National Health Mission

State Programme Implementation Plan

Year 2015-16

Uttar Pradesh

State Programme Management Unit
Department of Medical Health & Family Welfare,
Uttar Pradesh

Table of Contents

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)

Introduction

RMNCH+A approach has been launches in 2013 and it essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. Priority interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and consecutive life stage. It also introduces new initiatives like the use of Score Card to track the performance, National Iron + Initiative to address the issue of anaemia across all age groups and the Comprehensive Screening and Early interventions for defects at birth , diseases and deficiencies among children and adolescents. The RMNCH+A appropriately directs the States to focus their efforts on the most vulnerable population and disadvantaged groups in the country. It also emphasizes on the need to reinforce efforts in those poor performing districts that have already been identified as the high focus districts.

Taking into account the progress made so far in maternal and child health, it is pertinent to establish the goals and targets for the implementation phase 2012–2017, after considering the main reasons for mortality and interventions proven to have an impact on them.

The 12th Five Year Plan has defined the national health outcomes and the three goals that are relevant to RMNCH+A strategic approach as follows:

Health Outcome Goals established in the 12th Fiver Year Plan

- Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate(TFR) to 2.1 by 2017

In order to achieve these goals, that are ambitious, yet potentially feasible Lives Saved Tool (LiST), a computer based application was used to estimate the coverage targets for key child health interventions. A sub-committee and an expert group were constituted to review the application of LiST in Indian context. The expert group ensured that the inputs to LiST are adapted to the Indian context and by undertaking an in-depth review of the impact of various newborn and child survival interventions. The assumptions for the tool were developed based on the best available evidence and, wherever required, through expert consensus.

For achieving the under-five mortality are of 33 per 1000 live births , corresponding to infant mortality rate of 25 per 1000 live births in 2017 (as articulated in 12th Five Year Plan), variable increases in the coverage levels for key interventions are required. These have been defined in the table below.

Coverage targets for key RMNCH+A interventions for 2017

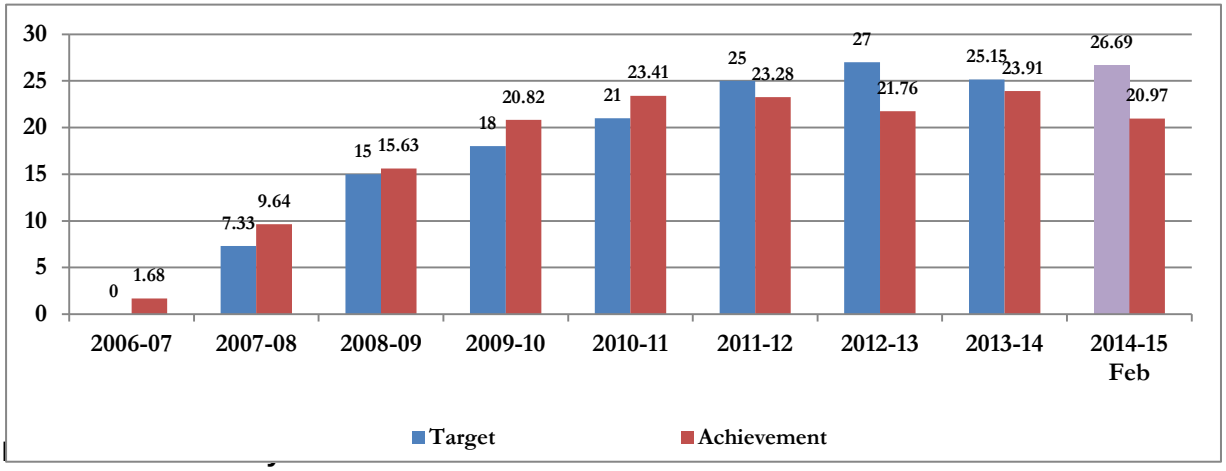
- Increase facilities equipped for perinatal care (designated as 'delivery points') by 100%
- Increase proportion of all births in government and accredited private institutions at annual rate of 5.6 % from the baseline of 61% (SRS 2010)
- Increase proportion of pregnant women receiving antenatal care at annual rate of 6% from

the baseline of 53% (CES 2009)

- Increase proportion of mothers and newborns receiving postnatal care at annual rate of 7.5% from the baseline of 45% (CES 2009)
- Increase proportion of deliveries conducted by skilled birth attendants at annual rate of 2% from the baseline of 76% (CES 2009)
- Increase exclusive breast feeding rates at annual rate of 9.6% from the baseline of 36% (CES 2009)
- Reduce prevalence of under-five children who are underweight at annual rate of 5.5% from the baseline of 45% (NFHS 3)
- Increase coverage of three doses of combined diphtheria-tetanus-pertussis (DTP3) (12–23 months) at annual rate of 3.5% from the baseline of 7% (CES 2009)
- Increase ORS use in under-five children with diarrhoea at annual rate of 7.2% from the baseline of 43% (CES 2009)
- Reduce unmet need for family planning methods among eligible couples, married and unmarried, at annual rate of 8.8% from the baseline of 21% (DLHS 3)
- Increase met need for modern family planning methods among eligible couples at annual rate of 4.5% from the baseline of 47% (DLHS 3)
- Reduce anaemia in adolescent girls and boys (15–19 years) at annual rate of 6% from the baseline of 56% and 30%, respectively(NFHS 3)
- Decrease the proportion of total fertility contributed by adolescents (15–19 years) at annual rate of 3.8% per year from the baseline of 16% (NFHS 3)
- Raise child sex ratio in the 0–6 years age group at annual rate of 0.6% per year from the baseline of 914 (Census 2011)

JANANI SURAKSH YOJANA (JSY) - The districts had planned increase in institutional deliveries for the year 2014-15 taking into account their institutional deliveries in Public (real time data of JSY) and private sector (AHS 2012).

JSY progress over the years:



This year many modifications were institutionalized under JSY naming few-

- ASHA Incentives – revised to improve antenatal care
  - Rs 300.00 for Quality ANC
  - Rs 300.00 to accompany for Institutional delivery
- Payment to beneficiary – by account payee cheque only
- All BPL deliveries attended by SBA at home have been incentivised Rs 500.00 irrespective of their age and parity.
- Facilitation for opening of Bank Accounts-
  - Linking of JSY with PM Jan Dhan Yojna
  - Linking JSY with BCs (Business correspondents) scheme of SBI Bank- for facilitating opening of bank Accounts
- It is taking time for the districts to follow the revised guidelines therefore the same target as last year (26,69,402) is being proposed for the year 2015-16.

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

Institutional Deliveries - The budget has been calculated for the target 26,57,239 for 2014-15 PIP. The ratio of urban/rural deliveries is different in different districts and has been planned in DAPs that way. The budget has been calculated for 2396267 (90.17%) Rural and 260972 (9.83%) urban deliveries.

It is being observed that the previous rate of Rs 1500.00 too meager therefore the rate for C-Section in private accredited centers for BPL women has been increased to Rs 8000.00 per case to promote private sector participation. The rate has been adopted from RSBY (Rashtriya Swasthya Beema Yojna). The state has proposed 4000 C-Section deliveries at private accredited centers for BPL women in the year 2015-16 and 85% of the rural deliveries (2037358) are being proposed to be brought by ASHAs.

Budgetary estimates:
The total budget proposed for JSY is Rs 51200.531 Lakhs inclusive of 5% administrative cost as per following details, out of which GOI approved Rs.51184.55 Lakhs. (ROP-FMR Code-A.1.3)

S. No.	Budget Head	Unit of Measure	Unit Cost (Rs)	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16
				Quantity	(Rs. Lakhs)	(Rs. Lakhs)
A.1.3	**Janani Suraksha Yojana / JSY**					
A.1.3.1	Home deliveries	No.	500.00	12164	60.82	60.82
A.1.3.2	**Institutional deliveries**					
A.1.3.2.a	Rural	No.	1,400.00	2396267	33,547.74	33,547.74
A.1.3.2.b	Urban	No.	1,000.00	260972	2,609.72	2,609.72
A.1.3.2.c	C-sections	No.	8,000.00	4000	320.00	320.00
A.1.3.3	Administrative Expenses				2,438.12	2,422.12
A.1.3.4	Incentives to ASHA	No.	600.00	2037358	12,224.15	12,224.15
	Sub Total				**51,200.55**	**51,184.55**

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

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

- MNH Toolkit for up to block level & State and divisional level MH Programme reviews
- Revision and printing MDR Booklets for up to block level
- SBA/BEMOC/EMOC protocols for all delivery points
- IEC Activities for MH including Printing of IEC material
- Strengthening of JSY cell at DFW & MH div at SPMU
- IEC Events & SM Day (11th April 2015)
- Support for monthly/quarterly reporting system of maternal health programmes and delivery points at state & district level
- Support to Obstetrics and Gynecology Dept. of govt. medical colleges for reporting and MIS
- Monitoring & Evaluation visits by MH division, SPMU & DWH
- Miscellaneous trainings & other activities to support maternal health programmes approved by EC

JANANI SHISHU SURAKSH KARYAKRAM(JSSK)

JSSK has been rolled out in all 75 districts and 100% coverage of pregnant women is being ensured. The state progress on free entitlements is quite good comparing to last year.

JSSK	Target 2014-15	Ach. till Dec 2014	Ach. in %
Free Treatment	4700000	2339688	49.78%
Free Diagnostics	4771704	2392935	50.15%
Free Diet	1816840	1183602	65.15%
Free home to facility		779227	
Free inter facility		150116	
Free Dropback	1348112	752690	57.95%

Proposals for year 2015-16 under JSSK-

a) Free Drugs and Consumables - A budget of Rs. 13100.00 lakhs was proposed for drugs and consumables under JSSK. State plan to benefit 48,00,000 PWs with free drugs and consumables this year, as per following:

- 1.25,000 C-Sections are expected this year as PBIs have been rolled out in the state and extra incentives for additional C-Sections has been started in HPDs. We expect additional FRUs also to be operationalized this year. The budget for Free treatment for C-Sections has been proposed @ Rs 1600.00.
- We expect 25,00,000 PWs to have NDs in the public health system for which budget has been demanded @ Rs 300.00 instead of @ Rs 350.00.
- Additional funds for covering at least 80% PWs in outreach sessions is being included @ Rs 75.00 for 48,00,000 ANCs. This will also cover Iron and other drugs for PNCs.

For the above purpose, GOI approved Rs.12700.00 Lakhs for 47 Lakhs beneficiaries. (ROP-FMR Code-A.1.6.1)

b) Free Diagnostics- State proposed to provide free basic investigations to 80% of PWs for quality ANC through VHNDs and facility based services. This year we expect hemoglobin and urine testing of at least 80% ANCs during VHNDs for HRP tracking and follow up. Severe anemia line listing and follow up has also been included under Nutrition Mission. This budget will support all essential investigations of all ANCs and PNCs at the facility level. **A total budget of Rs 2400.00 lakhs was proposed @ Rs 50.00 per beneficiary to cover a total of 48,00,000 beneficiaries in year 2015-16, which is approved by GOI(ROP-FMR Code- A.1.6.2)**

c) Free Diet - A budget of Rs. 3377.50 lakhs was proposed under this head. It has been observed that C-Section patients start taking meals from 3rd day only and normal deliveries take meals for 2 days. Also the rate of approval of tenders is less than Rs 100.00 per day at some of the districts; therefore the calculations have been made cased on these observations. A budget of Rs. 3377.50 lakhs is being proposed for 87500 LSCS beneficiaries @ Rs 500.00 and for 1470000 NDs beneficiaries @Rs 200.00 as we expect 70% beneficiaries at L2 & L3 to avail this facility.

For the above purpose, GOI approved Rs. 3377.50 Lakhs for 47 Lakhs beneficiaries. (ROP-FMR Code-A.1.6.4)

d) Free Drop Back - 102 Call center is now fully functional therefore budget is not being proposed under JSSK for this activity. This year we expect 30 Lakhs ANCs to be brought in, Rs. 0.50 Lakh to be referred inter-facility and 19.50 Lakhs beneficiaries to be dropped back home.

S. No.	Budget Head	Unit of Measure	Unit Cost (Rs)	Total Amount Proposed (2015-16)		Total Amount Approved
				Quantity	(Rs.Lakhs)	(Rs.Lakhs)
A.1.6	**Janani Shishu Surakhsha Karyakram**					
A.1.6.1	Drugs and consumables	No.		4800000	13,100.00	12,700.00
A.1.6.2	Diagnostic	No.	50.00	4800000	2,400.00	2,400.00
A.1.6.4	Diet	No.		1557500	3,377.50	3,377.50
	Sub Total				**18,877.50**	**18,477.50**

A total of Rs 18877.50 Lakhs is being proposed under JSSK programme, out of which GOI approved Rs.18477.50 Lakhs (ROP-FMR Code- A.1.6).

Maternal Death Review

- **Incentive for reporting suspected maternal death by ASHAs -** Incentive for primary informers for reporting a maternal death has been proposed under ASHA incentives @ Rs 200.00 per case. The districts have estimated their expected yearly maternal deaths and ASHA incentives for at least 28042 suspected MDs reporting (twice the expected number) have been proposed. **A budget of Rs 56.08 Lakhs was proposed under ASHA incentives, out of which GOI approved Rs.40.00 Lakhs for 20000 beneficiaries (ROP-FMR Code- B1.1.3.1.2).**

- It is estimated that at least 8412 (60% of total estimated) deaths will be reviewed at the community by block MDR teams. An increased rate of Rs 600.00 per CBMDR is being proposed this year. This increase in rate will promote participation of medical officers in CBMDR and lead to quality of reviews. Rs 300.00 will be for MOICs (or BNO who attends CBMDR), Rs 200.00 for HEO/BPM/LHV and Rs 100.00 will be for ANM of the area. **Thus, a total budget of Rs 50.47 Lakhs was proposed, out of which GOI approved Rs.25.24 Lakhs @Rs.300/CBMDR(ROP-FMR Code-A.1.4).**

- Contingency support at block level is proposed for printing of formats etc has been proposed @ Rs 1500.00 per block and Rs 1500.00 for urban area per year. **A total budget of Rs 13.43 Lakhs was proposed, which is approved by GOI(ROP-FMR Code- A.1.5.2).**

- Districts will conduct district level reviews of the all maternal deaths before CMO level district MDR committee on every alternate month (6 reviews in a year). As per GOI guidelines sample reviews will be put up before DMs also and Rs 100.00 each for 2 family members of a family will also be paid from this fund. For this activity revised rate has been proposed @ Rs 5000.00 per district per review for 6 reviews in a year. **A total budget of Rs 22.50 Lakhs was proposed, which is approved by GOI(ROP-FMR Code- A.1.5.3)**.

- Quarterly death reviews at divisional level and sensitization of media to ensure for this activity, an amount of Rs 25000.00 per review (total Rs. 1 Lakh, per division for 4 reviews) has been proposed. **A total budget of Rs. 18.00 Lakhs was proposed, which is approved by GOI(ROP-FMR Code- A.1.5.4).**

MDR Training- Progress

- In the year 2014-15 a state wide training programme was approved for MDR programme. 2 days TOT for this programme was started from 30-31st January 2015 at SIHFW. Out of 9 TOT batches approved this year (one between 2 divisions), 7 have been completed this year. In these TOT batches NHRC representatives have also participated and given their inputs.
- An innovation was planned in this 2 days training. A SOP guideline in the form of a booklet was developed at the state level with the support of PATH international. The booklet was printed and used as training and implementation toolbook. First day was devoted on imparting knowledge about the MDR strategy and on 2nd day hands on sessions were planned. For each TOT batch one facility based and 1-2 community based maternal deaths were selected from Lucknow with the help of CMO Lucknow for case studies and field visits. All participants were divided into 2 groups.
    - First group comprising of facility based committee incharges were given a case study and asked to conduct a FBMDR, to fill Annexure-1 and present it before the group for corrective actions.
    - 2nd group was sent to the field for CBMDR, again divided into 3 sub groups, 1st went to meet Pradhan of village, 2nd met ANM & ASHA of the village and small 3rd group went to talk to family members of the deceased woman. Few participants also visited Block facility to review MDR programme and reports/records there.
- In the afternoon both the groups assembled in the classroom, had detailed presentation, discussions on MDR, approach and actions for programme improvement. This activity has proved to be an eye opener and a learning experience for everybody. The same approach will be adopted for district level trainings also.

Proposal

a) District training- in the year 2014-15, 100 batches was approved for district training. But later during implementation it was felt that participation of facility MDR committee members was critical. Therefore participants per district are expected to increase. The district training have yet to commence therefore it is requested that additional 15 batches be allowed for the districts at the same rate i.e. Rs 78235.00 per batch. These additional batches will be allowed to only those districts with more that 35-40 participants. The previous funds of Rs 78.24 Lakhs that were allocated to the districts are requested to be approved under ongoing activity for FY 2014-15. **Thus, an additional budget of Rs 11.73 Lakhs was proposed for this activity.**

b) State proposes to carry forward the TOT activity in year 2015-16 and conduct additional 6 TOT batches at the state to include remaining participants from all districts & divisions and OBGY departments of Medical colleges. **Additional 6 TOT batches are proposed @ Rs 144525.00, totaling to Rs 8.68 Lakhs.**

GOI approved the total of amount of Rs.20.41 Lakhs for both of the activities (ROP-FMR Code- A.9.3.7.1)

c) Incentives for ANMs for identification, line listing & treatment of severe anemia - Detection and line listing of severely anemic pregnant women is an important activity and ANM incentive @ Rs 100.00 is being budgeted for preparing line listing and follow up of severely anemic pregnant women. The same is being proposed this year for 2% of the total

expected ANCs. **A budget of Rs 119.67 Lakhs was proposed for this activity to ensure at least 119669 anemic women to be benefitted by this intervention, which is approved by GOI(ROP- FMR Code-A.1.5.1)**

d) CME workshops for Gynaecologists at FRUs- It was observed by CRM that knowledge of Gynecologists on latest developments in their field and EMOC protocols was limited. To address that 6 workshops have been planned to conduct CMEs for Gynecologists posted at 260 FRUs. Support will be sought from FOGSI and OBGY deptts of Medical colleges. **A budget of Rs 15.00 Lakhs was proposed to conduct 6 batches of 50 participants each @ Rs 2.50 Lakhs per workshop, which is approved by GOI(ROP- FMR Code- A.1.5.7)**

e) FRU Operationalization-271 FRUs (including 11 medical colleges) were identified to be made functional in year 2014-15 and 29 additional facilities (3 medical colleges, 1 DWH & 25 CHCs) have been identified for focused interventions this year. Thus a total of 300 FRUs are proposed to be made functional this year. The list of additional facilities is being shared.

- These facilities are also on the radar of secretariat for posting of regular specialists, EMOC/LSAS trained doctors.
- We are identifying specialists which are posted at non-FRU facilities and relocating them to identified FRUs.
- Most of the EMOC/LSAS trained doctors have been identified by the state government and posted at the FRUs.
- Based on 3rd quarter KPI for delivery points, 176 FRUs are functional.
- We have allowed CMOs to conduct walk-in-interviews for quick and hassle free appointments of specialists. The instructions have been issued to complete the process by 20th March 2015 and take support of medical colleges/IMA/Professional bodies. The process has been made simple and districts don't have to wait for DHS meetings.
- Recruitments of contractual specialists is under process therefore districts have been communicated to continue the process in year 2015-16 based on instructions given by JS Policy GOI during UP visit on 21st March 2015.
- PBIs for C-Sections have been rolled out from 1st Nov 2014.

Performance based incentives (PBIs) for promoting institutional deliveries:-

- **Promote Safe Home Deliveries by SBAs in selected areas-** The incentive is not being proposed this year based on feedback received from districts. We want to concentrate on promoting institutional deliveries this year. This is difficult to implement as only around 20-25% sub centers are accredited and 12-15% are L1. SBA training coverage is quite low and is prioritized for ANMs conducting deliveries at L1 sub centers in the first phase. This will be taken up in the coming year assessing SBA coverage in the state.

- **To promote JSY institutional deliveries in rural facilities for HPDs only** - PBI for SBA trained ANMs/Staff Nurses
    - Incentive at L1 Subcenters @ Rs. 300.00 per del. from 6th delivery every month.- for 60,000 deliveries
    - Incentive at APHC/PHC @ Rs. 300.00 per del. from 16th delivery every month for 12,000 deliveries
    - Incentive at BPHC/non FRU CHC/SDH @ Rs. 300.00 per del. from 51st delivery every month for 2,10,000 deliveries.

For this purpose, an amount of Rs.1326.00 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-A.8.1.8)

- **Performance based incentives (PBIs) for promoting Caesarean Sections deliveries at FRUs :-**

  To promote C-Sections <u>in HPDs</u> - PBI For total 16000 C-Sections to be incentivized- Incentives for EMOC team for additional 1000 LSCS at **<u>CHC/SDH FRUs</u>** in Rural areas – Rs 3000.00 for team **<u>from 6th LSCS</u>** onwards every month

Incentives for EMOC team for additional 15000 LSCS at **District level** facilities – Rs 3000.00 for team **after 110%** ach. From last year every month

Specialists on-call for promoting FRU operationalization :-

Private sector Specialists- Proposed for identified 286 FRUs (excluding 14 Medical colleges) both for rural and urban areas where no regular, contractual Gynecologists /anesthetists or LSAS/ EMOC is available/ posted or is on leave. The on call facility is proposed to be made available for high case load DWH/DCH facilities in all 75 (HPD & NHPD both) districts where desired number of specialists are not available for 24x7 C-Section services. The rate per call has also been revised to Rs 4000.00 for Gyn/Surg and Rs 2500.00 for Anesthetist per case. An additional allowance of Rs 1000.00 is proposed for travel expenses for rural calls to both Gyn/surg and anesthetists. A total of Rs 1125.00 Lakhs is being proposed to be approved for 30,000 C-section calls.

Public sector Specialists- On calls for LSCS at all 286 FRUs both for rural and urban areas where no regular, contractual Gynecologists /Anesthetists or LSAS/EMOC is available /posted or is on leave. The on-call facility is proposed to be made available for all high case load facilities in all 75 districts (HPD & NHPD both) where desired number of specialists are not available for 24x7 C-Section services. The rate per call for public sector specialists has also been revised to Rs 3000.00 per case. A total of Rs 300.00 Lakhs is being proposed to be approved for 10,000 C-Section calls.

S. No.	Budget Head	Unit of Measure	Unit Cost (Rs)	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16
				Quantity	(Rs.Lakhs)	(Rs.Lakhs)
A.8.1.10	**Other Incentives Schemes**					
A.8.1.10.2	FRU Operationalization for Gynae & Anesthetists on call from govt. sector for NHPDs & HPDs	No.	3,000.00	10000	300.00	276.00
A.8.1.10.3	FRU Operationalization Gynecologists on call for NHPDs & HPDs	No.	4,500.00	15000	675.00	600.00
A.8.1.10.4	FRU Operationalization Anesthetist specialist on call for NHPDs & HPDs	No.	3,000.00	15000	450.00	450.00
	Sub-total				**1,425.00**	**1,326.00**

Human Resource at delivery points under Maternal Health

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

Contractual ANMs – total 4418 ANMs on contract are being proposed for year 2015-16.

ANMs at Subcenters-

Additional ANMs at L1 Subcenters- The state is proposing to add one additional ANM for 1451 L1 sub centers with average >5 del per month in the state

Contractual 1st ANMs against vacancies- Directorate of FW has recruited 3281 regular ANMs in the state. At present the state has reported vacancy of 2795 ANMs against regular sanctioned positions.

These newly recruited regular ANMs are still joining and we expect only 2000 contractual ANMs working from before at sub centers will remain available in the districts, who will require salary on incremental rate of Rs. 12100.00 pm for 12 months (10% yearly increment applicable after completion of one year of quality service in the district on the revised rate). New recruitments will be done at sub centers on remaining 2246 positions therefore salary @ Rs 11000.00 pm for 9 months is being booked in PIP.

2 ANMs for each of 86 District female hospitals and female wings of DCH have been proposed to be continued in the next year. 3 district level hospitals (ESI hospital Kanpur Nagar, DCH Shravasti, DCH Sant Kabir Nagar) have been added to the list. Total 172 ANMs will be required at district level facilities. Salary of 166 old ANMs @ 12100.00 pm for 12 months (10% yearly increment applicable after completion of one year of quality service in the district on the revised rate) and 6 new ANMs @ Rs 11000.00 pm for 9 months is being booked in PIP

Contractual SNs- total number of 4030 Staff nurses were approved in the year 2014-15. We are proposing these posts to be continued this year with additional 30 SNs for recently handed over 5 new district level hospitals (a total of 4060 staff nurses). Only 2225 contractual SNs were working since last year in the districts, who will require salary on incremental rate @ 19965.00 per month for 12 months (10% yearly increment applicable after completion of one year of service in the district on the revised rate). New recruitments will be done on remaining 1835 positions therefore salary @ Rs 18150.00 pm for 9 months is being booked in PIP. 6 SNs are being proposed at each of the 5 new district level Delivery points- Saharanpur Medical College, Ambedkar Nagar Medical College, DCH Santkabir Nagar, DWH Mau and Medical College Banda.

Contractual LMOs- total number of 436 LMOs approved in the year 2014-15 is being proposed to be continued this year. Only 120 contractual LMOs were working since last year in the districts, who will require salary on incremental rate @ 43560.00 per month for 12 months (10% yearly increment applicable after completion of one year of service in the district on the revised rate). New recruitment will be done on remaining 316 positions therefore salary @ Rs 39600.00 pm for 9 months is being booked in PIP.

Contractual Specialists- The recruitment is under process therefore it is requested to approve 610 Gynecologist /Anaesthetist approved in the year 2014-15. An additional 26 Gynecologists and 26 Anesthetists are being proposed for additional 26 FRUs proposed to be operationalized this year. A total of 662 Gynecologist/anesthetist is proposed this year. The recruitment will be outsourced to an HR agency for negotiation of salary package ranging from Rs 65,000.00 to Rs. 1,25,000 per month. For calculation of budget Rs 80000.00 per month has been taken as an average monthly salary.

Proposed Staffing for programme management support under Maternal Health at SPMU

Rationale-

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- Presently around 10,000 contractual HR is being sanctioned in MH programme, but there are no programme managers to look after the rationale deployment, competency assessment and performance monitoring. It is expected from MH division to support directorates in rational deployment of specialists for FRU operationalization, follow up on performance of LSAS/EMOC trained doctors.
- PBIs have been sanctioned this year and their roll out needs to be closely followed.
- Programme managers are also required to look after programme implementation and follow up with districts on day to day basis, address queries from 75 districts.
- It is very important to monitor quality of services and conduct regular monitoring visits to the districts for maintenance of functional status, analyze gaps, identify potential delivery points at all levels.
- Maternal Health division has to liaison with donors and partners working in the state in MCH area and also supports TSU interventions.

It is proposed to sanction additional post of DGM FRU operationalization in MH section as this is a full time job and requires special efforts to liaison with 2 directorates and state secretariat. Rest of the positions are same in number as approved before but qualification is being revised as per need of the section.

Budget Summary- Maternal Health -2015-16

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
RCH Flexible Pool								
A.1	**MATERNAL HEALTH**							
A.1.1.1	Operationalise Safe abortion services at health facilities	No.		9	12.00	9	6.00	Approved for district level officers workshops alongwith HMIS data managers
A.1.3	**Janani Suraksha Yojana / JSY**							
A.1.3.1	Home deliveries	No.	500.00	12164	60.82	12,164	60.82	
A.1.3.2	**Institutional deliveries**							
A.1.3.2.a	Rural	No.	1,400.00	2396267	33,547.74	2,396,267	33,547.74	
A.1.3.2.b	Urban	No.	1,000.00	260972	2,609.72	260,972	2,609.72	
A.1.3.2.c	C-sections	No.	8,000.00	4000	320.00	4,000	320.00	
A.1.3.3	Administrative Expenses				2,438.12		2,422.12	
A.1.3.4	Incentives to ASHA	No.	600.00	2037358	12,224.15	2,037,358	12,224.15	
	Sub Total				**51,200.55**		**51,184.55**	
A.1.4	Maternal Death Review	No.	600.00	8412	50.47	8,412	25.24	Approved on reduced rates @Rs.300/-
A.1.5.1	Line listing and follow-up of severely anemic women	No.	100.00	119669	119.67	119,669	119.67	
A.1.5.2	Printing of Formats for MDR	No.	1,500.00	895	13.43	895	13.43	
A.1.5.3	Alternate month district MDR Review	No.	5,000.00	450	22.50	450	22.50	
A.1.5.4	Quarterly Divisional MDR Review	No.	25,000.00	72	18.00	72	18.00	
A.1.5.7	CME for Gynecologists at FRUs	Batch	250,000.00	6	15.00	6	15.00	
	Sub Total				**239.07**		**213.83**	
A.1.6	**JSSK- Janani Shishu Surakhsha Karyakram**							
A.1.6.1	Drugs and consumables	No.		4800000	13,100.00	4,700,000	12,700.00	Approved for 47 Lakh beneficiaries
A.1.6.2	Diagnostic	No.	50.00	4800000	2,400.00	4,800,000	2,400.00	
A.1.6.4	Diet	No.		1557500	3,377.50	1,557,500	3,377.50	
	Sub Total				**18,877.50**		**18,477.50**	
A.8	**Human Resources**							
A.8.1.1.1	ANMs							
A.8.1.1.1.a	DH	No.	145,200.00	4418	5,374.51		4,488.40	Approved Salary for existing 2166 ANMs @ Rs.11550/month for 12 month and 2252 vacant position @Rs.11000 for 6 months
A.8.1.1.2	Staff Nurses							
A.8.1.1.2.a	DH	No.	239,580.00	4060	8,328.13		7,054.67	Approved for 4030 SNs including 2225 existing positions @ Rs.19060/month for

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
								12 months & 1805 vacant positions @Rs.18150/month for 6 months. 30 new positions not approved.
A.8.1.3	**Specialists**							
A.8.1.3.1	Obstetricians and Gynecologists							
A.8.1.3.1.a	DH	No.	960,000.00	433	4,156.80	433	1,670.40	Approved 433 Obs/Gyne @Rs.80000/ month for 28 existing position for 12 month, 379 vacant positions for 6 months and 26 new positions for 3 months.
A.8.1.3.3	Anesthetists							
A.8.1.3.3.a	DH	No.	960,000.00	229	2,198.40	229	1,075.20	Approved 229 Anes.@Rs.80000/month for 8 existing position for 12 month, 195 vacant position for 6 months and 26 new position for 3 months.
A.8.1.5	**Medical Officers**							
A.8.1.5.1	DH	No.	522,720.00	436	282.27	436	1,307.75	Approved for 436 Mos including 104 existing positions @Rs.41580/month for 12 months and 332 vacant positions @ Rs.39600/month for 6 months.
A.8.1.8	Incentives to SN, ANMs etc.	No.		298000	1,326.00	298,000	1,326.00	
A.8.1.10	**Other Incentives Schemes**							
A.8.1.10.2	FRU Operationalization	No.	3,000.00	10000	300.00		276.00	For Gynae & anesthetist specialist on call from govt sector for NHPDs & HPDs
A.8.1.10.3	FRU Operationalization	No.	4,500.00	15000	675.00		600.00	For Gynecologists specialist on call for NHPDs & HPDs
A.8.1.10.4	FRU Operationalization	No.	3,000.00	15000	450.00		450.00	For Anesthetists specialist on call for NHPDs & HPDs
	Sub-total HR				**23,091.11**		**18,248.42**	
A.9	**TRAINING**							
A.9.3.1	**Skilled Attendance at Birth / SBA**							
A.9.3.1.2	TOT for SBA	Batch	152,000.00	7	3.40	7	3.40	
A.9.3.1.4	Training of ANMs / LHVs in SBA	Batch	129,200.00	200	258.40	200	258.40	
A.9.3.2	**EmOC Training**							
A.9.3.2.1	Setting up of EmOC Training Centres	No. of site	680,000.00	2	13.60	2	13.60	
A.9.3.2.3	Training of Medical Officers in	Batch		4	9.68	4	9.68	

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	EmOC							
A.9.3.4	**Safe abortion services training**							
A.9.3.4.1	TOT on safe abortion services	Batch	121,000.00	2				Revalidated as proposed.
A.9.3.4.2	Training of Medical Officers in safe abortion	Batch	138,800.00	30	41.64	30	30.44	
A.9.3.5	**RTI / STI Training**							
A.9.3.5.1	TOT for RTI/STI training	Batch	258,750.00	2	5.18	2	5.18	
A.9.3.5.2	Training of laboratory technicians in RTI/STI	Batch	219,300.00	20	33.71	20	33.71	
A.9.3.5.3	Training of Medical Officers in RTI/STI	Batch	132,700.00	56	74.31	56	74.31	
A.9.3.6	**B-Emoc Training**							
A.9.3.6.2	BEmOC training for MOs/LMOs	Batch	285,200.00	50	46.60	50	46.60	
A.9.3.7	**Other maternal health training**							
A.9.3.7.1	MDR training of District and Block level officials	Batch		21	20.41	21	20.41	
A.9.3.7.3	Strengthening of 9 CAC training centres	No.	100,000.00	9	9.00	9	9.00	
A.9.3.7.4	Uterine Pelvic Model-UPMS for 9 CAC training centres	No.	50,000.00	9	4.50	9	4.50	
	Sub-total Training				**520.43**		**509.23**	
	Sub-total RCH Flexible Pool				**94,129.25**		**88,828.12**	
Mission Flexible Pool								
B1.1.3.1	ASHA incentives under MH							
B1.1.3.1.2	Maternal Death Audit Information	No.	200.00	28042	56.08	20000	40.00	
B1.1.3.6.5	Reimbursement of travel expenses for accompanying a woman to facility for surgical abortion (MVA/EVA)	No. of ASHA	150.00	10000	15.00	10,000	15.00	
B1.1.3.6.6	Reimbursement of travel expenses for accompanying a woman to facility for medical abortion (MMA)	No. of ASHA	225.00	4500	10.13			Not Approved - with justification that already approved under B.1.1.3.6.5 and state use existing transport system.
	Sub Total				**81.21**		**55.00**	
B10	**IEC-BCC NRHM**							
B.10.3.1.1	Mid Media/ Mass Media	No.		1	1,721.85		1,078.19	
B.10.3.1.2	Inter Personal Communication	No.		1	200.00		100.00	
B.10.7.1	Printing of MCP cards, safe motherhood booklets etc	No.	30.00	5500000	1,650.00	5,500,000	1,650.00	

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	Sub Total				**3,571.85**		**2,828.19**	
B.16	**PROCUREMENT**							
B16.1.1	**Procurement of equipment: MH**							
B16.1.1.1	Equipments for Blood Banks/ BSUs	No.			2,642.47		2,366.61	Equipments for Blood Banks, Separation Units and Blood Storage Units
B16.1.1.2	MVA /EVA for Safe Abortion services	No.	2,500.00	2000	50.00	2,000	50.00	
B16.1.1.3.7	Other Essential Instruments for CAC (Sim's speculum, Aneterior virginal wall retractor, valsellum, sponge holding forces)	No.	3,000.00	1000	30.00			Not Approved. Generic budgeting. No gap analysis. RKS funds can be used for the small items.
B.16.2.1	**Drugs & supplies for MH**							
B.16.2.1.2	Drugs for Safe Abortion	No.	100.00	15000	15.00	15,000	15.00	
B.16.2.10	Others	No.		207	448.24	207	424.60	Approved Rs.424.60 Lakhs for Different type of Blood Bags & Diagnostics Kits for Functional BB (25% of total requirement)
	Sub Total				**3,185.71**		**2,856.21**	
	Sub-total Mission Flexible Pool				**6,838.77**		**5,739.40**	
	Total-Maternal Health				**100,779.42**		**94,378.93**	

Chapter-2: Child Health

1. Estimated Child Population

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

2. Situation Analysis (State)

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

Nutrition	NFHS 3	HUNGaMA Report 2011	
% of children (6-35 months) of age with anaemia	85.1	NA	
% of children (0-3 years) who are underweight (< -3SD)	41.6	Lowest Highest	8.49 – GautamBudh Nagar 25.89 – LakhimpurKhiri
% of children (0-3 years) who are severely wasted /SAM (< -3SD)	6.8	Lowest Highest	1.49 – Mainpuri 5.24 – Banda

Infant & Young Child Feeding	DLHS-3	NFHS 3	CES 2009
Children age <6 months and above exclusively breastfed	19.4	51.3	58.9
Children under 3 years breastfed (within 1 hr after birth	15.4	7.3	15.6
Children (6-9 months) Complementary feeding	54.5	46	45.9

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

Vitamin A Supplementation	NFHS 3	DLHS 3	CES 2009
Percentage of children (age 9 months and above) received at least one dose of Vitamin A supplement	7.3	32.2	48.2
Newborn Care		Source :	
Percentage of institutional deliveries		CES	62.1
Percentage of newborns with low birth weight		HMIS	32.0
Percentage of mothers staying for 48 hours at the facility		CES	30.8

Goal:Overall of IMR(NHM 2017)	< 36
Goal: 2015-16	45
Achievement - IMR(SRS 2013)	50

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

At the community level, trained ASHAs are being involved for home based newborn care. The trained ASHAs are paying home visits 6/7 times to each of the mothers up to 42 days who delivered a baby to care for the mother and neonate and as per the need of the beneficiary. ASHA gives suggestion for referral etc.

