	1	2
	5	Mathura	District Hospital	BB with Comp.	0	0	0	0	0	0	0	1	1	1	0	0	1	2
ALIGARH	6	Aligarh	District Hospital	BB with Comp.	1	1	0	0	0	0	0	0	1	1	1	0	1	2
	7	Aligarh	JN Medical College	BB with Comp.	2	3	1	0	0	2	0	0	0	0	0	0	0	0
	8	Etah	District Hospital	BB only	1	1	0	0	0	0	0	0	1	1	0	1	1	2
	9	Hathras	District Hospital	BB only	0	0	0	0	0	0	0	0	1	1	0	1	1	2
	10	Kasganj	District Hospital	BB only	0	1	0	0	0	0	0	1	1	1	0	1	1	2
ALLAHABAD	11	Allahabad	MLN District Hosp.	BB with Comp.	1	2	0	0	0	0	0	0	1	1	1	0	1	2
	12	Allahabad	TB Sapru Hospital	BB with Comp.	1	0	0	0	0	0	1	1	1	1	0	0	1	2
	13	Allahabad	MLN Med.Coll ege	BB with Comp.	2	3	2	0	0	2	0	0	0	1	0	0	0	0

Division	S. No.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM							
					Pat h & MO	LT s	Staff Nur se	Data Oper at or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Oper at or (VBD)	Counse lor	Staff Nur se	Class IV/Lab Attend ant	
	14	Kaushambhi	District Hospital	BB only	1	0	0	0	0	0	0	0	1	1	0	1	1	2
	15	Fatehpur	District Hospital	BB only	1	1	0	0	0	0	0	0	1	2	0	1	1	2
	16	Pratapgarh	District Hospital	BB only	1	0	0	0	0	0	0	0	1	2	0	1	1	2
	17	Azamgarh	District Hospital	BB with Comp.	1	1	0	0	0	0	0	0	1	2	1	0	1	2
AZAMGARH	18	Ballia	District Hospital	BB only	1	4	0	0	0	0	0	0	1	2	0	0	1	2
	19	Mau	District Hospital	BB only	1	0	0	0	0	0	0	0	1	1	0	1	1	2
	20	Bahraich	District Hospital	BB with Comp.	1	3	1	0	0	0	0	0	1	2	1	0	1	2
DEVIPATAN	21	Balrampur	District Hospital	New BB	0	1	0	0	0	0	0	1	1	1	0	1	1	2
	22	Gonda	District Hospital	BB with Comp.	1	1	0	0	0	0	0	1	1	2	0	0	1	2
	23	Shrawasti	District Hospital	New BB	0	0	0	0	0	0	0	1	1	1	0	1	1	2
	24	Banda	District Hospital	BB with Comp.	1	1	0	0	0	0	0	0	1	2	0	1	1	2
	25	Chitrakoot	District Hospital	BB only	0	0	0	0	0	0	0	1	1	1	1	1	1	2
	26	Hamirpur	District Hospital	BB only	1	1	0	0	0	0	0	1	1	1	0	1	1	2
CHITRAKOOT	27	Mahoba	District Hospital	BB only	0	0	0	0	0	0	0	1	1	1	0	1	1	2
	28	Bareilly	District Hospital	BB with Comp.	1	1	0	0	0	0	0	0	1	1	1	0	1	2
BAREILLY	29	Badaun	District Hospital	BB only	0	1	0	0	0	0	0	1	1	1	0	1	1	2

Division	S. No.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM						
					Pat h & MO	LT s	Staff Nur se	Data Operat or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Operat or (VBD)	Course lor	Staff Nur se	Class IV/Lab Attend ant
BASTI	30	Pilibhit	District Hospital	BB only	1	1	0	0	0	0	0	1	1	0	1	1	2
	31	Shahjahanpur	District Hospital	BB with Comp.	1	2	0	0	0	0	1	1	1	0	0	1	2
	32	Basti	District Hospital	BB only	1	1	0	0	0	0	0	1	1	1	1	1	2
	33	Basti	Opec KALLY	BB with Comp.	1	1	0	0	0	0	1	1	1	0	0	1	2
	34	Sant Kabir Ngr	District Hospital	BB only	1	1	0	0	0	0	0	1	1	0	1	1	2
FAIZABAD	35	Siddharthnagar	District Hospital	BB only	1	5	0	0	0	0	0	1	0	0	1	1	2
	36	Faizabad	District Hospital	BB with Comp.	1	2	0	0	0	0	0	1	2	1	0	1	2
	37	Ambedkarnagar	District Hospital	New BB	1	1	0	0	0	0	1	1	2	0	1	1	2
	38	Ambedkarnagar	Govt. Med. College	New BB	1	2	0	0	0	1	1	1	1	0	1	0	0
	39	Barabanki	District Hospital	BB only	1	0	0	0	0	0	0	1	2	0	1	1	2
GORAKHPUR	40	Sultanpur	District Hospital	BB with Comp.	1	2	0	0	0	0	0	1	2	0	0	1	2
	41	Gorakhpur	District Hospital	BB with Comp.	1	1	0	0	0	0	1	1	1	1	0	1	2
	42	Gorakhpur	BRD Med. College	BB with Comp.	2	4	1	0	0	2	0	1	1	0	0	0	0
	43	Deoria	District Hospital	BB only	1	0	0	0	0	0	0	1	1	0	1	1	2
	44	Kushinagar	District Hospital	BB only	1	1	0	0	0	0	0	1	1	0	1	1	2

Division	S. No.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM						
					Pat h & MO	LT s	Staff Nur se	Data Operat or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Operat or (VBD)	Counse lor	Staff Nur se	Class IV/Lab Attend ant
JHANSI	45	Maharajganj	District Hospital	BB only	0	0	0	0	0	0	0	1	1	0	1	1	2
	46	Jhansi	District Hospital	BB with Comp.	1	1	0	0	0	0	0	1	1	1	0	1	2
	47	Jhansi	MLB Medical College	BB with Comp.	2	3	1	0	0	2	0	0	0	0	0	0	0
	48	Jalaun	District Hospital	BB only	1	1	0	0	0	0	0	1	1	0	1	1	2
KANPUR	49	Lalitpur	District Hospital	BB only	0	0	0	0	0	0	1	1	1	0	0	1	2
	50	Kanpur nagar	UHM hospital	BB with Comp.	1	1	0	0	0	0	1	1	2	1	0	1	2
	51	Kanpur Nagar	GSVM Med. College	BB with Comp.	2	3	1	0	0	2	0	1	1	0	0	0	0
	52	Auraiya	District Hospital	New BB	0	0	0	0	0	0	1	1	1	0	1	1	2
	53	Etawah	District Hospital	BB only	1	2	0	0	0	0	0	1	2	0	1	1	2
	54	Farrukhabad	District Hospital	BB only	1	0	0	0	0	0	0	1	1	0	0	1	2
LUCKNOW	55	Kanpur Dehat	District Hospital	New BB	0	1	0	0	0	0	1	1	2	0	1	1	2
	56	Kannauj	District Hospital	BB only	1	1	0	0	0	0	0	1	1	0	1	1	2
	57	Kannauj	Govt. Med. College	BB only	1	2	1	0	0	2	0	0	1	0	1	0	0
	58	Lucknow	Dr SPM Hosp.	BB with Comp.	1	3	0	0	0	0	0	1	1	0	0	1	2
	59	Lucknow	Balrampur Hosp.	BB with Comp.	1	2	0	0	0	0	1	1	2	1	0	1	2

Division	S. No.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM							
					Pat h & MO	LT s	Staff Nur se	Data Oper at or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Oper at or (VBD)	Counse lor	Staff Nur se	Class IV/Lab Attend ant	
MEERUT	60	Lucknow	Dr R M L Hospital	BB with Comp.	1	2	1	0	0	0	0	0	1	2	0	0	1	2
	61	Hardoi	District Hospital	BB only	1	0	0	0	0	0	0	1	2	0	0	0	1	2
	62	Lakhimpur Kheri	District Hospital	BB only	0	2	0	0	0	0	0	0	1	1	0	0	1	2
	63	Raibareilly	District Hospital	BB only	1	0	0	0	0	0	0	1	2	0	0	0	1	2
	64	Sitapur	District Hospital	BB only	1	2	0	0	0	0	0	0	1	1	0	0	1	2
	65	Unnao	District Hospital	BB only	1	0	0	0	0	0	0	0	1	1	0	1	1	2
	66	Meerut	District Hospital	BB with Comp.	1	3	0	0	0	0	0	1	1	1	1	0	1	2
	67	Meerut	LLRM Med. College	BB with Comp.	1	3	1	0	0	2	0	0	0	1	0	0	0	0
	68	Baghpat	District hospital	New BB	1	1	0	0	0	0	0	0	1	1	0	1	1	2
	69	Bulandshah ar	District Hospital	BB only	1	1	0	0	0	0	0	0	1	1	0	1	1	2
	70	G.B. Nagar	District hospital	BB only	1	1	0	0	0	0	0	1	1	1	0	1	1	2
	71	Ghaziabad	District Hospital	BB with Comp.	1	1	0	0	0	0	0	0	1	2	0	0	1	2
	72	Mirzapur	District Hospital	BB with Comp.	1	1	0	0	0	0	0	1	1	1	1	0	1	2
	73	Santravidas Ngr	District Hospital	BB only	1	0	0	0	0	0	0	0	1	1	0	1	1	2
MIRZAPUR	74	Sonebhadra	District Hospital	BB only	1	2	0	0	0	0	0	0	1	1	0	0	1	2
	75	Moradabad	DDU Dist Hosp	BB with Comp.	1	2	0	0	0	0	0	0	1	1	1	0	1	2

Division	S. N o.	District	Blood bank	Working Status	Posted in Blood Bank (BB) by State Govt.						Additional staff requirement from NHM						
					Pat h & MO	LT s	Staff Nur se	Data Operat or	PR O	Cla ss IV	Patholo gist	MO	Lab Tec h.	PRO/ Data Operat or (VBD)	Counse lor	Staff Nur se	Class IV/Lab Attend ant
	76	Amroha	District Hospital	BB only	0	0	0	0	0	0	0	1	1	0	1	1	2
	77	Bijnor	District Hospital	BB only	1	1	0	0	0	0	1	1	2	0	0	1	2
	78	Rampur	District Hospital	BB only	0	0	0	0	0	0	1	1	2	0	1	1	2
SAHARAN PUR	79	Saharanpur	SBD Hospital	BB with Comp.	1	3	0	0	0	0	0	1	1	1	0	1	2
	80	Muzaffar nagar	District Hospital	BB with Comp.	1	2	0	0	0	0	0	1	2	0	0	1	2
VARANASI	81	Varanasi	SSPG Dist Hosp	BB with Comp.	0	2	0	0	0	0	1	1	2	1	0	1	2
	82	Varanasi	Pt DDU Hospital	BB with Comp.	0	1	0	0	0	0	1	1	2	0	0	1	2
	83	Chandauli	District Hospital	New BB	1	0	0	0	0	0	0	1	1	0	1	1	2
	84	Jaunpur	District Hospital	BB only	1	1	0	0	0	0	0	1	2	0	0	1	2
	85	Ghazipur	District Hospital	BB only	0	1	0	0	0	0	0	1	1	0	1	1	2
Total					73	108	11	0	0	17	30	79	106	18	41	76	152

Blood Donation cum Transportation Van at Division level				
S.N	Division	No. of Van	Driver	Attendant
1	AGRA	1	1	1
2	ALIGARH	1	1	1
3	ALLAHABAD	1	1	1
4	AZAMGARH	1	1	1
5	DEVIPATAN	1	1	1
6	CHITRAKOOT	1	1	1
7	BAREILLY	1	1	1
8	BASTI	1	1	1
9	FAIZABAD	1	1	1
10	GORAKHPUR	1	1	1
11	JHANSI	1	1	1
12	KANPUR	1	1	1
13	LUCKNOW	1	1	1
14	MEERUT	1	1	1
15	MIRZAPUR	1	1	1
16	MORADABAD	1	1	1
17	SAHARANPUR	1	1	1
18	VARANASI	1	1	1
Total		18	18	18

Procurement of Blood Bags, Kits and Consumables (For Blood bags and Kits, NACO specifications are to be followed)					
Blood Bags and test kits 25% of annual requiremet needs through NRHM support					
S No	Blood Bags	Annual requirement	Number to be procured by NHM	Unit Cost	Total Cost required in lakhs (Rs.)
1	Single Blood bags(350ml)	187054	46764	0.00060	28.06
2	Double Blood Bags (350ml)	70183	17546	0.00150	26.32
3	Triple Blood bags (350ml)	187155	46789	0.00250	116.97
4	SAGM Blood Bags (350ml)	116972	29243	0.00310	90.65
	Total	561364	140341		262.00
S No	Test kits	Annual requirement	Number to be procured by NHM	Unit Cost	Total Cost required in lakhs (Rs.)
1	HIV ELISA Kit	336818	84205	0.0000535	4.50
2	HIV Rapid Test Kit	224545	56136	0.0000569	3.19
3	Hepatitis B ELISA Kit	336818	84205	0.0000758	6.38
4	Hepatitis B Rapid Test Kit	224545	56136	0.0001178	6.61
5	Hepatitis C ELISA Kit	336818	84205	0.0000713	6.00
6	Hepatitis C Rapid Test Kit	224545	56136	0.0001	5.61
7	RPR/VDRL Test Kits	561364	140341	0.000018	2.53
8	Malaria test	561364	561364	0.00035	196.48
	Total	2806817	1122727		231.32

Chapter-15. HMIS-MCTS

1. Internet Connectivity through LAN / data card-HMIS (B15.3.1.7.1)

In the first phase of NRHM, to upload the data on HMIS portal, a provision of Internet Connectivity through LAN / data card is being made for 951 Computers installed in 128 District Hospitals and 823 Block CHC in the FY 2009-10.