Priorities to reduce Neonatal Deaths

Facility Based Interventions

- **Nutrition Rehabilitation Centres (NRCs)-** To manage Severe Acute Malnutrition (SAM) children in 51 NRCs (including 5 in Medical Colleges) have been established and made operational. In addition of this, 18 NRCs are in the process of establishment in the District Male Hospitals. In the year 2015-16, 10 additional NRCs are proposed for establishing in 10 District Male Hospitals of the State. The details of NRCs are tabulated below.

  New NRCs: Both one time Establishment Cost and Operational Cost for six months is proposed in this PIP for which budget is proposed at FMR A.2.5. The operational cost is proposed for six months as it is expected that these NRCs shall be operational from Third Quarter of FY 2015-16. Rs. 2.90 Lakhs is proposed under one time establishment cost for these 18 NRCs. As per GoI's NRC Operational Manual, Rs. 2.00 Lakhs are earmarked as one time establishment cost. This sum of Rs. 2.00 Lakhs includes budget for purchase of Cots and Mattress for NRCs at the rate of Rs. 2500 per unit and total of Rs. 25000. Districts are not able to purchase Cots and Mattress at this rate and are demanding an increase in the rate. The issue has been raised many times by the districts. Hence additional Rs. 90,000 over and above Rs. 2.00 Lakhs is proposed for these 18 NRCs and a sum of Rs. 2.90 Lakhs per NRC is proposed under establishment cost so that they can purchase cots and mattress without any difficulty. With addition to that Operational Cost of Rs. 3.90 Lakhs is proposed for 6 months (as per GoI's Operational guideline i.e. 7.80 Lakhs for a year). Total of Rs. 6.80 Lakhs (Rs. 2.90 Lakhs + Rs. 3.90 Lakhs) is being proposed for each District.

  Deliverables: Infrastructure for 10 Bedded NRC shall be established in these districts. Funds for Operational Cost shall make NRC operational for six months. A funding of **Rs. 122.40 lakhs is** proposed for establishing and operationalising 18 new NRCs for 6 months. Break up and details tabulated below.

Activities	Unit	Unit Cost	Total
Establishment and Operational Cost for six months (New NRCs)	18	6.8 Lakhs	122.4 Lakhs

- **Sick New Born Care Units (SNCUs)-**As in the state, institutional deliveries are increasing at various facilities. Sometimes, there is a need of emergency care of neonates. To reduce the neo-natal and peri-natal deaths, all facilities of level-III type should have sick new born care unit. Till November 2015, 27 SNCUs have been established and are functional. In addition, 19 more SNCUs were to be established in 2014-15 to have facility to treat severe sick newborns in all the HPDs (High Priority Districts) of the State, which are in process. These units will serve as centres of excellence/resource centres on newborn care and also as potential training sites for all advanced trainings related to newborn care. These SNCUs in district women hospitals are fully functional. In these SNCUs, there is provision of 3 paediatricians (MD/DCH) and 8 staff nurses for each. At medical colleges, there is provision of 8 staff nurses for each medical college. Further, there is also a provision of 2 Ward Aya and 2 Safai Karmchari at each of the 27 SNCUs. The present status of SNCUs in the State is tabulated below.

  New SNCUs - In the State of Uttar Pradesh if we look at the newborn health scenario, as per the SRS data, IMR has fallen from 73 in Year 2005 to 50 in 2013 and similarly NMR has fallen from 45 in Year 2005 to 37 in 2012. A more detailed analysis shows some striking facts:

  - About 43% of under-five deaths take place within the first 7 days of birth.
  - About 56% of under-five deaths take place within first one month of birth.
  - Approximately 80% of under-five child mortality takes place within one year of birth. (IMR).
  - Neonatal mortality in India contributes towards 56% of all deaths in childhood (up to age 5 years) and 70% of infant deaths (below one year of age).

Further due to extremely high population of U.P., the health outcomes of the state influence the outcomes of India heavily. And due to the large population of India, the country influences the global outcomes heavily. So if the worst performing districts in Uttar Pradesh significantly improve their outcomes it will influence the health outcomes nationally as well as globally.

A very important fact is that the Newborn Care must be strengthened at the facility as well as at the community level. Our aim is for putting maximum efforts towards expanding the coverage of health care to reach the unreached and most vulnerable populations.

The MCH wings inclusive of SNCUs construction have been approved and are under process but their completion may take a long time. In order to fill this time gap and to provide and expedite the newborn care it is necessary to establish at least one SNCU per district in the state at DWH where more than 3000 deliveries are occurring yearly.

In the same context the State has already 27 functional SNCUs and proposal for additional 24(19 +5) has already been approved. In the additional 24 proposed 4 could not be planned because of building and space issues.

Further, in the same context the State wants to submit a new proposal for establishment of another 23 SNCUs in the remaining districts. Thus, 68 districts in the State which will have a SNCU for managing the sick newborns.

SNCU Operationalization - The **SNCU operational** cost will include expenses incurred towards drugs and consumables (Rs 6.50 lakhs), expenses incurred towards minor repair-renovation and AMC (Rs 4.70 lakhs) and recurring operational cost for maintenance of the KMC units (Rs. 1.00 lakh).

- **New Born Stabilization Units(NBSUs)-** At level -3 health facilities, where there is no SNCUs, 4 bedded NBSUs have been established to stabilize neonates of the facilities and work as referral unit for level-2 and level-1 facilities. Up to March 2015, 160 NBSUs are functional and for 2015-16, all the FRUs will have NBSU, where there is no SNCU. Additional 45 NBSUs are proposed for establishing in the year 2015-16. The doctors and the staff nurses working in hospitals will manage the NBSU. They are being trained for F-IMNCI and NSSK training programme.The present status of NBSUs is tabulated below.

- **New Born Care Corners(NBCCs)-**In each labour room at L-3 and L-2 facilities, new born care corners have been established to prevent birth asphyxia, hypothermia and infections. A government order to establish and making functional of NBCCs has already been issued. The staff members working in the labour rooms have been trained in NSSK and Equipment handling skills. This year onwards L-1 facilities (PHCs/Accredited sub centres) will be strengthened and NBCC will be established along with NSSK and equipment handling trainings. Up to March 2015, 1820 NBCCs have been established in all labour rooms of DWH, CHCs and PHCs. This year an additional 2181 NBCCs are proposed for establishing in L1 facilities including APHCs and accredited sub centers. The doctor and the staff working in hospitals will manage the NBCC. They have been trained in NSSK and equipment handling training.

IEC /BCC Activities

- **Newborn Care Week Celebration -** It is proposed that the state will celebrate newborn week in a joint manner. Districts and blocks will be asked to undertake IEC activities, media meeting and workshop and baby show at district and FRU level to celebrate the event. A total of Rs 48.50 lakhs has been budgeted for the above stated activities and an exclusive State level workshop will be organized at the State for which an amount of Rs.4.00 lakhs is budgeted.

A	Activities during celebration of World Breastfeeding week at State/District/Block level	Total Cost (Rs. Lakhs)
1	State level Workshop during Newborn Week @ Rs. 4.0 Lakhs	4.00
2	Newborn Week - IEC activities/Mass media meeting @ Rs. 7 Lakhs at State level	7.00

A	Activities during celebration of World Breastfeeding week at State/District/Block level	Total Cost (Rs. Lakhs)
3	District and block level workshop/ media conference for Newborn week @Rs.40,000/district (including baby show at DWH @ Rs.5000/- and at 2 FRUs @ Rs2500/- per FRU)	30.00
4	Newborn Care Week - IEC activities/Mass media @Rs. 10,000/- per district	7.50
Sub Total		**48.50**

- **Breastfeeding week Celebration -** It is proposed that the state will celebrate World Breastfeeding Week in a joint manner along with ICDS. Districts and blocks will be asked to undertake IEC activities, media meeting and workshop to celebrate the event. A total of Rs 47.50 lakhs has been budgeted in the PIP 2015 – 16 for the above stated activities and an exclusive State level workshop will be organized at the State for which an amount of Rs.3.00 Lakh is budgeted.

A	Activities during celebration of World Breastfeeding week at State/District/Block level	Total Cost (Rs. Lakhs)
1	State level Workshop during World Breastfeeding Week @ Rs. 3.00 Lakhs	3.00
2	World Breastfeeding Week - IEC activities/Mass media meeting at State level	7.00
3	District & block level workshop/ media conference on World breastfeeding week @Rs.0.40 Lakh /district	30.00
4	World Breastfeeding Week - IEC activities/Mass media @Rs. 10,000/- per district	7.50
Sub Total (A)		**47.50**

- **IYCF promotional package for all district and block facilities of 25 HPD -** To promote Infant and Young Child feeding practices at facility level, training of medical officers and nursing staff on Infant and Young child feeding was planned & executed for 25 High Priority Districts (HPDs) during 2014-15. In order to further strengthen and complement IYCF practices at facility level Unicef has prepared IYCF promotional package consisting of set of five ready-to-print IEC posters. These flex posters shall be displayed at various locations at District or Block health facilities like ANC OPDs, Postnatal ward etc. Cost per health facility is estimated to be Rs. 1000.

  Hence state is proposing a fund of Rs. 2.97 Lakhs for printing of IYCF promotional package for all district and block health facilities (total 297 health facilities) for 25 High priority districts.

A	IYCF Promotional Package for District and Block level Health facilities of 25 High Priority districts	Total Cost (Lakh Rs.)
1	Ready to print IYCF Promotional Package (@Rs. 1000 per Health facility*297 facilities	2.97
Sub Total (A)		**2.97**

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

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

Funding Proposed: A funding of **Rs. 6.45 lakhs** is proposed for purchase of MUAC tapes for all 18 Districts where 18 NRCs are being proposed this year's PIP

Activities	Unit	Unit Cost	Total
Supply of Mid Upper Arm Circumference (MUAC) tapes for NRCs @20Rs. Per ASHA for all ASHAs in the Districts with NRCs	32263	20	6.45 lakhs

- **Maintenance of NRC Software -** NRC MIS was prepared in 2014 with support from UNICEF. The NRC MIS is operational but domain continuation and software maintenance may require some allocation of funds. As Uttar Pradesh is now expanding its NRCs to every district and with inception of State Nutrition Mission, the NRC software shall play a critical role as MIS. The software shall directly help NRCs to organise and maintain the Data and information and at the same time it will enable the program managers to analyse the information for planning and monitoring. Accordingly Rs 200,000/- has been proposed to be utilised at the state level. This cost will include maintenance of Software for 1 year. **A Budget of Rs 2.00 Lakhs is proposed for maintenance of NRC Software.**

- **Review Meetings -** State proposes to hold regular review meetings of the Various Child Health Programms under one platform. The status of the various activities implemented under HBNC, FBNC, NRC and Diarrhoea & Pneumonia management will be reviewed at least once at the State level and once at the regional level and as such four Regional -level review meetings spread across the whole year, are being proposed.

  The participants for these one day review meetings would include district CMOs, RCH officers, Nodal officers for SNCUs, NRCs, and Diarrhoea & Pneumonia, MOICs, DPMU and developmental partners. The state level meeting is budgeted for a total of Rs2.88 lakhs, where as Rs. 5.30 Lakhs is being proposed for each Regional Meeting.

Budget for the Review Meeting					
Sl.	**Head**	**Unit Cost**	**No. of Units**	**No. of Days**	**Total Budget (Rs.)**
For State Level Meeting					
1	Working lunch and tea for all participants including development partners	350	470	1	164500
2	Contingency (folder, pen, pad training material etc.)	200	470	1	94000
3	Venue	50000	1	1	50000
4	Audio-Video Aid	3000	1	1	3000
Total for Review Meeting at State level					**288000**
For one Regional Level Meeting					
1	TA to District and State level participants	1500	250	1	375000
2	Working lunch and tea for all participants including development partners	250	250	1	62500
3	Contingency (folder, pen, pad training material etc.)	200	250	1	50000
4	Venue	40000	1	1	40000
	Audio-Video Aid	3000	1	1	3000
Total for one Review Meeting at Regional level					**530500**
4 Regional Workshop cum Meeting					**21,22,000.00**

Bal Swasthya Poshan Mah (BSPM)

Vitamin A supplementation (VAS) programme in Uttar Pradesh is in line with GoI's policy of ensuring 9 doses of Vitamin-A supplementation for children between 9 months to 59 months age group. The strategy for administering Vitamin A is to provide very first dose along with the measles in the age group of 9 months- 12 months. The second dose onwards Vitamin A supplementation has to be done through a biannual exercise at a six month's interval. In Uttar Pradesh these biannual rounds are held in June and December months.

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

The program has been scaled up since December 2006 across the entire state and is implemented jointly by Directorate of Family Welfare and ICDS with support of development partners mainly UNICEF and Micronutrient Initiative. During the biannual rounds, vitamin A is administered along with other high impact interventions, which are crucial for child survival and development. This package of services includes immunization catch up; promoting optimal breastfeeding and complementary feeding; screening and referral for severely malnourished children and education and demand generation for iodized salt.

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

Activities under Bal Swasthya Poshan Mah BSPM

Sl. No.	Unit Description	Unit cost	No. of batches /rounds /quantity	Total (Rs. In Lakhs)
1	State level Joint planning meeting of Health and ICDS of District Level officers@ 30000 per batch x 2 batches x 2 rounds	30000	2 batches x 2 rounds	1.20
2	Joint planning meeting of Health and ICDS at District Level @ 2 per district	5000/meeting	2 per district per year	7.50
3	Joint planning meeting of Health and ICDS at block Level (Rs 75/-participant X 40 participant/block(health and ICDS)X no of blocks X 2 meetings /yr	3000/meeting/ round	820 blocksX2 rounds	49.20
4	Mobility support for monitoring of biannual rounds (3 session days)			
4a	District level	5000/round	2 roundsx 75	7.50
4b	Block level	5000/round	2 roundsX 820 blocks	82.00
5	District level inauguration of BSPM @ Rs 10000/round/district	10000	2 rounds	15.00
	Sub Total - A.2.7			**162.40**
1	Printing of BSPM guideline, monitoring and reporting formats (Rs 1500/block/round X 2rounds/Block/year)	1500/block/round	2 rounds X 820 blocks X1500	24.60
2	IEC (Posters & Banners)			
2a	Posters (2/Block PHC+5/SC+3/DH & CMO)-Size 17"X22"	7/Poster	169832	12.03
2b	Banners (2/Block PHC+2/SC+3/DH & CMO)- Size 6'X3' (feet)	200/Banner	44323	88.65
Sub Total – Sub Total -B.10.7.4.5				**287.68**
Vitamin A for BSPM				
1	Vit. A solution (bottle of 100 ml)16 - B 16.2.2.2	Bottle of 100 ml	2015-16	584.46

To implement BSPM activities in the state, an amount of Rs.1034.54 Lakhs was proposed, out of which GOI approved Rs.162.40 Lakhs (FMR Code-A.2.7), Rs.584.46 Lakhs (FMR Code-B.16.2.2.2) and Rs.137.00 Lakhs (FMR Code-B.10.7.4.5)

Target of 9 months to 5 year children under BSPM for financial year 15-16

Sl	District	Total Infants in six month period (9-12 months age group)	Total children 1-5yrs	Total children 9 months-5 yrs	Total Vitamin A required in Ml	10% Wastage	Total 100 Ml Vitamin A bottles including wastage		Total Budget @Rs 58 per bottle (As per RC)	Total Budget @Rs 58 per bottle (in Lakhs
							1round	2 round		
1	Agra	61469	471962	533432	1005394	100539	11059	22119	1282883	12.83
2	Ferozabad	35033	268987	304021	573008	57301	6303	12606	731158	7.31
3	Mainpuri	25919	199006	224925	423932	42393	4663	9326	540937	5.41
4	Mathura	35667	273850	309516	583366	58337	6417	12834	744375	7.44
5	Aligarh	51550	395800	447350	843150	84315	9275	18549	1075859	10.76
6	Etah	24712	189737	214448	404185	40419	4446	8892	515740	5.16
7	Kanshi ram Nagar	20180	154939	175119	330058	33006	3631	7261	421153	4.21
8	Hathras (Mahamaya Nagar)	21969	168677	190646	359324	35932	3953	7905	458497	4.58
9	Allahabad	83625	642075	725701	1367776	136778	15046	30091	1745282	17.45
10	Fatehpur	36941	283631	320571	604202	60420	6646	13292	770962	7.71
11	Kaushambi	22407	172042	194449	366491	36649	4031	8063	467643	4.68
12	Pratapgarh	44533	341922	386455	728377	72838	8012	16024	929410	9.29
13	Badaun	44794	343931	388726	732657	73266	8059	16118	934870	9.35
14	Bareilly	62656	481071	543727	1024798	102480	11273	22546	1307643	13.08
15	Pilibhit	28585	219479	248065	467544	46754	5143	10286	596586	5.97
16	Shahjahanpur	42128	323459	365587	689047	68905	7580	15159	879223	8.79
17	Jalaun	23443	179994	203437	383430	38343	4218	8435	489257	4.89
18	Jhansi	28074	215550	243624	459174	45917	5051	10102	585906	5.86
19	Lalitpur	17090	131221	148311	279532	27953	3075	6150	356683	3.57
20	Banda	25250	193873	219123	412996	41300	4543	9086	526982	5.27
21	Chitrakoot	13900	106725	120625	227349	22735	2501	5002	290098	2.90
22	Hamirpur	15491	118941	134432	253373	25337	2787	5574	323304	3.23
23	Mahoba	12292	94381	106674	201055	20105	2212	4423	256546	2.57
24	Ambedkarnagar	33658	258424	292081	550505	55050	6056	12111	702444	7.02
25	Barabanki	45715	350997	396712	747708	74771	8225	16450	954076	9.54
26	Faizabad	34635	265929	300564	566492	56649	6231	12463	722844	7.23
27	Sultanpur	30720	235867	266587	502455	50245	5527	11054	641132	6.41
28	CSM nagar (Amethi)	27568	211668	239236	450903	45090	4960	9920	575352	5.75
29	Bahraich	48805	374728	423533	798262	79826	8781	17562	1018582	10.19
30	Balrampur	30155	231528	261683	493212	49321	5425	10851	629338	6.29
31	Gonda	48148	369679	417826	787505	78750	8663	17325	1004856	10.05
32	Sravasti	15640	120082	135722	255804	25580	2814	5628	326406	3.26
33	Azamgarh	64777	497357	562134	1059491	105949	11654	23309	1351910	13.52
34	Ballia	45233	347297	392530	739827	73983	8138	16276	944019	9.44
35	Mau	30942	237573	268515	506088	50609	5567	11134	645768	6.46

36	Deoria	43479	333830	377309	711139	71114	7823	15645	907413	9.07
37	Gorakhpur	62248	477940	540187	1018127	101813	11199	22399	1299130	12.99
38	Maharajganj	37398	287144	324542	611686	61169	6729	13457	780511	7.81
39	Kushinagar	49964	383624	433588	817212	81721	8989	17979	1042762	10.43
40	Basti	34532	265141	299673	564813	56481	6213	12426	720702	7.21
41	Sant Kabir Nagar	24054	184689	208744	393433	39343	4328	8656	502020	5.02
42	Siddharthnagar	35830	275103	310933	586035	58604	6446	12893	747781	7.48
43	Auraiya	19255	147843	167098	314940	31494	3464	6929	401864	4.02
44	Etawah	22158	170130	192288	362418	36242	3987	7973	462445	4.62
45	Farrukhabad	26486	203357	229843	433200	43320	4765	9530	552763	5.53
46	Kannauj	23264	178624	201889	380513	38051	4186	8371	485534	4.86
47	Kanpur (Dehat) (Ramabai nagar)	25188	193393	218581	411974	41197	4532	9063	525679	5.26
48	Kanpur Nagar	64166	492664	556830	1049494	104949	11544	23089	1339155	13.39
49	Hardoi	57408	440783	498191	938973	93897	10329	20657	1198130	11.98
50	Lakhimpur Kheri	56317	432407	488724	921131	92113	10132	20265	1175363	11.75
51	Lucknow	64383	494335	558718	1053052	105305	11584	23167	1343695	13.44
52	Raibareilly	42668	327606	370274	697881	69788	7677	15353	890496	8.90
53	Sitapur	62783	482052	544835	1026887	102689	11296	22592	1310308	13.10
54	Unnao	43646	335118	378765	713883	71388	7853	15705	910915	9.11
55	Baghpat	18271	140287	158558	298845	29885	3287	6575	381327	3.81
56	Bulandshahar	49089	376910	425999	802909	80291	8832	17664	1024512	10.25
57	Gautam Buddha Nagar	23499	180424	203923	384348	38435	4228	8456	490427	4.90
58	Ghaziabad	47404	363971	411375	775347	77535	8529	17058	989342	9.89
59	Panchsheelnagar (Hapur)	18003	138228	156231	294459	29446	3239	6478	375729	3.76
60	Meerut	48372	371404	419777	791181	79118	8703	17406	1009547	10.10
61	Muzzafarnagar	37613	288793	326406	615199	61520	6767	13534	784994	7.85
62	Prabuddha nagar	20458	157077	177535	334612	33461	3681	7361	426965	4.27
63	Saharanpur	48608	373217	421825	795042	79504	8745	17491	1014473	10.14
64	Bijnour	51691	396882	448573	845456	84546	9300	18600	1078801	10.79
65	JP Nagar (Amroha)	25801	198099	223900	421999	42200	4642	9284	538470	5.38
66	Moradabad	44026	338033	382059	720092	72009	7921	15842	918837	9.19
67	Bhim nagar (Sambhal)	30250	232257	262506	494763	49476	5442	10885	631318	6.31
68	Rampur	32769	251603	284372	535975	53597	5896	11791	683904	6.84
69	Badohi (Sant Ravidas Nagar)	21808	167441	189249	356690	35669	3924	7847	455137	4.55
70	Mirzapur	35002	268747	303749	572496	57250	6297	12595	730505	7.31
71	Sonbhadra	26135	200667	226803	427470	42747	4702	9404	545452	5.45
72	Chandauli	27400	210374	237774	448148	44815	4930	9859	571837	5.72
73	Ghazipur	50832	390292	441125	831417	83142	9146	18291	1060888	10.61
74	Jaunpur	62806	482227	545033	1027260	102726	11300	22600	1310784	13.11
75	Varanasi	51667	396699	448366	845065	84507	9296	18591	1078303	10.78
	Uttar Pradesh	2800436	21501799	24302235	45804033	4580403	503844	1007689	58445946	584.46

Budget Summary- Child Health -2015-16

FMR Code	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	RCH Flexible Pool							
A.2.	**CHILD HEALTH**							
A.2.2	**Facility Based Newborn Care**							
A.2.2.1	SNCU	No.	-	74	801.00	74	617.00	Approval granted for establishment cost of 23 new proposed SNCUs @ Rs. 4.00 Lakh/unit instead of proposed Rs.12.00 Lakhs/unit.
A.2.2.1.1	SNCU Data management	No.	1.60	27	43.20	27	43.20	
A.2.2.2	NBSU	No.	0.05	120	6.00	120	6.00	
A.2.5	Care of Sick Children and Severe Malnutrition	No.	-	76	555.30	76	466.20	Operational Cost for 18 new NRCs of Rs. 122.40 Lakhs not approved. It may be proposed in SPIP.
A.2.7	Micronutrient Supplementation Programme	No.	-	1	162.40	1	162.40	
A.2.11	**Any other interventions**							
A.2.11.2	State level Child Health Meeting	No.	2.88	1	2.88	1	2.88	
A.2.11.3	Regional Level Child Health Review Meeting	No.	5.30	4	21.20	4	21.20	
A.2.11.4	Intensified Diarrhea Control Fortnight (IDCF) Programme	No.	10.50	75	787.73	75	750.00	
A.2.11.5	NRC Software Maintenance Cost	No.	2.00	1	2.00		2.00	
	Sub-total				**2,381.71**	**-**	**2,070.88**	
A.8	**Human Resources**							
A.8.1.1.2	**Staff Nurses**							
A.8.1.1.2.f	Staff Nurses- SNCU/ NBSU/NRC etc	No.		1,066	1,948.00	1,066	1,583.91	Approval of 5% annual increment granted instead of 10%.
A.8.1.1.2.g	Staff Nurses-Others	No.	2.18	5	10.89	5	5.45	Approved for 5 SNs for PICU @Rs.18150/month for 6 months.
A.8.1.3	**Specialists**							
A.8.1.3.5.d	Specialists for CH (Pediatrician etc)	No.	-	130	856.83	129	708.63	Approved 129 Paed.-3 paed. Each for 43 SNCUs including 5 new SNCUs (e.g. 16 posts @ 71500/month, 41 posts @65000/month for 12 months, 57 vacant posts @65000 for 6 months and 15 new position for 3 months.
A.8.1.5	**Medical Officers**							
A.8.1.5.6	MOs for SNCU/ NBSU/NRC etc	No.	-	76	307.45	76	273.72	Approval of 5% annual increment granted instead of 10%.
A.8.1.5.7	Other Mos-PICU	No.	-	14	67.48	14	30.10	

FMR Code	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.8.1.7.5.4	Other -Nutritionist for NRC	No.	-	76	131.67	76	115.83	
A.8.1.11	**Support Staff for Health Facilities**							
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	No.	-	468	340.75		316.42	
	Sub-total HR				**3,663.07**		**3,034.06**	
A.9	**TRAINING**							
A.9.5	**Child Health Training**							
A.9.5.1.1	TOT on IMNCI	Batch	-	18	123.04	18	123.04	
A.9.5.1.2	IMNCI Training for ANMs / LHVs	Batch	-	105	447.06	105	365.22	
A.9.5.2	**F-IMNCI Training**							
A.9.5.2.2	F-IMNCI Training for MOs	Batch	2.55	9	-			Approved for revalidation
A.9.5.2.3	F-IMNCI Training for Staff Nurses	Batch	2.23	23	51.18	23	51.18	
A.9.5.5	**Other child health training**							
A.9.5.5.1	NSSK Training							
A.9.5.5.1.1	TOT for NSSK	Batch	1.62	5	8.10	5	8.10	
A.9.5.5.1.3	NSSK Training for SNs	Batch	0.84	59	49.67	59	49.67	
A.9.5.5.2.e	Printing of training module of CCSP -	No.	-	12436	11.50			ANM/LHV and printing of set of job aids and tools - May be proposed in SPIP with details
	Sub-total Training				**690.54**		**597.20**	
	Sub-total RCH Flexible Pool				**6,735.32**		**5,702.14**	
Mission Flexible Pool								
B1.1.3.2	Incentive to ASHA under Child Health							
B1.1.3.2.4	Incentive for referral of SAM cases to NRC	No.	0.00	14904	14.90	14,904	22.36	Approved @Rs.150/SAM child referral/ follow-up
B1.1.3.2.5	Incentive for follow up of discharge of SAM children from NRCs	No.	0.00	14904	22.36	-	-	Approval shifted and merged with FMR Code-B.1.1.3.2.4
B1.1.3.2.6	Incentive for 6 & 7 Module Trained ASHA under HBNC Programme	No.	0.00	160175	5,386.27	160,175	5,386.27	
B1.1.3.2.7	Incentive for Diarrhoeal Case Referral	No.	0.03	28370	851.10			Not Approved
	Sub Total				**6,274.63**		**5,408.63**	
B10	**IEC-BCC NRHM**							
B.10.3.2.1	Mid Media/ Mass Media	No.	1251.56	1	1,251.56		1,147.38	
B.10.3.2.2	Inter Personal Communication	No.	56.25	1	56.25		24.00	
B.10.7.4.1	Printing of compliance cards for National Iron Plus Initiative	No.	0.00	3235631	97.07	3235631	32.36	Approved @Re. 1 per card for 3235631 cards
	Sub Total				**1,404.88**		**1,203.74**	

FMR Code	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B16.1.2	**Procurement of equipment: CH**							
B16.1.2.2	Procurement of equipments for SNCU-Phototherapy Unit	No.	25.00	23	584.26	23	584.26	
B16.1.2.4	Procurement of equipments for NBSU- Phototherapy Unit	No.		134	40.03	134	40.03	
B.16.2.2	**Drugs & supplies for CH**							
B.16.2.2.1	Zinc and ORS for Childhood Diarrohea Programme	No.	-	11551180	148.77	11551180	148.77	
B.16.2.2.2	Procurement of drugs under child health (Vitamin A for BSPM)	No.	0.00	1007689	584.46	1,007,689	584.46	
B.16.2.2.5	Mid Upper Arm Circumference (MUAC) Tapes for NRCs	No.	0.00	32263	6.45		1.61	
B.16.2.6	**National Iron Plus Initiative (Drugs & Supplies)**							
B.16.2.6.1	**Children (6m - 60months)**							
B.16.2.6.1.a	IFA syrups (with auto dispenser)	No.	0.00	24302235	2,430.22	24302235	2,430.22	
B.16.2.6.1.b	Albendazole Tablets	No.	0.00	21501799	430.04	21501799	430.04	
	Sub Total				**4,224.23**		**4,219.39**	
	Sub-total Mission Flexible Pool				**11,903.74**		**10,831.76**	
	Total- Child Health				**18,639.06**		**16,533.90**	

Chapter-3: Family Planning

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

Methods	2012-13	2013-14	2014-15	2015-16 (Up to Nov.)
Vasectomy	7176	7046	7864	2435
Tubectomy	300472	319917	285190	63380
Total Limiting	307648	326963	293054	65815
IUCD	1392238	1484877	1450226	875544
C C users	895049	897910	955780	773671
OP users	113214	349203	333299	342232
Total Spacing	1008263	1247113	1289079	1115903

Proposed Activities for the Year 2015-16

❒ Terminal/Limiting Method

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

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

- **Number of female Sterilization camps in districts -** In order to achieve the target of sterilization, each district organizes sterilization camps at block or Tehsil on regular basis. Expenditure on these camps relating to compensation money to clients and medicines etc. is borne from the compensation head for female sterilization. In view of low performance (still shortage of service providers, so the fixed day/daily services are not available at every facility) of Sterilization, it is now proposed to provide funds for Female sterilization camps. **It is planned to organize 7500 camps for which the total budget proposed was Rs.150.00 Lakhs, which is approved by GOI (FMR Code-A.3.1.1).**

  Further, proposal for mobility of surgeon team @ Rs 1000/ team, totaling to Rs 75.00 Lakhs was proposed, which is approved by GOI (FMR Code-A.3.3).

- **Number of NSV camps in districts -** Besides providing NSV services on regular basis, it is proposed that each district hospital will organize at least 2-12 NSV camps per year depending on their performance & client load. A total no of 150 NSV camps are proposed this year. For organizing each NSV camp @ Rs 3500.00 are admissible to districts. **An amount of Rs.5.25 Lakhs @ Rs.3500/- per camp was proposed, which is approved by GOI (FMR Code-A.3.1.2).**

- **Compensation for Sterilization (Female) -** Female sterilization has tending this year. Till November 2015, around 63380 sterilizations were performed. Now with the availability of trained providers and accredited private nursing homes, it is expected that in the year 2015-16 around 325000 sterilizations would be performed. The **State proposed a total budget of Rs. 6750.00 Lakhs for the year, which is approved by GOI. In addition, an approval for 105000 beneficiaries of Hausala Sajhedari (shifted from NGO/PPP Section), which is also approved by GOI. Thus, a total approval for this activity is Rs. 9900.00 Lakhs (FMR Code-A.3.1.3).**

- **Compensation for Sterilization NSV (male) -** Up to November 2015, a total of **2435** male sterilizations have been performed. However, considering that this year all four centers of Trainings for NSV are functional, more trained officers and work load will be generated through them, therefore it is now estimated that in the year 2015-16 around 10000 male sterilizations would be performed. **An amount of Rs. 271.50 Lakhs was proposed, which is approved by GOI (FMR Code-A.3.1.4).**

- **Accreditation of Private centre's/NGOs for Sterilization services:**
  Processing accreditation/empanelment for private facilities/providers for sterilization services - The purpose of this proposed activity is to evolve partnership with private nursing homes for offering Family Planning services and increase the acceptance of family planning services through private sector. There are certain hindrances because of which private nursing's homes and centres have not been accredited. **For that state proposed a budget of Rs.2.50 Lakhs for accreditation of 500 private facilities @ Rs.500/facility as processing fees, which is approved by GOI (FMR Code-A.3.1.5).**

Spacing method

- **Compensation / Consumables for IUD -** Expected numbers of cases of IUD insertions is 15 Lakhs at public health facilities @ Rs.20/ insertion and 20000 insertions at private health facilities @Rs.75/insertion. **Accordingly, a total budget of Rs.315.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.3.2.2).**

- **Performance Incentive to Service Providers for PPIUCD Insertion under Family Planning -** To promote the PPIUCD services through service providers, an amount of Rs. 150 may be paid to the service providers per insertion as compensation for the extra work done in addition to their normal work. **For this activity, state has proposed total 105000 cases of PPIUCD insertions, for which an amount of Rs.157.50 Lakhs was proposed, which is approved by GOI(FMR Code-A.3.2.3).**

- **Orientation/review of ASHA/ANM/AWW (as applicable) for Scheme for home delivery of contraceptives (HDC), ensuring spacing at birth, Pregnancy Testing Kits (PTK) -** A one day orientation meeting is planned for ASHA/ANM/AWW at the block level for 2 schemes promoted by ASHAs: social marketing of FP methods and incentive for adoption of FP methods. They need hands on training on collection of data and record keeping and also FAQs for implementation of the above 2 schemes. This will be followed by orientation of ASHA/ANM/AWW by MOI/c and BPMs at block & then review meetings in every quarter. **Therefore, for this activity, a total amount of Rs.164.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.3.2.5).**

- **Dissemination of FP manuals and guidelines -** 'CTU' Workshops on technical manuals of Family Planning viz. Standards, Updates, QA, FDS approach, SOP for camps, Insurance, etc. It is important to conduct dissemination workshops and contraceptive updates at state and district level as well. It is proposed to conduct 1 state level workshop in 4 batches and 1 workshop per district. Accordingly, Rs. 17.00 Lakhs is proposed for this activity for the year 2015-16 (Rs.15.00 Lakhs for district workshops @ Rs. 20,000/- per workshop per district for 75 districts & Rs. 2.00 Lakhs for state workshops @ Rs. 100000/- for 2 batches). **Accordingly, an amount of Rs. 17.00 Lakhs was proposed for this activity, which is approved by GOI(FMR Code- A.3.2.6).**

- **Maintenance of Laparoscopes' and AMC Cost-** Districts have proposed repair of a total of 186 laparoscopes for which cost at an avg. rate of Rs 0.25 Lakhs/laparoscope is required. The S**tate proposed an amount of Rs 46.50 Lakhs for the year 2014-15, which is approved by GOI(FMR Code-A.3.4).**

- **Orientation workshop, QAC meetings-**
  Monitor progress and quality, QAC meetings /review of sterilization failures etc. - For the year 2015-16, state proposed district level FPIS sub committee meetings to be held quarterly @ Rs.2000 and Family Planning Indemnity Scheme(FPIS) subcommittee meetings to be held monthly @ 5000/month to clear the backlogs of FPIS Claims. **Thus, a total budget of Rs 6.60 Lakhs was proposed, which is approved by GOI (FMR Code-A.3.5.1)**

- **State level half yearly and Divisional Level Quarterly Review Meeting –** For better performance accountability of divisional additional director is to be ensured and there should be a competitive feelings between the divisions for performing up to the mark. For this, State level review meeting every 6 months and Quarterly Review meeting at Division is proposed. It provides an opportunity for better performers to share the strategies that helped them to overcome challenges that they faced. This also provides the state level officials a chance to address common concerns and direct their actions to appropriate interventions. Two state level review meetings are proposed in the year 20115-16 @ Rs 1.00 Lakh and Quarterly Divisional Review Meeting @ Rs 20,000. **Accordingly, a total budget of Rs.16.40 Lakhs was proposed by the State, which is approved by GOI (FMR Code-A.3.5.2).**

- **Performance rewards -** Appreciating good performers is an important strategy to motivate staff. To improve the quality of sterilization services and to increase demand for them it is proposed to provide rewards in the form of medals, memento certificate to high performing service providers of LTT, NSV, PPIUCD, IUCD, CMOs, medical officers, ASHAs, ANMs and other facility staffs like staff nurses who make extra efforts to provide quality services. The rewards will be given at state and district level during specific occasions/ public functions. For State level activity Rs 1.00 Lakhs and for district level activity @Rs.0.50 Lakh/district is required. Under this reward, at least 3 best service provider & motivator for each method are to be honored. This activity will be conducted in last quarter of the year. Thus, the total amount of Rs.38.50 Lakhs was proposed, which is approved by GOI (FMR Code-A.3.5.3).