It is to be pointed out, that an amount of Rs 171.18 Lakhs was approved in the FY 2013-14 under FMR code B15.3.2.1.a for Internet Connectivity through LAN / data card.

Therefore, it is requested to consider the proposal of Rs 171.18 Lakhs and sanction the same for Internet Connectivity through LAN / data card available of 951 computer systems for HMIS/JSY/Web based reporting and Tally ERP software.

2. HMIS Operational Cost-SPMU(B15.3.1.7.2)

HMIS Operational Cost (excluding HR & Trainings) - An amount of Rs. 124.04 Lakhs is being proposed for the FY 2014-15. The details are given as under -

SI	Head	Amount	Details	Remarks
1	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. Last year and amount of approx. 24.00 Lakhs utilized against the sanctioned budget of Rs 30.00 Lakhs.
	Information kiosks for 20 locations in 18 Districts.	23.00	<ul style="list-style-type: none">• 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	As per the ROP of 2012-13, an amount of Rs 40.00 Lakhs sanctioned , the procurement was made through Tenders and the info. kiosks installed in the month of feb- mar, 2014. For AMC charges of kiosks, and Software development an amount of Rs 23.00 Lakhs was essentially required in FY 2014-15. otherwise , the info. kiosks cant be maintained uptodate.
	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.	
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.	New Activity, This was proposed for Accounting section of SPMU/DPMU/BPMS, SIHFW and District Hospitals.
	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. In the FY 2013-14, 824 new Tally Software License Subscription was purchased for 820 Block PMU and 4 new Districts. Thus the same must be needed for .NET subscription of tally in FY 2014-15.
Tally Single -user's @ Rs 3600/unit (75 DPMU+820BPMU)	32.22			
TOTAL	124.04			

Therefore, it is requested to consider the proposal of Rs 124.04 Lakhs and sanction the same at the earliest, so that the same can be utilized for HMIS operational expenses for 2014-15.

3. PROCUREMENT OF COMPUTER CONSUMABLES/ADMIN EXPENSES (B.15.3.2.14.2)

In the first phase of NRHM, to upload the data on HMIS portal, a provision is being made for 951 Computers installed in 128 District Hospitals and 823 Block CHC in the FY 2009-10. A provision for Procurement of Computer consumables/admin expenses is being made for these 951 Computer Systems at District/Block level in the FY 2013-14.

It is to be pointed out, that an amount of Rs 57.00 Lakhs was approved in the FY 2013-14 against the proposed budget of Rs 114.12 Lakhs under FMR code B15.3.2.1.d.3 for Procurement of Computer consumables/admin expenses for 951 Computer Systems.

Therefore, it is requested to approve Rs 114.12 Lakhs for the same, so that the Computer consumables such as printer cartridges and stationary for 951 Computers installed in 128 District Hospitals and 823 Block CHC, for the FY 2014-15 also.

4. 24X7 helpline integrated with Hello Doctors scheme (B.15.3.2.10 AND 11)

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 starts working from 10 Feb, 2014 with CRM based software. Annexure - I

The call centre established at SPMU-NRHM responsible for –

- Validation of records of beneficiaries, ANMs and ASHAs.
- Providing information to beneficiaries, ANMs and ASHAs on govt schemes.
- Responding to enquiry calls made by individuals.
- Resolution of Complaints received from beneficiaries and ASHAs regarding payment, services and HR issues etc.
- Seeking feedback from beneficiaries, ANMs and ASHAs on services in govt health facilities etc.

The Status of automated 24x7 HELPLINE (3 Seater X 3 Shifts) AS ON 31 Oct 2014 is given below

Status of 24x7 HELPLINE Call Details (10 Feb 2014- 31 Oct 2014)

S l.	Month	Total Incoming Calls on Helpline (Col 4+6)	Total Answered	Total Answered %	Abandoned	Abandoned %	Total Enquiry Calls	Total Complaints Received	Resolved Complaints	Resolved Complaints%
1	2	3	4	5	6	7	8	9	10	11
1	Feb-14	2645	2385	90%	260	10%	2093	105	100	95%
2	Mar-14	16964	13759	81%	3205	19%	12961	166	151	91%
3	Apr-14	21556	17807	83%	3749	17%	17353	156	129	83%
4	May-14	26330	22530	86%	3800	14%	21361	240	193	80%
5	Jun-14	13855	13004	94%	851	6%	12626	273	217	79%
6	Jul-14	9281	9192	99%	89	1%	8724	257	162	63%
7	Aug-14	8186	8078	99%	108	1%	7543	286	154	54%
8	Sep-14	7830	7755	99%	75	1%	7187	248	150	60%
9	Oct-14	7593	7481	99%	233	3%	6935	262	141	54%
Grand Total		98817	86755	88%	12062	12%	82661	1483	1106	75%

It is to be pointed out, that an amount of Rs 207.35 Lakhs was approved in the FY 2012-13 under FMR code B18 Innovations for upgradation of Helpline to 24X7 with Hello Doctors and in the FY 2013-14 an amount of Rs 22.75 Lakhs approved for Helpline under FMR code B15.3.3.8 e-governance initiative.

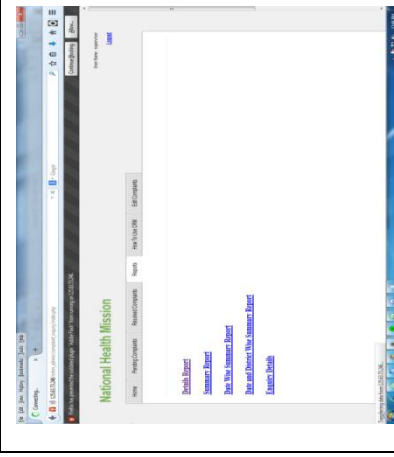
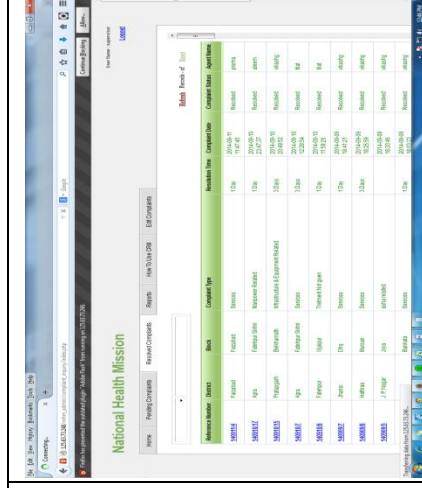
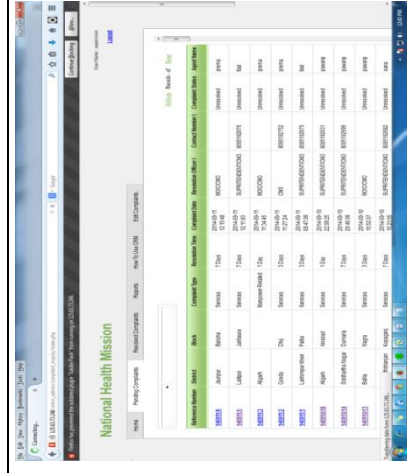
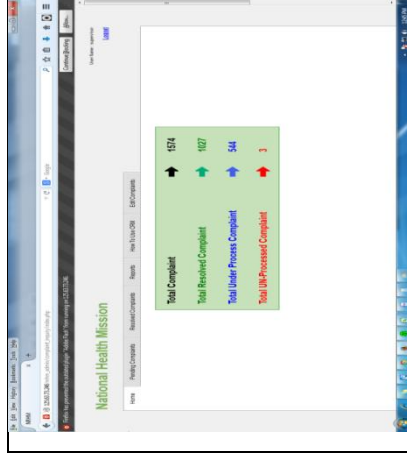
For 24X7 helpline integrated with Hello Doctors scheme working in SPMU NHM, an amount of Rs 68.00 Lakhs for equipment/ maintenance/ repair/ renovations and operational expenses is being proposed for the FY 2014-15 as under –

SL	HEAD	AMOUNT (Rs. In Lakhs)	REMARKS
1	For maintenance of office, office furniture, office equipment etc.	5.00	Rs 5 Lakhs for Office equipment/ furniture/ maintenance etc.
2	For 24X7 helpline integrated with Hello Doctors scheme Monthly operational expenses(to be paid to M/s BSNL)	27.00	Rs 2.25 Lakhs / month to be paid to BSNL as per MoU for FY 2014-15.
	For 24X7 helpline integrated with Hello Doctors scheme operational expenses.	12.00	Rs 12.00 Lakhs For electricity / telephone bills etc
	Monthly consolidated Honorarium for 4 MBBS Doctors @ 50,000/month under Hello Doctors scheme	24.00	Four MBBS Doctors @ 50,000/month under Hello Doctors scheme i.e. 24.00 Lakhs.
Grand Total		68.00	

Therefore, it is requested to consider the proposal of Rs 68.00 Lakhs and sanction the same at the earliest, so that the same can be utilized for 24x7 Helpline integrated with Hello Doctor for 2014-15.

Automated 24X7 helpline integrated with Hello Doctor Scheme

Snapshot of CRM based Software



5. Proposal for Drugs & Vaccine distribution management software, IT cell & PMU for Public Health LMIS

Availability of medicines to the community is an important intervention for reduction of mortality and morbidity in the public health system. In this context, Department of Health & Family Welfare, GoUP is making continuous efforts to ensure free/low cost medicine availability to the community.

In this context, Principal Secretary, health & Family welfare had asked UP Technical Support Unit to coordinate efforts made by different organisations and come up with the holistic strategy and framework for 'Public Health Logistic Management Information System for Uttar Pradesh'.

UP TSU organized presented a framework for Public Health Logistic Management Information system for UP in a meeting organized on 13th October 2014 under the chairmanship of Principal Secretary, Health and Family welfare.

In the meeting the decision was taken that the DVDMS (drugs & Vaccines distribution management software) developed by CDAC and recommended by Government of India will be customized for implementation in UP. CDAC does not charge for software but customization for which GOI provides funds to the state. GOI also provide funds to establish an IT cell for operationalization of the SW in the state and for PMU to support e-procurement.

Therefore the state is sending proposal of Rs. 382.88 Lakhs to GOI for sanction.

S.No	Item	Proposed budget (Rs. In Lakhs)
1	DVDMS SW customization and operationalisation	
1.1	Application Software development, Go Live & Operationalisation	
1.1.1	Application software base cost	0.00
1.1.2	GAD and FSD preparation charges	5.50
1.1.3	Modular development & Customisation of DVDMS	30.00
1.1.4	STQS security certification Expences	1.00
1.1.5	Operationalisation- configuration& operationalization Support	8.00
1.2	Application Software support	
1.2.1	HR for 1 year	15.00
1.2.2	Application Migration support	3.75
1.2.3	Third party software installation, supervision/Assistance	3.75
1.3	Training	3.50
1.4	Implementation Team	
1.4.1	Onsite Implementation team(one year)	27.00
1.4.2	Implementation management team	21.00
1.5	Data Centre hosting & one year support	
1.5.1	Data hosting including DB cluster, app cluster, load balancer, back up services and 2-4 mbps dedicated link for 12 months	12.50
1.5.2	FMS at data centre: one application software administrator for 12 months	15.00
1.5.3	FMS at data centre : one system administrator and one data base administrator for 12 months	30.00
1.6	IT cell for 1 year	
1.6.1	For creation of IT cell(1 implementation manager, 1 implementation engineer, 4 IT cell executive/helpdesk manager & 4 data entry operator)	49.20

1.6.2	Support from CDAC (40% of the actual salary value)	19.68
2	Infrastructure	
2.1	Computers(10), network, server, rack, computer table, chair etc	40.00
2.2	Barcode reader (300)	6.00
3	Program management unit	
3.1	HR(5personsX1.5LX12)	90.00
3.2	Computer/Laptop (40X5)	2.00
Total		382.88

6. Proposal for Geographic Information System (GIS) mapping

A **Geographic Information System (GIS)** is a computer system for capturing, storing, checking, and displaying data related to positions on Earth's surface. **GIS** can show many different kinds of data on one **map**. This enables people to more easily see, analyze, and understand patterns and relationships

GIS mapping of all health facilities of UP to be completed on HMIS portal in FY 2014-15, it was recommended by GOI on 1st Dec, 2014 HMIS review meeting , that the state may proposed a budget in supplementary PIP , if required, complete the same. The details are given below:

Sl.	Name of Health facilities	Numbers	Budget required @ Rs 75/facility.
1	District Hospital	165	12,375.00
2	Sub District Hospital	10	750.00
3	Community Health Centres	966	72,450.00
4	Primary Health Centres	2,696	2,02,200.00
5	Sub-centres	20521	15,39,075.00
6	Medical Colleges	20	1,500.00
7	Urban Health Posts-NUHM	478	35850.00
	Total	24,856	18,64,200.00

Thus, for GIS mapping Latitude and Longitude of 24856 health facilities @Rs 75/facilities, an amount of Rs 18.64 Lakhs is being proposed.