- **World Population Day' celebration (such as mobility, IEC activities etc.): funds earmarked for district and block level activities-** To observe this special day we proposed activity for awareness regarding population at different colleges, rally, seminar etc at State Level @Rs.3.00 Lakhs and at District Level @ Rs 1.25 Lakhs and at Block Level @ Rs 0.15 Lakh. **For this activity, total amount of Rs.219.75 Lakhs was proposed, out of which, GOI approved Rs.162.00 Lakhs on reduced rates (FMR Code-A.3.5.4).**

- **Printing of FP Manuals, Guidelines, etc.-** For the year 2015-16, the State proposed printing of FP Sterilization Registers for centres where FDS approach is going on. Total 1950 register @Rs.150/ Register amounting to Rs.2.92 Lakhs is proposed, Also a total 22300 of IUCD registers @Rs.150/ Register, amounting to Rs.33.45 Lakhs, printing of PPIUCD Registers (total 350 registers @Rs.150/register), amount of Rs. 0.52 Lakh, printing of IUCD/PPIUCD/Post Operative Instruction Cards /Registration/Follow-up cards (Total 15.50 Lakhs cards @ Rs.5.00/Card), amounting to Rs.77.50 Lakhs, printing of consent forms for Sterilization and PPIUCD Cases @ Rs.5.00 and Client Assessment Form @ Rs 5.00 for 6 lakh cases each, amounting to Rs. 42.50 Lakhs, Printing of FP Manuals -(A) Standards in Sterilization-2025 copies (B) Female Sterilization Guidelines 2025 copies, amounting to Rs.8.10 lakhs, Printing of ECR registers for 22300 sub centres, amounting to Rs. 33.45 Lakhs & Printing of family planning indemnity scheme manual for 820 block@Rs.200/manual, amounting to Rs. 1.64 Lakhs**. Thus, a total budget of Rs.200.08 Lakhs was proposed for Printing of above items, which is approved by GOI(ROP-FMR Code- A.3.5.5.1)**

- **Door step delivery of contraceptive by ASHA -** The contraceptives are supplied to the state by GOI and distributed to the districts as per their projected requirement. In spite of trying various methodologies for distribution and usage of spacing methods, unmet need

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

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

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

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

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

- **To Enhance Contribution of PRIs and Family members of eligible couples in districts with high unmet need and TFR -** To improve family planning program in districts of Uttar Pradesh, some activities are being proposed to improve outputs of program. Activities to enhance contribution of PRIs and family members of Eligible Couples in family planning program, the state is proposing incentives & IEC activity as below -
  - **Panch Sarpanch Sammellan-**To create awareness of PRIs, organize Panch Sarpanch Sammellan at Block Level.
  - **Saas Bahu Sammelan** -To emphasis the importance of small family and adverse effect of more children on mother and child health, it is important to create awareness in the family. So that Saas Bahu Sammelan is proposed at Block Level.
  - **NSV Satisfied clients meet at district level.-**For promoting NSV and male participation in family planning and to emanate myths from society, NSV satisfied clients meet proposed at district level.

IEC Activities for above activities are as follows:-

Sl.	Name of Activities	Qty/ Target	Unit Cost (In Rupees)	Amount Proposed (In Lakh)
A	Panch Sarpanch Sammellan at Block Level	820	15000	123.00
B	Sas Bahu Sammellan at district level	75	25000	18.75
C	NSV Satisfied clients meet at District Level	75	25000	18.75
Total				**160.50**

Thus, for the above purpose, an amount of Rs.160.50 Lakhs was proposed, out of which, GOI approved Rs.112.00 Lakhs on reduced rates (FMR Code- A.3.5.5.2).

Other Activities

- **RMNCHA Counseling Corners -** The counselling corner provides a secluded area in the OPD where ANC client flow can be channelized to ensure that every pregnant woman coming to the hospital for antenatal care is provided with an opportunity to review her reproductive goals, be informed about the available of FP options right from ante natal period so that she is prepared for the post partum family planning when she comes to institute for her delivery. Counselling corner provides private space where confidentiality is ensured. She can discuss all the options, clarify her misconceptions and be supported to choose the option most suited to her needs. The family members who can influence her decision can be counselled along with her in the privacy of the counselling corner. This corner is to be placed

close to ANC OPD area for maximum reach and effective counselling. The corner requires separate enclosure with one table, 3 chairs (for counsellor, client and her attendant) with locked cabinet to secure the counselling aids and registers. Up to year 2013-14 total 290 RMNCH counsellors under NRHM, are already placed .This year we are proposing total 400 RMNCH counsellors posts .To maintain the privacy proper counselling corner is needed. As new postings will take time after getting the approval from GoI **so state proposes counselling corners for 100 District Level Health Institutions like Medical Colleges, DWH, DCH, where RMNCHA Counsellors are posted. For this activity, an amount of Rs. 40.00 Lakhs has proposed as follows:**

Total cost for each corner	Total no. of corners proposed	Total cost
40,000 per corner	100–District level/Medical College/ DCH/CHC FRUs	**Rs.4000000 (Forty Lakhs)**
Partition-8*6 feet	@ Rs.20000.00	
3 Chairs	@ Rs.1500.00*3	
1 Table	@ Rs.4000.00*1	
1 Stool	@Rs 1000.00*1	
1 Almirah	@ Rs 4000.00*1	
Job Aids	@Rs.1500.00	
Miscellaneous	@Rs.5000.00	
*Above rates are approximate rates for calculation, may vary a little but the total unit cost will not be more than Rs 40,000. No of logistics will increase according to number of counsellors posted as State is proposing 2 counsellors for delivery points having load of more than 600 deliveries per month .		

For counseling rooms/corners, GOI approved total Rs. 35.00 Lakhs for 100 counseling rooms/ corners (FMR Code-A.3.5.5.3).

- **Supportive supervision visits by PPIUCD Trainers -** It has been understood that the uptake and quality of PPIUCD insertion has significantly improved after the Supportive supervision visits by the mentors. The visits allow a chance of individual site evaluation and customization of solutions to address challenges and provide hand holding support to new providers and facilities. This year it is suggested to involve the DPMUs and master trainers for supportive supervision visits especially to sites that are linked to them administratively or through the training experience. This will allow the decentralization and facilitate speed of intervention and result in both improved quality of services and increase of uptake of PPIUCD services. **For the above purpose, Rs.16.80 Lakhs was proposed (Supportive supervision by SPMU to monitor implementation of FP Program @ Rs.50000/ month and for divisional level ADs, mobility support @Rs. 5000 /month/division, which is not approved by GOI(FMR Code-A.3.5.5.4)**

- **District Level Religious and Community Leaders Meet** - In the case of Polio eradication campaign it was experienced that involvement of religious leaders of different communities has played a major role. So to create awareness about Family planning program and its implication on maternal and neonatal morbidity and mortality, it is important to involve religious leaders of different religion. For divisional level orientation workshop with religious and local leaders. **the total budget of Rs 7.50 Lakhs @ Rs.10000 per district was proposed, which is approved by GOI (FMR Code-B.14.6).**

- **Additional incentive schemes for service providers in HPD -** To operationalize family planning indemnity scheme, FPIS Cell at state level is required for smooth implementation. The additional HR of FPIS Cell will help to scrutinized FPIS Claims from 75 districts and coordinate with FPIS Committee at State Level for early settlement of Claims. It is proposed to hire 2 Consultants @ Rs.50000/Consultant/month (One Legal and One from Insurance Background),1 Data Entry Operator @ Rs.10000/month and 1 Accountant@Rs.28500/ month. One time Operationalization cost-@ Rs.2.00 Lakhs for 3 desk tops and one lap top and Printers. Also Contingency per month @ Rs.5000/month for 6 months. **Thus, total budget proposed for the above scheme is Rs. 10.61 Lakhs, which is not approved by GOI(FMR Code-B.14.7).**

- **Indemnity Scheme -** As per the GoI norms, to compensate the failure, complications, death of ligation cases, the budget for indemnity scheme is calculated @ Rs 50 per ligation. The disbursement of compensation will be according to GoI guidelines. **For this activity, a total**

budget of Rs. 100.00 Lakhs was proposed by the state, which is approved by GOI (FMR Code-A.3.6).

Plans for Post Partum Sterilization:

❒ **Deployment of Family Welfare Counsellors**

Taking the opportunity of large no. of institutional deliveries under JSY scheme the Family Planning counsellors are being deployed. They will have the opportunity to reach all the mothers and they will counsel the women and address their concern for small family norms. Presently we have 290 counsellors who are counselling the ANC and PNC mothers for adaptation of Post Partum family planning methods. This year this is proposed to deploy one F.W Counsellor at all those facility where more than avg. 200 deliveries are being conducted in a month and one additional FW Counsellors for facility having average, per month more than 600 deliveries. This way number of counsellor proposed by districts is 290. **Accordingly, a budget of Rs. 392.37 Lakhs for honorarium of FP Counsellors was proposed for the year, out of which GOI approved Rs. 321.44 Lakhs (FMR Code-8.1.7.5.1).**

Further, Performance based Incentives Rs. 6.75 Lakh was also proposed for RMNCH+A Counsellors in Family Planning to promote PPIUCD and Post Partum Sterilization services, which is also approved by GOI (FMR Code-A.8.1.10.5).

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

- ASHA incentive for accompanying the client for PPIUCD insertion – For 105000 ASHA were proposed to incentive proposed @ Rs.150/ASHA. **Thus, a amount of Rs.157.50 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-B1.1.3.3.1)**
- ASHA incentive under ESB scheme for promoting spacing of births – for 112428 ASHA incentive proposed for this purpose @ Rs.500/ ASHA. **Thus, a amount of Rs.562.14 Lakhs was proposed, which is approved by GOI(ROP-FMR Code-B1.1.3.3.2)**
- ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children – for 320350 ASHA incentives proposed @Rs.1000/ ASHA. **Thus, an amount of Rs.157.50 Lakhs was proposed, out of which, GOI approved only 40% of target approving budget of Rs. 1300.00 Lakhs(ROP-FMR Code-B1.1.3.3.3)**
- Spacing for 2 years after marriage – for 114676 ASHA incentive proposed for this purpose @Rs.500/ ASHA. **Thus, a amount of Rs.573.38 Lakhs was proposed, which is approved by GOI (ROP-FMR Code-B1.1.3.3.4)**

❒ **Procurements of Equipments -** In this head state has planned to procure 248 NSV kits, 500 IUCD Kits, 360 Minilap kits, 18 Laparoscopes, 500 PPIUCD forceps, 72 Zoe modals, Manual OT table for 18 training sites, 54 Lap kits and Audio Visual Aids, Computer, Printer & basic furniture required for establishing 8 new training sites with a total budget of Rs.290.70 Lakhs **which is approved by GOI (FMR Code-B.16.1.3 and its sub heads), as per following table:**

	Equipments	Cost (Rs. Lakhs)	Total Proposed		Total Approved	
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)
B16.1.3.1	NSV kits	0.01	248	2.48	248	2.48
B16.1.3.2	IUCD kits	0.03	500	15.00	500	15.00
B16.1.3.3	Minilap kits	0.03	360	10.80	360	10.80
B16.1.3.4	laparoscopes	8.50	18	153.00	18	153.00
B16.1.3.5	PPIUCD forceps	0.01	500	5.00	500	5.00
B16.1.3.6.1	ZOE Model	0.75	72	54.00	72	54.00
B16.1.3.6.2	Audio Visual Aids, Computer, Printer & basic furniture required for establishing 8 new training sites	1.60	8	12.80	8	12.80
B16.1.3.6.3	Manual OT table for 18 training sites	0.50	72	36.00	72	36.00
B16.1.3.6.4	Lap Kits	0.03	54	1.62	54	1.62
	Sub Total					**290.70**

❒ **Plans for Family Planning Trainings**

SIFPSA has been designated as nodal agency for Clinical Family Planning Trainings. The requirement of funds for trainings for the year 2015-16 for meeting the set objectives will be required. Due to certain unavoidable circumstances the trainings have started late during the last financial year and committed liabilities are there for training. **For these trainings, state proposed a total sum of Rs. 1238.99 Lakhs, out of which GOI approved Rs. 1114.64 Lakhs under FMR Code-A.9.6 and its sub heads, as per following:**

		Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.9.6	**Family Planning Training**							
A.9.6.1	**Laparoscopic Sterilization Training**							
A.9.6.1.1	TOT on laparoscopic sterilization	Batch	1.05	18	18.90	18	6.41	Approval granted @ Rs. 35635 /batch
A.9.6.1.2	Laparoscopic sterilization training for doctors (teams of doctor, SN and OT assistant)	Batch	0.96	72	69.13	72	69.13	
A.9.6.2	**Minilap Training**							
A.9.6.2.1	TOT on Minilap	Batch	1.05	18	18.90	18	3.58	Approval granted @ Rs. 19870/ batch
A.9.6.2.2	Minilap training for medical officers	Batch	0.96	72	69.13	72	48.59	Approval granted @ Rs. 67480/ batch
A.9.6.3	**Non-Scalpel Vasectomy (NSV) Training**							
A.9.6.3.2	**NSV Training of medical officers**	Batch	0.61	62	37.76	62	35.98	Approval granted @ Rs. 58025 /batch
A.9.6.4	**IUCD Insertion Training**							
A.9.6.4.3	Training of AYUSH doctors	Batch	1.52	50	75.84	50	70.38	Approval granted @ Rs. 140750 /batch
A.9.6.5	**PPIUCD insertion training**							
A.9.6.5.2	Training of Medical officers	Batch	0.89	50	44.38	50	43.52	Approval granted @ Rs. 87035 /batch
A.9.6.6	**Other family planning training (**							
A.9.6.6.1	Capacity building for health providers by HLFPPT in IUCD Trainings	Batch	-	250	707.04		707.04	
A.9.6.6.2	Extended support for support staff of COE and NSV Satellite Centers	No.	-	4	24.92	4	24.92	
A.9.6.8	Training of RMNCH+A/ FP Counsellors	Batch	2.35	9	21.17	9	20.24	Approval granted @ Rs. 224000 /batch
A.9.6.9	Training / Orientation technical manuals	Batch	-	77	20.00	77	20.00	
A.9.8.4	Other training							
A.9.8.4.4	Special Training Courses for Medical/ Para medicals	Batch	-	22	66.98			Not Approved
A.9.8.4.5	Capacity Building of BPMs and DCPMs on Family Planning Counseling Skill	Batch	-	38	64.85	38	64.85	
	Sub-total Training				**1,238.99**		**1,114.64**	

❒ Non Government Organizations/Public Private Partnerships(NGOs/PPP)

1. Proposal for Enhanced Private Sector Participation in Family Planning to Contribute to FP2020 Goals through SIFPSA

Background: State of Uttar Pradesh has to contribute 10% of Global Family Planning 2020 (FP 2020) goal for population stabilization. This is almost 26% of country's FP 2020 goal. To fulfil this goal number of eligible couples using contraceptive needs to be doubled in next 6 years, it counts from current 1.27 crore FP method user couples to 2.45 crore user couples. This means modern method CPR which is currently 37.3% has to be increased from current rate of 1.72% points to 4.0% points per year in the next 6 years reaching up to 61.3% by 2020.

In view of FP2020 state recognizes that it is far behind the goal and to believe that public sector alone will be able to achieve this goal is not fair. This becomes even harder when the State looks at unmet need of FP which is around 24 percent of all eligible couples in the State. State looks at private sector health care providers as an opportunity to expand FP service provider's base to cater this vast unmet need. There are provisions of engaging private sector health facilities for family planning service provisioning which is being reflected in Family Planning section of this PIP.

Proposal: Present proposal is beyond that and based on the recent Government order of state of Uttar Pradesh regarding engagement of Private sector health facilities in family planning services. Where in whole process of accreditation and reimbursement of private sector health facilities will be carried out through web based operations called **"Hausala Sajheedari"** under monitoring and supervision of a state level apex body called State Task Force (STF) **under patronage of Principal Secretary – Health and Family Welfare- GoUP and lead by Executive Director SIFPSA.** A four member secretariat termed as Private Sector Provider cell (PSP cell) to be established at SIFPSA to support STF in its functioning. PSP cell will be looking after day to day functioning and maintenance of **"Hausala Sajheedari"** web portal and managing the initiative at state level.

As soon as **"Hausala Sajheedari"** portal is functional, private providers can just log in and follow the portal instruction. All the government of India norms to get accredited are inbuilt on portal and private providers can evaluate themselves on available checklist. If they meet eligibility criteria, letter of interest will be generated automatically by the portal. Their respective chief medical officer will get an alert simultaneously to initiate physical verification process. Provider can check application status online system generated messages will be reaching to provider for approval or rejection status with reason. If provider gets approval, he will be called up to sign MOU with the CMO to provide services as per the norms. Surgeons who qualify eligibility criteria of providing surgical family planning services can apply online to get empanelled at CMO office. Accredited providers will be enabled to upload details of services and beneficiaries to get reimbursement. Reimbursement will be done only after due verification of services as per the norms set in the GO. Any grievance can be sent directly to the STF through web portal.

Strengths of SIFPSA:

- ❑ SIFPSA has been working on the objective to **improve quality, access and demand for family planning and other reproductive health services since 1992** with an approach to Upgrade public health facilities, enhance clinical and counselling skills of providers through decentralized planning, and also through its approach of integrated services through RCH camps supplemented with intensive TT and IFA campaigns. It has also expanded the access to these services through private networks.

- ❑ SIFPSA has been recognized as the State Technical Support Unit (STSU) for all clinical trainings in the field of Family Planning for National Health Mission, UP. The ongoing trainings include Minilap, Laparoscopic Tubal Ligation, NSV and IUCD trainings. The laparoscopic Tubal Ligations training – TOT and induction for service providers have been carried out at 10 DCTCs of UP namely Agra, Jhansi, Varanasi,

Kanpur, Meerut, Allahabad, Mirzapur, Saharanpur, Moradabad and Azamgarh. The Minilap training for service providers have been carried out in Varanasi, Agra and Jhansi districts. With KGMU Lucknow as the Center of Excellence (COE), Satellite Centers have been established in Kanpur, Meerut and Allahabad as induction training centers for NSV. The IUCD training for MOs, SNs and ANMs is being run in 14 divisional sites covering 43 districts of UP.

- SIFPSA also has a strong IT division (FPIS division) which apart from catering the needs of SIFPSA is also giving commendable technical support to NHM, UP. SIFPSA through its FPIS division has also been instrumental in rolling out of HMIS/MCTS portals and providing HMIS/MCTS training for state, division, district and block level officers/functionaries of NHM, UP. SIFPSA has developed web based reporting portals for NHM, JSY beneficiary training system and is also a member of ICT committee for finalizing ICT roadmap for State of U.P.

Private Sector Provider (PSP) Cell at SIFPSA : As per the above mentioned GO PSP cell will be nested at SIFPSA to support the overall initiative. Constitution of the PSP cell and scope of work of cell members is as under. Manager –PSP cell will be reporting **to ED-SIFPSA** who is the **chairperson of STF**.

SN	Designation	Qualification	Scope of Work
1.	Program Manager	Techno- Managerial	Managing whole initiative, Leading PSP cell day to day functioning, Coordinating for Training and Quality Assurance activities, reporting to Chairperson STF
2.	System Administrator	Master/Bachelor in Computer/ICT or any other relevant qualification	System administration
3.	Accounts cum M&E Officer	Bachelor in Commerce with three years experience in Monitoring & Evaluation of projects	Managing data/ report generation/ communicating with PSPs/ Dealing with all PSP payment related issues

As SIFPSA is already running District Clinical Training Centers (DCTC) for clinical training on family planning services including sterilization services, interested private health care providers will be offered Sterilization Induction Training (12 days) and Sterilization Refresher Training (4 days) at these DCTCs. However, to ensure patient safety and quality of care, SIFPSA will organize standardization trainings (class room and hand on training) for all private surgeons empanelled under the program to orient them on revised standards recommended prescribed by GOI on the new quality assurance guidelines for male and female sterilization.

Training of Private Sector Service Providers: SIFPSA has established 10 District Clinical Training Centers (DCTC) in the state to impart clinical trainings on family planning services including male and female sterilization services for govt. doctors. The trainings are held in batches as per pre fixed scheduled for Sterilization Induction Training (12 days) and Sterilization Refresher Training (4 days) at these DCTCs. These facilities will also be extended to any interested private health care providers who will train at these DCTCs. However, the private sector providers will be charged a nominal fee for induction or refresher trainings at these DCTCs. Nevertheless, to ensure patient safety and quality of care, SIFPSA will organize standardization trainings (class room and hand on training) for all private surgeons empanelled under the program to orient them on revised standards (SOPs) recommended by GOI on the new quality assurance guidelines for male and female sterilization. The standardization workshop will be made mandatory for all private sector empanelled surgeons to participate to ensure quality standards.

Quality Assurance: The quality assurance will be a critical focus in this partnership wherein the following critical steps will be ensured:

Assessment of Private Facility: the QA steps starts will a detailed physical assessment of the health facility applied for accreditation. The facility complying with all requirement in terms of physical infrastructure, equipment, diagnostic and other essential services and manpower as per

the GOI norms will only be accredited. The entire process of application, verification and final approval for accreditation and signing of MOU etc will be made transparent through online process of *Hausala Sajheedari* web portal.

Empanelment of Surgeons: the surgeons from the private sector will be encouraged to get themselves empanelled though the *Hausala Sajheedari* web portal. Due diligence in terms of verification of their certificate (educational, MCI registration and their training and eligibility) will be ensured before they are empanelled for specific services like minilap, laparoscopy or NSV etc. The empanelled surgeons will only be allowed to perform sterilization as per their certification and eligibility.

Training of Surgeon on sterilization technique: as mentioned in earlier section, SIFPSA through its DCTCs will encourage fresh doctors to get trained in sterilization techniques like Minilap and Laparoscopy. The fresh batches of induction and refresher trainings will be held and doctors will be nominated as per their eligibility as provided in the GOI guidelines.

Sterilization standardization Workshop: all surgeons who are empanelled under the program will compulsorily attend the standardization workshop for sterilization techniques wherein they will be oriented on the latest guidelines and SOPs proposed by GOI and also they will be oriented on the new consent form and documentation/ certification requirements.

Regular supportive supervision visits to the accredited private health facilities: the designated district quality assurance committee (DQAC) members will be making periodic supportive supervision visits to the health facilities to ensure that the process and guidelines are followed as per the defined norms.

Payment Mechanism:
Payment system will be centralized from SIFPSA through e-transfer for both advance payments and reimbursement. Summary of Activities and requirements –

SN	Activity	Requirement	Responsibility
1.	Constitution of PSP cell	• Establishing dedicated computer unit • Hiring of man power	AED SIFPSA
2.	Orientation of Division/ District level authorities on scheme/ Promotion of Scheme	• 18 Division level orientation program • 75 District level orientation program	DM/CMO Div PMs and DPMs
3.	Training / Refresher of Private Sector Providers (PSP)	• Training on scheme/portal use • Technical Training	DCTC coordinated by Div PMs and DPMs
4.	Accreditation	• Receiving of online application • Physical verification of provider • Signing of MOU	PSP/CMO/Coordinated by PSP Cell and Development Partners (PSI & HLFPPT)
5.	Service provisioning by PSP	• Fixed day services / Walk in client services • Uploading of beneficiary (client) details on web by PSP	PSP/Coordinated by Development partners(PSI & HLFPPT)
6.	Client Verification	• 10% physical verification of total clients for payment approval	CMO of concerned district
7.	Reimbursement	• Preparing summary of claims • Processing	PSP cell Account section
8.	Monitoring and Evaluation		STF

Budget Estimation: "*Hausala Sajheedari*" Private Sector Partnership for Family Planning

	Budget Details	Unit	Cost/ Unit	Frequency	Total (in Rs.)
1	**Estimated Expenditure On PSP Cell**				
1.1	**Establishing Private Sector Partnership (PSP) Cell**				
1.1.1	Program Manager	1	60,000	12	720000
1.1.2	System Administrator	1	35,000	12	420000
1.1.3	Accounts cum M&E Officer	1	35,000	12	420000

1.2	**Infrastructure Support for PSP Cell**				
1.2.1	Laptop/ Desktop Systems with Printer for Reporting/ MIS/Web Portal Mgmt	4	55000	1	220000
1.2.2	Server Support and Mgmt of Web Portal (LS) supporting attached	1	2,50,000	1	250000
1.2.3	Communication, Stationery and Contingency @ Rs15,000 per month	1	15000	12	180000
2	**Promotion of *Hausala Sajheedari* Scheme**				
2.1	Orientation Workshop at Divisional Level	18	25,000	2	900000
2.2	Orientation Workshop at District Level	75	15,000	2	2250000
2.3	Printing of IEC/ Promotional Material/ Handouts etc (lump sum)	1	200000	1	200000
3	**Reimbursement to Accredited Private Health Care Providers** under "*Hausala Sajheedari*" Program (**Assumption**: in FY 2015-16 about 7 facilities will be accredited per district and each provider will contribute about 200 new sterilization clients in one year (7x75x200= 105000 @ Rs 3000 per case)	105000	3000	1	315000000
4	**Quality Assurance Activities**				
4.1	Standardization Workshop (50 batch of 20 surgeons each at DCTC) (**Assumption:** about 1000 private sector surgeons from 550 Private Hospitals will be empanelled and undergo 3 day standardization workshop on sterilization to update them on GOI guidelines and SOPs @ Rs 150/ surgeon x 3 days* 1000 surgeons)	1000	150	3	450000
5	**Contingency**				50,000
6	**TOTAL (Sub Total of 1+2+3+4+5)**				**32,10,60,000**
7	SIFPSA Management Cost (@10%)				3,21,06,000
	Grand TOTAL (6+7)				**35,31,66,000**

For the above purpose, as per discussion during NPCC, an amount of Rs.31.50 crores for compensation of sterilization for 1,05,000 cases has been shifted to A.3.1.1. The admin cost has been rationalised and Rs.52.40 lakhs is approved with the remarks that "State to strictly adhere to the item-wise approval".

2. 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, 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 RMNCH+ services especially in Family Planning 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.

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 family planning services under this model of Social Franchising. The objectives are as follows: -

- To increase access to spacing and permanent methods of family planning (FP) for women of reproductive age (WRA) & men.
- To provide choice of services under family planning of assured quality to people.
- 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 family planning methods and related clinical issues.
- Establishment of a regulatory mechanism to monitor the quality of the services provided by MGHN 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	Merry Gold 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

Merrygold Health Network would provide **all** 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 services 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 activities for family planning services through Merry tarang 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
- BCC activities like : Godbharai, Community 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 HLFPPT would be responsible for overseeing the implementation of the social franchising project.

Expected Outcomes :-

	Particular	Yr-1	Yr-2	Yr-3	Total
1	No. of Merrygold hospitals	150	300	400	
2	IUCD	18000	27000	36000	85000
3	PPIUCD	3600	10800	19200	33600
4	Female Sterilization	7200	18000	28800	54000

5	Male Sterilization (NSV)	450	1800	4800	7050
6	PPS-Post Partum Sterilization	1200	2400	3600	7200
7	OC Pills-No. of Users	20000	40000	60000	120000
8	CC Users	40000	80000	1200000	240000

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

(Rs. In Lakhs)

Sl no	Particulars	Year 2015-16	Year 2016-17	Year 2017-18
1	Personnel Costs	238.44	361.28	467.61
2	Travel Cost	93.58	114.8	130.76
3	Equipment	5.5		
4	Training, Workshops & Seminar	152.38	421.79	302.7
5	Program Cost	338.2	447.35	481.06
6	Administration Cost	19.68	19.06	19.99
7	Management Cost	33.69	44.97	46.62
Total		**881.47**	**1409.3**	**1448.73**

Thus, for the above purpose, an amount of Rs.881.47 Lakhs was proposed, out of which GOI approved Rs.418.00 Lakhs only (ROP-FMR Code - B13.2.1).

3. Engaging Private Providers for Family Planning

Background : India's current public healthcare spending and infrastructure is currently well short of what is required to fulfill its ambition of achieving universal health care. The gap is bridged by private sector with the private sector today providing nearly 80% of outpatient care and about 60% of inpatient care. The private health sector plays a substantial role and is heavily used by the poor, but in an unregulated environment. The state of Uttar Pradesh has a high reliance on private health care providers for access to health facilities. The private sector is highly fragmented and consists of providers of variable quality. Private sector involvement in health activities especially for family planning services is hence major concern.

As market-based drivers of innovation, private sector entities are uniquely positioned to help bring contraceptive products and services to millions of women and girls with unmet need. Robust private sector participation in family planning contributes to an expanding base of users, more efficient distribution networks and flexible partnerships that support new approaches. Given that the private sector provides a significant family planning services in India, its engagement is essential to achieve universal access to quality FP services. The sheer strength of numbers underscores the importance of an efficacious PPP model. The truth is that India's target of FP2020 cannot be substantially achieved unless we engage and successfully partner with the private sector.

New Initiatives by UP: To achieve the FP2020 targets, UPNHM has recently issued a GO to facilitate participation of private sector organizations, nursing homes etc in provision of family planning services in the state. For this, a regional task force has been constituted having participation of HLFPPT and SIFPSA. A web based portal is being developed for easy dissemination of information related to government FP schemes in which they can participate, application procedures, grievance redressal, help line for providers and users etc. Target is to have at least 1000 private providers enrolled for FP government schemes in the first year.

Strategic Framework for Engaging Private Sector for Family Planning in UP

A strategic approach for engaging the private sector for family planning services in the state of Uttar Pradesh would be to institutionalize a **"Family Planning Public Private Engagement Agency (FPPPEA)".**

Eligibility Criteria: The FPPPEA would be managed by an NGO/ civil society organization like HLFPPT and SIFPSA having extensive experience of managing and working closely with private sector providers, especially in Uttar Pradesh on issues related to family planning specifically related to training, medical audits, capacity building, quality assurance related to private facilities and family planning and have prior experience of working with State NHM. FPPPEA would be led

by a team of experts having a wide-ranging experience in working with state governments on private sector engagement with specific focus on family planning.

Roles and Responsibilities: FPPPPEA would act as a change agent to promote inclusion of the private sector in family planning in the state by capacitating private sector and by fostering dialogue between the public and private sectors. Specifically, FPPPEA would be responsible for following areas:

- **Mapping of private providers** who are working in provision of family planning. Mapping would be done to identify various cadres of private facilities available in the state for providing FP services.

- **Motivating private providers** to go for accreditation under various government FP schemes. Agency would help de-mystify the accreditation procedure and its field team would provide hand holding support to the providers who want to apply for accreditation. The team would sensitize them and address their queries related to such schemes.
- **Capacity building of private providers:**
    - On technical aspects related to family planning. This would facilitate their accreditation under the new initiate of the State Government.
    - On core areas supporting the private health sector, such as contracting out, voucher schemes, risk-pooling mechanisms, accreditation, and certification.
- **Community Mobilization Support**: For the accredited private providers, FPPPEA through its team of community outreach workers would provide community mobilization support. These workers would refer clients to the accredited private facilities and help to increase their clientele.

- **Operational Support**: For the accredited private providers, FPPPEA would also assist with procurement/ leasing/ loaning of required medical equipments and consumables for family planning.

- **Branding Support:** For the accredited private providers, FPPPEA would provide branding support at nominal costs. This would include creating a common brand name, promotional activities for popularizing the brand name among community etc.

- **Follow up visits** to accredited private providers for hand holding support. Post training FPPPPEA team would conduct follow up visits to each trained private provider, on a routine basis, to analyze how well they have gained from the training, what is their experience post training, identify areas where they need reinforcements etc.

- **Setting up Dedicated FP Counseling Booths:** For promoting informed choice for selection of FP methods, FPPPEA would operationalize dedicated counseling booths at each of the accredited health facilities.
- **Medical Audits for Quality Assurance**: FPPPEA would conduct medical audits to check the adherence of the networked private facilities to the family planning quality norms. Performance based ratings would be provided to each facility. The audit would be done based on structure questionnaires.

- **Technical support to State Family Planning Department**: Training and on-the-job support to help state's public health officials develop the capacity to handle new tasks related to working with the private sector.

- **Conduct consultative workshops** to foster greater communication, cooperation, and collaboration between public and private health stakeholders in the state. These workshops would provide Explore potential for public-private partnerships in family planning and help to establish and facilitate these partnerships.

- **Create a knowledge clearinghouse** on public-private interactions in health- documentation of case studies, good practice models and examples. In addition, FPPPEA would create a resource directory of all accredited private providers in the state and collect data to analyze and better understand the private health sector's experience specifically related to accreditation.

- **Assist in scaling up** proven models and strategies to engage the private sector to other states as well. Based on experience of UP, FPPPEA would provide technical assistance to governments of other states for enhancing private sector engagement for family planning and other related services.

(Amount in Rs.)