7. Proposal for Mobile connections for ASHAs, ANMs and MO I/Cs.

As per the approval of GOI in FY 2012-13 (through ROP 2012-13 and SROP 2012-13), an amount of Rs 1880.95 had been approved for 1,44,215 CUG connections for 1,22,565 ASHAs, 20717 ANMs and 933 MO I/Cs. A MoU to this effect was signed on 10.04.2013 for establishing the same. Out of Total amount of Rs 1880.95 Lakh an amount of Rs 1862.22 Lakh was transferred to M/s BSNL, Lucknow in the month of June 2013 for CUG connection.

However, it was felt that the lateral communication among the ASHAs and the ANMs is limited and thus the full potential of CUG network will not be realized. Therefore, it is beneficial to take talk time from BSNL which would enable the ASHAs to speak across all the networks and they can also speak with the beneficiaries. Further, to maximize the benefits to the govt., it has been negotiated with BSNL that in place of CUG, for which, we will pay Rs 99.00 per month per connection for ASHA/ANM and Rs 199.00 per month per connection for MOI/C. All user (ASHAs, ANMs and MOI/Cs) are now getting 160 minutes talk time and in addition BSNL is providing additional top up of Rs 100.00 per month to MOI/C. Free handsets have been provided to all users by BSNL.

During the negotiation, BSNL agreed to provide 100 minute for normal talk and 60 minutes exclusively for Mobile Kunji and Mobile Academy. A DO no. 4335 dt 04.12.2013 addressed to Joint Secretary, MoH&FW, New Delhi for utilizing the sanctioned amount for providing talk time in place of CUG connection has been sent to GOI . A MoU to this effect was signed on 18 February 2014 for establishing the talk time based mobile connection in place of CUG connection.

Thus, for continuing the availability of Talk time based Mobile connections for ASHAs, ANMs and MO I/Cs for subsequent year i.e. FY 2014-15, an amount of Rs 1948.65 Lakh is being proposed as per the details given below :-

SI	Item particulars	No. of connections	Rate per month	Month	Amount in Rs.	Amount in Lakhs
1	Medical Officer In charge	933	199.00	12	22,28,004.00	22.28
2	Aux. Nurse and Mid wife(ANMs)	20717	99.00	12	246,11,796.00	246.12
3	ASHA	122565	99.00	12	14,56,07,220.00	1456.07
Total						1724.47
Service Tax @ 13 % approx.						224.18
TOTAL						1948.65

Chapter-16. PROCUREMENT

- **Mapping of Bio-Medical Equipments**

For Biomedical equipment maintenance in all states of India, NHSRC has developed a Model in which mapping of all Biomedical Equipment is to be done in all districts of individual states. After mapping all the equipment in the state a model RFP is developed and tender will be floated for maintenance of all Biomedical Equipment in the state. In this context a letter dated 25th Aug 2014 was circulated by AS & MD, NHM, MOHFW, Govt. of India In this context, a DO letter was written to AS & MD requesting Gol to sanction a budget of Rs. 1.5 Crores only @ 2 lakh per district for mapping of Biomedical Equipment in the state of Uttar Pradesh

National Health Mission, Uttar Pradesh has received approval from Ministry Of Health & family Welfare, Govt. of India regarding Mapping of Biomedical Equipment and initiating Comprehensive Maintenance Package for medical equipment at PHCs,CHCs & DHs in the state of Uttar Pradesh vide letter dated 26th Dec 2014. Budget of Rs.1.5 crores @ 2 Lakh per district is approved for the same. The cost requirements as mentioned in the letter are to be proposed in the supplementary PIP 2014-15. The mapping of Biomedical Equipment will be done with technical support from NHSRC. A total budget of Rs. 1.5 crores for Mapping Of Biomedical Equipment in all 75 districts is proposed for mapping of all Biomedical Equipment in the State of Uttar Pradesh for sanction in Supplementary PIP 2014-15. The amount is to be booked under FMR Code B16.1.5.3.

Chapter-17. DRUG WARE HOUSES

- **Operational Cost of State Drug Ware House (b. 17.1.2)**

There is a State logistic-ware house (LMC) is functional at Natherganj, Lucknow, State Drug Ware House Collect the Family Planning Medicine / material and other etc, from Government of India and distribute to 11 Nos. Regional and 53 Nos. Districts Drug Ware Houses which are also functional at Regional & District level. This is an ongoing activity for which operational cost was also sectioned in previous years (2012-13 & 2013-14). 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.

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

Thus, an amount of Rs. 2.50 Lakhs is being proposed for the above purpose.

Chapter-18. NEW INITIATIVES

• Proposal for Screening of Ca Cervix

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. In PIP 2014-15, a proposal of Rs 350 lacs for screening and treatment of Cervical Cancer in 28 districts was sent to Gol for approval. In principle Rs 50 lacs has been approved under FMR Code - B.18.2 in RoP 2014-15. As fewer funds has been approved, State will roll out the program in 5 districts in the month of January 2015 namely -

1. Lucknow
2. Kanpur Nagar
3. Varanasi
4. Gorakhpur
5. Kannauj

To implement the program in other 23 districts covering 04 facilities of each district in the current financial year for one month the following additional budget will be required-

Budget requirement for 01 District

Budget in Rs.

S.N o.	Budget Heads	Description	Unit Cost (Rs.)	No. of Units	No. of facilities	Sub-Total	TOTAL
1	Non Recurring*	cost of Equipment & Instrument	30,000	1	4	120,000	120,000
2	Recurring*	Cost of Consumables for district women hospital for Screening and Treatment	100	1000	1	100,000	
		Consumables for CHCs (FRU)	100	500	3	150,000	250,000
3	Training Cost (per district)	For Gynae Doctors (Meal)-@300 x 3 days training	900	15	-	13,500	
		For LMOs (Meal)-@300 x 3 days training	900	10	-	9,000	
		For Staff nurses (Meal)-@300 x 2 days training	600	40	-	24,000	
		For MIS (Meal)-@300 x 1 day training	300	10	-	3,000	49,500
	Batch-wise other cost (Training Material)	Doctors - 2 batches	9,000	2		18,000	
		Staff Nurses - 4 batches	6,000	4		24,000	
		MIS - 1 batch	1,500	1		1,500	43,500

	On job assistance cost	3 visits per facility per month	1,000	3	4	12,000	12,000
4	IEC Cost	Sign Board	5,000	1	4	20,000	
		Client Card / Booklet	5	2000	4	40,000	
		News Paper Advt./Mid media activities	50,000	1	1	50,000	
		Leaflet / other IEC	25,000	1	1	25,000	135,000
5	Contingencies		10,000	1	4	40,000	40,000
GRAND TOTAL for 1 district with 04 facilities							650,000
Grand Total for 23 districts with 04 facilities (Rs. 650000 x 23)							14950000

***Detail of Non Recurring & Recurring is annexed**

Total budget required to implement the programme in 04 facilities per district in 23 districts will be 149.50 Lacs. Therefore it is requested to approve the same.

Annexure-1

Equipments and Instruments

VIA and Cryotherapy

Cost estimate for screening 25 cases

ONE TIME ESTABLISHMENT COST					
S/No	Equipment & Instrument	Number required	Approximate Unit Cost		Total Cost
1	Cusco Speculum	15	Rs 500		Rs 7500
2	Sponge Holder	6	RS 200		Rs 1200
5	Cheatle's forceps	4	RS 250		RS 1000
7	Torch (with halogen light)	2	Rs 200		Rs 400
9	Instrument tray	2	Rs 200		Rs 400
10	Cotton roll	1 pack			RS 2500
11	Cotton tipped swabs	40			
12	Measuring Glass	1			
13	Glass Jars	2			
14	Bowl for acetic acid	1			
15	Magna Visualizer	1			
16	Rubber Sheet	2			
17	Cryo Gun with Cylinder	1	Rs 17000		Rs 17000
					Rs 30000
RECURRING COST for 25 beneficiaries					
1	Cryo Cylinder Refill	1	Rs 1300		Rs 1300
2	Glacial Acetic Acid	1 – 500 ml	Rs 500		Rs 500
3	Normal saline	1- 1 litre	Rs 50		Rs 50
4	Distilled water	1 Jar	Rs 230		RS 230
5	Liquid Soap	1 bottle	Rs 50		Rs 50
6	Mouth Mask	10 piece	Rs 20		Rs 200
7	Disposable gloves	1 box	Rs 200 /box		Rs 200
8	Bleaching powder	1-1kg	Rs 120		Rs 120
					Rs 2500

- **Proposal Research/Study of Use of ^{18}F -FDG PET/CT as Imaging Biomarker for TB Patients: Focus on Drug Resistant Tuberculosis**

Summary of the Project:

Over 95% of TB deaths occur in low- and middle-income countries, where TB is among the top three causes of death for women in reproductive age. This disease has become or is becoming a medical emergency not only in developing countries but also in some high-income countries, because of migration of people from low-income to higher-income areas, frequent co-infection with HIV/AIDS, and the development of drug-resistant strains of TB (3).

Aim of this study is to develop a comprehensive TB imaging strategy through the use ^{18}F -FDG PET/CT for imaging TB patients with special focus on: (a) multi drug resistant TB (MDR-TB) and (b) monitor response to therapy (Baseline ^{18}F -FDG PET scan and repeat scan at 2 months and 6months post therapy) in order to reduce rates and deaths from TB especially drug resistant TB.

Radionuclide imaging of infection has for long time relied almost exclusively on single-photon-emitting agents, evolving from early applications of ^{67}Ga -citrate scintigraphy to scintigraphy with autologous leukocytes, labelled either directly (by in vitro incubation with agents such as ^{111}In -Oxine or $^{99\text{m}}\text{Tc}$ -HMPAO before reinfusion) or indirectly (e.g., administering radiolabeled antibodies binding to surface antigens expressed by granulocytes)(1-2).

The latest entry for radionuclide imaging of infection in the clinical setting is represented by PET with ^{18}F -FDG, **based on nonspecific enhanced glucose consumption of inflammatory cells and/or growing bacteria at the site(s) of infection(1-2)**. Nearly 11% of all deaths from infectious diseases are caused by tuberculosis (TB). This will contribute to the overall improvement of health care by accurate and early diagnosis of intractable TB infections in high risk patients through imaging trial using ^{18}F -FDG by increasing the detection rate of respiratory, abdominal, CNS, and postoperative infections related to TB. Overall, infectious disease constitutes a big burden to healthcare systems not only because of the direct costs related to treatments, but also in terms of parameters describing the overall economic and social burden deriving from associated disabilities and chronic debilitating illnesses, such as the disability-adjusted life years and the health-adjusted life expectancy. The top infectious diseases causing deaths worldwide are lower respiratory infections (including pneumonia and influenza), chronic obstructive pulmonary disease, diarrheal diseases, HIV/AIDS, and tuberculosis (TB). While the impact of radionuclide imaging in the first four such infectious conditions is rather limited, special attention should be paid to the **potential role of nuclear medicine imaging in certain stages of TB infection. Such role is not to be seen in the diagnostic approach to TB, but rather in subsequent stages, for characterization of the disease and for assessing its response to therapy.**

SCIENTIFIC BACKGROUND

The worldwide impact of infectious diseases on healthcare is impressive; every year 13 million people die because of infectious disease, and most of these deaths occur in developing countries. If considering only lower respiratory infections (including pneumonia), HIV/AIDS, and malaria, the overall healthcare costs amount to US \$343.9 billion worldwide, ranking third immediately after the healthcare costs for cancer and heart diseases.

Overall, infectious disease constitutes a big burden to healthcare systems not only because of the direct costs related to treatments, but also in terms of parameters describing the overall economic and social burden deriving from associated disabilities and chronic debilitating illnesses, such as the disability-adjusted life years and the health-adjusted life expectancy. The top infectious diseases causing deaths worldwide are lower respiratory infections (including pneumonia and influenza), chronic obstructive pulmonary disease, diarrheal diseases, HIV/AIDS, and tuberculosis (TB). While the impact of radionuclide imaging in the first four such infectious conditions is rather limited, special attention should be paid to the potential role of nuclear medicine imaging in certain stages of TB infection. Such role is not to be seen in the diagnostic approach to TB, but rather in subsequent stages, for characterization of the disease and for assessing its response to therapy.

Nearly 11% of all deaths from infectious diseases are caused by tuberculosis (TB). Over 95% of TB deaths occur in low- and middle-income countries, where TB is among the top three causes of death for women in reproductive age. This disease has become or is becoming a medical emergency not only in developing countries but also in some high-income countries, because of migration of people from low-income to higher-income areas, because of frequent co-infection with HIV/AIDS, and because of the development of drug-resistant strains of TB (3). For instance, in the UK drug-resistant TB has increased by 26% in the last year alone, and London is now considered the “TB capital of Western Europe” (4).

While recent efforts have resulted in a global decline in TB incidence and mortality, the number of individuals infected with drug-resistant isolates continues to increase, presenting a serious global health threat. Both MDR-TB, defined by resistance to both first-line drugs isoniazid and rifampin, and XDR-TB, which in addition to the first-line drug resistance seen in MDR, is resistant to any fluoroquinolone and at least 1 second line injectable drug, are already widespread around the world. Globally, 3.7% of new TB cases—there were an estimated 8.7 million new cases of TB in 2011—and 20% of previously treated TB cases are MDR-TB, according to the World Health Organization (WHO) (2).

Based on the above considerations and in particular low- to middle-income countries, the experts identified complicated TB infection (i.e., multidrug-resistant, extreme multidrug-resistant, and extra-pulmonary TB) as one of the target areas with potential considerable impact from radionuclide imaging. Considering instead infectious diseases on a global scale and with reference to radionuclide imaging of infection, in most areas of the world other infectious conditions similarly require attention from the diagnostic imaging point of view, such as osteomyelitis, diabetic foot, and soft tissue infections.

TB-Related investigations

Although early diagnosis is crucial for optimized treatments, radionuclide imaging has virtually no role in the diagnostic approach to TB; in fact, diagnosis of TB is typically based on a combination of clinical data, in vitro diagnostics (such as, e.g., Interferon-Gamma release Assays), and radiological imaging.

Whereas, there are still some open issues from the clinical point of view concerning at least three important aspects of TB infections:

- 1) Distinguishing active from inactive disease,**
- 2) Assessing the efficacy of therapy, and**
- 3) Identifying a prognostic parameter as to the development of drug-resistant TB.**

These issues have not been properly addressed even with the most advanced biomarker-based approaches (5).

Identification of TB as a target disease for radionuclide imaging of infection implies some important considerations concerning the potential candidate agents for implementing such modality. In fact, TB is typically a pauci-bacillar, slow-evolving infection; moreover, these pathogens are located intracellularly, i.e., in a space poorly accessible to most imaging agents. Therefore, some of the radiolabeled agents that image infection through their binding to actively growing bacteria in the extracellular space (such as, e.g., antimicrobial agents) are not expected to yield reliable results in patients with TB infection. Furthermore, TB lesions are typically constituted by inflammatory cells of the chronic phase, such as T-cells/monocytes/macrophages rather than by cells of the acute/sub-acute phase of infection, such as neutrophils. As a consequence, scintigraphy with autologous radiolabeled leukocytes (a mixed granulocyte population) is sub-optimal for identification and characterization of TB lesions.

There is scant data published concerning the assessment of response of TB infection to therapy based on radionuclide imaging. In this regard, although scintigraphy with the nonspecific cell-activation agent ^{99m}Tc-Sestamibi has been reported to be useful to distinguish active from inactive pulmonary TB, its use has not been explored to assess response to therapy (6-7).

Preliminary data obtained at the University of Pretoria (South Africa) suggest that assessment of response to anti-TB therapy would be possible through serial ¹⁸F-FDG PET/CT scans, although the optimal schedule for such sequence has yet to be defined (8). Currently, the above two clinical questions remain to be clarified. Therefore, the most promising option for evaluation of response to anti-TB therapy is to use two commercially available radiopharmaceuticals, one for single-photon and the other for PET imaging, respectively.

In addition, wide discussion among the experts was devoted to consider the possibility of developing new agents tailored to this specific purpose, based on current knowledge and advances in the fields of radiochemistry and radiopharmacy, considering the cellular pathophysiology of TB infection. **However the widely used radiopharmaceutical ¹⁸F-FDG could be an ideal tracer for active**

detection, therapy response, identification of complicated TB infection (i.e., multidrug-resistant, extreme multidrug-resistant, and extra-pulmonary TB).

Objectives and anticipated outcomes:

Development of comprehensive TB imaging strategy using F-18 FDG PET/CT in order to comprehensively manage MDR and extra pulmonary TB leading to reduction in the relapse rates and deaths from MDR and extra pulmonary TB as a result of improved patient management through the development and establishment of appropriate Evaluation Criteria for interpretation of PET/CT examinations in these patient population

1. Establishment of appropriate Evaluation Criteria for interpretation of PET/CT examinations in these patient population;
2. Exploring possibility of obtaining similar results with non-imaging hand-held Gamma probe.
3. Presentation of relevant scientific abstracts for presentation and publication at scientific conferences and proceedings;
4. Generating data to extend the concept to multi centric trials to consolidate PET/CT scan criterion for this patient population

Scientific Scope of Project:

Aim of this study is to develop a comprehensive TB imaging strategy through the use 18F-FDG PET/CT for imaging TB patients with special focus on: (a) drug resistant TB and (b) monitor response to therapy (Baseline 18F-FDG PET scan and repeat scan at 2 months and 6months post therapy) in order to reduce rates and deaths from TB especially drug resistant TB. This will contribute to the overall improvement of health care by accurate and early diagnosis of intractable TB infections in high risk patients through an imaging trial using 18F-FDG by increasing the detection rate of respiratory, abdominal, CNS, and postoperative infections related to TB.

Detailed work Plan:

GENERAL CONSIDERATIONS

1. Once proposal is approved the center will start enroll patients
2. A target of at least 20 patients per year will be enrolled in the study
3. A pre-therapy baseline PET/CT and an early response evaluation by PET/CT must represent local practice prior to the study initiation.
4. Prospective lab analysis is based on retrospectively collected data:
 - HIV status, CD4 count, ARV use;
 - Smear status (WHO based grading),
 - Culture status on solid and liquid media
5. Informed consent will be determined by the local institutional ethics committee

PATIENT ENROLLMENT CRITERIA

1. Patient age must be greater than 18 years of age at the time of first PET/CT
2. High probability of culture/MTB-RF confirmed TB (e.g. sputum AFB smear positive) at enrolment
3. No gender exclusion
4. Non-pregnant and non-lactating patients
5. No prior radiation therapy

6. No prior history of cancer

DATA INTERPRETATION AND ANALYSIS

- a. Predictive power of PET/CT to determine event free survival (EFS) according to different scoring system
- b. Predictive power of PET/CT to determine EFS as compared to MTB-RIF.

SPECIMENS TYPES

- a. Minimum Set:
 - Sputum for culture and banking (mRNA, microbiologic measures)

Timeline: Baseline, Weeks (2), 4, 8, end of treatment, failure and recurrence/relapse

PATIENT DATA AND PET/CT TECHNICAL ASPECTS

1. A patient data sheet must be completed (electronic form) with demographic:
 - Age
 - Sex
 - Geographic location
 - Date of study
2. Standardized patient therapy care according to
 - disease stage
 - disease histology
3. Documenting extent of disease at:
 - baseline,
 - clinical responses,
 - TB outcomes

4. Follow-up of the patient after completion of TB therapy: 6-12 months

TB treatment (To document which regimen patient was under) E. g,

Group 1: First-line oral agents – isoniazid, rifampicin, ethambutol, and pyrazinamide

Group 2: Injectable agents – kanamycin, amikacin, capreomycin, and streptomycin

Group 3: Fluoroquinolones – moxifloxacin, gatifloxacin, levofloxacin, and ofloxacin

Group 4: Oral bacteriostatic second-line agents – thioamides (ethionamide and prothionamide), cycloserine, terizidone, and p-aminosalicylic acid

Group 5: Clofazimine, linezolid, amoxicillin/clavulanate, thioacetazone, imipenem/cilastatin, high-dose isoniazid, and clarithromycin.

5. Event Free Survival must be specified as to
 - a. nature of event
 - b. date of event
6. Pretreatment staging PET/CT, Mid-treatment PET/CT (interim PET/CT) and post treatment PET/CT (baseline, at 2 months PET/CT, 6 months PET/CT 9-12 months PET/CT) study. Interim PET/CT should be performed immediately prior to next cycle of therapy
7. Standardized 18F-FDG PET/CT acquisition according to the following criteria:
 - a. Society of Nuclear Medicine guidelines
 - b. European Association of Nuclear Medicine guidelines
 - c. IAEA PET/CT – Standardized Operating Procedure guidelines
8. Acquisition parameters of the PET component at baseline PET/CT and interim PET/CT must be equal
 - a. 18F-FDG PET/CT interpretation criteria

- b. Quantitative assessment:
 - i. SUV max
 - ii. Lean body mass (LBM)
 - iii. BSA (body surface area)
 - iv. BW (body weight)
- c. Visual assessment:
 - i. positive/ negative /equivocal scan
 - i. Visual criteria used for interpretation
 - 0 = no uptake
 - 1 = uptake less intense than the liver
 - 2 = uptake equal in intensity to the liver
 - 3 = uptake more intense than the liver.

This Protocol will be submitted to the Research Ethics Committee for approval. The study has been structured in accordance with the Declaration of Helsinki which deals with the recommendations guiding doctors in biomedical research involving human subjects.

Expected Outcomes:

A comprehensive TB imaging strategy is developed to seize the opportunity to reduce rates and deaths from extra-pulmonary TB.

- Guidelines and protocols are created and validated on the use ^{18}F -FDG PET/CT for imaging TB patients for:
- the diagnosis of extra pulmonary TB
- Use of ^{18}F -FDG PET/CT as biomarker to monitor response to TB therapy, cure and relapse (Baseline ^{18}F -FDG PET scan and repeat scan at 2 months and 6 months post therapy).

Budget:**Table-1: Details of financial requirements for Three years (with justifications) and phasing for each year:**

Sl.	Head	1st year (Amount in Rs.)	2nd year (Amount in Rs.)	Third Year (Amount in Rs.)	Total (Amount in Rs.)
1.	Manpower i) Project assistant-01 ii) One Lab Attendant-01	2,30,400.0 @ 19,200/month (project assistant) and 96,000.0 @ 8000/month (for Lab Attendant)	2,30,400.0 @ 19,200/month (project assistant) and 96,000.0 @ 8000/month (for Lab Attendant)	2,30,400.0 @ 19,200/month (project assistant) and 96,000.0 @ 8000/month (for Lab Attendant)	9,79,200.00
2.	Consumables	3,0000.0	3,0000.0	3,0000.0	9,00,000
3.	Contingency & Travel (within India)	1,00,000.0	1,00,000.0	1,00,000.0	3,00,000.0
4.	Over head charges	50,000.0	50,000.0	50,000.0	1,50000.0
5.	Equipment needed	Gene expert-instrument @ 15,00000.0 and 1,20000.0 (60 test cartridges @ 2000.0 per cartridges	1,20000.0 (60 test cartridges @ 2000.0 per cartridges	1,20000.0 (60 test cartridges @ 2000.0 per cartridges	
6.	FDG Scan	6,00,000.0 (60 scan @ 10,000.0 per patient)	6,00,000.0 (60 scan @ 10,000.0 per patient)	6,00,000.0 (60 scan @ 10,000.0 per patient)	18,00,000.0
7	Insurance (for patient)	2,00,000.0	2,00,000.0	2,00,000.0	6,00,000.0
Total sum (year wise)		29,26,400.0	14,26,400.0	14,26,400.0	57,79,200.0
Total cost of the project		Rs 57,79,200.0 /-			
Thus, it is proposed to approve the budget of Rs. 29.26 Lakh for the first year of the project					

- Manpower:** The appointed project assistant and one lab assistant will perform the routine project related activities in the hospital.
- Consumables:** Consumables like chemicals, reagents, solvents, glasswares, minor equipments, test kits and other items will be procured and will be utilized for the smooth and rapid progress of the project.
- Travel:** The travel funds will be utilized to attend the scientific conferences within India for updating the scientific knowledge and to interact with the scientist in India working this area.
- Contingency:** The contingency will be utilized for purchase of stationary, computer, printer etc for the documentation purpose.
- Over head charges:** The charges include reimbursing the travel expenses, registration charges and other associated expenditure for recruitment of patient for study under the project.