S.No.	Particulars	Unit	Unit Cost	Months/Days	Year 1
1	**Personnel Cost:**				
1.1	FPPPEA Lead	1	100000.00	12	1200000.00
1.2	Regional PPP Coordinators (1 per 10 districts)	8	60000.00	12	5400000.00
1.3	Franchisee Manager (1 Per district)	75	45000.00	12	40500000.00
1.4	CB & QA Manager (1 per district)	75	50000.00	12	45000000.00
1.5	Communication Officer	2	45000.00	12	1080000.00
1.6	Finance Officer	2	25000.00	12	600000.00
1.7	Manager -Capacity Building & Quality Assurance (time cost)	1	3500.00	15	52500.00
1.8	Finance Manager (time cost)	1	3500.00	24	84000.00
1.9	HR Officer (time cost)	1	3000.00	24	72000.00
	Sub total (1)	165.5			**93988500.00**
2	**Training & QA Expenses**				
2.1	Induction of Project Team (in 1 batch)	1	25000.00	1	25000.00
2.2	Mapping & Baseline Study	1	1000000.00	1	1000000.00
2.3	Project Launch Event	1	100000.00	1	100000.00
2.4	Orientation of providers on Clinical and Quality Protocols (2000 providers in 1st year- 80 batches of 2 days duration- In 2nd & 3rd year 200 providers (8 batches in 2nd and 3rd yr)	80	50000.00	2	8000000.00
2.5	Orientation of providers on Due Diligence & Accreditation Processes (2000 providers in 1st year- 80 batches of 2 days duration- In 2nd & 3rd year 400 providers (8 batches in 2nd and 3rd yr)	80	50000.00	1	4000000.00
2.6	Orientation of Merrytarang members (13 facilities per district- 5 L3 per facility so total 65 L3 per district so total 4875 l3 in 75 districts. To be trained in 162 batches	162	15000.00	1	2430000.00
2.7	Experience Sharing Workshops for Accredited Providers	4	50000.00	1	200000.00
2.8	QA Visits and Audits	12	15000.00	1	180000.00
2.9	FP Counselling Booth (for 1000 facilities - cost for one cousnelor and canopy for total 3 years)	1,000	20000.00	1	20000000.00
2.10	Impact Assessment Study	-	1000000.00	-	-
2.11	Dissemination Workshop	-	150000.00	-	-
2.12	Quarterly Review Meetings	4	5000.00	1	20000.00
	Sub total (2)				**35955000.00**
3	**BCC Activities**				
3.1	Branding of Accredited Providers	1,000	50000.00	1	50000000.00
3.2	Promotional/IEC Materials		Lumpsum		200000.00
3.3	Merry Tarang members (L3) Honorarium	4,875	300.00	11	16087500.00
	Sub total (3)				**66287500.00**
4	**Mass Media Campaign**		Lumpsum		1000000.00
	Sub Total (4)				**1000000.00**
5	**Monitoring and Evaluation**				
5.1	Time Cost of CEO	1	12000.00	12	144000.00
5.2	Time Cost of Head SM & SF	1	7000.00	24	168000.00
5.3	Time Cost of Head Medical Services	1	6000.00	36	216000.00
	Sub total (5)				**528000.00**
6	**Capital Cost**				
7.1	Office Furniture & Fixtures	1	100000.00	1	100000.00
7.2	Refrigerator	1	15000.00	1	15000.00
7.3	Inverter	1	12000.00	1	12000.00

S.No.	Particulars	Unit	Unit Cost	Months/Days	Year 1
7.4	Digital camera	1	8000.00	1	8000.00
7.5	AC	2	30000.00	1	60000.00
7.6	Printer & Accessories	1	20000.00	1	20000.00
	Sub total (6)				**215000.00**
7	**Travel**				
7.1	Central team travel	4	10000.00	4	160000.00
7.2	Local team travel	161	500.00	12	963000.00
	Sub total (7)				**1123000.00**
8	**Administrative Expenses**				
8.1	Communication Expenses	161	1000.00	12	1926000.00
8.2	Staff welfare	163	1000.00	12	1950000.00
8.3	Printing & Stationary	1	5000.00	12	60000.00
8.4	Office Rent	1	25000.00	12	300000.00
8.5	Electricity & Water	1	10000.00	12	120000.00
8.6	Repair and maintenance	1	5000.00	12	60000.00
8.7	Audit Fee	1	5000.00	12	60000.00
8.8	Recruitment Cost		Lumpsum		80000.00
8.9	Laptop on Rent	167	3500.00	12	7014000.00
	Sub Total (8)				**1,15,70,000.00**
	Total Operating Cost)				**21,06,67,000.00**
	Indirect Cost @10% of operating cost				2,10,45,200.00
	Total Project Cost				**23,17,12,200.00**

For the above purpose, an amount of Rs. 2317.12 Lakh was proposed, but based on discussion during and post NPCC, an amount of 800.45 Lakhs was approved with the remarks that "State may adhere to the item/activity wise approvals"

4. **Innovative Communication Activities for improving Family Planning Services (Pehel Sakhi Sammelan: Happy User of Family Planning Services interface with Non-user)-**

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

Budgetary Implication: **7500 per event, Frequency twice a year. Place –Block**
Facilitator: BPM with support of ASHA/ANM.

Total Budget in this activity proposed is Rs. 44.10 Lakhs for 294 blocks of HPD, which is approved by GOI (FMR Code-B.13.3.3)

Budget Summary- Family Planning -2015-16

S. No.	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	RCH Flexible Pool							
A.3	**FAMILY PLANNING**							
A.3.1	**Terminal/Limiting Methods**							
A.3.1.1	Female sterilization camps	No.	0.02	7500	150.00	7,500	150.00	
A.3.1.2	NSV camps	No.	0.04	150	5.25	150	5.25	
A.3.1.3	Compensation for female sterilization	No.	-	325000	6,750.00	430,000	9,900.00	Approval for 105000 beneficiaries of Hausala Sajhedari (shifted from NGO/PPP Section)
A.3.1.4	Compensation for male sterilization/NSV	No.	-	10000	271.50	10,000	271.50	
A.3.1.5	Processing accreditation/ empanelment for private providers to provide sterilization services	No.	0.01	500	2.50	500	2.50	
A.3.2	**Spacing Methods**							
A.3.2.2	Compensation for IUCD insertion at facilities	No.	-	1520000	315.00	1,520,000	315.00	
A.3.2.3	PPIUCD services-Incentive to provider	No.	0.00	105000	157.50	105,000	157.50	@Rs 150 per PPIUCD insertion
A.3.2.5	Orientation/review of ASHA /ANM /AWW	No. of Blocks	0.05	3280	164.00	3,280	164.00	
A.3.2.6	Dissemination of FP manuals and guidelines		-		17.00		17.00	
A.3.3	POL for Family Planning/ Others	No. of camps	0.01	7500	75.00	7,500	75.00	
A.3.4	Repairs of Laparoscopes	No.	0.25	186	46.50	186	46.50	
A.3.5	**Other strategies/activities:**							
A.3.5.1	Orientation workshop,QAC meetings	No.	-	302	6.60	302	6.60	
A.3.5.2	FP review meetings	No.	-	73	16.40	73	16.40	
A.3.5.3	Performance reward if any	No.	-	76	38.50	76	38.50	
A.3.5.4	World Population Day' celebration	No.	-	896	219.75	896	162.00	Approval granted on reduced rates
A.3.5.5	**Other strategies/activities**							
A.3.5.5.1	Printing of FP Manuals, Guidelines, etc.	No.	-		200.08		200.08	
A.3.5.5.2	Enhance Contribution of PRIs and Family members of eligible couples in 75 districts with high unmet need and TFR	No.	-	970	160.50	970	112.00	Approval granted on reduced rates
A.3.5.5.3	Counselling Corner/Room	No.	0.40	100	40.00	100	35.00	Approval granted on reduced rates
A.3.5.5.4	PPIUCD Supportive supervision by trainers and review at state	No.			16.80			Not Approved
A.3.6	Family Planning Indemnity Scheme	No.	0.00	200000	100.00	200,000	100.00	

S. No.	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	Sub Total				**8,752.88**		**11,774.83**	
A.8	**Human Resources**							
A.8.1.7.5	Others							
A.8.1.7.5.1	RMNCH/FP Counselors	No.	1.35	290	392.37	290	321.44	Approval of 5% annual increment granted instead of 10%.
A.8.1.10	**Other Incentives Schemes**							
A.8.1.10.5	Performance based Incentives to RMNCH+A Counsellors in Family Planning	No.	-		6.75		6.75	
	Sub-total HR				**399.12**		**328.19**	
A.9	**TRAINING**							
A.9.6.1	**Laparoscopic Sterilization Training**							
A.9.6.1.1	TOT on laparoscopic sterilization	Batch	1.05	18	18.90	18	6.41	Approval granted @ Rs. 35635/batch
A.9.6.1.2	Laparoscopic sterilization training for doctors (teams of doctor, SN and OT assistant)	Batch	0.96	72	69.13	72	69.13	
A.9.6.2	**Minilap Training**							
A.9.6.2.1	TOT on Minilap	Batch	1.05	18	18.90	18	3.58	Approval granted @ Rs. 19870/batch
A.9.6.2.2	Minilap training for medical officers	Batch	0.96	72	69.13	72	48.59	Approval granted @ Rs. 67480/batch
A.9.6.3	**Non-Scalpel Vasectomy (NSV) Training**							
A.9.6.3.2	**NSV Training of medical officers**	Batch	0.61	62	37.76	62	35.98	Approval granted @ Rs. 58025/batch
A.9.6.4	**IUCD Insertion Training**							
A.9.6.4.3	Training of AYUSH doctors		1.52	50	75.84	50	70.38	Approval granted @ Rs. 140750/batch
A.9.6.5	**PPIUCD insertion training**							
A.9.6.5.2	Training of Medical officers	Batch	0.89	50	44.38	50	43.52	Approval granted @ Rs. 87035/batch
A.9.6.6.1	Capacity building for health providers by HLFPPT in IUCD Trainings	Batch	-	250	707.04		707.04	
A.9.6.6.2	Extended support for support staff of COE and NSV Satellite Centers	No.	-	4	24.92	4	24.92	
A.9.6.8	Training of RMNCH+A/ FP Counsellors	Batch	2.35	9	21.17	9	20.24	Approval granted @ Rs. 224000/batch
A.9.6.9	Training / Orientation technical manuals	Batch	-	77	20.00	77	20.00	
A.9.8.4	Other training (pl. specify)							
A.9.8.4.4	Special Training Courses for Medical/ Paramedicals	Batch	-	22	66.98			Not Approved
A.9.8.4.5	Capacity Building of BPMs and DCPMs on Family Planning Counseling Skill	No. of Batches	-	38	64.85	38	64.85	
	Sub-total Training				**1,238.99**		**1,114.64**	
	Sub-total RCH Flexible Pool				**10,390.99**		**13,217.66**	

S. No.	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
Mission Flexible Pool								
B1.1.3.3	ASHA Incentives under family planning							
B1.1.3.3.1	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion	No.	0.00	105000	157.50	105,000	157.50	
B1.1.3.3.2	ASHA incentive under ESB scheme for promoting spacing of births	No.	0.01	112428	562.14	112,428	562.14	
B1.1.3.3.3	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	No.	0.01	320350	3,203.50	135,000	1,300.00	40% of target approved.
B1.1.3.3.4	Spacing for 2 years after marriage	No.	0.01	114676	573.38	114,676	573.38	
	Sub Total				**4,496.52**		**2,593.02**	
B10	**IEC-BCC NRHM**							
B.10.3.3.1	Media Mix of Mid Media/ Mass Media	No.	33.95	1	33.95		18.50	
	Sub Total				**33.95**		**18.50**	
B16.1.3	**Procurement of equipment: FP**							
B16.1.3.1	NSV kits	No.	0.01	248	2.48	248	2.48	
B16.1.3.2	IUCD kits	No.	0.03	500	15.00	500	15.00	
B16.1.3.3	Minilap kits	No.	0.03	360	10.80	360	10.80	
B16.1.3.4	laparoscopes	No.	8.50	18	153.00	18	153.00	
B16.1.3.5	PPIUCD forceps	No.	0.01	500	5.00	500	5.00	
B16.1.3.6	Other (please specify)							
B16.1.3.6.1	ZOE Model	No.	0.75	72	54.00	72	54.00	
B16.1.3.6.2	Audio Visual Aids, Computer, Printer & basic furniture required	No.	1.60	8	12.80	8	12.80	for establishing 8 new training sites
B16.1.3.6.3	Manual OT table for 18 training sites	No.	0.50	72	36.00	72	36.00	
B16.1.3.6.4	Lap Kits	No.	0.03	54	1.62	54	1.62	
	Sub Total				**290.70**		**290.70**	
B.13	**PPP/ NGOs**						**-**	
B13.2	**Public Private Partnerships**							
B13.2.1	Merrygold Health Network – A initiative for Improving Family planning through Private Health Facilities	No.	-	50	881.47	50	418.00	
B13.2.2	Engaging Private Providers For Family Planning	No.		1	2,317.12	1	800.45	Based on discussion during and post NPCC with the state, may adhere to the item/activity wise approvals accorded which amounts to Rs.800.45 Lakhs.

S. No.	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B13.2.3	Enhanced Private Sector Participation in Family Planning to Contribute to FP2020 Goals	No.	-	1	3,531.66	1	52.40	As per discussion during NPCC, the amount, Rs.31.50 Crores, for compensation of sterilization for 1,05,000 cases has been shifted to A.3.1.1. The admin cost has been rationalized and Rs.52.40 Lakhs is approved. State to strictly adhere to the item-wise approval.
B13.3	**NGO Programme/ Grant in Aid to NGO**							
B13.3.3	Innovative Communication for FP	No.	0.08	588	44.10	588	44.10	
	Sub Total				**6,774.35**		**1,607.27**	
	Sub-total Mission Flexible Pool				**11,595.52**		**4,509.49**	
	Total-Family Planning				**21,986.51**		**17,727.15**	

Chapter-4: Rashtriya Kishore Swasthya Karyakram(RKSK)

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

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

Establishing AFHS Clinics

A total of 97 AFHS clinics at District Hospital/Medical college level, 294 Clinics at CHC level and 909 Clinics at PHC level have been made functional in the year 2014-15. The clinics established in premises of District Male and Female Hospitals and CHCs provide services (9AM-4PM), so that adolescents may reach there and get solution for their queries. One Counsellor has been recruited and trained at each clinic @ Rs.13230/ month for existing AH Counsellors and Rs. 12600/month for new counsellors as honoraria. In the 1st phase CHCs and PHCs are being covered in 25 HPDs only.

Clinics at CHCs have stand alone counsellors, who are being trained as per GoI guidelines. Premarital counselling is being encouraged along with regular 9.00 am to 4.00 pm OPDs. The counsellors also conduct outreach sessions on fixed days and hours, twice a week in neighbouring schools/youth clubs or other social hubs.

Selection, Recruitment and Training of Peer Educators (PEs)

Selection of Peer Educators (PEs) will be done through VHSNCs and ASHAs as per GoI guidelines. It is being proposed to select and recruit 4 PEs per ASHA in the Ist phase in 50% blocks of 25 HPDs. There will be two male and two female adolescent, preferably one school going and one non school going in the age group of 15-19 years. These PEs will be trained as per GoI guidelines and will be provided with adequate information material. They will also be motivated and incentivised by various methods (PEs sammelan at block level, visit to within and neighbouring districts for exposure to various health facilities, certification, trophy etc.) in kind and no cash incentive will be provided. An amount of Rs. 500/ per PE has been proposed for various activities including selection and orientation. Amount approved in year 2014-15 has been booked as committed for year 2015-16.

Organizing biannual Adolescent Health Days (AHD) at Block level

It is being proposed to organize Adolescent Health Day (AHD) at block level initially twice a year, which may be expanded to quarterly as per experience/feedback. An estimated number of 200 participants (ASHAs, PEs in next year, Adolescent boys and girls from various villages, selected school teachers, panchayat members, NGOs and AWWs etc.) Will attend the function in which MOIC will organize some quiz/informative games/exhibition/audio visual shows etc. with some facility of snacks and tea. Amount approved in year 2014-15 has been booked as committed.

Weekly Iron Folic Acid Supplementation Programmes (WIFS)

Weekly Iron Folic Acid Supplementation Programmes (WIFS) is being implemented in the State for the last two years. Weekly Iron blue tablets are being provided to all the school going girls

and boys in the age group of 10-19 years. The target in the year 2014-15 was about 67 Lakhs which is being kept same in the year 2015-16.

In non school going group WIFS was being implemented in 16 MHS districts through ASHAs and 22 SABLA districts through AWWs with an overlap of 5 districts thus covering 33 districts and providing IFA/Albendazole tablets to about 30 Lakhs non school going adolescent girls. As per GoI guidelines, the coverage of non school going adolescent girls is being increased from the year 2015-16 in a phased manner. It is being proposed to cover all 25 HPDs with the intervention. As 11 HPDs are already covered, remaining 14 are also being proposed to be covered with various activities. Additionally 5 Districts Agra, Allahabad, Amethi, Mirzapur and Raibareilly have been taken for WIFS supplementation in non school going boys. Henceforth a total of 46.66 Lakhs non school going adolescent girls will be benefitted with the scheme.

Thus a total of about 113 Lakhs adolescent girls and boys (school going and out of school) are proposed to be covered under the WIFS scheme. To create wide awareness among the communities, workshops have been organized in the year 2014-15 and 2015-16 at State level, District level and Block level.

Menstrual Hygiene Scheme (MHS)

Menstrual Hygiene Scheme (MHS) is being implemented in the state for the last three years. The utilization rate of sanitary napkins was as low as 11 % in March 2013 to increase which lots of efforts have been made with extensive monitoring, supervision and review meetings on regular intervals. The district officers and Programme managers have also tried hard and the utilization rate has increased from 45 % increased 2014 to 70% in March 2015.

As the scheme is highly subsidized, beneficial and empowering for girls, it has been decided by the State Government to provide free sanitary napkins to school going girls in public sector in Govt. and in municipal school from class 6 or 12 from year 2015-16. The RC has been done at CMSD Medical and Health Directorate and accordingly the funds have been released to Districts.

RKSK Training

As per GoI guidelines, various RKSK Trainings will be provided to all the programme managers right from State to block level, as per requirement. State level training to MOs, ANMs/LHVs, Counsellors and Regional TOTs for PEs has been conducted.

For the year 2015-16, it has been planned to train 20 batches of MOs, 224 batches of ANMs/LHVs and 23 Batches of Counsellors.

Convergence within health and with other partner Departments and scheme

For positive partner in various activities under RKSK, convergence of Family Welfare Department with various departments like – Medical and Health, Family Welfare, Medical Education, SIHFW, RFWTCs and various district units is most essential. Convergence will be ensured by regular meetings, video conference etc. Similarly convergence with other departments' like- ICDS, Education, MDM, PRI, RD and NGOs will also be maintained by regular meetings at various levels under RKSK. Convergence with other scheme will also be ensured.

Wide IEC/BCC activities

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

Budget Summary- Rashtriya Kishor Swasthya Karyakram -2015-16

FMR Code	Budget Head	Unit of Measure	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
RCH Flexible Pool							
A.4	**ADOLESCENT HEALTH / RKSK (Rashtriya Kishore Swasthya Karyakram)**						
A.4.1	**Facility based services**						
A.4.1.1	Dissemination/meetings/workshops/review for AH (including WIFS, MHS)	No. of meeting/ workshop	152	8.50	152	8.50	
A.4.1.2	Establishment of new clinics at DH/Medical college level	No. of clinics	4	2.00	4	2.00	
A.4.1.4	Operating expenses for existing clinics	No. of clinics	1301	99.59	1,301	66.37	Approval granted on reduced rates
A.4.1.5	Mobility support for ARSH/ICTC counsellors	No. of counselors	536	54.90	536	29.28	Approval granted on reduced rates
	Sub-total			**164.99**		**106.15**	
A.4.5	**Other strategies/activities**						
A.4.5.3	Incinerators for safe disposal of sanitary Napkins in Girls Schools	No.of incinerator	2940	88.20			Not Approved
A.4.5.4	Pilot of finding out Anaemia Prevalence in school going Adolescent Girls of one District through True HB method	No. of Adols. Girls	9875	1.49			Not Approved
A.4.5.5	Anaemia screening in School going Adolescent Girls through RBSK Teams by using strips methods	No. of Adols. Girls	1508464	113.07		1.50	Activity approved for piloting in one district only through RBSK teams
A.4.5.6	PE Kits and Diaries						
	Sub-total			**202.76**		**1.50**	
A.8	**Human Resources**						
A.8.1.7.5.2	Adolescent Health counselors	No.	692	702.63	258	374.37	Approval granted for 258 Counsellors.
	Sub-total HR			**702.63**		**374.37**	
A.9	**TRAINING**						
A.9.7.1	**RKSK trainings**						
A.9.7.1.1	TOT for Adolescent Friendly Health Service training	Batch	6	5.23	6	5.23	
A.9.7.1.2	AFHS training of Medical Officers	Batch	20	8.00	20	8.00	
A.9.7.1.3	AFHS training of ANM/LHV	Batch	224	63.06	224	63.06	
A.9.7.1.5	Training of counselors	Batch	23	12.58			Approved. Budget available at state

FMR Code	Budget Head	Unit of Measure	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
							for 13 batches @Rs 272700/batch
	Sub-total Training			**88.87**		**76.29**	
	Sub-total RCH Flexible Pool			**1,159.25**		**558.31**	
Mission Flexible Pool							
B10	**IEC-BCC NRHM**						
B.10.3.4.1	Media Mix of Mid Media/ Mass Media	No.	1	383.85		54.92	
B.10.3.4.2	Inter Personal Communication	No.	1	3.91		1.96	
B.10.7.2	Printing of WIFS cards etc	No.	2278966	68.37	1,500,000	45.00	Approved. Printing of WIFS cards for 15 lakh beneficiaries
B.10.7.4	Other printing						
B.10.7.4.1	Printing of compliance cards for National Iron Plus Initiative	No.	3235631	97.07	3,235,631	32.36	Approved @Re. 1 per card for 3235631 cards
B.10.7.4.2	AFHC cards	No.	10156491	108.26		32.59	Approved - Printing of AFHCS cards @2000 cards/ facility /year for 1300 facilities- Registers @ Rs. 150 per register as proposed
	Sub-total			**661.46**		**166.83**	
B.16	**PROCUREMENT**						
B16.1.6	**Equipments for RKSK & RBSK**						
B16.1.6.1	Equipments for AFHCs	No.	913	37.24		9.85	Approved for equipment for 913 new AFHCs @ Rs 7000 per AFHC
B.16.2	**Procurement of Drugs and supplies**						
B.16.2.6	**National Iron Plus Initiative**						
B.16.2.6.2	**Children 5 - 10 years**						
B.16.2.6.2.a	IFA tablets	No.	9662603	966.26	9,662,603	966.26	
B.16.2.6.2.b	Albendazole Tablets	No.	9662603	193.25	9,662,603	193.25	
B.16.2.6.3	**WIFS (10-19 years)**						
B.16.2.6.3.a	IFA tablets	no. of children	11394829	1,709.22	11,394,829	1,709.22	
B.16.2.6.3.b	Albendazole Tablets	no. of children	11394829	227.90	11,394,829	227.90	
	Sub-total			**3,133.87**		**3,106.48**	
	Sub-total Mission Flexible Pool			**3,795.33**		**3,273.31**	
	Total-RKSK			**4,954.58**		**3,831.62**	

Chapter-5: Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. There is a provision in the programme that children of 0 - 6 years age group will be specifically managed at District Early Intervention Center (DEIC) level while for 6-18 years age group, management of conditions will be done through existing public health facilities. DEIC will act as referral linkages for both the age groups. DIECs are being established in a phased manner in the State.

First level of screening is being done at all delivery points through existing Medical Officers, Staff Nurses and ANMs. After 48 hours till 6 weeks of age the screening of newborns is being done by ASHA at home as a part of HBNC package.

Outreach screening is being done by dedicated mobile block level teams of children of 6 weeks to 6 years at Anganwadi Centres and 6 - 18 years children at School. Once the child is screened and referred from any of these points of identification, it is ensured that the necessary treatment/intervention is delivered at zero cost to the family.

Target age group

The services aim to cover children of 0-6 years of age in rural areas and urban slums in adition to children enrolled in classes I to XII in Government and Government aided Schools. It is expected that these services will reach to about 2.39 crores children in the year 2015-16. The broad category of age group and estimated beneficiary is shown below in the table. The children have been grouped in to three categories owing to the fact that different sets of tools are being used and also different set of conditions are being prioritized.

Target group under Child Health Screening and Intervention Service Categories	
Categories	**Age Group**
Babies born at public health facilities and home	Birth to 6 weeks
Preschool children in rural areas and urban slums	6 weeks to 6 years
Children enrolled form class 1st to 12th in government and government aided schools	6 years to 19 years

Health conditions to be screened

Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for screening, early detection and free management diseases, namely hypothyroidism, Sickle cell anaemia & Beta Thalassemia based on epidemiological situation and availability of testing and specialized support facilities within State and UTs are being included.

Selected Health Conditions for Child Health Screening & Early Intervention Services	
Defects at Birth	**Deficiencies**
1. Neural tube defect 2. Down's Syndrome 3. Cleft Lip & Palate / Cleft palate alone 4. Talipes (club foot) 5. Developmental dysplasia of the hip 6. Congenital cataract 7. Congenital deafness 8. Congenital heart diseases 9. Retinopathy of Prematurity	10. Anaemia especially Severe anaemia 11. Vitamin A deficiency (Bitot spot) 12. Vitamin D Deficiency, (Rickets) 13. Severe Acute Malnutrition 14. Goiter
Diseases of Childhood	**Developmental delays and Disabilities**
15. Skin conditions (Scabies, fungal infection and Eczema) 16. Otitis Media 17. Rheumatic heart disease 18. Reactive airway disease 19.Dental conditions 20. Convulsive disorders	21. Vision Impairment 22. Hearing Impairment 23. Neuro-motor Impairment 24. Motor delay 25. Cognitive delay 26. Language delay 27. Behavior disorder (Autism) 28. Learning disorder 29. Attention deficit hyperactivity disorder

30. Congenital Hypothyroidism, Sickle cell anemia, Beta thalassemia (Optional)
Adolescent Health:
31.Growing up concerns 32.Substance abuse 33.Depression 34.Delay in menstruation cycles 35.Irregular menstrual 36.Pain or burning sensation while urinating 37.Discharge/ foul smelling discharge from the genitor-urinary area 38.Pain during menstruation

Mechanisms for screening at Community & Facility level

Child screening under RBSK is at two levels- community level and facility level. While facility based new born screening at public health facilities like PHCs / CHCs/ DH, is being done by existing health staff like Medical Officers, Staff Nurses & ANMs, who have been trained specifically for this purpose, the community level screening is being conducted by the Mobile health teams at Anganwadi Centres and Government and Government aided Schools. There is provision of one taxi permit vehicle for each team to visit the identified centre as per micro plan.

Screening at Anganwadi Centre

All pre-school children below 6 years of age are being screened by Mobile Health Teams for deficiencies, diseases, developmental delays including disability at the Anganwadi centre twice a year. Tools for screening of children from 0-6 years are supported by pictorial job aids specifically for developmental delays. Those suspected are being referred to DH/MC for further management.

Screening at Schools - Government and Government aided

School children aged 6 to 19 years are being screened by Mobile Health Teams for deficiencies, diseases, developmental delays including disability, adolescent health at the local schools once a year. The tools used are questionnaire and clinical examination.

Composition of Mobile Health Teams

The mobile health team consists of four members- two Doctors (MBBS/BDS/AYUSH) one male and one female, at least with a bachelor degree from an approved institution, one ANM/Staff Nurse and one Pharmacist/paramedical with proficiency in computer for data management

Suggested Composition of Mobile Health Team.		
S.No	**Member**	**Number**
1	Medical officers -1male and 1 female with a bachelor degree from an approved institution	2
2	ANM/Staff Nurse	1
3	Pharmacist/paramedical with proficiency in computer for data management	1

RBSK Training

National training under RBSK has been completed and 8 National trainers have been trained at Chandigarh & Mumbai. Another batch of 59 trainees was trained at SIHFW Lucknow in the month of Jan. 2014. The training of teams was delayed due to printing issues which has been resolved now and training has been started at selected centres of the State. The one day orientation training of staff posted at delivery points has been completed all over the State. The training has been imparted to 4 Personals per delivery points-Staff Nurse/AYUSH/LMO/ANM posted at Level 2&3 Delivery points.

One day district level Orientation training to 1MO & 1HEO from each block has also been completed. These block level trainers have trained ANMs of their area at block level and ANMs are training ASHAs under them.

Budget Summary- Rashtriya Bal Swasthya Karyakram -2015-16

FMR Code	Budget Head	Unit of Measure	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
RCH Flexible Pool							
A.5	**RBSK**						
A.5.1	**Operational Cost of RBSK**						
A.5.1.1	Prepare and disseminate guidelines for RBSK						
A.5.1.2	Prepare detailed operational plan for RBSK across districts	No. of block	820	4.10	820	4.10	
A.5.1.3	Mobility support for Mobile health team	No. of team	1640	5,904.00	1,640	5,904.00	
A.5.1.4	Operation cost of DEIC	No.	10	7.50	10	7.50	
A.5.1.5	New born screening- Inborn error of metabolism			22.77		13.57	Rs.125.49 Lakhs was approved last year to be used. Approval of Rs.13.57 Lakhs for Human Resources under the programme
A.5.1.7	Spectacle for children	No.	100000	200.00	100,000	200.00	
A.5.1.8	School Mental Health Programme	No.	100000	58.40			Not Approved
A.5.1.9	Monitoring Meeting at State level	No. of meeting	4	1.00	4	1.00	
A.5.1.10	Monitoring Meeting at District level	No. of meeting	225	11.25	225	11.25	
A.5.2	Referral Support for Secondary / Tertiary care	No. of children referred	2500	62.50			Not Approved as per RBSK Guidelines. State may use existing patient transport system. Budget available from last year may be used.
	Sub-total			**6,271.52**		**6,141.42**	
A.8	**Human Resources**						
A.8.1.7.4	RBSK teams						
A.8.1.7.4.1	MOs- AYUSH/MBBS	No	3280	11,954.62	3,280	11,541.53	Approval of 5% annual increment granted instead of 10%.
A.8.1.7.4.2	Staff Nurse/ ANM	No	1640	3,013.25	1,640	2,891.81	Approval of 5% annual

FMR Code	Budget Head	Unit of Measure	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
							increment granted instead of 10%.
A.8.1.7.4.3	Pharmacists	No	1640	2,881.01	1,640	2,599.52	Approval of 5% annual increment granted instead of 10%.
A.8.1.7.4.4	DEIC						
A.8.1.7.4.4.a	Pediatrician	No	5	21.45	5	19.50	Approval of 5% annual increment granted instead of 10%.
A.8.1.7.4.4.b	MO, MBBS	No	5	12.47	5	11.34	
A.8.1.7.4.4.c	MO, Dental	No	5	12.13	5	10.20	
A.8.1.7.4.4.d	SN	No	10	11.43	10	10.89	
A.8.1.7.4.4.e	Physiotherapist	No	5	4.12	5	4.12	
A.8.1.7.4.4.f	Audiologist & speech therapist	No	5	4.12	5	4.12	
A.8.1.7.4.4.g	Psychologist	No	5	4.12	5	4.12	
A.8.1.7.4.4.h	Optometrist	No	5	4.12	5	4.12	
A.8.1.7.4.4.i	Early interventionist cum special educator	No	5	4.12	5	4.12	
A.8.1.7.4.4.j	Social worker	No	5	4.12	5	4.12	
A.8.1.7.4.4.k	Lab technician	No	10	8.23	5	4.05	Approved 5 LTs @Rs.13500/month
A.8.1.7.4.4.l	Dental technician	No	5	4.12	5	4.12	
A.8.1.7.4.4.m	Data entry operator	No	5	3.47			Not Approved
A.8.1.7.4.5	Honorarium for Pediatric ECO, ENT specialist, Orthopediatrician, Ophthalmologist, Psychiatrics	No	25	30.00	25	30.00	
	Sub-total HR			**17,976.88**		**17,147.66**	
A.9	**TRAINING**						
A.9.12	**RBSK training**						
A.9.12.2	RBSK DEIC Staff training (15 days)	Batch	4	40.00	4	40.00	
	Sub-total Training			**40.00**		**40.00**	
	Sub-total RCH Flexible Pool			**24,288.40**		**23,329.08**	
Mission Flexible Pool							
B10	**IEC-BCC NRHM**						
B.10.7.2	Printing of WIFS cards etc	No.	2278966	68.37	1,500,000	45.00	Approved. Printing of WIFS cards for 15 lakh beneficiaries
B.10.7.4	Other printing						
B.10.7.4.1	Printing of compliance cards for National Iron	No.	3235631	97.07	3,235,631	32.36	Approved @Re. 1 per card for

FMR Code	Budget Head	Unit of Measure	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	Plus Initiative						3235631 cards
B.10.7.4.2	AFHC cards	No.	10156491	108.26		32.59	Approved - Printing of AFHCS cards @2000 cards/ facility /year for 1300 facilities- Registers @ Rs. 150 per register as proposed
B.10.7.4.3	Printing of RBSK card and registers		23909463	876.83	23,909,463	876.83	
	Sub-total			**1,150.53**		**986.78**	
B.16	**PROCUREMENT**						
B16.1.6	**Equipments for RKSK & RBSK**						
B16.1.6.3.4	Desktop for DEIC	No.	5	5.00	5	5.00	
B.16.2	**Procurement of Drugs and supplies**						
B.16.2.6	**National Iron Plus Initiative (Drugs & Supplies)**						
B.16.2.6.2	**Children 5 - 10 years**						
B.16.2.6.2.a	IFA tablets	No.	9662603	966.26	9,662,603	966.26	
B.16.2.6.2.b	Albendazole Tablets	No.	9662603	193.25	9,662,603	193.25	
B.16.2.6.3	**WIFS (10-19 years)**						
B.16.2.6.3.a	IFA tablets	No. of children	11394829	1,709.22	11,394,829	1,709.22	
B.16.2.6.3.b	Albendazole Tablets	No. of children	11394829	227.90	11,394,829	227.90	
B.16.2.7	**Drugs & supplies for RBSK**						
B.16.2.7.1	Medicine for Mobile health team	No.	1640	328.00	1,640	328.00	
	Sub-total			**3,429.63**		**3,429.63**	
	Sub-total Mission Flexible Pool			**4,580.16**		**4,416.41**	
	Total-RBSK			**28,868.56**		**27,745.49**	

Chapter-6: Pre-Conception, Pre-Natal Diagnostic Technique Act (PC&PNDT)

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

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

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

Year	India	UP
1991	945	927
2001	927	916
2011	914	902

The 'Civil Registration Data' clearly shows that the sex ratio is declining in most of the commercially viable districts where ultra sonography centers are in abundance indicating a direct correlation. Consequently, strategies will focus on these districts. Near about 4430 centers have been registered under the PCPNDT Act in the state. It is well known that it is difficult to regulate the private sector and therefore initiatives to monitor the implementation of the PC PNDT Act become even more essential. Given the above scenario, effective implementation of the PCPNDT Act together with social reform efforts including enhancing the value of a daughter is a significant step towards the prevention of female foeticide.

State PCPNDT Cell

A PCPNDT cell has been established at the FW Directorate. Presently 1 Program Assistant and 1 Data Assistant is already working in this cell. In last one year there has been a increase in no of court cases, formation of special community to review the cases, divisional and district level workshop for better implementation of PC-PNDT have also been done, CJMs have also been sensitized on the issues. This budget is proposed in program management chapter.