REFERENCES:

1. Rennen HJ, Boerman OC, Oyen WJ, et al. Imaging infection/inflammation in the new millennium. *Eur J Nucl Med*. 2001; 28: 241–252.
2. Boerman OC, Rennen H, Oyen WJ, et al. Radiopharmaceuticals to image infection and inflammation. *Semin Nucl Med*. 2001; 31: 286–295.
3. Ginsberg A M, Spigelman M. Challenges in tuberculosis drug research and development. *Nature Medicine* 2007;13: 290-4.
4. Zumla A. The white plague returns to London - With a vengeance. *The Lancet*, 2011; 377:10-1.
5. Ginsberg AM, Spigelman M. Challenges in tuberculosis drug research and development. *Nature Medicine* 2007;13: 290-4.
6. Ahmadihosseini H, Sadeghi R, Zakavi R, et al. Application of technetium-99^msestamibi in differentiation of active from inactive pulmonary tuberculosis using a single photon emission computed tomography method. *Nucl. Med. Commun*. 2008; 29:690-4.
7. Raziei G, Masjedi MR, Fotouhi F, et al. The role of ^{99m}Tc-MIBI scintigraphy in the management of patients with pulmonary tuberculosis; *Eur Rev Med Pharmacol Sci*. 2012;16: 622-9.
8. Sathekge M, Maes A, Kgomo M, et al. Use of ¹⁸F-FDG PET to predict response to first-line tuberculostatics in HIV-associated tuberculosis. *J. Nucl Med*. 2011; 52: 880-5.
9. Ostovar A, Assadi M, Vahdat K, et al.; A pooled analysis of diagnostic value of ^{99m}Tc-Ubiquicidin (UBI) scintigraphy in detection of an infectious process. *Clin Nucl Med*. 2013; 38:413-6.
10. Shepherd PR, Kahn BB. Glucose transporters and insulin action--implications for insulin resistance and diabetes mellitus. *N Engl J Med*. 1999; 341:248–257.
11. Meller J, Altenvoerde G, Munzel U, et al. Fever of unknown origin: Prospective comparison of [¹⁸F]FDG imaging with a double-head coincidence camera and gallium-67 citrate SPET. *Eur J Nucl Med*. 2000;27: 1617–1625.
12. Osman S, Danpure HJ. The use of 2-[¹⁸F]fluoro-2-deoxy-D-glucose as a potential in vitro agent for labelling human granulocytes for clinical studies by positron emission tomography. *Int J Rad Appl Instrum B*. 1992;19:183–190.
13. Forstrom LA, Dunn WL, Mullan BP, et al. Biodistribution and dosimetry of [(18)F]fluorodeoxyglucose labelled leukocytes in normal human subjects. *Nucl Med Commun*. 2002;23:721–725.
14. Forstrom LA, Mullan BP, Hung JC, et al. 18F-FDG labelling of human leukocytes. *Nucl Med Commun*. 2000;21:691–694.
15. Dumarey N, Egrise D, Blocklet D, et al. Imaging infection with 18F-FDG-labeled leukocyte PET/CT: Initial experience in 21 patients. *J Nucl Med*. 2006;47:625–632.
16. World Health Organization(WHO). (2011). *Global Tuberculosis Control*. ISBN: 978-92-4-156438-0.
17. World Health Organization(WHO). (2012). *Global Tuberculosis Control*. ISBN:
18. Benhan T, Govender T, Kruger G, Pulker T, Zeevaart JR, Sathekge M. Synthesis of Ga-68-NOTA-UBI-30-41 and in vivo bio-distribution in vervet monkeys towards potential PET/CT imaging of infection. *J Nucl Med* 2012; 53 (Suppl):1520.

Chapter-20. SUPPORT SERVICES

• Support to Gorakhpur Medical College- JE/AES Wards

Sl N	FM R	Budget Head	Quantity Proposed	Quantity Approved	Difference For Approved	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Difference amount Required (Rs in Lakhs)	Remarks for Principal B.R.D. Medical College Gorakhpur
1		JE/AES ward 12							
1.1		Approval for Existing Contractual (Ongoing) HR for JE/AES ward 12	164	144	20 Staff Nurse	430.61	349.86	80.75	<ul style="list-style-type: none"> ❖ Proposal as for 164 working Post but approved for 144 post (20 post of staff nurse budget Rs 49.36 Lac is not approved.) ❖ Required for salary 12 months in Human Resource Extra budget 80.75 Lac ❖ Total Required 430.61 Lac. Approved 349.86 Lac ❖ Required 80.75 Lac Salary for HR Proposed is minimum <u>Annexure-1</u>
1.2		AMC for equipment				40	00	40	<ul style="list-style-type: none"> ❖ AMC for equipments- ❖ AC maintenance ❖ Gas Pipeline maintenance ❖ Ventilators and Monitor maintenance ❖ maintenance work is not done due to lack of budget (Budget required)
1.3		Stationery & Other heads				2	00	2	The reporting for AES/JE and other reporting work problem due to lack of budget (Budget required)
2		New 100 Bedded JE/AES Ward							
2.1		HR for New 100 Bedded JE/AES Ward	214	214		484.34	185.16	299.18	<ul style="list-style-type: none"> ❖ New 100 Bedded ward HR 214 post Post salary is required for 12 months Rs 484.33 Lac.

									❖ New 100 Bedded ward HR 214 Post salary is required for Six months Rs 242.16 Lac. ❖ New 100 Bedded ward HR 214 Post salary is Approved for Six months Rs 185.16 Lac. different for six months salary in 57.005 Lac Salary for HR Proposed is minimum <u>Annexure-2</u>
2.2		Furniture				3	00	3	New 100 Bedded AES /JE Ward is without furniture. (Budget required)
2.3		Stationery & Other heads				2	00	2	The reporting for New 100 Bedded AES/JE ward and other reporting work is problem due to lack of budget (Budget required)
		Total				961.95	535.02	426.93	Extra required budget 426.93 Lac -Required beget Ward 12 for 12 months Rs 472.60Lac -Approved Rs 349.86 Lac. -Different budget required 122.74Lac Required budget for 100 Bedded New JE/AES ward Rs 489.33Lac Approved budget 185.16, Required budget Rs 304.17Lac

Proposal for Ventilators in KGMU, Lucknow

To
Mission Director,
National Rural Health Mission
19 A, Vidhan Sabha Marg, Lucknow

Sir,

It is in reference to letter no. 914/743/GA & Property Section/2014 dated 03rd May, 2014 from the Registrar of this University in regard to requirement of ventilators for accident victims and other Government Hospital/Nursing Home patients referred to this university as communicated by Incharge, Trauma Center, KGMU vide letter # 104/Gen/T.C.-14 dated 24-04-2014 which is as under:-

S.N.	Name of equipment	Qty	Cost per unit (in Lacs)	Total cost (in Lacs)
1	Ventilator	60	19.60	1176.00
2	Neonatal Ventilator	20	18.00	360.00
			TOTAL	1536.00

Prof. Rashmi Kumar, Head, Department of Pediatric and Chief Convener, Comprehensive Child Survival Program, King George's Medical University vide letter # 05NCU-KGMU22013/47 Date d19-04-2014 has also submitted the following requirement under State Level training resource center Program of NRHM for the financial year 2014-15.

1- (A) For Neonatal Intensive Care Unit

(a) Equipment

S.N.	Name of equipment	Qty	Cost per unit (in Lacs)	Total cost (in Lacs)
1	Neonatal Ventilator	10	18.00	180.00
2	Bilirubin Analyzer	02	03.00	06.00
3	Pulse Oxymeter	06	00.50	03.00
			TOTAL	189.00

(b) For High Dependency Unit & Pediatric Intensive Care Unit

S.N.	Name of equipment	Qty	Cost per unit (in Lacs)	Total cost (in Lacs)
1	Pediatric Ventilator	07	12.00	84.00
2	Pulse Oxymeter	07	00.50	3.50
3	7 Para monitors	07	08.00	56.00
4	Pediatric Defibrillators	02	04.00	08.00
5	BIPAP Machine	01	03.50	03.50
			TOTAL	155.00

Grand Total = 1536.00 Lacs
189.00 Lacs
155.00 Lacs
GRAND TOTAL = 1880.00 Lacs

It is therefore requested that due to acute urgency and for the larger interest of patient and society the above said proposal as submitted by Incharge, Trauma Center and HOD Pediatrics of this Medical University may kindly be approved for the financial year 2014-15.

Yours faithfully,



(Yogesh Kumar Shukla)
Registrar

Chapter-21. IMMUNIZATION

- **Proposal for Incentives of ICDS workers**-In the state Task Force Meeting held on 24 sept 2014 under chairmanship of Principal Secretary, Medical Health and Family Welfare, it was decided to pay incentives to A.W.W. for bringing children in due list to immunization sites like Asha incentives to increase fully immunized children.

According to HMIS date of year 2013-14, total immunization sessions held were 2134704. In year 2014-15, target of infants (0-1 year) is kept 5522079 and children (16-24 months) booster target is 5202208. The proposal of incentives to AWW is worked and as below.

- For mobilization of children in each session= $50 \times 2134704 = 106735200.00$ @ Rs. 50/- per session
- As per due lit available with ANM, mobilization of 50% children from the list(50% target children) @ Rs. 25/- per child= $25 \times 1067352 = 26683800.00$
- For complete immunization of child (0-1 year) -Rs. 50/- per child (50% target children)= $50 \times 2761040 = 138051975.00$
- For complete immunization of child (up to 2 years) are additional Rs. 25/- per child (50% target children up to 2 year)= $25 \times 2601104 = 65027600.00$

Thus, for the above total amount of Rs.3364.99 Lakhs are requested for the year 2014-15.

Chapter-22. NATIONAL URBAN HEALTH MISSION

Proposal for NUHM - 2014-15

FMR Code	Activity	Approved as per NHM/ NUHM ROP 2014-15	Approval Required	Budget (in Lakh)
As per NHM ROP A.10.1.5	Approved for 2 new SAs @ Rs. 35,000 pm - 1 for MD and 1 for Addl. MD. (1 new post of SO for Addl. MD Urban to be shifted to NUHM)	Approval has not been reflected in NUHM ROP 2014-15	Approval of 1 SO for Addl MD urban is required in NUHM ROP along with the budget . (now FMR Code-2.1.1)	4.20
As per NHM ROP A.10.1.5	Approved for 22 Programme Coordinators @ Rs. 33,000 pm including 16 existing, 3 vacant and 3 new positions..... 2 Positions for urban health cell shifted to NUHM	The post of 2 Programme Coordinators @ 30,000 pm have been approved in NUHM ROP FMR code no 2. under Program Management Head at page no. 2	Approval of 2 Programme Coordinators @ 33,000 pm required in NUHM ROP alongwith the budget because 01 Programme Coordinator has already been working since 2012-13 like other Programme Coordinators (now FMR Code-2.1.1)	0.72
As per NHM ROP A.10.1.4	2 Data Assistants - 1 for urban and 1 for DFW (Urban)- shifted to NUHM	1 Data Assistant @ Rs. 25,500 pm (already approved under NRHM) has been approved	Approval of 1 Data Assistants for DFW (Urban) is required in NUHM ROP along with the budget. (now FMR Code-2.1.1)	3.06
As per NUHM ROP 4.3.3.1.3	Salary for Support Staff (Non Clinical Staff)	Approved for (a) 231 Sweeper cum Chawkidar shifted from urban RCH @ 5445/ month/ person for 12 months (b) approved @ 14000 per month per UPHC for support staff (LDC, Grade D) for remaining 327 PHCs for 6 months.	The approval of support staff (Ward Aya and Ward Boy) other than sweeper cum chawkidar required along with the additional budget @ Rs. 10,000 pm for 231 UPHCs	138.60
As per NUHM ROP 4.3.3.3	Others	Approved for rent @ Rs. 15,000 per month per UPHCs for 218 UPHCs shifted from Urban RCH for 12 months & 66 new UPHCs approved in FY 2013-14, 34 for 6 months. Out of 100 UPHCs	In the NUHM ROP 2013-14, 100 new UPHCs were approved in rented building @ Rs. 15,000 per month per UPHC and these are being established accordingly. So the approval of rent for these	30.6

		approved in FY 2013-14, 34 are in government buildings. For new 80 UPHCs approved in FY 2014-15, rent is approved @ Rs. 20,000 per month per UPHC for 6 months. However the state may use the rent differentially on actual basis. Rent for 101 PHCs approved @ Rs. 15,000 per month for 6 months supported from state running on rental basis subject to the condition that rent should not be funded under more than one source.	100 new UPHCs is required.	
			Total	177.18

Chapter-23. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

• Proposal of 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 vishuniigp* 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 were also involved up to 2010 to report AES/JE cases but during 2011 & 2012, these districts did not report any case of AES and JE. 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-

A. Situation Analysis of the disease-

Year	No. of districts affected	AES		JE	
		Cases	Deaths	Cases	Deaths
2005	34	5581	1593	1042	304
2006	22	2075	476	170	49
2007	24	2675	577	235	29
2008	23	2730	483	168	36
2009	26	3061	555	328	50
2010	20	3548	498	344	59
2011	18	3490	583	224	27
2012	16	3484	557	139	23
2013	28	3069	609	281	47
2014	30	3329	627	191	34

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 2014 the disease spread to larger geographical area and as such 12 more districts Lucknow, Ghazipur, Chandauli, Pilibhit, Shahjanpur, Rampur, Pratapgarh, 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. Proposed deficit Amount under following Head:-

Vector Control for JE- ForFortnightly fogging of Malathion by fogging machine in the villages reporting JE cases for last 2-3 yrs during transmission period. The total amount of Rs. 10.00 Lac has been sanctioned in RoP 2014-15, for procurement of malathion technical. The approximate quantity can be procured out of sanctioned amount will be about 4 MT (approx.. @ Rs 2.50 lac/MT).