Divisional Level PCPNDT Cell

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

Sl.	Name of Post	No.	Status	Unit Cost (Rs.)
1	Data Assistants (1 at each division)	18	Continued activity	As per State Norms
2	Contingency for divisional cells	18	Continued activity	Rs.0.20 lakh/cell

For the above activities, approval is provided by GOI (ROP-FMR Code-7.1)

District Level PCPNDT Cell

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

Sl.	Name of Post	No. of Units	Status	Unit Cost (Rs.)
1	DEO	75	Continued activity	As per State Norms
2.	Contingency for the operation of cell	75	Continued activity	Rs.0.20 lakh/ cell

For the above activities, approval is granted by GOI (ROP-FMR Code-7.1)

Review Meetings at State level

It is proposed to review the activities conducted by districts for implementation of the PCPNDT Act. Nodal Officers from the district would participate in these meetings. A one-day meeting would be conducted every six month at the State headquarter for the purpose. Total four batches of meetings would be required to be conducted to cover all the districts. For this purpose,

Rs. 0.60 Lakh is being proposed @Rs.15000/meeting other than these 10 districts with lowest child sex ratio and 10 districts with maximum decline in CSR will be reviewed quarterly. An amount of Rs 0.30 Lakhs for this meeting @Rs. 7500/ meeting is being budgeted. **In this way, a total of Rs.0.90 Lakh was proposed for this activity, which is approved by GOI(FMR Code-A.7.2.1).**

State Inspection & Monitoring Committee

A State level Inspection & Monitoring Committee has been established, which will undertake inspection of ultrasound centers in different districts of Uttar Pradesh. **An amount of Rs.2.00 Lakhs was budgeted for the year 2015-16 for the mobility /Honorarium of State Inspection Monitoring Team, which is approved by GOI(FMR Code-7.2.2)**.

Divisional level Inspection & Monitoring Committees

In addition to state inspection and monitoring committee, a separate divisional level inspection & monitoring committee will be constituted, which will undertake inspection & monitoring of centers in the districts of that division. This committee consist of :-

1.	Divisional Additional Director, Medical, Health & Family Welfare-	Chairman
2.	Authorized officer by District Appropriate Authority/DM	Member
3.	District Nodal officer PNDT	Member
4.	Judicial member of District Advisory Committee	Member

It is estimated that for each division around Rs.10,000/- would be incurred for visit in each district of the division. TA/DA of Additional Director will be incurred from this amount district level members will be incurred from the district level budget (from registration/renewal fees). **Total budgeted Rs.1.80 Lakhs for Divisional level Inspection & Monitoring Committees was proposed for the year 2014-15, which is approved by GOI(FMR Code-7.2.2).**

Annual Maintenance and Up-gradation of Website

For on line reporting and registration/renewal etc. of ultra sound centers, a Web Site**- "www.pyaribitiya.nic.in"** has been prepared. For annual maintenance and up gradation of existing website **a budget of Rs 3.00 Lakhs was proposed for this Year, which is approved by GOI(FMR Code-A.7.2.8).**

State Level Orientation cum Training

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

a) State Level Workshop for prosecution officer and District Counselors @ Rs 5.25 Lakhs
b) State Orientation Workshop for DMs, CMOs, ADs, NGOs, Stake Holders, Usg Machine Dealer etc. - 1 Batch Rs. 5.00 Lakhs
c) Orientation of District/Divisional Nodal Officers, Dealing Assistants and Computer Operators/Data Assistants- 6 Batches @ 1.40 Lakhs totaling 8.40 Lakhs

Thus, a total budget of Rs. 18.65 Lakhs was proposed for above activities, which is approved by GOI (ROP-FMR Code-A.7.2.9).

Zonal Workshops for District Advisory Committee Members

District level Advisory Committees have been constituted. The members of the Committees are required to be oriented regarding their role and responsibilities. Accordingly, it is proposed to conduct one day orientation meeting of these functionaries at Zonal Level @ Rs. 2.00 lakhs per zone. **For this purpose, Rs. 12.00 Lakhs was proposed, which is approved by GOI(FMR Code-A.7.2.9).**

District Level Activities

- **District Level Inspection & Monitoring -** Inspection of centers will be done at district level on regular basis, for this activity registration/renewal fees can be utilized.
- **District Level Sensitization Workshops -**After the State-level sensitization workshop has been conducted, one-day district level workshops would be organized for creating publicity regarding the need to address discrimination against girl child and creating awareness

regarding the provisions of PCPNDT Act and its enforcement. Necessary guidelines and literature on the subject would also be provided to the participants (i.e. Dist. Advisory Committee members /Ultra Sound Owners/ IMS/FOGSI members/CMS/MOICS/HEOs). Accordingly, various stakeholders in the districts would be sensitized.

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

Creating awareness on declining sex ratio issue (PNDT)

To create awareness regarding declining sex ratio and PCPNDT, various activities were proposed

- 2 posters for sub centers (5473) in state @Rs 50/-poster- Total Rs. 2.74 Lakhs
- One day sensitization workshop through SIFPSA for 15 high focus districts with rapidly decreasing sex ratio of 0-6 years girl child- Total Rs. 17.57 Lakhs.
- IEC campaign 'Lok Geeto Mei Beti' through SIFPSA for 15 districts having low sex ratio. In first phase it is planned to cover 4 blocks /districts. Each block will have 10 performances at village level covering remote villages, Total Rs. 33.15 Lakhs
- Awareness campaign on Girl child day (24th Jan.) at State/district and block- Total Rs. 118.00 lakh

Thus, a total budget of Rs 171.46 Lakhs was proposed for this activity, out of which GOI approved Rs.94.74 Lakhs(ROP-FMR Code- B.10.3.5).

Budget Summary- PCPNDT -2015-16

FMR Code	Budget Head	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	RCH Flexible Pool					
A.7.1	Support to PNDT cell	93	176.64	93	145.26	
A.7.2.1	Review meetings of district nodal officers at state level	8	0.90	8	0.90	
A.7.2.2	Visit of state inspection and monitoring committees and divisional level inspection committees (including TA/DA)	19	3.80	19	3.80	
A.7.2.8	Upgradation and Maintenance of PC-PNDT Website	1	3.00	1	3.00	
A.7.2.9	Capacity building of DGCs, CJMs, District Officers, Nodal officers, Ultrasound owners, ASHAs and AWWs	-	49.40	-	49.40	Workshops at State, Regional, Division, Districts and Block level
A.7.3	Mobility support	1	1.00	1	1.00	
	Sub-total RCH Flexible Pool		**234.74**		**203.36**	
	Mission Flexible Pool					
B10	**IEC-BCC NRHM**					
B.10.3.5	Creating awareness on declining sex ratio issue (PNDT)	1	171.46		94.74	
	Sub-total Mission Flexible Pool		**171.46**		**94.74**	
	Total-PCPNDT		**406.20**		**298.10**	

Chapter-7: Human Resource

Maternal Health

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

ANMs at Sub centers-

Additional ANMs at L1 Subcenters- The state is proposing to add one additional ANM for 1451 L1 sub centers with average >5 del per month in the state. Contractual 1st ANMs against vacancies- Directorate of FW has recruited 3281 regular ANMs in the state. At present the state has reported vacancy of 2795 ANMs against regular sanctioned positions.

These newly recruited regular ANMs are still joining and we expect only 2000 contractual ANMs working from before at subcenters will remain available in the districts, who will require salary on incremental rate of 12100.00 pm for 12 months (10% yearly increment applicable after completion of one year of quality service in the district on the revised rate). New recruitments will be done at subcenters on remaining 2246 positions therefore salary @ Rs 11000.00 pm for 9 months is being booked in PIP.

2 ANMs for each of 86 District female hospitals and female wings of DCH have been proposed to be continued in the next year. 3 district level hospitals (ESI hospital Kanpur Nagar, DCH Shravasti, DCH Sant Kabir Nagar) have been added to the list. Total 172 ANMs will be required at district level facilities. Salary of 166 old ANMs @ 12100.00 pm for 12 months (10% yearly increment applicable after completion of one year of quality service in the district on the revised rate) and 6 new ANMs @ Rs 11000.00 pm for 9 months is being booked in PIP. **Thus, total 4418 ANMs on contract are being proposed for year 2015-16.**

Contractual SNs –

Total number of 4030 Staff nurses were approved in the year 2014-15. We are proposing these posts to be continued this year with additional 30 SNs for recently handed over 5 new district level hospitals (a total of 4060 staff nurses). Only 2225 contractual ANMs were working since last year in the districts, who will require salary on incremental rate @ 19965.00 per month for 12 months (10% yearly increment applicable after completion of one year of service in the district on the revised rate). New recruitments will be done on remaining o 1835 positions therefore salary @ Rs 18150.00 pm for 9 months is being booked in PIP. 6 SNs are being proposed at each of the 5 new district level Delivery points- Saharanpur Medical College, Ambedkar Nagar Medical College, DCH Santkabir Nager, DWH Mau and Medical College Banda.

Contractual LMOs –

Total number of 436 LMOs approved in the year 2014-15 is being proposed to be continued this year. Only 120 contractual LMOs were working since last year in the districts, who will require salary on incremental rate @ Rs. 43560.00 per month for 12 months (10% yearly increment applicable after completion of one year of service in the district on the revised rate). New recruitment will be done on remaining 316 positions therefore salary @ Rs 39600.00 pm for 9 months is being booked in PIP.

Contractual Specialists-

The recruitment is under process therefore it is requested to approve 610 Gynecologist / Anesthetist approved in the year 2014-15. An additional 26 Gynecologists and 26 Anesthetists are being proposed for additional 26 FRUs proposed to be operationalized this year. A total of 662 Gynecologist/ Anesthetist is proposed this year. The recruitment will be outsourced to an HR agency for negotiation of salary package ranging from Rs 65,000.00 to Rs. 1,25,000 per month. For calculation of budget Rs 80000.00 per month has been taken as an average monthly salary.

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
A.8.1.1.1	**ANMs**						
A.8.1.1.1.a	DH	1.45	172	5,374.51	4418	4,488.40	Approved Salary for existing 2166 ANMs @ Rs.11550/month for 12 month and 2252 vacant position @Rs.11000 for 6 months
A.8.1.1.1.f	Sub Centres	1.45	4246				
	Sub total		**4418**	**5,374.51**	**4418**	**4,488.40**	
A.8.1.1.2	Staff Nurses						
A.8.1.1.2.a	DH	2.4	218	8,328.13	4030	7,054.67	Approved for 4030 SNs including 2225 existing positions @ Rs.19060/month for 12 months & 1805 vacant positions @Rs.18150/month for 6 months. 30 new positions not approved.
A.8.1.1.2.b	FRUs	2.4	528				
A.8.1.1.2.c	Non FRU CHC	2.4	1456				
A.8.1.1.2.d	24 X 7 PHC	2.4	1408				
A.8.1.1.2.e	Non- 24 X 7 PHCs	2.4	450				
	Sub total		**4060**	**8328.13**		**7054.67**	
A.8.1.3	**Specialists**						
A.8.1.3.1	**Obs & Gyne**						
A.8.1.3.1.a	DH	9.6	107	1,027.20	107	1,670.40	Approved 433 Obs / Gyne @Rs.80000/ month for 28 existing position for 12 month, 379 vacant positions for 6 months and 26 new positions for 3 months.
A.8.1.3.1.b	FRUs	9.6	326	3,129.60	326		
A.8.1.3.3	**Anesthetists**						
A.8.1.3.3.a	DH	9.6	50	480.00	229	1,075.20	Approved 229 Anes. @Rs.80000/month for 8 existing position for 12 month, 195 vacant positions for 6 months and 26 new positions for 3 months.
A.8.1.3.3.b	FRUs	9.6	179	1,718.40			
	Sub total		**662**	**6,355.20**	**662**	**2,745.60**	
A.8.1.5	**Medical Officers**						
A.8.1.5.1	DH	5.23	54	282.27	436	1,307.75	Approved for 436 Mos including 104 existing positions @Rs.41580/ month for 12 months and 332 vacant positions @Rs.39600/ month for 6 months.
A.8.1.5.2	FRUs	5.23	102	533.17			
A.8.1.5.3	Non FRU SDH/ CHC	5.23	280	1,463.62			
	Sub total		**436**	**2279.06**	**436**	**1307.75**	
A.8.1.8	Incentive to SN, ANMs etc.	**-**	**298000**	**1,326.00**	**298000**	**1,326.00**	
A.8.1.10	**Other Incentives Schemes**						
A.8.1.10.2	FRU Operationalization	0.03	10000	300.00		276.00	for Gynae & anesthetist specialist on call from govt sector for NHPDs & HPDs
A.8.1.10.3	FRU Operationalization	0.05	15000	675.00		600.00	Gynecologists specialist on call for NHPDs & HPDs
A.8.1.10.4	FRU Operationalization	0.03	15000	450.00		450.00	anesthetists specialist on call for NHPDs & HPDs
	Sub total			**2,751.00**		**2,652.00**	
	Total-Maternal Health HR			**25,087.90**		**18,248.42**	

Thus, to deploy human resource under maternal health, a total Rs. 25087.90 Lakhs was proposed for the year 2015-16, out of which GOI approved Rs.18248.42 Lakhs only.

Child Health

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

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.8.1.1.2	**Staff Nurses**						
A.8.1.1.2.f	SNCU/ NBSU/NRC etc		1,066	1,948.00	1,066	1,583.91	Approval of 5% annual increment granted instead of 10%.
A.8.1.1.2.g	Others	2.18	5	10.89	5	5.45	Approved for 5 SNs for PICU @ Rs.18150/ month for 6 months.
A.8.1.3.5	**Specialists**						
A.8.1.3.5.d	Pediatricians	-	130	856.83	129	708.63	Approved 129 Paed.- 3 paed. Each for 43 SNCUs including 5 new SNCUs (e.g. 16 posts @ 71500/ month, 41 posts @ 65000/ month for 12 months, 57 vacant posts @65000 for 6 months and 15 new position for 3 months.
A.8.1.5	**Medical Officers**						
A.8.1.5.6	MOs for SNCU/ NBSU/ NRC etc	-	76	307.45	76	273.72	Approval of 5% annual increment granted instead of 10%.
A.8.1.5.7	Other MOs	-	14	67.48	14	30.10	
A.8.1.7.5.4	Nutritionist for NRC	-	76	131.67	76	115.83	
A.8.1.11	**Support Staff for Health Facilities**						
A.8.1.11.f	SNCU/ NBSU/ NBCC/ NRC etc	-	468	340.75		316.42	
	Sub-total HR			**3,663.07**		**3,034.06**	

Thus, to deploy human resource under child health, a total budgetary provision of Rs. 3663.07 Lakhs was made for the year 2015-16, out of which GOI approved Rs.3034.06 Lakhs only.

Family Planning

❒ Deployment of Family Welfare Counselor

Taking the opportunity of large no. of institutional delivery under JSY scheme the Family Planning counselors are being deployed. They will have the opportunity to reach all the mothers and they will counsel the women and address their concern for small family norms. Presently we have 290 counselors who are counseling the ANC and PNC mothers for adaptation of Post Partum family planning methods. This way number of counselors proposed by districts is 290.

FMR Code	Budget Head	Total Proposed 2015-16		Total Approved 2015-16		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.7.5.1	RMNCH/FP Counselors	290	392.37	290	321.44	Approval of 5% annual increment granted instead of 10%.

Thus, to deploy FP Counselors under Family planning, a total budgetary provision of Rs. 392.37 Lakhs was made for the year 2015-16, out of which GOI approved Rs.321.44 Lakhs only.

Further, Performance based Incentives of Rs. 6.75 Lakh was also proposed for RMNCH+A Counselors in Family Planning to promote PPIUCD and Post Partum Sterilization services, which is also approved by GOI(FMR Code-A.8.1.10.5).

Adolescent Health/RKSK (Rashtriya Kishor Swasthy Karyakram)

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

FMR Code	Budget Head	Total Proposed 2015-16		Total Approved 2015-16		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.7.5.2	Adolescent Health counselors	692	702.63	258	374.37	

Thus, to deploy AH Counselors under RKSK, a total budgetary provision of Rs. 702.63 Lakhs was made for 692 Counselors the year 2015-16, out of which GOI approved Rs.374.37 Lakhs only for 258 Counselors as follows: a) 97 existing AH counselors for 12 month - including 72 positions (1 per District) @ Rs. 13,230 pm and 25 positions (1 per MC/ District) @ Rs. 12,600 pm. b) 294 AH counselors (1 per CHC) @ Rs. 12,600 pm for 6 months.

Rashtriya Bal Swasthya Karyakram(RBSK)

At present the programme is being implemented in 75 districts of the State with help of regular/optional teams. The State is trying hard to recruit mobile health teams as per GoI guideline in the districts where programme is being implemented through optional teams. Under RBSK, there is requirement of human resource with following budgetary details:

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
A.8.1.7.4.1	MOs- AYUSH/MBBS	3280	11954.62	3280	11541.53	Approval of 5% annual increment granted instead of 10%.
A.8.1.7.4.2	Staff Nurse/ ANM	1640	3013.25	1640	2891.81	
A.8.1.7.4.3	Pharmacists	1640	2881.01	1640	2599.52	
A.8.1.7.4.4	**DEIC**					
A.8.1.7.4.4.a	Pediatrician	5	21.45	5	19.50	Approval of 5% annual increment granted instead of 10%.
A.8.1.7.4.4.b	MO, MBBS	5	12.47	5	11.34	
A.8.1.7.4.4.c	MO, Dental	5	12.13	5	10.20	
A.8.1.7.4.4.d	SN	10	11.43	10	10.89	
A.8.1.7.4.4.e	Physiotherapist	5	4.12	5	4.12	
A.8.1.7.4.4.f	Audiologist & speech therapist	5	4.12	5	4.12	
A.8.1.7.4.4.g	Psychologist	5	4.12	5	4.12	
A.8.1.7.4.4.h	Optometrist	5	4.12	5	4.12	
A.8.1.7.4.4.i	Early interventionist cum special educator	5	4.12	5	4.12	
A.8.1.7.4.4.j	Social worker	5	4.12	5	4.12	
A.8.1.7.4.4.k	Lab technician	10	8.23	5	4.05	Approved 5 LTs @ Rs.13500/ month
A.8.1.7.4.4.l	Dental technician	5	4.12	5	4.12	
A.8.1.7.4.4.m	Data entry operator	5	3.47			Not Approved
A.8.1.7.4.5	Honorarium for Pediatric ECO, ENT specialist, Orthopediatrician, ophthalmologist, Psychiatrics	25	30.00	25	30.00	
	Sub-total HR		**17976.90**		**17147.68**	

Thus, to deploy human resource under RBSK, a total budgetary provision of Rs. 17976.90 Lakhs was made for the year 2015-16, out of which GOI approved Rs.17147.68 Lakhs only.

Routine Immunization

To support routine immunization programme in the state, the following human resources are being proposed for the year 2015-16.

Posts	Total Proposed 2015-16		Total Approved 2015-16		Remarks
	Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
Assistant Cold Chain Officer(1)	1	5.27	1	5.03	Approved @Rs. 41930/ month
Cold Chain Handlers(4) State Level	4	5.75	4	5.49	Approved @Rs. 11440/ month
Cold Chain Handlers(18) Div. Level	18	25.87	18	24.69	Approved @Rs. 11430/ month
Cold Chain Handlers(75) Dist. Level	75	107.81	75	102.87	Approved @Rs. 11430/ month
Technician (Refrigerator Mechanic) 9 Div. Level	9	21.56	9	20.58	Approved @Rs. 19060/ month
Technician (Refrigerator Mechanic) 3 Dist. Level	12	28.75	12	27.45	Approved @Rs. 19060/ month
Vaccine Storekeeper at Div. Level 9	9	28.75	9	27.44	Approved @Rs. 25410/ month
Vaccine Van Driver(8) at Div. Level	8	19.17	8	18.30	Approved @Rs. 19060/ month
	136	**242.93**	**136**	**231.85**	

Thus, to deploy human resource under RI, a total budgetary provision of Rs. 242.93 Lakhs was made for the year 2015-16, out of which GOI approved Rs.231.85 Lakhs only (FMR Code-A.8.1.7.7) as shown in table above alongwith the approval for human resource for blood services programme, as below.

Blood Services Programme

To strengthening blood services programme in the state, following human resources were proposed at state cell, district blood banks, blood storage centres and mobile blood vehicles.

Posts	Total Proposed 2015-16		Total Approved 2015-16		Remarks
	Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
For State Blood Cell					
State Programme Officer/General Manager (On deputation)	1	18.00			For state level blood cell, salary was proposed for 9 months but GOI approved salary only for 6 months and accorded approval under A.10
State Coordinator (Medical/Blood Banking)	1	5.40			
State Coordinator (Technical/Blood Storage Centre)	2	9.00			
State Coordinator (VBD) Non Medical	1	3.60			
Data Entry Operator	4	6.12			
Attendant	2	1.44			
Sub-Total		**43.56**			
For District Blood Banks					
Pathologist	13	46.80	13	46.80	
Medical Officer	123	369.00	123	292.25	
Lab Technician	187	151.47	187	151.47	
PRO/Social Worker	50	43.50		-	Not approved
Counselor 12500.00 PM + 1000.00 for Mobility Support	41	33.21	41	33.21	
Lab Attendant	162	777.60	162	77.76	
Nurses	83	99.60	83	90.39	
DEO /Administrative Assistant	89	58.74	89	54.47	
Sweeper	85	30.60	85	30.60	
Sub-Total		**1,610.52**		**776.94**	
For Blood Storage Centre					
Lab Technician	236	191.16	236	191.16	
Lab Attendant	118	56.64	118	56.64	
Sweeper	118	35.40	118	35.40	

Posts	Total Proposed 2015-16		Total Approved 2015-16		Remarks
	Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
Sub-Total		**283.20**		**283.20**	
For Mobile Blood Vehicle					
Doctor	18	48.60	18	42.77	
Lab Technician	36	29.16	36	29.16	
Counselor	18	14.58	18	14.58	
PRO/Social Worker @ 18000.00 Pm + 2000.00 for Mobility Support	18	21.60	18	21.60	
Driver	18	10.80	18	10.80	
Lab Attendant	18	8.64	18	8.64	
Sub-Total		**133.38**		**127.55**	
Total		**2070.66**		**1187.69**	

Thus, to deploy human resource under blood services, a total budgetary provision of Rs. 2070.66 Lakhs was made for the year 2015-16, out of which GOI approved Rs.1187.69 Lakhs only(FMR Code-A.8.1.7.7) as shown in table above alongwith Routine Immunization.

Dental Doctors

For the year 2015-16, the state is proposing to deploy dental doctors 164 units on contractual basis. The contractual dental doctors will be placed at rural health facilities, where dental chairs are available and the regular posts of dental doctors are vacant.

FMR Code	Budget Head	Total Proposed 2015-16		Total Approved 2015-16		Remarks
		Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
A.8.1.3.7	Dental Doctors	164	699.73	164	592.12	Approved for 87 dental surgeons @Rs. 39900/month for 12 months and for 77 dental surgeons against regular vacancy @Rs.38000/month
Grand Total			**699.73**		**592.12**	

Thus, to deploy Dental Doctors, a total budgetary provision of Rs. 699.73 Lakhs was made for the year, out of which GOI approved Rs.592.12 Lakhs only(FMR Code-A.8.1.3.7)

Paramedicals

In the state, there are vacancies against sanctioned posts of Lab. Technicians, OT technicians /assistants, Radiographers/X-ray technicians, etc. Regarding their regular appointments, efforts are being made but there are certain legal issues, which are under the jurisdiction of the court and the decisions are still pending. Hence, for the year 2015-16 there is a requirement of following para-medicals staffs to be hired on contractual basis.

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.8.1.2.1	Laboratory Technicians	358	553.47	358	465.67	Approved for 358 LTs - including 209 existing positions @ Rs. 13,755 pm for 12 months and 169 vacant positions @ Rs. 13,500 pm for 6 months.
A.8.1.7.2	Radiographers	177	265.52	177	197.90	Approved for 177 Radiographers, including 89 existing positions @ Rs. 13,755 pm for 12 months and 88 vacant positions @ Rs. 13,100 pm for 6 months.
Sub-total			**818.99**		**663.57**	

Thus, to deploy Human Resource-Paramedicals, a total budgetary provision of Rs. 818.99 Lakhs was made for the year, out of which GOI approved Rs.663.57 Lakhs only(FMR Code-A.8.1.2.1 & A.8.1.7.2).

Other Human Resource

In the year 2015-16, districts have proposed following human resources. These human resources are pooled here and will be provided to districts as per actual need of the district.

FMR Code	Budget Head	Unit Cost (Rs. Lakh)	Total Proposed 2015-16		Total Approved 2015-16		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
A.8.1.7.8	Staff for Training Institutes/ SIHFW/ Nursing Training		22	369.99		267.60	1) For SIHFW: 6 Clinical Training Consultants (2 MH, 2 CH, 2 Public Health) are approved @ Rs. 55,000 pm. 2) For Nursing Staff already approved / revalidated in Supplementary RoP 2014-15, ongoing staff is approved at same remuneration for 6 months, since recruitment is yet to be done: a) 67 Faculty /Tutors for the 9 GNMTCs @ Rs. 35,000 pm. b) 15 faculty for College of Nursing, Varanasi @ Rs. 35,000 pm. c) 4 Nursing Midwifery Tutors, 2 each at the 2 State Nodal Centres (in Meerut and Varanasi) @ Rs. 45,000 pm and 2 Programme Coordinators (1 at each SNC) @ Rs. 25,000 pm. d) 2 Consultants and 1 Programme Assistant for State Nursing Cell.
A.8.1.9	Human Resources Development (Other than above)	1.28	150	192.06	150	183.33	Approved for 150 DEOs @ Rs. 10,185 pm.
Grand Total				**562.05**		**450.93**	

Thus, to deploy Human Resource- Others, a total budgetary provision of Rs. 562.05 Lakhs was made for the year 2015-16, out of which GOI approved Rs. 450.93 Lakhs only, as per details given above.

Note: For the contractual staff under NHM, a proposal was submitted with hike in salary for year 2015-16. But GoI has given approval with only 5% hike in all the categories, hence total budget approved is much less then the proposed budget.

Chapter-8: Training

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

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

Strategy

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

The State Institute of Health and Family Welfare (SIHFW) is the Collaborating Training Institute for the State and conducts clinical as well as management related trainings. CTI coordinates with both directorate and collaborate with National Institutions, Medical Universities, Medical Colleges and other Institutions for training sites to conduct clinical trainings.

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

Training Plan for 2015-16 – Different type of trainings programme/courses are being planned. The comprehensive training plans of proposed trainings have been provided below:

Comprehensive Training Plan (CTP) and Budgetary Approvals for Year 2015-16

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
A.9	**TRAINING**							
A.9.1	**Skill lab**				**252.71**		**1.68**	
A.9.1.3	Training Motivation and follow up visit	**No.**	-	1	1.68	1	1.68	
A.9.1.4	Onsite mentoring at Delivery Points	**No.**	-	50	251.03			Pended. Justification to be given to GOI.
A.9.2	**Development of training packages**				**57.79**		**57.79**	
A.9.2.1	Development/ translation and duplication of training materials	No.	-		13.50		13.50	
A.9.2.2	**Other activities (pl. specify)**				**44.29**		**44.29**	
A.9.2.2.2	Workshop/Study tours/Seminar/Meeting Etc.-SIHFW	No.	-		34.78		34.78	
A.9.2.2.3	Contingency support for library, communication, transportation, POL, electricity, etc. - SIHFW	No.	-	1	9.51	1	9.51	
A.9.3	**Maternal Health Training**				**520.43**		**509.23**	
A.9.3.1	**Skilled Attendance at Birth / SBA**				**261.80**		**261.80**	
A.9.3.1.2	TOT for SBA	Batch	1.52	7	3.40	7	3.40	
A.9.3.1.4	Training of ANMs / LHVs in SBA	Batch	1.29	200	258.40	200	258.40	
A.9.3.2	**EmOC Training**				**23.28**		**23.28**	
A.9.3.2.1	Setting up of EmOC Training Centres	No. of site	6.80	2	13.60	2	13.60	
A.9.3.2.3	Training of Medical Officers in EmOC	Batch	16.40	4	9.68	4	9.68	
A.9.3.4	**Safe abortion services training (including MVA/ EVA and Medical abortion)**				**41.64**		**30.44**	
A.9.3.4.1	TOT on safe abortion services	Batch	1.21	2				Budget revalidated as proposed.
A.9.3.4.2	Training of Medical Officers in safe abortion	Batch	1.39	30	41.64	30	30.44	
A.9.3.5	**RTI / STI Training**				**113.20**		**113.20**	
A.9.3.5.1	TOT for RTI/STI training	Batch	2.59	2	5.18	2	5.18	
A.9.3.5.2	Training of laboratory technicians in	Batch	2.19	20	33.71	20	33.71	

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	RTI/STI							
A.9.3.5.3	Training of Medical Officers in RTI/STI	Batch	1.33	56	74.31	56	74.31	
A.9.3.6	**B-Emoc Training**				**46.60**		**46.60**	
A.9.3.6.2	BEmOC training for MOs/LMOs	Batch	2.85	50	46.60	50	46.60	
A.9.3.7	**Other maternal health training**				**33.91**		**33.91**	
A.9.3.7.1	MDR training of District and Block level officials	Batch	-	21	20.41	21	20.41	
A.9.3.7.3	Strengthening of 9 CAC training centres	No.	1.00	9	9.00	9	9.00	
A.9.3.7.4	Uterine Pelvic Model-UPMS for 9 CAC training centres	No.	0.50	9	4.50	9	4.50	
A.9.5	**Child Health Training**				**690.54**		**597.20**	
A.9.5.1	**IMNCI Training (pre-service and in-service)**				**570.10**		**488.26**	
A.9.5.1.1	TOT on IMNCI (pre-service and in-service)	Batch	-	18	123.04	18	123.04	
A.9.5.1.2	IMNCI Training for ANMs / LHVs	Batch	-	105	447.06	105	365.22	
A.9.5.2	**F-IMNCI Training**				**51.18**		**51.18**	
A.9.5.2.2	F-IMNCI Training for MOs	Batch	2.55	9	-			Revalidated budget approved
A.9.5.2.3	F-IMNCI Training for Staff Nurses	Batch	2.23	23	51.18	23	51.18	
A.9.5.5	**Other child health training**				**69.27**		**57.77**	
A.9.5.5.1	NSSK Training							
A.9.5.5.1.1	TOT for NSSK	Batch	1.62	5	8.10	5	8.10	
A.9.5.5.1.3	NSSK Training for SNs	Batch	0.84	59	49.67	59	49.67	
A.9.5.5.2	Other Child Health training				11.50			
A.9.5.5.2.e	Printing of training module of CCSP - ANM/LHV and printing of set of job aids and tools	No.	0	12436	11.50			May be proposed in SPIP with details
A.9.6	**Family Planning Training**				**1,107.16**		**1,049.79**	
A.9.6.1	**Laparoscopic Sterilization Training**				**88.02**		**75.54**	
A.9.6.1.1	TOT on laparoscopic sterilization	Batch	1.05	18	18.90	18	6.41	Batch cost reduced. Approval granted @ Rs. 35635/batch
A.9.6.1.2	Laparoscopic sterilization training	Batch	0.96	72	69.13	72	69.13	

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
	for doctors (teams of doctor, SN and OT assistant)							
A.9.6.2	**Minilap Training**				**88.02**		**52.17**	
A.9.6.2.1	TOT on Minilap	Batch	1.05	18	18.90	18	3.58	Batch cost reduced. Approval granted @ Rs. 19870/batch
A.9.6.2.2	Minilap training for medical officers	Batch	0.96	72	69.13	72	48.59	Batch cost reduced. Approval granted @ Rs. 67480/batch
A.9.6.3	**Non-Scalpel Vasectomy (NSV) Training**				**37.76**		**35.98**	
A.9.6.3.2	**NSV Training of medical officers**	Batch	0.61	62	37.76	62	35.98	Batch cost reduced. Approval granted @ Rs. 58025/batch
A.9.6.4	**IUCD Insertion Training**				**75.84**		**70.38**	
A.9.6.4.3	Training of AYUSH doctors		1.52	50	75.84	50	70.38	Batch cost reduced. Approval granted @ Rs. 140750/batch
A.9.6.5	**PPIUCD insertion training**				**44.38**		**43.52**	
A.9.6.5.2	Training of Medical officers	Batch	0.89	50	44.38	50	43.52	Batch cost reduced. Approval granted @ Rs. 87035/batch
A.9.6.6	**Other family planning training**				**731.96**		**731.96**	
A.9.6.6.1	Capacity building for health providers by HLFPPT in IUCD Trainings	Batch	-	250	707.04		707.04	
A.9.6.6.2	Extended support for support staff of COE and NSV Satellite Centers	No.	-	4	24.92	4	24.92	
A.9.6.8	Training of RMNCH+A/ FP Counsellors	Batch	2.35	9	21.17	9	20.24	Batch cost reduced. Approval granted @ Rs. 224000/batch
A.9.6.9	Training / Orientation technical manuals	Batch	-	77	20.00	77	20.00	
A.9.7	**Rashtriya Kishor Swasthya Karyakram Training**				**88.87**		**76.29**	
A.9.7.1	**RKSK trainings**				**88.87**		**76.29**	
A.9.7.1.1	TOT for Adolescent Friendly Health Service training	Batch	2.75	6	5.23	6	5.23	
A.9.7.1.2	AFHS training of Medical Officers	Batch	2.32	20	8.00	20	8.00	
A.9.7.1.3	AFHS training of ANM/LHV	Batch	1.41	224	63.06	224	63.06	
A.9.7.1.5	Training of counselors	Batch	2.73	23	12.58			Approved. Budget available at state for 13

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
								batches @Rs 272700/batch
A.9.8	**Programme Management Training (e.g. M&E, logistics management, HRD etc.)**				**154.43**		**87.45**	
A.9.8.1	Training of SPMSU staff	Candidates	0.08	100	8.00	100	8.00	
A.9.8.2	Training of DPMSU staff	Batch	2.92	5	14.60	5	14.60	
A.9.8.4	Other training (pl. specify)				131.83		64.85	
A.9.8.4.4	Special Training Courses for Medical/Paramedicals	No. of Batches	-	22	66.98			Not Approved
A.9.8.4.5	Capacity Building of BPMs and DCPMs on Family Planning Counseling Skill	No. of Batches	-	38	64.85	38	64.85	
A.9.10	**Training (Nursing)**				**1,373.78**		**43.20**	
A.9.10.1	Strengthening of Existing Training Institutions/Nursing School excluding infrastructure and HR.	No.	-	12	1,373.78		43.20	Strengthening of Regional Health & Family Welfare training centres Rs.1290.00 Lakhs - not approved, Strengthening of GNM/CoN/ANMs training centres - Rs. 43.20 Lakhs is approved.
A.9.11	**Training (Other Health Personnel)**				474.37		464.65	
A.9.11.3	Other training and capacity building programmes (nursing tutors etc.)	No.	-	31	474.37		464.65	
A.9.12	**RBSK training**				40.00		40.00	
A.9.12.2	RBSK DEIC Staff training (15 days)	Batch	10.00	4	40.00	4	40.00	
	Sub-total Training				**4,760.08**		**2,927.28**	

Chapter-9: Programme Management

For effective programme management of activities under NHM the State Programme Management Unit (SPMU) has been established in which Government Doctors designated as General Managers have been deployed as head of various divisions. Also each division has Dy. General Manager; Technical Consultant and Programme Coordinators etc. Most of the staff has been hired on contract, some have been posted on deputation from relevant govt. departments. Programme Management Units have also been established at Division, District and Block level PMUs. Apart from different Programme Management Units, SIFPSA HQ, Directorate of Family Welfare, Directorate of Medical Health and Additional Directors (MH and FW) are also involved in effective programme management. Hence, support has to be extended to these units also for their smooth functioning. **Salary for the existing Human Resource has been proposed for 12 months, while for new HR budget proposed for six months only.**