As per specified norms one MT of Malathion Technical will require Total Rs. 12,32,000/- (15,200 Lt. diesel @ Rs. 60/- per Lt. = Rs. 9, 12,000/- and wages are calculated for 1600 men days @ Rs. 200/day/labour = Rs. 3,20,000.)

Thus total amount needed to fog with 4 MT Malathion Technical, a sum of Rs 46.28 lac will be needed and the amount of Rs. 3 lac sanctioned in RoP 2014-15 has been deducted from the total amount, as such leading to net requirement of Rs 46.28 Lac.

Budgetary out lay of AES / JE under for the year 2014-15

Sl.	Component	Unit of Measure	Quantity/ Target	Unit Cost (Rs.)	Budget Proposed (Rs. Lakhs)	Remark
F.1.3.g	Operational costs for Malathion fogging	One MT of Malathion Technical will require 15,200 Lt. diesel @ Rs. 60/- per Lt. = Rs. 9, 12,000/-. Wages are calculated for 1600 men days @ Rs. 200/day/labour = 320000.	4 MT	Rs. 12,32000	46.28	Continued Activity
Total AES/JE					46.28	

Thus, an amount of Rs.46.28 Lakhs is being proposed for the above activity.

- **Proposal for Lymphatic Filariasis**

The target is fixed to eliminate filaria from the country is by 2015. Hence, 2015 is in the mode to eliminate filaria from our state also.

Moreover, the honorarium for drug distributors under this programme, which was previously fixed @Rs.100/day for maximum 3 days now, has been revised Rs.200/day maximum for 3 days. For certain activities, like microfilaria survey, training, morbidity management, more budget is also required.

Budgetary requirement for MDA in 51 Districts of UP

Sl.	Activity Details	Amount for one Districts (Rs.)	Total Districts	Total Amount Required (Rs.)	Amount Approved in RoP (Rs.)	Additional Amount Required (Rs.)	FMR CODE
1	Two DCC Meetings	14000	51	714000	8825000	36608000	F.1.4.a
2	Mobility, Monitoring and Sup.	50000	51	2550000			
3	Printing of Forms and Registers	100000	51	5100000			
4	Morbidity Management						
	(a) Hydrocelectomy per case	750	26533	19899750			
	(b) Lymphodema manage. Per case	150	113295	16994250			
5	Microfilaria Survey	50000	51	2550000	2550000	0	0
6	Additional MF survey	50000	14	700000	700000	0	0
7	IEC/BCC	225000	51	11475000	4070000	7405000	F.1.4.e
8	Training for Districts Staff	60000	51	3060000	24095000	5815000	F.1.4.d
9	Training for Drug Administrators and Supervisors	50	537000	26850000			F.1.4.d
10	Honorarium for Drug Distributors and Supervisors	100	537000	53700000	44000000	9700000	F.1.4.f
11	Post MDA Assessment	15000	51	765000	555000	210000	F.1.4.c
12	Transportation Cost For Albendazole from Kolkata and Karnal	3 Trucks		170000	0	130000	F.1.4.a
13	Transportation of Tablets to Divisions (Average 250 Km From HQ)	20000	13	260000	0	125000	F.1.4.a
14	DEC Tablets 100mg Procurement	0	0	64700000	64700000	0	0
	Grand Total			209488000	149495000	59993000	0

Hence additional budget of Rs.599.93 Lakhs is required to implement the programme effectively, as per above.

Chapter-24. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

- **Proposal for Committed Liability under RNTCP of FY 2010-11 & 2011-12 in Supplementary PIP 2014-15**

There is existing committed liability of financial year 2010-11 and 2011-12 of various districts under RNTCP. In the financial year 2010-11 and 2011-12 committed liability was due to availability of insufficient fund in concerned year against approved PIP. For the payment of committed liability district wise head wise proposal of Rs. 719.77 lacs was sent to Government of India through SHS UP in supplementary ROP 2013-14. In the approved 4th Supplementary ROP 2013-14, Approval of Rs. 718.9 lacs were approved against the proposal of Rs. 719.77 lacs. But due to non-release of budget in FY 2013-14 no payments made towards committed liability of 2010-11 & 2011-12. In the FY 2014-15 again the status of current committed liability of 2010-11 & 2011-12 is evaluated/verified as per Directions of NHM UP. As per the information send by districts (39) and state total Existing committed liability of FY 2010-11&2011-12 is Rs. 426.98 Lakhs (FY 2010-11 Rs. 10.81 Lakhs+ FY 2011-12 Rs. 411.70 Lakhs and state Rs. 4.46 Lakhs). So it is proposed to approve and release budget of Rs. 426.98 Lakhs for the payment of existing committed liability of FY 2010-11 & 2011-12 to concerned districts.

Chapter-25. NATIONAL LEPROSY ELIMINATION PROGRAMME

1. Dresser for Leprosy Colonies -

At present, in the state, there are 72 leprosy colonies in 29 districts. For self-care there is need of dresser in each colony. The dressers would be recruited/selected from the concerned inmates of the colonies. The ToR of the dresser will be:

- Age : 20-40 years, as on date 1st January 2015
- Education: At least junior high school or equivalent and priority will be given to the person, those are trained/worked in Govt. or NGO hospitals.
- Selection process: Society of Leprosy Colony will nominate the person and district health society will appoint and contract will be signed.
- Each of the dressers will be provided two weeks training by district nucleus of leprosy.
- Dressing materials would be arranged by CMO of the district.
- Supervision and monitoring will be done by district leprosy officer.

Thus, the proposal is being submitted for 72 dressers @Rs.10000/month for 3 months.

2. Driver at SHS- Honorarium approved for driver this year 1.45 @ 12100pm. In ROP 2014-15 it is mentioned that " Remuneration of Contractual Staff may be revised keeping in view the prevailing rate of remuneration in other National Health Programme." In this connected it is inform you that the driver of RNTCP salary is Rs. 19800/-pm & annually Rs. 237600/-

3. Office Help (Multi-tasker) - As recruitment of office assistants has been banned by the state government an additional Multi Tasker Staff is being proposed.

Sl.	NLEP Component	Responsibility	Details	Rates	Activity-wise Budget Requirement in Rs.	Budget approved in 2014-15	Additional budget required (in Rs.)
1	Driver	SHS	1	19800	237600	145200	92400
2	Office Help (Multi-tasker)	SHS	1	8000	96000	0	96000
3	Dresser for Leprosy Colonies	DHS	72	10000	2160000	0	2160000
Total							2348400

Therefore, it is requested to kindly approve Rs.23.48 Lakhs for the above mentioned activities.

Chapter-26. NATIONAL MENTAL HEALTH PROGRAMME

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

1. 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.
2. To encourage mental health knowledge and skills in general health care and social development.
3. To promote community participation in mental health service development and to stimulate self-help in the community.
4. 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

National Mental Health Programme for existing districts Kanpur, Faizabad, Raebareli & Sitapur ongoing programme being conducted by Department of Psychiatry, K.G. Medical University, Lucknow

As per guidelines of Ministry of Health & Family Welfare, Govt. of India, New Delhi

(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 lakh 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

National Mental Health Programme for four New districts Sultanpur, Hardoi, Unnao & Barabanki programme to be conducted by Department of Psychiatry, K.G. Medical University, Lucknow

As per guidelines of Ministry of Health & Family Welfare, Govt. of India, New Delhi

(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	9.30
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 lakh 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	55.30
	For four new districts cost will be	55.30 x 4
		221.20

a. STRENGTHENING OF STATE MENTAL HEALTH AUTHORITY

Introduction:

State Mental Health Authority was formed through the Govt. order no. 1591/5-8-96-fifteen-14/91 dated 15.03.1996. The state Govt. is involved in promoting the care of mental patients and their human rights in Uttar Pradesh through State mental Health Authority since 1999. State Mental Health Authority works under the Mental Health Act, 1987 & State Mental Health Rules, 1990. The State Mental Health Authority is working as a watchdog to ensure good and human treatment to mental patient in the state.

Aims:

4. Prevention and treatment of mental and neurological disorders and their associated disabilities.
5. Use of mental health technology to improve general health services.
6. Application of mental health principles in total national development to improve quality of life.

Objectives:

The primary objectives of mental health act 1987 are being fulfilled by State Mental Health Authority. These are-

- (a) Be in charge of regulation, development and co-ordination with respect to Mental Health Services under the State Government and all other matters which, under this Act, are the concern of the State Government or any officer or authority subordinate to the State Government ;
- (b) Supervise the psychiatric hospitals and psychiatric nursing homes and other Mental Health Services Agencies (including places in which mentally ill persons may be kept or detained) under the control of the State Government;
- (c) Advise the State Government on all matters relating to mental health;
- (d) Discharge such other functions with respect to matters relating to mental health as the State Government may require.

Requirement of fund for supporting State Mental Health Authority

In Uttar Pradesh Govt. of India sectioned the first installment of grant-in-aid Rs. 9.00 Lacs for supporting and strengthening State Mental Health Authority during financial year 2011-2012 wide letter no. F.No. 15011/26/2011(D)-PH.I dated 30th December, 2011.

This scheme supports/strengthens the staff, office, professional expenses and contingency for running State Mental Health Authority as identified by the Ministry of Health & Family Welfare. Through this four Manpower (Social worker, Record Keeper, case registry assistant and peon) was hired on contractual basis. Manpower is still working at present.

Activities:

1. To coordinate, organize, monitor etc. District Mental Health Programme activities.
2. To carry out survey & provide Mental Health Services through Govt. and Non-Govt. agencies.

Proposal for the support to the State Mental Health Authority

Sl.	Demand Detail	Proposed Fund	Number	Amount (Rs.)	Comments
A.	Recurring Fund	8,55,660/-			
1-	Office/Admn./Professional expenses	5,55,660/-			
i.	Social Worker		1	Per month 19,845/-	Survey will get conducted by the Professional social worker in all 75 district of Uttar Pradesh to find the information towards mental health services which include Psychiatric hospital/Nursing home/ De-Addiction centre etc. It will help to know current situation of mental health services and accordingly will make a future plan and program for better accessibility of mental health services.
ii.	Record Keeper		1	11,025/-	For record keeping, correspondence and manage the office of State Mental Health Authority.
iii.	Case registry assistant		1	8,820/-	Letter typing and other clerical works of State Mental Authority.
iv.	Peon		1	6,615/-	For the cleaning/hygiene and postal services of the state mental health authority office.
	Per months Total			46,305/-	
	Total Amount (in year)			46,305x12= 5,55,660/-	
2.	Travel (T.A. & D.A)	2,50,000/-	12 Months	2,50,000/-	This amount would be utilized towards TA and DA for survey in all 75 districts of Uttar Pradesh.
3.	Miscellaneous/ Contingency	50,000/-			
i.	Office Expenses			20,000/-	For the miscellaneous expenditures of the office.
ii.	AMC/CMC of the equipments			20,000/-	Amount will be spent for the Equipment AMC/CMC.
iii.	Other Expenses			10,000/-	This amount will be spent according to the administrative directions & needs as contingency.
	Grant Total of Recurring Amount	8,55,660/-		8,55,660/-	

Rest amount of Financial year 2012-2013 = Rs. **3, 83,841/-**

Amount which is demanding for the last financial year 2013-2014 = Rs. **4, 45,359/-**

Total Amount of financial year 2013-2014 and financial year 2014-2015 = **13, 01,019/-**

Therefore, it is requested to sanction Rs. 13.01 Lacs for the same.

b. PROPOSAL FOR “MENTAL HEALTH HELPLINE SERVICE” AT KAWAL TOWNS (KANPUR, VARANASI, ALLAHABAD, AGRA AND LUCKNOW) BY STATE MENTAL HEALTH AUTHORITY

Aims -

- To create awareness
- To remove myths and superstition
- For information to public about available mental health services
- For guiding public regarding utilization of services

Target Population –

People who have any query regarding mental health from five KAVAL districts (Kanpur, Varanasi, Allahabad, Agra and Lucknow).

Background and Rationale -

Mental health related problems are one of leading causes of disease and disability in the world. Mental illness is still a stigma in our society. Though after independence the quality of mental health services have been much better but still these services are not been fully utilized because of some barriers as lack of awareness, myths and superstitions, role of faith healers. The people do not have proper knowledge about the science and symptoms of mental illness. They are ignorant about the availability of mental health services.

The sharp spurt in mental health problems has prompted us to make these mental health services better and to make them reach to the people. A helpline is planned which will work round the clock i.e. 24 hours which will help tend to people with mental sickness in all the five districts. Armed with a team of trained psychologists/ personnel, it will cater to all the information regarding all kinds of mental sicknesses. This helpline will answer to all the queries of guardian's regarding problems of their patients in the area of mental illness. It will also give educative message up to 15-20 seconds regarding mental illness.