The Details of Human Resource under Programme Management at SPMU/Directorate, NHM, Uttar Pradesh in the following table:-

Sl.	Name of the Position	No. of Positions Proposed 2015-2016	No. of Positions Approved 2015-2016	Remarks
1	Mission Director	1	1	
2	Addl. Mission Director	2	2	
3	Senior Advisor (NHM)	1	1	Proposal for sanction of one new post of Senior Advisor is included in the Supplementary PIP of 2015-2016
4	Finance Controller	1	1	
5	General Manager	17	18	One post of GM (State Blood Cell) shifted from A.8.1.7.7 to A.10 -Programme Management
6	Dy. General Manager	20	19	One post of Dy. General Manager (CP) not approved by GoI
7	Sr. Manager Finance	2	2	
8	Manager Finance	5	5	
9	Statistical Assistant	1	1	
10	Data Assistant	24	13	11 new positions of Data Assistant kept pended by GoI
11	Data Analyst	3	3	
12	Data Analyst (MIS)	3	3	
13	Consultant (Medical)/Consultant Management	35	34	Included one position of Training Officer (RI). One post of State Coordinator (Blood Banking) and Two posts of State Coordinator (Blood Storage) shifted from A.8.1.7.7 to A.10 - Programme Management. Two posts of Consultant (RBSK) not approved by GoI
14	Consultant (Non Medical)	16	17	Including one position of M&E Officer (RI). One post of VBD (Blood Cell) shifted from A.8.1.7.7 to A.10 - Programme Management

Sl.	Name of the Position	No. of Positions Proposed 2015-2016	No. of Positions Approved 2015-2016	Remarks
15	Programme Coordinator	44	27	Including one post of Vaccine & Logistics Manager (RI). 14 new positions of Programme Coordinator kept pended by GoI.
16	SO to MD/AMD	3	2	
17	Advisor (Technical)	1	1	
18	Nursing Consultant	-	2	Two positions of Nursing Consultant for State Nursing Cell shifted from A.8.1.7.8 to A.10 Programme Management
19	Programme Assistant	16	17	One post of Programme Assistant (Nursing cell) shifted from A.8.1.7.8 to A.10 - Programme Management. Two new positions of Programme Assistant approved for Construction cell. Two new positions demanded under FP and HBNC Programme for DG, FW Office not approved by GoI
20	Internal Auditors	6	6	
21	Accountant	14	13	One new proposed for DG, FW office under FP not approved by GoI
22	Data Entry Operator/Computer Operator/ Computer Operator cum Account Assistant	41	39	Including 2 posts of Computer Operator cum Account Assistant
23	**Support Staff**	**32**	**31**	
	- Office Assistant	25	24	02 new positions of Office Assistant approved under Construction Cell under FMR Code B5.4.1. Three new positions proposed under NUHM not approved by GoI
	- Electrician	1	1	
	- Despatcher	2	2	
	- Photostate Operator	2	2	
	- Dak Distrebutor	2	2	
24	HR Specialist	2	1	
25	Legal Expert/Consultant	3	3	
26	Chief Engineer	1	1	
27	Executive Engineer	1	1	
28	Assistant Engineer	4	3	
29	Junior Engineer	8	4	
30	Architect	1	1	
31	SNCU Clinical Care Coordinator	1	1	
32	SNCU Software Coordinator	1	1	
33	Team Leader	1	1	
34	ASHA Programme Manager	1	1	
35	State Coordinator	1	1	
36	Regional Coordinators	12	12	
37	Account Assistant	1	_	Not approved
38	State CBM Programme Manager	1	_	Not approved

Sl.	Name of the Position	No. of Positions Proposed 2015-2016	No. of Positions Approved 2015-2016	Remarks
39	Training & Monitoring Officer	2	_	Not approved proposed in supplementary PIP
40	Monitoring & Documentation Officer	1	_	
41	Account Officer	1	_	
42	Office cum Logistic Manager	1	_	Not approved
43	Zonal Coordinators	6	_	Not approved
44	Designer	1	_	Not approved
45	Secretary	1	_	Not approved
46	Store Incharge	1	_	Not approved
47	Divisional Urban Health Consultant	-	1	
48	Data Entry Operators		18	One for each Divisional PMU

Budget Summary – Programme Management – State Level- 2015-16

S. No.	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16	
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)
A.10.1	**State Programme Management Support Unit**				
A.10.1.1	State Programme Manager	35	464.46	35	396.03
A.10.1.2	State Accounts Manager	5	28.84	5	27.77
A.10.1.3	State Finance Manager	3	35.70	3	30.90
A.10.1.4	State Data Manager	29	83.08	29	52.15
A.10.1.5	Consultants/ Programme Officers (including for MH/CH/FP/ PNDT/ AH including WIFS, RBSK, MHS etc.)	88	431.95	88	295.48
A.10.1.6	Programme Assistants	14	47.64	14	41.25
A.10.1.7	Accountants	18	64.08	18	51.57
A.10.1.8	Data Entry Operators	38	51.05	38	40.00
A.10.1.9	Support Staff	25	25.75	25	25.75
2.1.1	**Sub Total - Programme Management- RMNCH+A Programme Management – NUHM**				**960.90**
	Addl. Mission Director			1	18.90
	General Manager			1	15.75
	Dy. General Manager			1	10.08
	Consultant (Medical)			2	12.60
	Programme Coordinator			2	8.32
	Accountant			1	3.78
	Data Assistant			1	3.21
	Date Entry Operator/Computer Operator			1	1.26
	Programme Assistant			1	3.47
	Office Assistant			4	3.78
	Divisional Urban Health Consultants			18	43.20
	Divisional DEOs			18	10.80
B.1.1.5.1	**Sub Total - Programme Management- NUHM Programme Management - Community Process**				135.14
	General Manager			1	15.00
	Consultant (Non Medical)			2	11.09
	Programme Coordinator			1	4.16
	Programme Assistant			1	3.47
	Team Leader			1	6.93
	ASHA Programme Manager			1	5.40
	State Coordinator			1	4.41
	Regional Coordinators			12	17.64
	Monitoring cost			1	3.00
	Office Expenses			1	7.20
	Overhead Admn.			1	4.20
Sub Total - Programme Management - Community Process					**82.49**
GRAND TOTAL					**1178.54**

For Programme Management at SPMU Level, budgetary approvals are accorded under 3 heads i.e. Programme Management- RMNCH+A, NUHM & Community Process (FMR Code- A.10.1; B.1.1.5.1 & 2.11).

Operational Expenses – SPMU, NHM

SubHeads	Amount proposed (Rs. in Lakhs)	Amount approved (Rs. in Lakhs)
• Rent for State PMU	110.00	110.00
• Telephones/Fax/EPBX etc and recurring expenditure etc	10.00	10.00
• Electricity Bills, New Connection/AC AMC & New ACs/Electrical equipments/New gensets /POL for Genset etc.	40.00	40.00
• Stationary/Photo Copier Machine/ Bills/ AMC etc.	30.00	30.00
• Computer/Printer/UPS and Computer Consumables etc.	30.00	20.00
• Vehicle Hiring/POL for Local and outstation taxies etc.	110.00	110.00
• Field visit/ meetings at GOI/for officers as per norms(include JRM/CRM visit)	60.00	60.00
• Office Establishment / office equipments / furniture/ fixtures etc for SPMU.	100.00	75.00
• Library/research/Surveys/Study tours/seminars & workshops	20.00	30.00
• Contingency Support/impress money/Recurring expenses	25.00	25.00
• Advertisement	10.00	10.00
• Office Maintenance/ repairs etc	15.00	15.00
• Contingency for 85 AYUSH wings		16.80
• Other State level Seminars/ Inauguration/ Programme etc.	20.00	0
• Mobile reimbursement (CUG SIM)		35.00
Total	**580.00**	**586.80**

Thus, for operational expenses of SPMU, an amount of Rs.580.00 Lakhs was proposed, out of which GOI approved Rs.586.80 Lakhs (FMR Code-A.10.1.11.4) as per the above table.

Divisional PMUs

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

Particulars	Proposed budget for 2015-16				Approved budget for 2015-16			
	Unit cost	No. of Months	No of Divisions	Total Salary (Rs. In Lakhs)	Unit cost	No. of Months	No of Divisions	Total Salary (Rs. In Lakhs)
Divisional Project Manager	75000	12	18	162.00	75000	12	18	162.00
Officer Accounts cum MIS	56000	12	18	120.96	56000	12	18	120.96
Office Assistant	23000	12	18	49.68	23000	12	18	49.68
Chowkidar Cum Peon	23000	12	18	49.68	23000	12	18	49.68
Driver	23000	12	18	49.68	23000	12	18	49.68
Operational Expenses	75000	12	18	162.00	75000	12	18	162.00
Grand Total				**594.00**				**594.00**

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

District PMUs

For management of the programme interventions at the district level, District PMUs have been established in 75 districts of Uttar Pradesh. The recruitment for the posts of DPM, DCPM, DAM and DDM was made in the year 2008-09, through NHSRC, New Delhi. The selection of candidates was quite satisfactory and the managers selected are functioning optimally. The selection against new posts and vacant posts will again be done by agency. For DPMU employees the recruitment is purely on contract basis from open market. The personnel and Operational Cost of DPMU units is as follows:

	Proposed budget for 2015-16				Approved budget for 2015-16			
Particulars	**Unit cost**	**No. of Months**	**No of Units**	**Total Salary (Rs. In Lakhs)**	**Unit cost**	**No. of Months**	**No of Units**	**Total Salary (Rs. In Lakhs)**
District Programme Manager	39600	12	75	356.40	39600	12	75	335.66
District Accounts Manager	32230	12	75	290.07	32230	12	75	243.66
District Data Manager	22000	12	75	198.00	22000	12	75	172.60
Consultants/ Programme Officers	25000	6	25	37.50	25000	6	25	37.50
Data Entry Operators	17000	12	135	275.40	17000	12	135	275.40
Support Staff	8250	12	75	74.25	8250	12	75	70.88
Operational Cost	85000	12	75	765.00	85000	12	75	765.00
DEIC Manager	33000	6	75	148.50	33000	6	75	148.50
Grand Total				**2145.12**				**2049.20**

For the above purposes, an amount of Rs.2145.12 Lakhs was proposed for the Operationalization of DPMUs including salaries of various district level staff and operational expenses, out of which GOI approved Rs.2049.20 Lakhs only (FMR Code-A.10.2 and its sub heads).

Block PMUs

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

The Block PMs and Block Accounts Managers are qualified and have gained experience with time. The staff has been trained by Divisional and District PMUs and are working optimally to enhance the NRHM activities. The personnel and Operational Cost of BPMU units is as follows:

	Proposed budget for 2015-16				Approved budget for 2015-16			
Particulars	**Unit cost**	**Months**	**No of Units**	**Total Salary (Rs. In Lakhs)**	**Unit cost**	**Months**	**No of Units**	**Total Salary (Rs. In Lakhs)**
Block Programme Manager	24200	12	820	2,381.28	24200	12	820	2,156.62
Block Accounts Manager	12100	12	820	1,190.64	12100	12	820	1,104.64
Operational Cost	15000	12	820	1,476.00	15000	12	820	1,476.00
Block Community Process Manager	15600	12	820	1,535.04	15600	12	820	1,535.04
Grand Total				**6,582.96**				**6,272.30**

For the above purposes, an amount of Rs.6582.96 Lakhs was proposed for the operationalization of BPMUs including salaries of various block level staff and operational expenses, out of which GOI approved Rs.6272.30 Lakhs only (FMR Code-A.10.3 and its sub heads)

Audit Fees

Sl.	Description	Total Budget (Rs. In Lakhs)	Remarks
1	Audit Fees	40.00	Approved (FMR Code-A.10.5)
2	Concurrent Audit system	100.10	Approved (FMR Code-A.10.6)

SUPPORTIVE SUPERVISION / MOBILITY SUPPORT / FIELD VISITS

Recognizing the importance of supportive supervision and close monitoring of the programme as key to reap the fruit of tremendous investment under NHM, the state has started to develop a comprehensive integrated supportive supervision and monitoring system for optimum utilization of the limited resource and to ensure delivery of quality health care.

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

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

Supervision activities will strongly focus on facility operationalization for full range of integrated and quality services. Quality Assurance System will be linked to this monitoring plan and standard monitoring formats for field visits have been developed for all levels by Quality Assurance working group and approved by State Government.

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

State, Divisional, District and Block level monitoring teams

a) **State Level:** 31 dedicated teams have been formed at State level (State Review Mission Teams), in each team 1 Addl. Director/Joint Director and 1 General manager/Deputy General manager and 1 SIFPSA officer was made responsible for supervision of 1 allotted District specially high focus district.
   Checklists will be analyzed by external agency and summary report will be prepared on the basis of checklists and will be sent to districts for necessary action. Follow up will be done by M&E cell and concerned divisions. Apart from this Director level officers will also visit the field and attend workshops.

b) **Division level**: Additional Director, Joint Director (2JDs in each Division), Divisional PM and Divisional Account Manager. They will visit according to their monitoring and supervisory plan.

c) **District level:** CMO, ACMOs, District Progarmme Managers, District Community Process Managers, District Account managers.

d) **Block level:** Medical Superintendent of CHC/ Block PHC, BHEO, Block Prograrmme Managers and BDAA (Block Data Account Assistant) and Health Supervisors.

Note :- The Human resource as proposed in PIP for QA will be part of the above team as per their place and plan.

The monitoring visits will be holistically planned to cover all programmes and interventions. Following plan is proposed for regular supervision and monitoring in the districts:

1. Advance tour Progarmme will be prepared at all level without any duplication
2. Visit will be supportive in nature and not the fault finding one. Visit will be undertaken with predefined checklists at every level for objective outcomes

3. Integrated Check list for Monitoring and supervision are being developed and will be utilized at all level.
4. The supervisors will visit facility service delivery points with standard checklists which will be uniform.
5. The State, Division, District level supervisory checklists will be analyzed at State level and summary report will be sent to District for necessary action with follow up. Block level supervisory report will be analyzed at District level by DPMU cell and summary report will be prepared by DPM and all feedback reports will be presented in DHS by DPM and action taken report will be sent to State M&E cell by DPM within one month.
6. Special emphasis will be given to 25 high focus districts and support will be taken from TSU (BMGF) and other development partners.

- **Mobility Support for State Level Officers:** State Level Officers will visit 3 days in a month to their allotted district for that mobility support, per-dium and stay. After supervision, officers will compile their reports and submit to M&E cell. Checklists will be analyzed by external agency and feedback will be provided to supervisor and district and follow-up will be done by M&E cell. **For this purpose, an amount of Rs.194.57 Lakhs is approved for 6 months (FMR Code-A.10.7.1)**

- **Mobility Support for District Level Officers:** At District level all vehicles will be pooled and tour programme of all supervisors will be prepared in advance so that all supervisors together can undertake at least 72 visits in a month. Supervisors will visit according to work given to them. A pool of 2 hired vehicles at District HQ @ Rs.30000/- per month for each vehicle will ensure adequate mobility for supervision. In these two vehicles 1 vehicle has been provided to DCPM and DAM for field mobility. **For this purpose, an amount of Rs.270.00 Lakhs is approved for 6 months @Rs.3.60 Lakhs per year for each vehicle (FMR Code-A.10.7.2)**

- **Mobility Support for Block Level Officers:** At Block level 1 vehicle @ Rs. 30000/- will be hired on monthly basis and it will be used by MOIC,MOs, BHEO and Block Programme Manager so that every day at least 1 officer will visit to field. The vehicle will be used exclusively for supervision. The utilization of vehicle will be cross checked by DPMU with no. of visits and checklists submitted by supervisors. **For this purpose, an amount of Rs.1476.00 Lakhs approved for 6 months @Rs.3.60 Lakhs per year for each vehicle (FMR Code-A.10.7.3)**

- **Mobility Support for Divisional Level Officers:** Mobility Support for Additional Director / Joint Director / Divisional PM 1 vehicle with taxi permit @ Rs 30000/- per Month will be hired at Divisional level for AD/JD /Div.PM and minimum 8 visits per month will be done by Ads, JDs & Div PMs. **For this purpose, an amount of Rs.32.40 Lakhs is approved for 6 months @Rs.3.60 Lakhs per year for each vehicle (FMR Code-A.10.8.1)**

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

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

State Plan for field visit-2015-16

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

Sl No	Designation	Department	Frequency per month	No of days per visit	Transport Rs/day (Air/Railway/Bus/Taxi/ Local Conveyance)	Per Diem (Rs per day)	Stay (Rs/day	Amount in Rs/Month	Total Amount for 12 Months (Rs)
24	GM IEC	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
25	DGM IEC	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
26	GM EMTS	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
27	DGM EMTS	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
28	GM NUHM	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
29	DGM NUHM	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
30	Executive Engineers	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Suprintendant Engineers	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
31	Assistant Engineers/Architect/ JE	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Assistant Engineers	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
32	GM Family Planning	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
33	DGM Procurement	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
34	GM National Programme	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
35	DGM National Programme	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
36	GM HMIS/ MCTS	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
37	DGM HMIS/ MCTS	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
38	GM Monitoring and Evaluation	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
39	DGM Monitoring and Evaluation	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
40	DGM DAP/HR	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400
	Additional Director/Joint Director	MH	1 in allocated 1 District	3	3500	1500	3000	15000	180000
41	GM AYUSH	NRHM	1 in allocated 1 District	3	3500	1500	3000	15000	180000
	Additional Director/Joint Director	FW	1 in allocated 1 District	3	3500	1500	3000	15000	180000
42	DGM AYUSH	NRHM	1 in allocated 1 District	3	3500	1200	2500	14200	170400

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

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

Module-VI and VII Training

The 1st and 2nd round of module 6&7 training is going on in most of the districts in the State. State has trained about 57,000 ASHAs in 1st round and 26000 in 2nd round of module 6 & 7 training up to Feb'15. In the first phase State initiated this training in 17 district and 28039 ASHAs have been trained in year 2013-14. State would like to train these ASHAs in 3rd round. For conducting these Trainings State is proposing 2 batches of ToT for State trainers at SIHFW and 30 batches of ToT for district trainers at RHFWTCs.

Further, State also proposed training of remaining ASHAs (58587 ASHAs) on Module 6&7 training in (1st and 2nd round). Approval granted as follows:.

FMR Code	Activity	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)	Remarks
B1.1.1.2	Module VI & VII	3,773.55	3,761.99	Approved Rs.3761.99 Lakhs as per the following break-up: • Rs.1493.00 Lakhs -for Module 6 & 7 1st round training • Rs.1493.00 Lakhs for 2nd round training • Rs. 75.00 Lakhs for printing of training modules for round 1 & 2 of module 6&7 @ Rs.125.00 per module for 60000 modules • Rs.9.44 Lakhs for Monitoring by State level observers (Rs.6500.00*75) for round I &II • Rs.0.90 Lakhs for Monitoring by division level observers (Rs.600.00*75) for round I &II • Rs.1.80 Lakhs for Monitoring by district level observers (Rs.600.00*150) for round I &II • Rs. 696.48 Lakhs for Round III training for 933 batches @ Rs.74650.00 per batch • Rs.3.05 Lakhs for Monitoring by State level observers (Rs.6500.00*47) (5% of total Batches) • Rs.0.28 Lakhs for Monitoring by Division level observers (Rs.600.00*47) • Rs.0.28 Lakhs for Monitoring by district level observers (Rs.600.00*47) including monitoring cost-for 1960 batches @ Rs. 76150.00 per batch • Rs.710.48 Lakhs-Module 6 & 7 training round 3 including monitoring cost- @Rs.76150.00 for 933 batches • RS.73.23 Lakhs for Lakhs for module printing.
B1.1.1.3.1	TOT of ASHA Trainers -I Round (at RHFWTC)	97.91	97.91	Approved Rs. 97.91 Lakhs as per the following details: • Rs.97.20 Lakhs for 22 batches including printing of training modules (@ Rs.200 for 1300 units) • Rs.0.71 Lakhs for 11 monitoring visits for 11 RHFWTC @ Rs. 6500 per visit
B1.1.1.3.2	TOT of ASHA Trainers - II Round (at RHFWTC)	73.62	73.62	Approved: Rs 73.62 Lakhs as per the following details: • Rs.72.00 Lakhs for 30 batches @ Rs.2.40 Lakhs • Rs.0.91 Lakhs for training modules @ Rs.125 for 725 ASHAs. • Rs.0.71 Lakhs for monitoring by state level observers @ Rs.6500 for 11 monitoring visits
B1.1.1.3.3	TOT of ASHA Trainers - II Round (State TOT)	9.17	9.17	Approved Rs. 9.17 Lakhs as per the following: • Rs.4.99 Lakhs for training for 2 batches @ Rs.2.49 Lakhs) • Rs. 0.075 Lakhs for printing of modules @ Rs.125 for 60 trainers) • Rs.4.11 Lakhs for 2 batches orientation workshops @ Rs.2.05 Lakhs each

Supervision Cost of ASHA Facilitator

State is proposing ASHA Facilitator supervision cost as per the Government of India's guideline for Community Process at @ Rs. 200/ ASHA Facilitator/ Visit, maximum for 20 visits in a month for 6815 ASHA Facilitators.

Simultaneously, State has also proposed Monthly Review meeting of ASHA facilitators with BCPM as per the Government of India's guideline i.e. Rs. 150/meeting/ ASHA Facilitator.

FMR Code	Activity	Unit	Unit Cost (Rs)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)	Remarks
B1.1.1.4.1	Supervision costs by ASHA facilitators(12 months)	6815	200.00	3271.20	3271.20	
B1.1.1.4.2	Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses	6815	150.00	122.67	102.23	Approved @ Rs. 125 per ASHA facilitator

Training of ASHA Facilitator

State is proposing 3 days Refresher Training for ASHA Facilitator in 17 districts, due to changing roles and responsibility of their roles under various programs launched in last few years. This training will be conducted with the help of SIFPSA. Approval granted as follows:

FMR Code	Activity	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)	Remarks
B1.1.1.5.1	Training of ASHA facilitator (Refresher)	40.93	37.34	Approved Rs. 37.34 Lakhs as per the following details: • Rs. 26.32 Lakhs for Training for ASHA Facilitator • Rs.3.48 Lakhs for training needs assessment of AF c) Rs. 5.04 Lakhs for State TOT, mentoring & Monitoring • Rs. 2.50 Lakhs for Printing of Modules @ Rs.125.00 for 2000 modules

ASHA Drug Kit

State would like to propose Rs. 300/ASHA for replenishment of ASHA drug kit for 152175 ASHAs (excluding ASHAs those need to be recruited against left out ASHAs).

Apart from it, in the FY 2015-16 State has already proposed 58587 ASHAs to be trained in 1st and 2nd round of Module 6 & 7 training, therefore State would like to propose HBNC kits for these ASHAs and 1259 kits for trainers at the rate of Rs. 1000/Kit.

FMR Code	Activity	Unit	Unit Cost (Rs)	Amount Proposed (Rs. In Lakhs)	Amount Approved (Rs. In Lakhs)	Remarks
B1.1.2.2	Replenishment (ASHA Kit)	152175	300.00	456.52	456.53	
B1.1.2.3.1	New Kit (HBNC)	59846	1000.00	598.46	598.46	For ASHAs and Trainers.
B1.1.2.3.2	Replenishment	48724	300.00	146.17	73.09	Approved @ Rs.150/ASHA

ASHA Incentives

In the year 2015-16, various incentives has been proposed for ASHA under Maternal Health, Child Health, Family Planning and other schemes, aginst which approval has been granted as follows:

FMR Code	Budget Head	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B1.1.3	**Performance Incentives to ASHA**						
B1.1.3.1	Maternal Health						
B1.1.3.1.2	Maternal Death Audit Information	200.00	28042	56.08		40.00	Approved for 20000 expected maternal deaths
B1.1.3.2	Child Health						
B1.1.3.2.4	Incentive for referral of SAM cases to NRC	100.00	14904	14.90	14,904	22.36	Approved @Rs.150/SAM child referral cum follow-up
B1.1.3.2.5	Incentive for follow up of discharge of SAM children from NRCs	150.00	14904	22.36	-	-	Approval shifted and merged with FMR Code-B.1.1.3.2.4
B1.1.3.2.6	Incentive for 6 & 7 Module Trained ASHA under HBNC Programme	250.00	160175	5,386.27	160,175	5,386.27	
B1.1.3.2.7	Incentive for Diarrhoeal Case Referral	3,000.00	28370	851.10			Not Approved
B1.1.3.3	Family Planning						
B1.1.3.3.1	Incentive for accompanying the client for PPIUCD insertion	150.00	105000	157.50	105,000	157.50	
B1.1.3.3.2	ASHA incentive under ESB scheme for promoting spacing of births	500.00	112428	562.14	112,428	562.14	
B1.1.3.3.3	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	1,000.00	320350	3,203.50	135,000	1,300.00	40% of target approved.
B1.1.3.3.4	Spacing for 2 years after marriage	500.00	114676	573.38	114,676	573.38	
B1.1.3.6	Other Incentives						
B1.1.3.6.1	Incentives for routine activities	12,000.00	144158	17,298.96	144,158	17,298.00	
B1.1.3.6.5	Reimbursement of travel expenses for accompanying a woman to facility for surgical abortion (MVA/EVA)	150.00	10000	15.00	10,000	15.00	
B1.1.3.6.6	Reimbursement of travel expenses for accompanying a woman to facility for medical abortion (MMA)	225.00	4500	10.13			Not Approved - state use existing transport system.
B.16.2.5.2	Other Free Drug Services					456.53	shifted from FMR.B1.1.2.2
	Total			**28,151.32**		**25,811.18**	

ASHA Diwas and Award

ASHA Diwas is an ongoing infotainment activity which aims to appraise the ASHAs, who have performed well in different types of activities. State is proposing Rs. 250.00/ASHA for 90% of 160175 ASHAs i.e. 144158 ASHAs. For this purpose, an amount of Rs.360.40 Lakhs was proposed, which has been approved.

Further, to award ASHA for her best efforts to improve health and outreach services, an amount of Rs.41.00 Lakhs was proposed @ Rs.5000/block for 820 blocks, which also has been approved.

ASHA Payment Voucher, Payment Register & VHIR Register

This is an ongoing activity; State has proposed Rs. 324.40 Lakhs as approved last year for Block ASHA Master Payment Register, ASHA Voucher, ASHA Facilitator Format & for ASHAs Village Health Index Register, which has been approved.

FMR Code	Activity	Unit	Unit Cost (Rs)	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
B1.1.3.7.1	ASHA Divas/ Annual ASHA Samellan	144158	250	360.40	360.40
B1.1.3.7.2	ASHA Payment Voucher, Payment Register & VHIR Register	-	-	324.40	324.40
B1.1.4	Awards to ASHA's/Link workers	820	5000	41.00	41.00
	Sub Total			**725.80**	**725.80**

Mobility Support to ASHA Mentoring Group

This is an ongoing activity in which State is proposing Rs. 10000/district for conducting ASHA mentoring group meeting on quarterly basis and Rs. 200000 for State ASHA Mentoring Group Meeting. This Year State would also like to propose Rs. 200/month and Rs. 500/month for 12 Regional Coordinators as mobile expenses and internet cost respectively and Rs. 5000 for Office Expenses.

FMR Code	Activity	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
B1.1.5.4	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group	12.91	12.91

Community Action for Health

In the year 2014-15, Rs. 93.25 Lakhs was approved for state level activities such as visioning workshop, TOT of VHSNC Trainers, MoU signing and orientation of NGO staff and review meetings, orientation of Community Facilitators, Printing and IEC, Remuneration of staffs and office expenses, and supportive supervision. Based on the activities envisaged in state PIP, the following steps have been initiated by the state on the communitization component under the NHM during April 2014-January, 2015:

- The state Advisory Group on Community Action (AGCA) was constituted and the first meeting of the state AGCA was organized on June, 2014 in Lucknow. Principal Secretary-Health and Family Welfare chaired the meeting. It was decided that CAH component would be implemented across 18 High Priority Districts (HPD) through implementing partners at district and block levels. The programme is being implemented through three agencies (a) Uttar Pradesh Health Systems Strengthening Programme-UPHSSP (supported by the World Bank); (b) Technical Support Unit (supported by BMGF) and (c) State Programme Management Unit-SPMU (supported by NHM).

- An orientation of the State Nodal Officers on Community Action for Health was held on August, 2014. Participants included the staff from the State Programme Management Unit (Community Process), SIFPSA and representatives of the Technical Support Unit.

- In order to explore the functioning of Rogi Kalyan Samitis (RKS) and Village Health, Sanitation and Nutrition Committees (VHSNCs) as well as the issues and challenges faced by these committees, a Rapid Review of RKS and VHSNCs was carried out in three districts - Pilibhit, Sant Kabir Nagar and Hardoi in October, 2014. The tools and terms of reference for the review team were prepared and shared with the state by AGCA Secretariat.

- The process of recruitment of staff at state level was completed in 2014 with support from National Health Systems Resource Center (NHSRC). New staff (training officers-2, Monitoring & Documentation officer-1, Account Officer-1) will join from February, 2015.

- An orientation of the State Nodal Officers on adaptation of Programme Manager Guidelines and User Manual on Community Action for Health was held on December, 2014. Participants included the staff from the State Programme Management Unit (Community Process), UPHSSP and representatives of the Technical Support Unit

Key programme implementation processes:

The program implementation will be initiated in 18 HPDs. In each district, the programme would cover 2 blocks and Gram Panchayats/ VHSNC within them. The program would cover 2667 VHSNC in 36 blocks across the selected districts. The programme would be implemented in partnership with local implementing partners/ community based organizations/ academic institutions. Initially, the programme would focus on building the structure and process for implementation of Community Action for Health at state, district and block level. In addition, specific capacity building processes would be undertaken for strengthening of Planning and Monitoring Committees at the district and block level and VHSNC at the community level.

The state level activities approved in state PIP for FY 2014-15 will remain same and will be booked under committed expenditure for this year. No additional activity at state level is proposed and budgeted for FY 2015-16 except routine meetings, salary of staff and travel. The following routine activities are being proposed to be undertaken

Activities at State Level:
- Organize quarterly meetings of the State Advisory Group on Community Action (SAGCA) to guide the implementation of CBMP processes
- Train a pool of master trainers to facilitate training of VHSNC
- Organize program planning and review meetings with implementing organizations

Activities at district and block level;
- Orient district and block level officials on CBMP (one-day workshop)
- Constitute and orient Planning and Monitoring Committees at the district and block levels
- Organize regular quarterly meetings of the Planning and Monitoring Committees at the district and block levels
- Orient District Community Process Managers(DCPM) and Block Community Process Managers (BCPM and TSU staff based at District (District Community Specialist-DCS) and blocks (Block Community Specialist-BCS) and Community Resource Persons (CRP) on the CBMP processes
- A pool of 6 master trainers would be developed in each district. The master trainers would facilitate large scale training of VHSNCs (basic and refresher training)..

Activities at village and community level
- Re-organization/ expansion of the VHSNC, with adequate representation of PRI members, SHG leaders, especially members from excluded and minority groups (as per the revised National VHSNC Guidelines)
- Awareness generation on NHM entitlements through community meetings, wall writings, display of citizens charter etc
- Organize first round of orientation training for VHSNC members

- Handhold regular monthly meetings of the VHSNC, including introducing the community enquiry tools

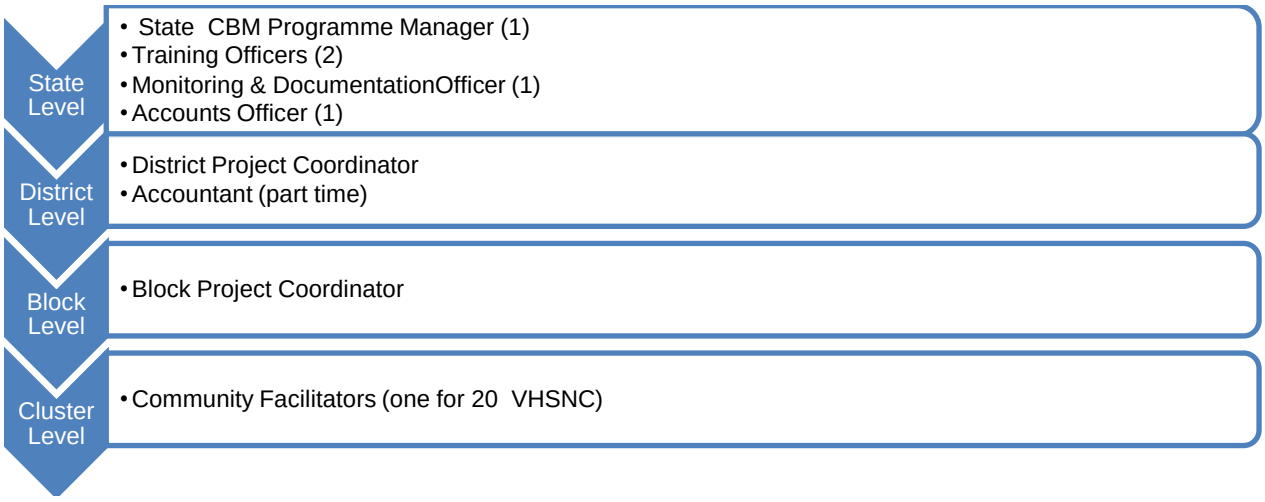
Program Implementation Structure

The programme at the state level will be managed by a team of professionals based at the State Programme Management Unit (SPMU). With support from NHSRC, the SPMU has recruited a team of 4 professionals to manage the implementation of the programme. The team comprises of 2 Training Officers, 1 Monitoring & Documentation Officer and 1 Account Officer. The position of State Programme Manager is still vacant and will be filled in current financial year. The AGCA would provide continuous guidance and support to the team in operationalising the programme.

At the district and block level, local implementing partners/ community based organizations/ academic institutions would implement the programme. Terms of reference for implementing partners has been finalized and mapping exercise would be undertaken to identify organizations for implementing the program. The agencies will be selected through a due diligence process, which would include desk and field appraisals. At district level, the program will be managed by a District Coordinator hired by District Nodal agency (NGO). To manage the finances, cost of a part time Accountant will also be provided. At the block level, the implementation of activities will be managed by a Block Coordinator, along with a team of Community Facilitators, each covering around 20 VHSNCs.

The process of selection of implementing partners across 18 districts is in progress. The budget for implementing partners has been envisaged for 9 months, depending on the approval in PIP for FY 2015-16.

Human Resource Structure



Support from AGCA- AGCA would provide technical support to the SPMU in the following areas;

- Orient and organize the initial State Advisory Group on Community Action meetings;
- Support in adaptation of a) guidelines, training modules for VHSNC b) Programme Manager guidelines, user's manual and training manual on Community Action for Health;
- Support in adaptation guidelines, criteria and processes for selection of implementing partners
- Co-facilitate state level trainings and orientation of implementing partners; and
- Periodic review and guidance for implementation of the programme

Details on programme scale (FY 2015-16)

Sl.	District	Block 1	No. of VHSNC	Block 2	No.of VHSNC
1	Badaun	Sahaswan	85	Jagat	62
2	Bahraich	Mahsi	65	Chittaura	72
3	Balrampur	Hariya satgharwa	91	Balrampur	98
4	Barabanki	Nindura	62	Banki	74
5	Barielly	Baheri	89	Kyara	42
6	Etah	Nidhauli Kalan	61	Sheetalpur	72
7	Faizabad	Sohawal	53	Masaudha	71
8	Gonda	Rupaideeh	89	Jhanjhari (Quazidewar)	75
9	Hardoi	Bharkhani	70	Ahirori	74
10	Kaushambi	Naweda	63	Kaushambi (Kaneli)	53
11	Kheri	Isanagar	70	Phool behar	60
12	Pilibhit	Puranpur	156	Amariyar	91
13	S K Nagar	Semariyawa	90	Belhar kakla	35
14	Shahjahanpur	Bhawalkhera	77	Dadraul	72
15	Shrawasti	Ikauna	69	Hariharpurani (Bhangha)	53
16	Siddharthnagar	Naugarh	70	Dumariaganj	116
17	Sitapur	Biswan	94	Behta	77
18	Sonbhadra	Chopan	51	Myorpur	65
Total			**1405**		**1262**
Grand Total					**2667**

Quarterly Activity Plan for 2015-16

Sl.	Key Processes / Activities	Quarter 1 (April-June)	Quarter 2 (July-Sep)	Quarter 3 (Oct-Dec)	Quarter4 (Jan-March)
1	Quarterly meetings of State AGCA				
2	Orientation of State & district officials				
3	Orientation of programme staff of implementing partners				
4	Training of Trainers (ToT) of state level master trainers on VHSNC				
5	Orientation of Community Facilitators				
6	Formation and orientation of District and Block level Planning and Monitoring Committees				
7	Quarterly Meetings of District and Block level Planning and Monitoring Committees				
8	Community level processes Orientation of VHNSC members Community level awareness on NHM entitlements and regular meetings of VHSNCs Initiation of community enquiry				

FMR Code	Activity	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)	Remarks
B15.1	**Community Action for Health**			
B15.1.1	State level	8.08	8.08	
B15.1.2	District level	559.41	292.71	Approved as per discussion in NPCC
B15.1.4.7	Remuneration of Staffs & Office Expenses	30.60		Not Approved
B15.1.4.9	Management Cost (District & Block level)	274.97		Not Approved
	Sub Total	**873.06**	**300.79**	

Budget Summary- ASHA/Community Process - 2015-16

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B1	**ASHA**							
B1.1.1	**Selection & Training of ASHA**							
B1.1.1.2	Module VI & VII	Batches		2893	3,773.55		3,761.99	
B1.1.1.3.1	TOT of ASHA Trainers -I Round (at RHFWTC)	Batches		22	97.91	22	97.91	
B1.1.1.3.2	TOT of ASHA Trainers -II Round (at RHFWTC)	Batches		725	73.62	725	73.62	
B1.1.1.3.3	TOT of ASHA Trainers -II Round (State TOT)	Batches		3	9.17	3	9.17	
B1.1.1.4	**Post training support and supervision**							
B1.1.1.4.1	Supervision costs by ASHA facilitators(12 months)	No.	48,000.00	6815	3,271.20	6,815	3,271.20	
B1.1.1.4.2	Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses	No.	1,800.00	6815	122.67	6,815	102.23	Approved @ Rs.125/ASHA Facilitator
B1.1.1.5.1	Training of ASHA facilitator	Batches		61	40.93		37.34	Approved as per AHSA Guidelines and norms
B1.1.2	**Procurement of ASHA Drug Kit**							
B1.1.2.2	Replenishment	No.	300.00	152175	456.53			Approved & shifted to Code- B.12.2.5.2
B1.1.2.3	Procurement of ASHA HBNC Kit							
B1.1.2.3.1	New Kits	No.	1,000.00	59846	598.46	59,846	598.46	
B1.1.2.3.2	Replenishment	No.	300.00	48724	146.17	48,724	73.09	Approved @Rs.150/ASHA
B1.1.3	**Performance Incentive**							
B1.1.3.1	**ASHA incentives under Maternal Health**							
B1.1.3.1.2	Maternal Death Audit Information	No.	200.00	28042	56.08		40.00	Approved for 20000 expected maternal deaths @Rs.200/case
B1.1.3.2	**Incentive to ASHA under Child Health**							
B1.1.3.2.4	Referral of SAM cases to NRC	No.	100.00	14904	14.90	14,904	22.36	Approved @Rs.150/SAM child referral cum follow-up
B1.1.3.2.5	Follow up of discharge of SAM children from NRCs	No.	150.00	14904	22.36	-	-	Approval shifted and merged with FMR Code-B.1.1.3.2.4
B1.1.3.2.6	6 & 7 Module Trained ASHA under HBNC Programme	No.	250.00	160175	5,386.27	160,175	5,386.27	
B1.1.3.2.7	Incentive for Diarrhoeal Case Referral	No.	3,000.00	28370	851.10			Not Approved
B1.1.3.3	**ASHA Incentives under family planning**							
B1.1.3.3.1	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion	No.	150.00	105000	157.50	105,000	157.50	
B1.1.3.3.2	ASHA incentive under ESB scheme for promoting	No.	500.00	112428	562.14	112,428	562.14	

FMR Code	Budget Head	Unit of Measure	Unit Cost (Rs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
	spacing of births							
B1.1.3.3.3	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	No.	1,000.00	320350	3,203.50	135,000	1,300.00	40% of target approved.
B1.1.3.3.4	Spacing for 2 years after marriage	No.	500.00	114676	573.38	114,676	573.38	
B1.1.3.6	**ASHA Incentives (other)**							
B1.1.3.6.1	Incentives for routine activities	No.	12,000.00	144158	17,298.96	144,158	17,298.00	
B1.1.3.6.5	Reimbursement of travel expenses for accompanying a woman to facility for surgical abortion (MVA/EVA)	No.	150.00	10000	15.00	10,000	15.00	
B1.1.3.6.6	Reimbursement of travel expenses for accompanying a woman to facility for medical abortion (MMA)	No.	225.00	4500	10.13			Not Approved - with justification that already approved under B.1.1.3.6.5 and state use existing transport system.
B1.1.3.7	**Others**							
B1.1.3.7.1	ASHA Divas/ Annual ASHA Samellan	No.	250.00	144158	360.40	144,158	360.40	
B1.1.3.7.2	ASHA Payment Voucher, Payment Register & VHIR Register				324.40		324.40	
B1.1.4	Awards to ASHA's/Link workers	No.	5,000.00	820	41.00	820	41.00	
B1.1.5	**ASHA Resource Centre/ASHA Mentoring Group**							
B1.1.5.1	HR at State Level	No.		23	133.01		82.49	
B1.1.5.2	HR at District Level (including Grievance Redressal Committee)	No.	386,760.00	75	290.07	75	276.89	Approval of 5% annual increment granted instead of 10%.
B1.1.5.3	HR at Block Level	No.	187,200.00	820	1,535.04	820	1,535.04	
B1.1.5.4	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group (Kindly Specify)	No.			12.91		12.91	
B15.1	**Community Action for Health**							
B15.1.1	State level	No.			8.08		8.08	
B15.1.2	District level	No.			559.41		292.71	
B15.1.4.7	Remuneration of Staffs & Office Expenses	No.		5	30.60			Not Approved
B15.1.4.9	Management Cost (District & Block level)	No.		1	274.97			Not Approved
B.16	**Procurement**							
B16.1.9	Procurement of Other equipments	No.	60,000.00	13	7.80	13	5.20	13 Computers with peripherals for CP division @Rs.40000 /computer
B.16.2	Procurement of Drugs and supplies							
B.16.2.5.2	Other Free Drug Services						456.53	Amount shifted from FMR.B1.1.2.2
	Sub Total				**40,319.21**		**36,775.31**	

Chapter-11: Untied Funds

Govt. of India has approved provision of Untied Funds/Annual Maintenance Grants /Corpus Grants to HMS/RKS @ Rs. 10.00 Lakh per year per District Hospital, @ Rs. 5.00 Lakh per year per facility for CHCs, @ Rs.1.75 Lakh per PHC, @Rs.0.10 Lakh for each sub centre through Rogi Kalyan Samiti and @ Rs. 0.10 Lakh for each sub centre through Village Health Sanitation Committee and @ Rs. 0.10 Lakh for Village Health, Sanitation & Nutrition Committee. As per GOI norms the total allocation works out to Rs. 16855.08 Lakhs. There are 51413 VHSNCs at Gram Panchayat level; hence, it is being proposed to provide Rs. 10000 per VHSNC (gram panchayat level) only, where account is open and functional.

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

Budget Summary – Untied Funds -2015-16

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16)	Remarks
		Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)	
B2	**Untied Funds**				
B2.1	District Hospitals	157	1,570.00	942.00	60% approval(as per utilization)
B2.3	CHCs	966	4,830.00	3,864.00	80% approval(as per utilization)
B2.4	PHCs	2696	3,538.50	2,642.08	56% approval(as per utilization)
B2.5	Sub Centres	20404	3,060.60	1,196.51	32% approval(as per utilization)
B2.6	VHSC	51413	3,855.98	1,696.63	33% approval(as per utilization)
Sub Total			**16,855.08**	**10,341.22**	

Thus, for Untied Funds/Annual Maintenance Grants /Corpus Grants to HMS/RKS, an amount of Rs.16855.08 Lakhs was proposed for the year 2015-16, out of which GOI approved Rs.10341.22 Lakhs only (FMR Code-B.2 and its sub heads)

Chapter-12: Hospital Strengthening

Repair/Renovation of SNCUs

Sick Newborn Care Units are special newborn units in a large hospital generally at district level meant to reduce the case fatality among sick newborns, either born within the hospital or outside including home delivery. It also acts as the teaching and training hub for imparting the skills for newborn care.

The achievement of major reductions in early neonatal deaths will depend on provision of individualized clinical care; concurrent expansion and scaling-up of clinical care for sick neonates will be vital for bringing the IMR down. Strengthening the clinical services within the health care system is a much needed but neglected component of a comprehensive intervention for reducing neonatal deaths for which SNCUs are being established in the state in phased manner.

At present, repair and renovation is required for 5 existing and 23 new SNCUs, for which **Rs. 112.00 Lakhs was proposed at FMR Code- B4.1.1.2, which is approved by GOI (FMR Code-B.5.6.1&2).**

Third Party Evaluation of Construction Works

It has been decided by GOI in financial year 2011-12 that third party Evaluation of construction works under NRHM should be done to ensure the quality. As per the decision of EC dated 12.09.2011 that the third party evaluation of small works such as sub center and J.S.Y. wards (PHC Level) should be done by the task force working under District Magistrate. The big works like CHC and hospital etc. should be evaluated by Govt. Engineering Colleges of the State. Value of Works to be evaluated by third party in the year 2015-16 is Rs. 35000.00 Lakhs. Usually Engineering Colleges are charging 0.5% of the estimated cost. Therefore, an amount of Rs. 1750.00 Lakhs is needed for the Third Party Evaluation of construction works for the year 2015-16. Out of this, an amount of Rs. 200.00 Lakhs is committed at state level. **Thus, a total amount of Rs.1500.00 Lakhs was proposed for the same, out of which GOI approved Rs. 600.00 Lakhs (FMR Code-B4.1.5.2)**

Carry Forward/Spillover of ongoing works – Maternity Wings

Uttar Pradesh is a very densely populated state with a population of >20 crores, which is highest in the country with geographical area little less than Madhya Pradesh & About 30 Lakhs Institutional deliveries are being conducted at government facilities every year with a bed occupancy of more than 100 percent in peak season in most of the district women hospitals. It is essential to provide quality services to JSY beneficiaries and comprehensive reproductive maternal new born and child services in the hospitals.

It is proposed to expand maternity wing at district women hospital where JSY load is very high and the land for construction of additional maternity wing is available in the same premises. In some districts, land is not available but some old buildings are available in dilapidated condition. It is proposed that after demolition of these structures a multistoried maternity wing will be constructed at the same place.

These maternity wings will include antenatal waiting room, labour room, emergency new born care room, sick new born care unit, operation theater, post natal ward, toilet facilities (attached with ward and separate common toilet), Nursing station, Doctor's Duty room, Store room, kitchen along with provision of ultra Sonography Machine, Radiologist on contract, RO system, water cooler, air conditioner, electricity backup etc. Facility of Patient Relation Shed & Canteen is also being provided in this project.

In the year 2012-13, GOI approved construction of 100 bedded MCH wings (50); 50 bedded MCH wings (12); and 30 bedded MCH wing (78) with the total budget of Rs. 129400.00 Lakhs. As all the construction is in progress and it is expected that the construction work will be completed by February 2016. During the period from 2012-13 to 2014-15, GOI approved Rs.

96050.00 Lakhs and remaining Rs. 33350.00 Lakhs is required for the year 2015-16 for completion of work in time. **GOI has approved the same amount, as proposed (FMR Code-B4.1.5.3).**

Carry Forward/Spillover of ongoing works – Maternity Wing in S.N.Medical College, Agra

In the S.N.Medical College, Agra, it was proposed to expand maternity wing having high JSY load as the land for construction of additional maternity wing has available in the same premises. This maternity wing would include antenatal waiting room, labour room, emergency new born care room, sick new born care unit, operation theater, post natal ward, toilet facilities (attached with ward and separate common toilet), Nursing station, Doctor's Duty room, Store room, kitchen along with provision of ultra Sonography Machine, Radiologist on contract, RO system, water cooler, air conditioner, electricity backup etc. Facility of Patient Relation Shed & Canteen is also being provided in this project.

In the year 2012-13, GOI approved construction of 100 bedded MCH wing with the total budget of Rs. 2232.00 Lakhs. As the construction is in progress and it is expected that the work will be completed by February 2016. During the period (from 2012-13 to 2014-15), GOI approved Rs. 1000.00 Lakhs and remaining Rs. 1232.00 Lakhs is required for the year 2015-16 for completion of work in time. **GOI has approved the same amount, as proposed (FMR Code-B4.1.5.4.2).**

Carry Forward/Spillover of ongoing works –MCH Hospitals(200 bed) in infrastructure less districts

This work was sanctioned in the year 2013-14. Amount released by GOI is 5000.00 Lakhs till date. Construction agencies selected except disttrict Amethi (for district Amethi availability of land is being ensured). Cost of project is inclusive of DEIC, NRC, Night Shelter for patient's relative, ASHA worker and hostel for Nurses and Residences for paramedical & Medical officers. It's also includes cost of medical equipments & central Gas Systems.

As per above details DPR submitted by construction agencies has vetted by DG-MH and being finally evaluated by U.P. State project evaluation agency i.e. PFAD. Hence financial approval will be accorded subject to finalizion of cost of project by PFAD with due approval of EC of SHS.

As per State Govt. norms, 40% of the project cost has to be released in advance to construction agencies to start the work. So GOI is requested to release 40% cost of the project after adjusting the token amount. **Thus, for the above Rs.20000.00 Lakhs is required for the year 2015-16, out of which GOI approved Rs.13000.00 Lakhs @Rs.2600.00 Lakhs per hospital (FMR Code-B4.1.5.4.5)**

Budget Summary – Hospital Strengthening -2015-16

FMR Code	Budget Head	Unit	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B.4	**Hospital Strengthening**						
B4.1.1	**District Hospitals**					**-**	
B4.1.1.2	Repair/ Renovation	Nos.	28	112.00			Budget approved under B.5.6.1 and 2
B4.1.5	**Others (MCH Wings)**						
B4.1.5.2	Additional requirement from previous work	Nos.		1,550.00		600.00	Third Party Evaluation of Construction Works
B4.1.5.3	Carry forward /Spillover of Ongoing Works	Nos	140	33,350.00	140	33,350.00	Approved spill over works as per the following: 100 bedded MCH wings (50); 50 bedded MCH wings (12); and 30 bedded MCH wing (78) sanctioned in 2012-13 RoP.
B4.1.5.4	Other construction						
B4.1.5.4.2	Carry forward /Spillover of Ongoing Works (100 bedded Maternity wing in S. N. Medical College, Agra)	Nos	1	1,232.00	1	1,232.00	
B4.1.5.4.5	200 Bedded MCH Hospital at infrastructure less district	Nos	5	20,000.00	5	13,000.00	Rs. 2600 Lakhs is being approved in current FY for each of the 5 hospitals. Theses 200 bedded MCH Hospitals have been approved for districts Ambedkar Nagar (Tanda), Sonebhadra, Lakhimpur Kheri, Chitrkoot and Amethi.
B4.1.6	**SDH**						
B4.1.6.1	Additional Building/ Major Upgradation of existing Structure	No.	1	7.80		7.80	Infrastructure for State Headquarter (Blood Cell at NHM)
B.4.3	Sub Centre Rent and Contingencies	No.	3651	109.53	3,651	109.53	
	Total			**56,361.33**		**48,299.33**	

Chapter-13: New Constructions

Construction of New CHCs

In the year 2015-16, a proposal for 32 new CHCs was included in the PIP but GOI has approved only 17 new CHCs @Rs.563.00 Lakhs per CHC, but for the first year only 40% of the total budget @Rs.225.20 Lakhs per CHC accorded. Thus, totaling to Rs.3828.40 Lakhs has been approved.

Setting up Infrastructure wing for Civil works

- **Staff at State level -** To strengthen the infrastructure wing at state level staff to be positioned at state level programme management unit is being proposed so that monitoring of all the construction works can be done.

  Further, during the visit of Joint Secretary, Policy, GOI, MOHFW, on December 19, 2014 & March 21, 2015 at Lucknow, this issue was discussed and JS, Policy agreed for the strengthening of Construction/ Infrastructure cell at SPMU. In this context, a proposal of Rs. 130.27 Lakhs is being proposed, with 10% increment of salary of the staff, who did not get any increment in the year 2014-15, as follows. **For the purpose, GOI approved Rs.72.46 Lakhs (FMR Code-B5.4.1)**

Table – A: Staff at State Level

Sl.	Name of Post	Amount proposed for FY 2015-16			
		Unit	Qty	Monthly Salary	Total Annual Cost (Rs)
1	Chief Engineer	No.	1	137500	1650000
2	Executive Engineer	No.	1	88000	1056000
3	Advisor (Technical)	No.	1	45000	540000
4	Assistant Engineer (Civil/E/M)	No.	2	65000	1560000
5	Assistant Engineer (Civil)	No.	2	65000	780000
6	Architect	No.	1	50000	600000
7	Junior Engineer (Civil/E/M)	No.	4	45000	2160000
8	Junior Engineer (Civil)	No.	3	45000	810000
10	Accountant	No.	2	28050	673200
11	Data Assistant	No.	2	27500	660000
12	Computer Operator	No.	2	11500	276000
13	Computer Operator	No.	2	11500	276000
14	Computer Operator	No.	6	11500	414000
15	Programme Assistant	No.	2	30000	360000
16	Steno/Secretary	No.	1	20000	120000
17	Office Assistant	No.	4	8000	192000
18	Vehicle for Mobility Support	No.	5	30000	900000
	Sub Total				**13027200**

- **Staff at District level -** To strengthen the infrastructure wings at districts, so as to monitor & evaluate the day to day progress of civil works of different units (like MCH wings, DHs, CHCs, PHCs, Sub Centres, SNCUs, etc,) being constructed in districts. It is being proposed that the following staff is to be positioned in districts unit.

  All the posts are proposed to be filled through deputation/contractual basis. **A proposal of Rs. 1130.22 Lakhs was proposed (salary for 6 Months Only), which is not approved by GOI (FMR Code-B5.4.2)**

Table – B: Staff at District Level

Sl.	Name of Post	Amount proposed for PIP 2015-16			
		Units	QTY	Monthly Salary	Total Cost (Rs)
1	Executive Engineer	No.	18	88000	19008000
2	Assistant Engineer (Civil)	No.	75	65000	58500000
3	Data Assistant	No.	18	27500	5940000

4	Computer Operator	No.	93	11500	12834000
5	Vehicle for Mobility Support	No.	93	30000	16740000
	Sub Total				**113022000**

Construction of District Drug ware Houses

In the year 2012-13, GOI has approved construction of district drug ware houses in district Srawasti and Shamli. But due to non availability of land, construction could not be started, also the budget was not committed. Now, land is available in both the districts and new proposal of Rs.541.38 Lakhs was proposed for approval according to revised guideline of free drug policy of GoI. **For the purpose, GOI approved the amount of Rs. 541.38 Lakhs (FMR Code-B5.5)**

Strengthening of Existing Training Institutions/Nursing Schools

For ongoing pending renovation work of SHIFW-CTI (class room, hostel and mess etc.) under NHM, the total amount sanctioned in different years was Rs. 600 Lakhs, out of which PACCFED (construction agency) has carried a work of Rs. 407.65 Lakhs. This is incomplete and was under CBI surveillance.

Now, the enquiry is complete and the concerned agency has started its work again and work is under progress. In order to complete the remaining works of 2 additional class rooms, furnishing class rooms, completion of 27 new Hostel rooms and furnishing of conference hall of main building, which has a capacity of 80 seats, and furnishing of new constructed computer lab etc. for which the total amount of Rs.718.67 Lakhs is required, out of which state requires to revalidate the available amount of Rs. 218.67 Lakhs (work order already issued to agency) along with additional proposal of Rs. 500.00 Lakhs.

GoI has not approved the proposal with the remarks that "Activity is pended and the proposal lacks clarity on its status"(FMR Code- B.5.10.1.2).

Budget Summary – New Constructions -2015-16

FMR Code	Budget Head	Unit	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B5	**New Constructions**						
B5.1	**CHCs**						
B5.1.1	New construction (to be initiated this year)	No.	32	7,206.40	17	3,828.40	Approved 17 CHCs @ Rs. 563 Lakhs per CHC are per the enlisted names. As proposed 40% (i.e. Rs. 225.2 Lakhs) of the construction cost for 17 CHCs is being approved.
B5.4	**Setting up Infrastructure wing for Civil works**						
B5.4.1	Staff at State level	No.	36	130.27		72.46	
B5.4.2	Staff at District level	No.	204	1,130.22		-	Not Approved
B5.5	Govt. Dispensaries/ others	No.	2	541.38	2	541.38	
B5.6	**Construction of BEmONC and CEmONC centres**			**-**			
B.5.6.1	new SNCU/NBSU/NBCC to be initiated this year				23	92.00	Shifted from FMR Code-A.2 for 23 SNCUs@Rs.4.00 Lakhs
B.5.6.2	Carry forward /Spillover from previous year's sanction for SNCU, NBSU, NBCC				5	20.00	Shifted from FMR Code-A.2 for 5 SNCUs@Rs.4.00 Lakhs
B.5.10	**Infrastructure of Training Institutions --**						
B.5.10.1.2	Repair/ Renovation- Existing Training Institutions/Nursing School	No.	1	500.00			Pended. The proposal lacks clarity on its status
	Sub Total			**9,508.27**		**4,554.24**	

Chapter-14: Implementation of Clinical Establishment Act

The Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services provided by them. The Act has taken effect in the four states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories except the NCT of DELHI since 1st March, 2012 vide Gazette notification dated 28th February, 2012. The states of Uttar Pradesh, Uttarakhand, Rajasthan, Bihar and Jharkhand have adopted the Act under clause (1) of article 252 of the Constitution.

The Ministry has notified the National Council for Clinical Establishments and the Clinical Establishments (Central Government) Rules, 2012 under this Act vide Gazette notifications dated 19th March, 2012 and 23rd May, 2012 respectively.

The Act is applicable to all kinds of clinical establishments from the public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception will be establishments run by the Armed forces.

To enact the act in the state, an amount of Rs.659.70 Lakhs was proposed for the year 2015-16, but GoI not approved the proposal with the remarks that "Activity is pended and State to provide details and cost break-up."(FMR Code- B.6.1).

Chapter-15: Mainstreaming of AYUSH

The World Health Organization estimates that most people in developing as well as in developed countries receives the bulk of their Health Care from traditional or indigenous health systems. Thus the opportunity to increase the power and reach of the public health sector through integration of AYUSH systems in INDIA cannot be ignored. Prevention of disease or illness is now being emphasized as more significant than treatment, whether we look at it from an angle of cost effectiveness or economic expenditure incurred by state or by the citizen. AYUSH systems highlight the preventive aspect rather than curative one. NHM has identified this significant aspect of AYUSH and thus Mainstreaming of AYUSH at all levels in Health Care delivery system. Hence the Services of AYUSH Doctors and Paramedics are of utmost importance in health care.

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Systems of Medicines have proven promotive, preventive and curative strengths. The objective of Mainstreaming of AYUSH is to provide AYUSH healthcare facilities at the PHCs, CHCs and district hospitals. The development of the health care institutions scheme has been revised along with addition of some new components in order to mainstream AYUSH more effectively. Most of the PHCs and CHCs are situated in rural areas; to promote basic health services by AYUSH system under one roof of PHCs, CHCs and district hospitals in the light of RMNCH+A to decrease MMR & IMR. AYUSH Doctors and Paramedics can be effectively & efficiently utilized in so many ongoing schemes/programmes of NHM.

For Mainstreaming of AYUSH under National Health Mission (NHM) in the state, activities proposed in 2015-16 PIP, as per following details:

Contractual AYUSH Medical Officers

For the year 2015-16 PIP, an amount of Rs 8505.45 Lakhs is being proposed at FMR code B.9 for the following activities as per the guidelines of GOI for mainstreaming of AYUSH by ensuring AYUSH facilities at district male, female & combined hospitals, CHCs /PHCs/APHCs .

One of the key strategies of National Health Mission (NHM) is the Mainstreaming of AYUSH doctors into the existing health care delivery system. Under Mainstreaming of AYUSH, there is a workforce of Contractual AYUSH doctors working in rural and semi-urban sectors, which are performing AYUSH OPD at district male, female & combined hospitals / CHCs / PHCs & are effectively participating in supportive supervision of routine immunization, family planning, child health, maternal health, adolescent health & other national programmes, particularly in the rural areas.

For 2044 contractual AYUSH doctors in the state, an amount of Rs. 7122.93 Lakhs was proposed as the honorarium for the year 2015-16 @ Rs. 29040/Month for 12 months with 10% increment, against which GOI approved Rs.6799.16 Lakhs with 5% increment @ Rs. 27720 per month for 12 months (FMR Code-B.9.1 and its sub heads)

Contractual AYUSH Pharmacists

In the year 2014-15, AYUSH OPD performed in the state is about 1.5 crore and in the year 2015-16, it is expected to reach about 2 crore. Since, there is a huge gap in no. of contractual AYUSH pharmacists in respect to already approved contractual AYUSH doctors (759 AYUSH pharmacists against 2044 contractual AYUSH doctors). Therefore, additional 369 contractual AYUSH pharmacists is being proposed in the year 2015-16 in order to manage medicine inventory & facilitate smooth running of AYUSH OPD in the state.

Thus, for the honorarium of 1128 contractual AYUSH pharmacists, an amount of Rs.1232.97 Lakhs was proposed for 759 already approved contractual pharmacists for 12 months and 369 newly proposed AYUSH pharmacists for 6 months @ Rs.10890/month, out of which GOI approved Rs.946.78 Lakhs for remuneration of existing 759 AYUSH pharmacist with 5 % increment @ Rs. 10395.00 per month for 12 months(FMR Code-B.9.2 and its sub heads)

Other Activities

For the year 2015-16, a budget of Rs.149.55 Lakhs was proposed for Contingency, IEC/BCC activities & establishment of one Panchkarma unit and drugs & supllies of AYUSH, as per following:

- **Contingency-** Rs.16.80 Lakhs @ Rs.20,000 /unit per annum was proposed as contingency for the year 2015-16 to meet out routine expenses of consumables incurred in providing AYUSH health care services to patients & for smooth functioning of newly constructed 84 AYUSH wings at District level hospitals. **GOI approved the same amount for 85 AYUSH wings and approval shifted to FMR Code - A 10.1.11.4**

- **IEC/BCC for AYUSH -** For The year 2015-16 Rs 127.75 Lakhs was proposed for IEC/BCC for promotion of Mainstreaming of AYUSH at all levels & to develop the interest of people for natural life style and maintain the health free from diseases and health problems.

  Radio Jingles - The Broadcasting of Radio jingles from all channels (12 stations) of All India Radio (AIR) of U.P. One spot of AYUSH of 60 seconds duration will broadcast each day for 90 Days. As it has a wider reach to the rural and urban masses, it will help to awareness building and public education about the AYUSH system. Therefore for broadcast of radio jingles of 60 seconds each day for 90 days, thus broadcasting of 90 radio jingles of AYUSH @ Rs 5500/10 seconds for 60 seconds spot, an amount of Rs. 29.70 Lakhs is being proposed in 2015-16 (service tax @ 12.36% is added on the total amount). The detailed media plan for Radio jingles is given below in table-

  TV spots - In Electronic media, Telecasting of video spots from Doordarshan U.P. to promote health care by traditional system of prevention and treatment; it will also help awareness building and public education about the AYUSH system and their potential strength area. One video spot of 60 seconds duration will be telecasted each day (news before and after) for 90 days. Therefore for telecast of 60 seconds video spots one each day (news before and after) for 90 days, thus telecasting of 90 video spots of AYUSH @ Rs 10000/10 seconds for 60 seconds spot, an amount of Rs. 54.0 Lakhs is being proposed in 2015-16. (Service tax @ 12.36% is added on the total amount). The detailed media plan for TV spots is given below-

  Print media and news paper Advertisement - Rs 30.00 Lakhs is being proposed for the year 2015-16, for print media and news paper advertisement. In IEC/BCC activity, news paper advertisement for general information about AYUSH system and to create an interest and faith in AYUSH systems which are more popular in country & easy to practice

Plan For IEC/BCC Activities for the Year 2015-16

Sl.	Activity	Unit cost (in Rs)	Total Target	Total Amount Rs in Lakhs
1	Radio Spots ; AIR - all channels (12 Stations) category-I, category-II Free broadcasting (of 60 seconds @ Rs 5500/10 seconds)	33,000	90	29.70
2	Doordarshan Lko. (News before and after)TV Spots telecasting (of 60 seconds @ Rs 10000/10 seconds)	60,000	90	54.00
3	News paper Advt. (as per DAVP rates)	5,00,000	6	30.00
Total				113.70
Service tax @12.36				14.05
Grand Total				**127.75**

For conducting IEC/BCC activities, an amount of Rs.127.75 Lakhs was proposed, out of which GOI approved Rs.83.70 Lakhs only. Remaining Rs. 44.05 Lakhs (Rs 30.00 lakhs for print media and news paper advertisement and Rs. 14.05 Lakhs as service tax is not approved (FMR Code-B9.3.2)

- **Establishment of Panchkarm Unit-** Ayurvedic treatments involve establishing an individual's constitution and the nature of the imbalance and then seeking a state of healthy

balance. The treatment consists of purva karma i.e. the use of herbal remedies, specialist ayurvedic massages (Snehana or Abhyanga) using herb infused massage oils and sudation (Svedan).The doshas in the extremities, various tissues and channels have been lubricated by snehana and get liquefied by Swedana are brought into the alimentary tract to be eliminated out of the body by appropriate purification therapies (Pradhan Karma). The purification therapy of Ayurveda, Panchkarm is comprised of five basic types of advanced treatment for the evacuation of vitiated Doshas (toxic materials) from the body as a body detox programme (Pradhan Karma). These are Vamana (emesis through herbs), Virechana (Purgation through herbs), Nasya (nasal administration of medicated oils), Anuwasan and Nirooh Basti (medicated enemas). These practices are extremely helpful in relieving deep seated diseases as well as being beneficial for maintaining and improving physical & mental health.

For the year 2015-16, an amount of Rs. 5.00 Lakhs was proposed for renovation of existing premises, furniture, fixtures, and equipments etc. for the establishment of one panchkarm unit as a pilot project at Lok Bandhu Raj Narayan Govt. hospital, Lucknow. Ayurvedic Doctor & Pharmacist will be arranged from existing HR. Apart from this 2 Panchkarm Technicians & 2 Safaikarmi (1 male & 1 female) will be proposed on contractual basis after establishment of panchkarma unit. **This amount is approved by GOI(FMR Code- B.9.3.3)**

Drugs and Supplies for AYUSH

For AYUSH Drugs and supplies for 2019 Contractual AYUSH doctor for dispensing AYUSH drugs at facility level (Except 25 Yoga Specialist) Rs 2019.00 Lakhs @ Rs.1.00 Lakh/unit was proposed for the year 2015-16, **which is approved by GOI (FMR Code-16.2.8).**

Budget Summary – Mainstreaming of AYUSH -2015-16

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B.9.1	Medical Officers	3.48	2044	7,122.93	2,044	6,799.16	Approved with 5% increment @ Rs. 27720 per month for 12 month
B.9.2	AYUSH pharmacists	1.31	1,128	1,232.97	759	946.78	Approved for remuneration of existing AYUSH pharmacist with 5 % increment @ Rs. 10395 per month for 12 months
B9.3.1	Contingency	0.20	84	16.80			Rs.16.80 Lakhs Approved @ Rs. 20000 for 85 AYUSH wings. Amount has been shifted to A 10.1.11.4
B9.3.2	IEC/BCC Activities for Promotion of AYUSH	-	3	127.75	3	83.70	Not approved -Rs 30.00 Lakhs for print media and news paper advertisement) Not approved- 12.36% service tax.
B9.3.3	Establishment of Panchkarma Unit	5.00	1	5.00	1	5.00	
B.16	PROCUREMENT						
B.16.2.8	Drugs & supplies for AYUSH	1.00	2019	2,019.00	2,019	2,019.00	
Sub Total				**10,524.45**		**9,853.64**	

Chapter-16: Information, Education & Communication (IEC)/Behaviour Change Communication (BCC)

In 2014-15 IEC Division of SPMU, National Health Mission, Uttar Pradesh developed need base PIP on IEC/BCC for each district with a bottom up approach. The plan was approved by GoI in Supplementary RoP in March, 2015. The approved budget with a detail implementation, planning and monitoring guidelines was sent to all districts so that districts can do effective implementation of approved IEC/BCC activities.

For the year 2015-16, IEC/BCC Plan has been prepared after discussion with program officers of all component of NHM, State IEC bureau and TSG-BCC members.

IEC/BCC Progress Update of 2014-15

- **Strengthening of State IEC Bureau, Uttar Pradesh:** In the year 2014-15, State IEC Bureau received the budget for organizing all BHEOs training of 75 districts. The Training calendar of 34 batches of BHEOs' training has been prepared by SIHFW with the support of UNICEF. To develop a resource pool for BHEOs' training, Master trainers' training has been completed by UNICEF. These master trainers will train all BHEOs.

- **State IEC/BCC/SBCC Strategy:** NHM,UP developed SBCC Strategy Guideline for 2014-15 with technical and financial support of UNICEF and disseminated it to all District and Block level IEC/BCC nodal officers, Technical Support Group members, State IEC bureau etc.

- **Capacity Building of District and Block Level Nodal for IEC/BCC:** IEC/BCC division of NHM,UP trained 169 district level IEC/BCC Nodal officers on SBCC skills, IEC/BCC planning, Implementation, Reporting and supportive supervision tools with technical and financial support of UNICEF. UNICEF organized 5 State level 3 days' training at different regions: Gorakhpur, Meerut, Lucknow, Varanasi and Jhansi.

- **IEC Mela 2014:** IEC division NHM organized an IEC Mela with support of UHI and all Development Partners working in the state on the occasion of World Population Fortnight in Kaiserbagh baradari, Lucknow. 25 development partners and more than one thousand general community visited the exhibition and got the information on Family Planning and other RMNCH+A issues and services.

- **Launching of Web Site**: A website of IEC of NHM,UP launched by the Health Minister of U.P. with special focus on IEC/BCC i.e. www.iecrmncha.in This web site has all type of media materials on RMNCH+A.