The objective behind this helpline is to do away with the stigma associated with mental sicknesses and to facilitate re-inclusion of such people into society. Also, we wanted to bridge the gap between medical specialists who provide such treatments and those who need such treatments by forming a proper network. The helpline is planning to tie-up with major private and government hospitals in the five districts.

Proposal for the implementing the “Mental Health Help Line Service” in the five District (Kanpur, Varanasi, Allahabad, Agra and Lucknow) through General Telephone

Sl.	Demand Detail	No.	Proposed Amount	Amount at one district for one month	Amount at one district for one year	Amount at five district for one year	Comments
A-	<i>Non Recurring Fund & (Computer & Office furniture)</i>						
a-	Office Equipments /machines						
1-	Multimedia Computer	1	60,000/-	-	60,000/-	3,00,000/-	For office use
b-	Office Furniturs						
1-	Godrej Almeria	1	16,000/-	-	16,000/-	80,000/-	For office use
2-	Chair	3	6,000/-	-	6,000/-	30,000/-	For office use
3-	Table	1	5,000/-	-	5,000/-	25,000/-	For office use

	A) Total of Non-recurring fund				87,000/-	4,35,000/-	
B-	Recurring Fund (Room, Telephone and Office/Admin./Professional Expenses)						
a-	Room						
1-	Room in Govt. Hospital	1	-	-		-	If room will be provided by the Government Hospital, then budget will not be required for the same.
2	Room at rent	1	5,000/-	5,000/-	5,000 x 12 =60,000/-	3,00,000/-	If room will be not provided by the Government Hospital, then budget will be required for the room at rent.
	Total				60,000/-	3,00,000/-	

(2)

Sl .	Demand Detail	No .	Proposed Amount	Amount at one district for one month	Amount at one district for one year	Amount at five district for one year	Comments
b-	Telephone						
1-	General Telephone	1					
	1. Installation Charges		750/-	-	750/-	3,750/-	To receive the calls
	2. Security Charges		500/-	-	500/-	2,500/-	(guardians/patient) and to other
	3. Rental Charges		600/-	600/-	600x12=7,200/-	36,000/-	office work
	Total of General Telephone				8,450/-	42,250/-	
c-	Office/Admin./Professional Expenses						
i.	Psychologist/ Social Work	4	18,000 x 4 =72,000/-	72,000 /-	72,000 x 3 =2,16,000/-	10,80,000 /-	To resolve the problem of patient and will get proper guidance and counseling as per requirements.
ii.	Office Assistant	4	8,000 x 4 =32,000/-	32,000 /-	32,000 x 3 =96,000/-	4,80,000/-	For office work
	Total of Office/Admin./Professional Expenses				3,12,000/-	15,60,000 /-	
d-	Miscellaneous/						

	Contingency						
i-	Office Expenses		10,000/-	-	10,000/-	50,000/-	Daily expenses of office work.
ii-	AMC/CMC of the equipments		10,000/-	-	10,000/-	50,000/-	This amount will be expended on AMC/CMC of the equipments.
iii	Other Expenses		10,000/-	-	10,000/-	50,000/-	Unforeseen Expenses
	Total				30,000/-	1,50,000/-	
	B) Total of Recurring fund				4,10,450/-	20,52,250/-	
	Grand Total of Non-recurring and Recurring Fund				4,97,450/-	24,87,250/-	

A proposal for the implementing the “Mental Health Help Line Service” in the five District (Kanpur, Varanasi, Allahabad, Agra and Lucknow) through Toll Free Telephone

S.No	Demand Detail	No	Proposed Amount	Amount at one district for one month	Amount at one district for one year	Amount at five district for one year	Comments
A-	Non Recurring Fund & (Computer & Office furniture)						
a-	Office Equipments/machines						
1-	Multimedia Computer	1	60,000/-	-	60,000/-	3,00,000/-	For office use
b-	Office Furnitures						
1-	Godrej Almeria	1	16,000/-	-	16,000/-	80,000/-	For office use
2-	Chair	3	6,000/-	-	6,000/-	30,000/-	For office use
3-	Table	1	5,000/-	-	5,000/-	25,000/-	For office use
	A) Total of Non-recurring fund				87,000/-	4,35,000/-	
B-	Recurring Fund (Room, Telephone and Office/Admin./Professional Expenses)						
a-	Room						
1-	Room in Govt. Hospital	1	-	-		-	If room will be provided by the Government Hospital, then budget will not be required for the same.
2	Room at rent	1	5,000/-	5,000/-	5,000 x 12	3,00,000/-	If room will be not

					=60,000/-		provided by the Government Hospital, then budget will be required for the room at rent.
	Total				60,000/-	3,00,000/-	

(2)

SI .	Demand Detail	No .	Proposed Amount	Amount at one district for one month	Amount at one district for one year	Amount at five district for one year	Comments
b-	Telephone						
1-	Toll free Telephone						
	1. Installation Charges	1	3,750/-	-	3,750/-	18,750/-	To receive the calls
	2. Security Charges		10,500/-	-	10,500/-	52,500/-	(guardians/patient)
	3. Rental Charges		1,600/-	1,600/-	1,600x12=19,200/-	96,000/-	and to other office work.
	Total of Toll free telephone				33,450/-	1,67,250/-	
c-	Office/Admin./Professional Expenses						
i.	Psychologist/ Social Work	4	18,000 x 4 =72,000/-	72,000/-	72,000 x 3 =2,16,000/-	10,80,000/-	To resolve the problem of patient and will get proper guidance and counseling as per requirements.
ii.	Office Assistant	4	8,000 x 4 =32,000/-	32,000/-	32,000 x 3 =96,000/-	4,80,000/-	For office work
	Total of Office/ Admin./ Professional Expenses				3,12,000/-	15,60,000/-	
d-	Miscellaneous/ Contingency						
i-	Office Expenses		10,000/-	-	10,000/-	50,000/-	Daily expenses of office work.
ii-	AMC/CMC of the equipments		10,000/-	-	10,000/-	50,000/-	This amount will be expended on AMC/CMC of the equipments.
iii	Other Expenses		10,000/-	-	10,000/-	50,000/-	Unforeseen Expenses
	Total				30,000/-	1,50,000/-	
	B) Total of Recurring fund				4,35,450/-	21,77,250/-	
	Grand Total of Non-recurring and Recurring Fund				5,22,450/-	26,12,250/-	

C. PROPOSAL OF RECRUITMENT OF ONE MENTAL HEALTH REPRESENTATIVE FOR 75 DISTRICTS OF UTTAR PRADESH

Overview-As we know that the District Mental Health Programme is being conducted only in four districts (Kanpur, Faizabad, Sitapur, Raibareli). It is not sufficient for accessibility of mental health services, It is important to Spread awareness through I.E.C. activity for improving the mental health services as well as reducing the psychiatric morbidity in Uttar Pradesh, which is very needful to present scenario. For proper execution, of above activity, it requires a “Mental Health Representative”. Mental health representative will play an important role to create awareness among people and will work as a bridge between community and mental health services.

Objective: To generate awareness in the community about mental illnesses through IEC activities. The IEC activities will be carried out by the representative in each pocket of the community with help of mental/medical local facilities. The IEC activity will be done by applying following plan of action.

Plan of action to carry out IEC activities:

- 1- First of all each of the representative will identify and map available mental/ medical facilities in the district.
- 2- Identify medical/mental health professionals (ASHA, AWW, ANM, and Other Health Care Worker) willing to support in the activities.
- 3- Develop strategies to organize awareness raising camps.
- 4- Find out localities to organize camps.
- 5- Paste/disseminate available posters/ pamphlets related to mental illness in different pockets of the district.
- 6- Four awareness raising camps will be organized by MHR with help of local felicitators.

Duration: One year (pilot study)

Eligibility criteria for recruiting MHR: Orientation training for the MHR will be organized by SMHA before sending him in the districts.

Background: The state of well-being in which the individual realizes his or her own abilities, can cope with the normal stressors of life, work productively and fruitfully, and is able to make a contribution to his/ her family and community is referred as mental health (WHO 2001). Problems related to mental health are one of the leading causes of disease and disability in the world. The global burden of disease are estimated for about 12% of mental disorders which also indicate that it is 4th in ten leading causes of disability worldwide (Murthy, 2001). Mental health problems are also adversely affecting the quality of life and wellbeing. Meta analyses of epidemiological studies have revealed the prevalence rate for mental and behavioural disorders in India to be 80.6 and 48.9 per thousand for urban and rural sectors respectively (Reddy & Chandrashekhar, 1998). However, reports reveal that people with emotional/ psychological problems often do not seek professional help and lack of awareness was found to be one of the major reasons behind it. Viewing it, Secretary, State Mental Health Authority, Uttar Pradesh has made a proposal to recruit a mental health representative in all 75 districts of Uttar Pradesh with following objective-

Name of particles	Amount (Rs.)
Salary of Mental Health Representative for three months @ 30,000/- per month	90,000/-
DA and TA of Journey	1,00,000/-
IEC material	1,00,000/-
Other expenses	50,000/-
Grand Total	3,40,000

Therefore, it is requested to sanction Rs 3.40 Lacs for the same.

Chapter-27. 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.

Coverage of District:

- In PIP 2014-15 State had proposed 09 exiting and 19 new district accordance with NPCDCS but State has not received approved PIP 2014-15 so in Supplementary PIP 9 existing districts are being proposed for the programme in 2014-15. The list is as follows:-

Districts covered in Programme:

Sultanpur, Firozabad, Etawah, Farrukhabad, Jhansi, Jalaun, Lalitpur, Lakhimpur Kheri & Raebareli.

Total of 09 District Hospitals, 96 CHC, 336 PHC & 2350 Sub-centre will be covered as per covered guideline of programme in these districts.

Budget summary for NPHCE

Budget requirement for the year 2014-15 for District Hospital

Sl. No	FMR Code	Heads	Unit	Unit Cost	Amt. in Rs.
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.	9	8000000	72000000
2	K.2.1.2	Machinery & Equipments	9	700000	6300000
Recurring grants					
1	K.1.1.1	Machinery & Equipments	9	300000	2700000
2	K.1.1.2	Drugs & Consumables	9	1000000	9000000
3	K.1.1.3	Training of Doctors & Staff from CHC's & PHC's	9	80000	720000
4	K.1.1.4	Public Awareness & IEC	9	200000	1800000
5	K.1.1.5	Human Resource			
a)		Consultant Medicine (2)	18	50000	10800000
b)		Nurses (6)	54	20000	12960000
c)		Physiotherapist (1)	9	20000	2160000
d)		Hospital Attendants (2)	18	7500	1620000
e)		Sanitary Attendants (2)	18	7500	1620000
Sub-Total					121680000

Budget requirement for the year 2014-15 for CHCs

Sl. No	FMR Code	Heads	Unit	Unit Cost	in Rs.
<u>Non- Recurring</u>					
1	K.2.2	Machinery & Equipments	96	100000	9600000
<u>Recurring grants</u>					
1	K.1.2.1	Training of Doctors & Staff of PHC's / SC's & IEC	96	120000	11520000
Human Resource					
2	K.1.2.2	Rehabilitation Worker(1)	96	18000	20736000
Sub-Total					41856000

Budget requirement for the year 2014-15 for PHCs

Sl. No	FMR Code	Heads	Unit	Unit Cost	Amt. in Rs.
<u>Non- Recurring</u>					
1	K.2.3	Machinery & Equipments	336	50,000	16800000
<u>Recurring grants</u>					
1	K.1.3.1	Training & IEC	336	30000	10080000
Sub-Total					26880000

Budget requirement for the year 2014-15 for Sub Centre

Sl. No	FMR Code	Heads	Unit	Unit Cost	Amt. in Rs.
<u>Recurring grants</u>					
1	K.1.4.1	Aids and Appliances	2350	30000	70500000
Sub-Total					70500000

Total budget requirement for the year 2014-15 – 2609.16 Lacs

- 1- For district- Raebareli, Sultanpur, Firozabad, Jhansi, Farrukhabad, Jalaun, Lakhimpur Kheri, Etawah, Lalitpur, State has 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-28. 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 lac 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 lakh 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

8. Manpower availability in existing and proposed districts.

	ENT Doctors	Audio logists	Audiometric assistant	Instructor for the Young Hearing Impaired Children	Obstetrian	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

S.No.	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	nil	ENT surgeon 3 Obs Gynae Pedia 5 CHC/PHC 14	nil	nil

		audiometer				
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

S.No.	Activities	2 nd Quarter	3 rd Quarter	4 th Quarter
1	TRAINING Level - II ENT Doctors Level- II Audiologist Level - III Obstetrition & Pediatritian Level - IV Medical officer Level - V CDPO,MPW Superwiser etc Level - VI Asha Angnwari worker Level -VII Primary School Teacher etc	1 ENT surgeon of each d - 13 district - - - - -	2 nd ENT surgeof of dist 13 district - 13 district 13 district Half -	- - - - Half -
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 Assistant @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 -3 months salary		
L.1.3.a	ENT Surgeon@60000/-pm for Aligarh and Gorakhpur	2	360000
L.1.3.b	Audiologist @Rs 30000/-pm	13	1890000
L.1.3.c	Audiometric assistant @ 15000/- pm	13	945000
L.1.3.d	Instructor for hearing impaired @ 15000/-	13	945000
	SUB TOTAL		4140000
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 lakh per district	Level III to VI training at district	5500000
L.2.1	Barabanki, Gorakhpur @ 3 lakh 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			54257186

- For 08 exiting districts salary has been proposed for 06 month and for 05 new districts salary proposed for 03 months.

A proposal of Rs.542.57 Lakhs is being submitted for the above activities.

Chapter-29. NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)

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.

28 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.

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.

NPCDCS in Uttar Pradesh:

Coverage of District:

In Uttar Pradesh programme is running in 28 districts and in supplementary PIP 1 new district (Mainpuri) is being proposed.

Budget Summary

Budget requirement for District NCD Cell

Sl. No	FMR Code	Heads	Unit	Unit Cost (₹)	(in Lakhs)	
<u>Non- Recurring</u>						
1		O1.1.1.2	Renovation and furnishing, furniture, Computer, office equipments (fax, phone, photocopier etc.)	10	5,00,000	50.00
<u>Recurring grants</u>						
1	Human Resource for District Mainpuri (For 3 Months)					
	a)	O1.2.1.2.1	Epidemiologist / Public Health Specialist	1	60,000 p.m.	1.80

	b)	O1.2.1.2.2	District Programme Coordinator	1	30,000 p.m.	0.90
	c)	O1.2.1.2.3	Finance cum Logistic Consultant	1	30,000 p.m.	0.90
	d)	O1.2.1.2.4	Data Entry Operator	1	12,000 p.m.	0.36
2		O1.4.1.2	Miscellaneous cost for communication, monitoring, TA, DA, POL, contingency etc.	1	6,00,000 p.a.	6.00
3		O1.5.2	IEC	1	5,00,000 p.a.	5.00
Total						64.96

Budget requirement for District NCD Clinic

Sl. No	FMR Code	Heads	Unit	Unit Cost	(in Lakhs)	
Non- Recurring						
1		O1.1.3.1	Strengthening of Laboratory	10	10,00,000	100.00
2		O1.1.3.2	Furniture, Equipment, Computer etc.	10	1,00,000	10.00
Recurring grants						
1	Human Resource for District Mainpuri (For 3 Months)					
	a)	O1.2.1.4.1	Doctors (1) General Physician	1	60,000 p.m.	1.8
	b)	O1.2.1.4.2	GNMs (2)	1	18,000 p.m.	1.08
	c)	O1.2.1.4.3	Technician (1)	1	18,000 p.m.	0.54
	d)	O1.2.1.4.4	Physiotherapist (1)	1	20,000 p.m.	0.60
	e)	O1.2.1.4.5	Counselor (1)	1	12,000 p.m.	0.36
	f)	O1.2.1.4.6	Data Entry Operator	1	10,000 -p.m.	0.30
2		O1.3.1	Drugs and consumable	1	6,00,000 p.a.	6.00
3		O1.7.1 (Other Activity)	Transport of Referred/ Serious Patients	1	2,50,000 p.a.	2.50
4		O1.4.1.3	Contingency	1	1,00,000 p.a.	1.00
Total						124.18

Budget requirement for District CCU/ICU & Cancer Care

Sl. No	FMR Code	Heads	Unit	Unit Cost (₹)	(in Lakhs)
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<u>Non- Recurring</u>						
1		O1.1.2.1	Developing/ Strengthening and Equipping Cardiac Care Unit (CCU)/ ICU	9	1,50,00,000	1350.00
2		O1.1.2.2	Cancer Care (for Equipment)	9	5,00,000	45.00
Total						1395.00

Budget requirement for NCD CHCs Clinic

Sl. No		FMR Code	Heads	Unit	Unit Cost (')	(in Lakhs)
Non- Recurring						
1		O1.1.4.1	NCD Clinic : Furniture, Equipment, Computer etc.	6	1,00,000	6.00
2		O1.7.3 (Other Activity)	Lab Equipments	6	8,00,000	48.00
Total						54.00

Budget requirement for State NCD Cell

Sl. No		FMR Code	Heads	Unit	Unit Cost (₹)	(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
Total						5.00

Total budget requirement – 1643.14 Lakhs.

- 2- For districts Raebareli, Sultanpur, Firozabad, Jhansi, Farrukhabad, Jalaun, Lakhimpur Kheri, Eatawah, Lalitpur, and for State NCD CELL, we had proposed entire amount under Non – Recurring head since majority districts and State NCD CELL have not utilized the amount under Non – Recurring head in the year 2012-13. Therefore it is requested to approve the same.
- 3- For districts Raebareli, Sultanpur, Firozabad, Jhansi, Farrukhabad, Jalaun, Lakhimpur Kheri, Eatawah, Lalitpur we had proposed entire amount for Developing/ Strengthening and Equipping Cardiac Care Unit (CCU)/ ICU since districts have not utilized the amount under Developing/ Strengthening and Equipping Cardiac Care Unit (CCU)/ ICU in the year 2012-13. Therefore it is requested to approve the same.
- 4- State had proposed a new district namely mainpuri under NPCDCS. Proposal includes District NCD Cell, District NCD Clinic which may kindly be approved.

- **PROPOSAL FOR TRAINING, REORIENTING AND REVITALIZING SKILLS OF MEDICAL OFFICERS, PATHOLOGISTS AND PATHOLOGY TECHNICIANS FOR EARLY DETECTION & PREVENTION OF COMMON CANCERS & CANCER REGISTRY**
-

Duration of project: Three years

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.

Project 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 to provide 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.

Project Objectives: The main objectives of the project will be:-

1. To reinforce cancer screening services by Training of male and female 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:

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 officer will 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.

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 for two pathologists every month.

To empower health professional Pathology five technicians, one from 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 and offered to health care professionals at 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 through web 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 well 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 for training, reorienting and revitalizing skills of medical officers, pathologists and technicians for early detection & prevention of common cancers in Uttar Pradesh.

A. Staff Requirement:

SN	Post	No.	Unit Salary (Rs.)	(Rs.)	Justification
1	Medical Officer (male)	One	41,400	41,400	Programme coordinator and training of clinical examination of patients
2	Medical Officer (female)	Two	41,400	82,800	For collection of PAP smear and clinical examination of women for breast cancer screening
3	Clinical Pathologist	Two	41,400	82,800	PAP smear examination for cervical cancer screening, FNAC for breast cancer screening etc.
4	Research Officer	One	41,400	41,400	Molecular work for HPV detection in cervical cancer screening
5	Technologist	Two	33,972	67,944	To train the technicians for slide preparation, sample processing, slide staining and other lab work
6	Radiology	Two	26,680	53,360	Radiological screening of female patients for

	Technician (male & female)				breast and cervical cancer
7	Medical Social Worker (male & female)	Two	26,680	53,360	For counseling cancer patients & monitoring counseling services on site.
8	Computer operator	Two	22,358	44,716	For Pathology, &Radiology report typing
9	Record Clerk	One	19,548	19,548	For preparation of training schedule, record keeping etc.
10	Nurse (male)	Two	26,895	53,790	For assisting clinician at the time of oral cancer screening.
11	Nurse (female)	Two	26,895	53,790	For assisting clinician at the time of PAP smear collection, Mammography, Ultrasound of female patients.
12	Peon	One	15,314	15,314	For office work.
TOTAL for 03 months			6,10,222X3=	18,30,666	

B. Equipments:

SN	Equipment	No.	Estimated expenditure	Justification
1	Colposcope	One	2,00,000	For clinical examination and PAP smear and biopsy collection
2	Cervista or Hybrid Capture Assay for HPV detection	One	50,00,000	for Cervical Cancer Screening
3	Digital Mammography with Stereotactic biopsy facility	One	1.00,00,000	for breast cancer screening
4	Laptop Computer	One	75,000	For teaching/projector
5	Projector	One	75,000	Teaching equipment
6	Projector Screen	One	30,000	For teaching
7	Laser Pointer	Four	50,000	For teaching
8	Heavy duty photocopier Machine	One	3,50,000	For photocopying the training modules etc.
TOTAL RS.			1,57,80,000	

GRAND TOTAL RS:- 1,57,80,000

C. Consumables:

SN	Item	Budget	Justification
		1 st 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	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, envelopes, CDs, DVDs etc	1,00,000	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	For investigation of special tests ie. HPV detection.
4	Contingency for printing charges, refreshment/meals for participants etc	2,00,000	For refreshment of participants during the training at RMLIMS
Total Budget for three years		6.00 Lacs	

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
1	5,00,000

[Note: TA/DA to the participants (doctors and technicians) will be given as per NRHM and /UP government norms.]

Total year wise Budget:

SN	Requirement	Budget
1	Staff	1830666.00
2	Equipments & Infrastructure	15780000.00
3	Consumables	600000.00
4	Travel	500000.00
	Total	18710666.00

Total Cost of the Project: Rs 187, 10,666 (One crores eighty seven lac ten thousand and six hundred sixty six only)

Therefore, it is requested to sanction Rs 187.10 Lacs for the same.

- **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. Therefore a detailed Proposal of Palliative Care activities based on the needs of State is being submitted for inclusion under the PIP of NPCDCS for F.Y. 2014-15

GOALS & OBJECTIVES:

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

- 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.
- 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
- 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).
- 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.
- Encourage and facilitate delivery of quality palliative care services within the private health centers of the state.
- 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**

- i. 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.
- ii. 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 for the programme.

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

**National Programme for Palliative Care
State – Uttar Pradesh
Proposed Budget – FY 2014-15**

Budget (Rs.)

S. No.	Budget Head	Proposed 2014-15	
		Physical Target	Total
PART IV	Flexipool for Non-Communicable diseases including injury and trauma		
	National Programme for Palliative Care (NPPC)		
1	Manpower at District Hospital	10Districts	
1.1	Palliative Care Physician-1 per district (@Rs. 90000 per month (for 03 months)	10	2700000.00
1.2	Nurses-4 per district (Rs. 22000/per month (for 03 months)	40	2640000.00
1.3	Multi Task Worker-1 per district Rs. 15000/- per month (for 03 months)	10	450000.00
2	Training (Rs. 2 Lakh 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 Lakh per district)	10	8000000.00
5	State Palliative Care Cell		
5.1	Coordinator -1 (Rs. 60000/- per month) (for 03 months)	1	180000.00
5.2	Data Entry Operator-1 (Rs. 15000/- per month (for 03 months)	1	45000.00
5.3	Misc. (Workshop/Stationery/POL/Communication etc.) (Rs. 1Lakh per year)	1	100000.00
	Total		31115000.00

Thus, for the above purpose, an amount of Rs. 311.15 Lakhs is being proposed for 10 districts and State Palliative Care Cell.

Programme-wise Budget Summary of NHM Supplementary PIP- 2014-15

FMR Code	Particulars	Budget Proposed (Rs. In Lakhs)
A	REPRODUCTIVE AND CHILD HEALTH	1,565.38
A.2	Child health	60.00
A.4	Adolescent Health/ RKSK	196.85
A.5	RBSK	178.23
A.7	PNDT activities	185.99
A.8	Human resources	392.90
A.9	Training	422.71
A.10	Programme management	128.70
B	NRHM Initiatives	26041.12
B.1	ASHA	332.21
B.4	Hospital Strengthening	4,263.49
B.5	New Constructions	5,451.41
B.10	IEC-BCC NRHM	3,446.56
B.11	National Mobile Medical Units	1,050.00
B.13	PPP/ NGOs	668.08
B.14	Innovations	5,582.67
B.15	Planning, Implementation and Monitoring	2,827.51
B.16	Procurement	275.00
B.17	Drug Ware Housing	2.50
B.18	New Initiatives	149.50
B.20	Research, Studies, Analysis	29.26
B.22	Support Services	1,962.93
C	IMMUNISATION	3,364.99
PART I	GRAND TOTAL RMNCHA + (A+B+C+D)	30,971.49
	National Urban Health Mission	
PART II	GRAND TOTAL URBAN HEALTH	177.18
	Communicable diseases	
F	AES/JE	46.28
	Lymphatic Filariasis	599.93
G	NLEP	23.48
I	RNTCP	426.98
PART III	GRAND TOTAL COMMUNICABLE DISEASES	1,096.67
	Non-Communicable diseases	5,923.43
J	National Mental Health programme (NMHP)	630.31
K	National Programme for the Healthcare of the Elderly (NPHCE)	2,609.16
L	National Programme for Prevention and control of deafness	542.57
O	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	2,141.39
PART IV	GRAND TOTAL NON COMMUNICABLE DISEASES	5,923.43
	GRAND TOTAL NHM	38,168.77