- **Mass Media Campaign on RMNCH+A:** Audio and Video spots on RMNCH+A are being broadcasted and telecasted by DD UP and AIR & FM Radio Stations.

- **Messaging on Railway Tickets :** Messages of RMNCH+A services has been printed on 6 crore unreserved tickets on NE Railway which are being distributed from various stations of NE Railway in U.P.

- **Display of LED TV in District Hospitals:** LED TV has been displayed in District Hospitals of 75 districts. Video spots for display on TV have been provided to DPMU.

- **IPC Campaign in villages through Sehat Sadeshwahini :** IPC Campaign on RMNCH+A has been completed in 16340 villages of 818 blocks of all 75 districts. Third party evaluation has also been done by SIFPSA. The second round of its IPC Campaign is proposed in 2015-16 PIP.

- **Community Radio Workshop** held with all functional CR Stations in U.P. The plan of advocacy for RI was discussed with the participants and they also developed package for RI in the workshop.

- **Facility Branding of 5 Model Facilities:** Under Facility Branding task, IEC division, NHM,UP has initiated following activities with support of UNICEF:
  - Facility level need assessment exercises has been conducted in 5 identified facilities and developed a Facility Branding Strategy for improving the service uptake and functioning of public health facilities of Uttar Pradesh.
  - Community level need assessment exercise has been completed and come up with comprehensive analysis of barriers on the 12 prioritized behaviours under RMNCH+A.
  - For effective communication between the clients and community with the public health facilities/services UNICEF developed a SBCC Package on RMNCH+A

For facility branding GoUP identified different level of facilities so that need of each level can be identified for further scale up. The names of facilities are given below:

Sl.	Level of Facilities	Name of the facility
1	Sub Centre (Delivery Point)	Sub Centre, Lalpur
2	PHC (24X7)	Primary Health Centre, Nigohan
3	CHC- FRU	Community Health Centre, Chinhat
4	District Women Hospital	Veerangna Avanti Bai Mahila Chikitsalaya, Lucknow
5	District Combined Hospital	Lok Bandhu Raj Narayan Sanyukt Chikitsalaya, Lucknow

PIP planning for 2015-16:

FMR B.10.1 - Strengthening of State IEC Bureau:

- IEC Specialist cum Consultant@Rs.50000/for 12 month=Total Rs.6.00 Lakhs
- Programme Assistant@Rs.21000/ for 12 months=Rs.2.52 Lakhs
- Data cum account assistant @Rs.21000/12months=Rs.2.52 Lakhs
- Logistic support for strengthening –Rs.15.00 Lakhs

Total Rs.26.04 Lakhs

Out of which GOI approved Rs.10.92 Lakhs with following: 1) Rs.20000/m for 12 months for logistics. 2) 1 IEC specialist cum consultant @Rs.50000/m for 12 months and 1 Programme assistant @ Rs.21000/m for 12 months.

FMR B.10.2 - The State IEC/BCC Strategy:

The state IEC/BCC strategy and SBCC Guideline for NHM has been developed and printed with the technical and financial support of UNICEF, Lucknow. The SBCC Guideline has been distributed to partners of TSG-BCC and NHM State Programme Officers as well as to All CMOs and BHEOs. The Hindi Version of SBCC Guideline is ready.

The cost proposal for Printing of Hindi version of IEC/BCC Strategy Booklet and Operational Guideline is as under:

Sl.	Activity	Quantity	Unit Cost	Total Cost (Rs. In Lakhs)
1	Printing of 2500 copies of SBCC strategy guideline in Hindi.	2500	200.00	5.00
2	Printing of 10,000 copies of NHM schemes booklet	10000	75.00	7.50
	Total			**12.50**

For the above purpose, GOI approved Rs.0.25 Lakhs for printing of 5000 copies of NHM schemes booklet @Rs 50/- and for strategy book printing, it to be sought from State development partners.

The other proposals under Implementation of IEC/BCC Strategy are as under:

B.10.3.1.1: Media Mix (Mass +Mid) activities for MH-

- **Press Advertisement:** Publicity of NHM schemes and services on special days through 4 Press ad for International Womens Day, World Health Day, Safe Motherhood day and one advt. on special week campaign at state level @ Rs.6.50 lakh/advt. for all editions of popular news papers, size: 16X25 cm on DAVP Rates. **Total Rs.26.00 Lakhs**

- **Promotional activities for new schemes/services through Radio Safai**: Different promotional activities will be organized by NHM under these activities to promote the new schemes and services on maternal health among community and service providers.

  Awareness of new schemes and services will be provided through **Radio Safai**. Internet Radio Offering of **Radio Saifai** allows it to spread its wings not only to the far flung corners of Uttar Pradesh but also around the country and the world. What this implies is that the public service programming of Radio Saifai can be heard all over Uttar Pradesh and around the globe. This has several advantages over conventional FM or Community radio broadcasting. For example, the signal of a commercial FM stations is typically not available beyond a 100-125 km radius from the antenna location. In the case of low power community radio stations this reach is limited to only 25 km. With the advent of 3G/4G or even the higher speed 2G connectivity the listenership model of radio is rapidly evolving. Studies suggest that at least among the younger demographics over half of the typical radio listening population worldwide is now beginning to receive their radio via Internet over a mobile device such as Android or iPhone. This then means that the reach of public service programming or public service announcements can increase multifold if the radio service is streamed over the Internet as Radio Saifai is currently doing. Therefore, citizens of UP can receive and benefit from the Radio Saifai broadcast irrespective of whether they are located in Lucknow or any other remote district. An additional benefit is that UP diaspora both in other parts of India or even far away in USA, Europe, or other parts of the world is able to receive and enjoys programming that has deep emotional appeal to them thus re-bonding them with Uttar Pradesh and motivating them to contribute towards the development of Uttar Pradesh. **Total proposal –Rs.10 Lakhs,**

- **International Women's Day:** Sensitization workshops in all 75 districts @ Rs. 10,000/workshop and Rs 2.50 Lakhs at State level on International Women Day. **Total proposal-Rs.10 Lakhs**

- **Safe Motherhood Day:** Awareness campaign on the occasion of Safe Motherhood day **Total-Rs.73.85 Lakhs,**

- **Mid media activities:** Street hoardings on 102 and 108, 5/districts @Rs 15,000/hoardings, **Total proposal -Rs.56.25 Lakhs.,** HIV/AIDS related messages on 82489320 Unreserved tickets of N &E Railway@ 4 paisa/ticket**. Total-Rs. 32.99 Lakhs**

- **Mass Media activities:** Round the year NHM, UP will broadcast and telecast the spots through DD UP and pvt Channels of U.P. on RMNCH+A to aware the community on different RMNCH+A issues. The details are following:

Through Doordarshan Kendra Lucknow
Period : 50 Weeks
(As Per Prasar Bharti Rate Card)

Sl.	Day of Telecast	Name of Programme	Time of Telecast	Spot Dur.	Rate per 10 Sec. (in Rs.)	Spots per day	Total Sec.	Amt. (in Rs.)
1	Monday	Ghar Pariwar	4:00 to 4:30 pm.	60	2000.00	4	240	48000.00
		Krishi Darshan	5:30 to 6:00 pm.	60	2000.00	4	240	48000.00
2	Tuesday	Krishi Darshan	5:30 to	60	2000.00	4	240	48000.00

			6:00 pm.					
3	Wednesday	Gramodaya	4:00 to 4:30 pm.	60	2000.00	4	240	48000.00
		Patron Ke Sang Chitrahaar Ke Rang	5:00 to 5:30 pm.	60	15000.00	4	240	360000.00
		Krishi Darshan	5:30 to 6:00 pm.	60	2000.00	4	240	48000.00
4	Thursday	Krishi Darshan	5:30 to 6:00 pm.	60	2000.00	4	240	48000.00
5	Friday	Apka Swasthya	6.00 to 6.30 pm	60	2000.00	4	240	48000.00
6	Saturday	Guldasta	7:00 to 7:30 pm.	60	1500.00	4	240	36000.00
7	Sunday	Parikrama	4:30 to 5:00 pm.	60	1000.00	4	240	24000.00
		Lok Sangeet	5:00 to 5:30 pm.	60	1000.00	4	240	24000.00
Total For One Week						44	2640	780000.00
Total For 50 Week						704	42240	39000000.00
Less 25% Discount								9750000.00
Balance								29250000.00
Service Tax @14% :								4095000.00
Payable amt. (in Rs.) :								**33345000.00**

Through All India Radio
(As Per Prasar Bharti Rate)

Channel : **All India Radio**

Activity period : **300 Days**

A.) Primary Channels :

Sl.	Name of Station	Spot Dur.	Film Music (Cat - 1)		Rural/Women Prog. (Cat - 2)		Total Sec.	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1	AIR Lucknow	60	660.00	2	440.00	2	240	13200.00
2	AIR Gorakhpur	60	550.00	2	330.00	2	240	10560.00
3	AIR Varanasi	60	550.00	2	330.00	2	240	10560.00
4	AIR Allahabad	60	550.00	2	330.00	2	240	10560.00
5	AIR Najibabad	60	550.00	2	330.00	2	240	10560.00
6	AIR Agra	60	550.00	2	330.00	2	240	10560.00
7	AIR Rampur	60	550.00	2	330.00	2	240	10560.00
8	AIR Faizabad	60	330.00	2	220.00	2	240	6600.00
9	AIR Barelie	60	330.00	2	220.00	2	240	6600.00
10	AIR Mathura	60	330.00	2	220.00	2	240	6600.00
11	AIR Jhansi	60	330.00	2	185.00	2	240	6180.00
12	AIR Obra	60	220.00	2	170.00	2	240	4680.00
					(A)Expense of 1 day (in Rs.):			**107220.00**
					Expense of 300 days (in Rs.):			32166000.00
					Less Discount @15% :			4824900.00
							Balance :	27341100.00
					Service Tax @14% :			3827754.00
					Payable amt. (in Rs.) :			**31168854.00**

B.) FM Rainbow Channels :

Sl.	Name of Station	Spot Dur.	Programme Cat - 1		Programme Cat - 2		Total Sec.	Amt. (in Rs.)
			0700 – 1100 1700 - 2300		1100 – 1500			
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1	Lucknow	60	550.00	2				6600.00
							(B) Expense of 1 day (in Rs.):	**6600.00**
							Expense of 300 days (in Rs.):	1980000.00
							Less Discount @15% :	297000.00
							Balance :	1683000.00
							Service Tax @14% :	235620.00
							Payable amt. (in Rs.)	**1918620.00**

C.) Vividh Bharti Channels :

Sl.	Name of Station	Spot Dur.	PROGRAMME Cat - 1		PROGRAMME Cat - 2		Total Sec.	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1	Lucknow	60	390.00	2	330.00	2	240	8640.00
2	Kanpur	60	390.00	2	330.00	2	240	8640.00
3	Varanasi	60	390.00	2	330.00	2	240	8640.00
4	Allahabad	60	390.00	2	330.00	2	240	8640.00
5	Gorakhpur	60	280.00	2	220.00	2	240	6000.00
							(B) Expense of 1 day (in Rs.):	**40560.00**
							Expense of 300 days (in Rs.):	12168000.00
							Less Discount @15% :	1825200.00
							Balance :	10342800.00
							Service Tax @14% :	1447992.00
							Payable amt. (in Rs.) :	**11790792.00**

C.) Vividh Bharti Channels :

Sl.	Name of Station	Spot Dur.	Programme Cat - 1		Programme Cat - 2		Total Sec.	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1	Lucknow	60	390.00	2	330.00	2	240	8640.00
2	Kanpur	60	390.00	2	330.00	2	240	8640.00
3	Varanasi	60	390.00	2	330.00	2	240	8640.00
4	Allahabad	60	390.00	2	330.00	2	240	8640.00
5	Gorakhpur	60	280.00	2	220.00	2	240	6000.00
							(B) Expense of 1 day (in Rs.):	**40560.00**
							Expense of 300 days (in Rs.):	12168000.00
							Less Discount @15% :	1825200.00
							Balance :	10342800.00
							Service Tax @14% :	1447992.00
							Payable amt. (in Rs.):	**11790792.00**

Media Plan for Private F.M. Channels.
Activity Period : 300 Days
(As Per D.A. V.P. Rate)

1.) Name Of Channel - Radio City (Lucknow)

Sl.	Spot Caption	Spot Dur. (in Sec.)	09:00 am. to 10:00 am. / 07:00 pm. to 8:00 pm.		02:00 pm. to 03:00 pm. / 03:00 pm. to 04:00 pm.		Total Dur. (in Sec.)	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1		60	400.00	2	300.00	2	240	8400.00
2		60	400.00	2	300.00	2	240	8400.00
(A) Expense of 1 day (in Rs.):								**16800.00**

2.) Name Of Channel - Radio Mantra (Varanasi, Gorakhpur,Barrielly,Agra,)

Sl.	Spot Caption	Spot Dur. (in Sec.)	09:00 am. to 10:00 am. / 07:00 pm. to 8:00 pm.		02:00 pm. to 03:00 pm. / 03:00 pm. to 04:00 pm.		Total Dur. (in Sec.)	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1		60	240.00	2	160.00	2	240	4800.00
2		60	240.00	2	160.00	2	240	4800.00
(B) Expense of 1 day (in Rs.):								**9600.00**

3. Name Of Channel - Red F.M. (Varanasi, Kanpur, Lucknow, Allahabad)

Sl.	Spot Caption	Spot Dur. (in Sec.)	09:00 am. to 10:00 am. / 07:00 pm. to 8:00 pm.			02:00 pm. to 03:00 pm. / 03:00 pm. to 04:00 pm.		Total Dur. (in Sec.)	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Rate for 4 station	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1		60	60	240.00	2	160.00	2	240	4800.00
1		60	60	240.00	2	160.00	2	240	4800.00
(C) Expense of 1 day (in Rs.):									**9600.00**

4. Name Of Channel - Big F.M. (Agra,Aligarh, Allahabad,Kanpur, Barrielly, Jhansi)

Sl.	Spot Caption	Spot Dur. (in Sec.)	09:00 am. to 10:00 am. / 07:00 pm. to 8:00 pm.		02:00 pm. to 03:00 pm. / 03:00 pm. to 04:00 pm.		Total Dur. (in Sec.)	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1		60	360.00	2	240.00	2	240	7200.00
2		60	360.00	2	240.00	2	240	7200.00
D) Expense of 1 day (in Rs.):								**14400.00**

5. Name Of Channel - Radio Mirchi (Kanpur, Varanasi,Lucknow)

Sl.	Spot Caption	Spot Dur. (in Sec.)	09:00 am. to 10:00 am. / 07:00 pm. to 8:00 pm.		02:00 pm. to 03:00 pm. / 03:00 pm. to 04:00 pm.		Total Dur. (in Sec.)	Amt. (in Rs.)
			Rate per 10 Sec. (in Rs.)	Spots per day	Rate per 10 Sec. (in Rs.)	Spots per day		
1		60	240.00	2	160.00	2	240	4800.00
2		60	240.00	2	160.00	2	240	4800.00
(E) Expense of 1 day (in Rs.):								**9600.00**

(A+B+C+D+E) Total Expense of all stations for 1 day (in Rs.): 60000.00
Expense of 300 days (in Rs.):18000000.00
Service Tax @14% : Rs.2520000.00
Payable amt. (in Rs.) : 20520000.00

Media Plan for Settelite News Channels.

Activity Period : 300 Days

(As Per UPID Rate)

S.N.	Name Of News Channel	Rate Per 10 Sec		Total Duration Per Day (In Sec)		Total Cost Of The Compaign Per Day
		Prime Time	Non Prime Time	Prime Time	Non Prime Time	
1	ETV (UP/UK)	1200	1200	120	120	28800.00
2	Sahara Samay (UP/UK)	700	700	120	120	16800.00
3	Samachar Plus	500	500	120	120	12000.00
4	Sadhana News	700	700	120	120	16800.00
5	Zee News (UP/UK)	700	700	120	120	16800.00
6	Shree News	700	700	120	120	16800.00
7	Voice Of Nation	700	700	120	120	16800.00
8	News Nation	500	500	120	120	12000.00
9	India News (UP/UK)	700	700	120	120	16800.00
	Total Cost For All Chanels for 1 Day (In Rs.)					153600.00
	Total Cost For 300 Days (In Rs.)					46080000.00
	Add Service Tax @14% (In Rs.)					6451200.00
	Net Payble Amount (In Rs.)					**52531200.00**

B.10.3.1.2 Interpersonal Communication on MH

Flip Book for 1.50 Lakhs ASHAs and 1000 BHEOs/ BPMs on RMNCH+A@Rs.200, an amount of Rs.100.00 Lakhs was sanctioned in 2014-15 RoP and rest amount of **Rs. 200.00 Lakhs is proposed in 2015-16.**

B.10.3.2.1 Media Mix (Mass+Mid) activities for CH and RI

- **Press Ad:** 4 Press ad (New born care week and Breast feeding day, Diarrhoea management day, other as per need) at state level @ Rs.6.50 lakh/ad in all editions of popular news paper on DAVP Rates, size: 16X25 cm **Total-Rs 26.00 Lakhs**

- **BF week: Total Proposal-47.5 Lakhs** (State level workshop during BF week-Total Rs. 3.00 Lakhs, Mass media activities for **World BF week** at State level-Total Rs. 7 Lakhs. District and Block level workshop/media conference @Rs.40,000/-in 75 districts, Total Rs 30.00 Lakhs. Mass media activities for World BF week at district level@ Rs 10,000, **Total Rs.7.50 Lakhs**.)

- **New Born Care Week: Total Proposal-48.50 Lakhs** (State level workshop: Rs. 4.00 Lakhs, district and block level workshop and different activities@Rs.40,000/district Total-30.00 Lakhs, Mass media activities for New Born week at state level-Total 7.00 Lakhs. District level Mass media @ Rs.10,000/district-Total 7.50 Lakhs.),

- **IYCF promotional package Printing of Posters @Rs 1000/facility for 297 facilities, Total Rs. 2.97 Lakhs**

- **Promotional activities for new schemes/services**: Different promotional activities will be organized by NHM under these activities to promote the new schemes and services on Child health among community and service providers. Awareness of new schemes and services @Rs 10.00 Lakhs/program total-Rs.10.00 Lakhs.

- **Routine Immunization Total Rs.528.91 Lakhs:**
  Mass Media activities: 45 sec. 14 spots/week for 50 weeks on AIR Lucknow, **Total-Rs 197.51 Lakhs,** 30 sec 14 video spots/week for 50 weeks from Doordarshan, UP **Total- Rs.239.40 Lakhs**

- **Press Ad:** News Paper Advt. 12 times, once in a month @Rs 6.00 Lakhs /ad) Total- **Rs.72.00 Lakhs**

- **Folk Media Campaign:** Folk troupe performances in 10 HPDs in (4 block X 10 villages each block)=400, @Rs5000/performances, for effective campaign UNICEF will provide technical support in planning and implementation. **Total-Rs. 20.00 Lakhs**

- **IEC Campaign for Mission Indradhanush:**

1. For 1st and 2nd round of Mission Indradhanush Campaign at district level NHM sent a letter to 44 districts to utilize the budget allocated in child health division i.e. Rs 32,65,330 for printing of poster, banner and media workshop.

Cost of Posters printing (@5 Per poster)	Cost of banner Printing @200 per banner	Media Briefing @10,000/Briefing	Total Cost (in Rs.)
7,89,530	22,55,800	2,20,000	32,65,330

2. For 3rd and 4th round a second guideline received by GoI for implementation of IEC/BCC activities at District, Block and Sub Centre level. The budget proposed for these activities is given below:

S/N	District	No. of Blocks	No. of sessions planned	Budget for District level activities @ Rs. 71000/- per district (in Rs.)	Budget for Block level activities @ Rs. 31600/- per Block (in Rs.)	Budget for Session level activities @ Rs. 424/- per session (in Rs.)	Total Budget in Rs.
Total	**44**	**492**	**77073**	**31,24,000**	**1,55,47,200**	**3,26,78,952**	**5,13,50,152.0**

3. As per MI guideline total budget of **Rs 5,46,15,482.00** as above, was directed to be spent from district IEC/BCC composite budget FMRB.10. This is to bring in notice that district IEC/BCC budget was approved in supplementary PIP in March 2015 for district wise specific media plan. Since this budget is being utilized for IEC of MI, the implementation of other important activities of district as per approved plan is being hampered. After getting the budget in supplementary PIP, IEC division had sent a detail implementation guideline to all districts with allocation of budget as DAP. Presently the District Authorities are enquiring regarding utilization of budget for IEC of MI or as per DAP of IEC/BCC.

It is requested to kindly approve the budget of **Rs 5,46,15,482.00** for IEC Campaign of MI of which three rounds of activities are already been completed, so that it can be reimbursed to the districts for implementation of DAP of IEC/BCC.

B.10.3.2.2 Interpersonal Communication:

Community Radio Stations: Community radio is a powerful tool for the poor, not-for-profit organizations meant to serve society. It is an effective tool for community empowerment and social development, especially in regions that are hard to reach. It is a medium that gives voice to the voiceless in their own dialect/ language, respects and promotes local culture, traditions and interests and facilitates a dialogue within a community. At the same time it encourages cultural diversity, creativity, innovation and a sense of inclusion by operating in socially and economically excluded regions. The community radio helps in establishing a participative and democratic process. It informs, educates and enables people to voice their opinions and provides an option to make informed choices. In effect, it attempts towards empowering people through information.

It is a well documented fact that community radio helps in bringing about transparency, good governance and reinforces a sense of identity and inclusion. It acts as a catalyst for development and enables documentation and promotion of local folk art and culture. It raises self esteem and pride in communities that are almost forgotten.

The community radio is a very powerful medium for the underprivileged segments of urban and rural societies, with an ability to provide information on development issues, opportunities,

experiences, life skills and public interests. Given the audience's low literacy rate and radio's ability to involve women and to treat them not only as objects or merely as a target audience, but as participating agents and as a valuable source, community radio becomes one of the most promising tools for community development" (UNESCO, Community Radio Handbook).

Given this context, NHM, UNICEF and CRA decided to work together, with the hope of assisting Medical Health &Family Welfare Department of the Govt of UP in its efforts to to run a massive, systematic campaign in all parts of the State to create awareness about Community Radio and its impact as a tool for community empowerment as part of its IEC activities, particularly in the health sector..

Objective of Workshop 1:

- Review of work being done by the community radio stations in the health sector
- Orientation of the stakeholders towards development of health content on RI
- Participatory Development of Communication message on RI and discussion on materials
- Development of media plan on RI with communication messages on RI
- Exposure of Health Partners Forum (HPF) to Potential of Community Radio and process of application

Objective of Workshop 2:

- To familiarize the Health Partners with the concept of Community Radio
- To walk them through the application/ license process
- To convince them to promote their NGOs/CBOs partners to apply for the license

It is proposed that NHM,UP will involve the Community Radio Stations to increase the RI coverage in districts by involvement of local community especially marginalized population with support of UNICEF. Existing CR stations in U.P. will develop 5 minutes program and broadcast it. **5 minutes program production and broadcasting@Rs.6000 from 15 functional Community Radio stations in U.P.- Total 4 programs/month and Community engagement activities Rs.12,000/year Total- Rs. 45.00 Lakhs**

Media Sensitization: To sensitize the media representatives on RI in all districts NHM,UP decided to organize one day workshop in each district where IEC/BCC nodal officers will sensitize the local media representatives to increase better coordination and coverage on RI. **Media orientation workshops with media journalists, 25-30 journalist for per workshop/75 district @Rs 15,000/district with Total budget of Rs 11.25 Lakhs. Thus for both activities, total proposal Rs.56.25 Lakhs is being proposed.**

B.10.3.3.1 Media Mix (Mass+Mid) activities for FP:

- **Press Ad:** 2 Press ad at state level @ RS 6.50 Lakhs/ad in all editions of popular news papers on DAVP Rates,
- size: 16X25 cm (Total budget-Rs 13.00 Lakhs)
- **Print Materials:** 4 posters (2 type-limiting and spacing methods) for each sub Centers (total SCs=5473) in state @Rs 50/poster Total- RS 10.95 Lakhs,
- **Promotional activities for new schemes/services**: Different promotional activities will be organized by NHM. Under these activities to promote the new schemes and services on Family Planning issues among community and service providers will be done. Awareness of new schemes and services @Rs 10 Lakhs/program **total-Rs.10 Lakhs,**

B.10.3.4.1 Media Mix (Mass+Mid) BCC/IEC activities for AH/ RBSK

- **Press Advt.:** 2 press ad on World Population Day and NSV Week at state level @Rs 6.50 Lakhs /ad in all popular news papers, **Total-13.00 Lakhs.**

- **Mid Media Activities:** 25 wall paintings in schools of each block, Total 820 blocks X25=20,500 wall paintings @Rs 700/WP= **Total 143.50 Lakhs** (size 7X5 feet), Banner for

sticking in RBSK Vans (1640X2 banner) @Rs. 250/banner **Total- RS 8.20 Lakhs**, Hoardings in all 269 CHCs and 1192 PHCs of 25 HPDs.@Rs.15,000/hoarding, **Total Rs.219.15 Lakhs,**

B.10.3.4.1 Interpersonal Communication activities for AH/ RBSK

- 5 copies of booklet 'Paheli ki Saheli' on AH developed by UNICEF for 97 ARSH clinics at district level and 294 clinics at CHC level@Rs. 200/copy, Total=1955 copies **Total-Rs.3.91 Lakhs**

B.10.3.5 Creating awareness on declining sex ratio issue (PNDT)

- **Print Materials**: 2 posters for all Sub centres (5473) in state @Rs 50/-poster. **Total Rs 2.74 Lakhs**

- Gender mainstreaming and PCPNDT one day sensitization workshop **through SIFPSA** for 15 high focus districts with rapidly decreasing sex ratio of 0-6 years girl child in U.P. **Total-Rs. 17.57 Lakhs.**

- **Gender Sensitization IEC campaign: LokGeeto Me Beti:**
  IEC campaign '**Lok Geeto Mei Beti' through SIFPSA** for 15 districts having low sex ratio. In first phase it is planned to cover 4 blocks /districts. Each block will have 10 performances at village level covering remote villages, **Total Rs 33.15 Lakhs**

  Dance and music have always been an integral part of the village society in Uttar Pradesh. The most popular forms of folk music, dance and theatre include Rasiya, Khayal, Naqal (mimicry), Nautanki, Qawwali, Ramlila, Raslila, Swang, etc. In support of above mentioned NRHM Sensitization workshops and to create the power full environment for behavioral changes of targeted community an IEC campaign on "Lokgeeto me beti" is developed for 15 new districts.. In this project we are proposing to weave the girl child issues such as Gender, Female feticide, Age at Marriage, Unmatched Marriage in famous folk songs of Uttar Pradesh later on these songs will be presented in front of Villagers to motivate them to accept the important role of girl in the society.

  Objectives:
  - To create an environment in decreasing the female feticide.
  - To create an environment among the villagers related to the importance of a girl child in the society.
  - To create awareness about the result of Gender equity.

  Strategy:
  - IEC campaign 'Lok Geeto Mei Beti' is planned for 15 districts having low sex ratio.In first phase it is planned to cover 4 blocks /districts. Each block will have 10 performances at village level covering remote villages.
  - 20 troupes are trained wiil be reorientated in one day workshop
  - Same trained troupes will be perform in newly selected 15 districts,

Priority Behaviors for Folk songs campaign Lok Geerton Me Beti on PCPNDT are as under:-

	Priority Behaviours	Target Audiences	
		Primary	Secondary
Folk songs Campaign on PCPBNDT " Lok Geeton Me Beti"	To create an environment in decreasing the female feticide.	Parent / teachers / community members / gatekeepers	All Children from the age of 9 to 19
	To create an environment among the villagers related to the importance of a girl child in the society.		
	To create awareness about the result of Gender equity.		

Activities are planned for folksongs campaign as per table below :

Village Level	Block level	State level
Folk songs with drama performance at village level.	Letter to CMO and MOIC for the folk performance / Monitoring and arrangement	• One day orientation workshop of 20 folk troupes • Implementation of folk • Guide lines /Implementation schedule for DPMs /DivPMUs/DCMc • On spot monitoring and evaluation by hired agency

C. Proposed budget for Implementation plan of Lok geeto me beti 2015-16

Sensitive districts	Blocks per district	Total Blocks	no of village per block	total Shows	cost per show	sound and light	Contin bgency Per Show	total cost per show	Cost of 600 shows	Comment
15	4	60	10	600	3000	500	800	4300	2580000	Fess to the troupes will be based on the approved rates of Information Department
On spot monitoring and evaluation by Hired Agency Cost Lum sum									500000	To monitor and evaluate performance and impact on target audience an agency will be hired.
Orientation work shop of Folk troupes	No of Troups	No of Participant oer troupes	Total No	Days	Expenses of Work shop including TA DA per head	Total				troupes already trained will be called for orientation and better work instruction
	20	2	40	1	1200	48000			48000	
									3128000	
SIFPSA management cost @ 6%									187680	
Grand Total									**Rs 33,15,680.00**	

- **Campaign on Girl Child Day (24 January):**
  Awareness campaign on Girl child day (24th Jan.) at State/district and block@Rs 118.00 lakh
  Every year date 24 January is observing as a Girl child day. To organize different activities on the occasion of girl Child Day, every district received Rs 1.00 Lakh to organize following activities:

1- One Day sensitization Workshop:

Sl.	Head	Unit Cost	Total (in Rs.)
1	Tea/Breakfast and Lunch	:0 200 x 75	15000
2	Stationary	:0 100 x 60	6000
3	Banner	:0 1000	1000
4	Other expenses	:0 3000	3000
Total			**25000**

Debate Competition in 4 Intermediate College of District

Sl.	Head	Unit Cost	Total(in Rs.)
1	Tea and Lunch for Participants	Rs. 50 x 80	4000
2	Photography and Documentation	Rs. 2000	2000
3	Other expenses (Banner, Mike etc)	Rs. 1000	1000
Total			**7000**

Final Debate competition among the winners of 4 intermediate college competition:

Sl.	Head	Unit Cost	Total(in Rs.)
1	Tea and Lunch for Participants	Rs. 100 x 75	7500
2	Photography and Documentation	Rs. 2000	2000
3	Other expenses (Banner, Mike etc)	Rs. 3000	3000
4	Reward	Rs. 3000	3000
5	Printing of Certificate	Rs. 1500	1500
Total			**17000**

Rally and Meeting at District Level:

Sl.	Head	Unit Cost	Total(in Rs.)	Remarks
1	Tea and Snacks for Participants in Rally and meeting	Rs 50@ for250 participants	Rs 12,500	Expected Participants&250
2	Other expenses		Rs 2,500	Banner, Photographs etc
Total			Rs **15,000**	

- **Printing of Handbills:** For district and Block level IEC/BCC activities, printing of Hand bills on Girl Child issues is proposed @ Rs 15,000 for 50,000 hand bills for each district. **Total: Rs 11.25 Lakhs**

- **Block level Activities:** On the occasion of Girl Child Day, a sensitization workshop will be organized at block level on decreasing sex ratio issues. In this workshop ASHA, ANMs, Gram Pradhan, AWW will participate. For this event Rs 4000/district will be released. Detail of activities are given below:

Sl.	Head	Unit Cost	Total	Remarks
1	Tea and Snacks for Participants in Rally and meeting	Rs 15 par participants	Rs 3,000	Expected Participants &200
2	Other expenses		Rs 1,000	Banner, Photographs etc
Total			Rs **4,000**	
Total Budget for 75 district			Rs 3,00,000/-	

B 10.4 Interpersonal Communication Tools for the frontline health workers

Campaign on '**DARPAN' Distance Learning Programme Based on Family Planning / RCH issues through SIFPSA -** The campaign strategy has evolved based on a thorough understanding of the communication barriers related to adaptation of Family Planning.

Enter-Educate Approach: The Campaign will be using the entertainment-education approach, of 4T, Tell- Teach -Test -Try – which is an effective behaviour change format, This form will be utilized in form of entertainment radio, to motivate and encourage appropriate behaviour change in individuals and communities This is more so in the context of rural audiences that are the largest and most critical segment of our programme's target groups.

Target Audience

- Primary : Health Srvice Providers ASHAs . Newly married Couples age up to 35 years,.
- Secondary: Family Members, Gate keepers and Community.
- Secondary: Family Members, Gate keepers and Community.

Radio Distance Learning Progrmme "DARPAN"

This program was developed in 2005 by SIFPSA with the technical support of JHUCCP, USAID, Other Family Planning partners, DPMUs and ANMs. Title of this project was given DARPAN. This is Radio magazine program based on interactive approach.

Primary objectives:

- Increase in adoption and continuation of Spacing methods by couples
- Increase in adoption of permanent methods by couples who want no more children
- Increase in number of women and family influential aware of, and adopting appropriate maternal and child health practices

Secondary objectives:

- Increase in number of married women and family influential in selected districts who can identify providers and facilities as having a certain level of quality.
- Increase in number of men supporting and carrying out appropriate family planning and health seeking behaviors.
- Increase in number of audience populations who know specific RTI/ STI and HIV/AIDS prevention measures.

Messages covered

- Health service providers are valuable members of the community who should be highly appreciated by everyone.
- They have a right to the latest health care knowledge, the acquisition and upgrading of appropriate skills, and assistance and support from others in their profession.
- They should be proud of the valuable contribution they make to the health of families and the community.
- Service providers will be encouraged throughout the series to be proud of the work they do, to do it as well as they can, and to acquire a better level of self-esteem.
- Production: 26 episodes of Radio Distance Learning Programmes were produced by M/s Communication, Mumbai.

Strategy for Radio Distance learn program on service providers "Darpan.":

- **AIR Primary channels have maximum coverage in U.P; hence it is proposed to air this radio Forum series through 12 AIR primary channels of U.P.**
- It is proposed 150 Listeners group/ Shrota Sangh @ 2 per district among ANMs. Divisional PMU will coordinate with support of Dist PMUs and DCPM. Name of competent ANM s will be selected with the help of Div PMU /CMO.
- One small transistor with batteries will be provided to each selected ANM for Rs 1000 will be provided to each ANM (For arrangement of Dari and change of batteries etc).
- 2 Shrota sangh (Listeners groups) per district have to be formed under the guidance of ASHAs during the airing of DARPAN program as well. Rs. 1000 as maintenance and management of shrota Sangh will be given to each ASHAs also.
- To make the program interactive 2 Quiz questions will be asked during all 26 episodes and prizes shall be announced on radio. To capture the audience information, 2 quiz questions will be asked in between episode of Radio Distance learning program. Answer of queries will be given by expert in the program.
- These answers and name of prize winners will be included in the program by AIR Lucknow on their approved rates. 20 prizes 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 number 411 GPO will be utilized to get the feedback /letters. Post box number will be announced in every episode of radio Program.
- Monitoring tool will be developed to gauge the performance and involvement of done by Div PMUs/ DPM/ DCM.
- 10 – 10 ANMs and ASHAs will be awarded for the best performance of Shrota Sangh based on receiving maximum letters from Shrota Sangh.
- Answers of query will be given by NHM experts.

Workshop to review the material:

- 2 Days work shop is proposed to organize for reviewing of existing developed scripts for updating the technical information.
- Participants will be experts from SPMU, NHM, FW directorate, few experts from development partners working for Family Planning.
- After reviewing 26 episodes of scripts suggestions given by experts will be added in the script.
- Reproduction of additional information and editing will be done by AIR.

Proposed Media Channels & Implementation:

A) Placement: Broadcast one episode per week with a repeat broadcast of each programmes on All India Radio's (AIR) 12 Primary channels, in lieu of its effective reach in rural Uttar Pradesh The proposed time slots for the programmes will be subject to availability of the chunk with AIR. However, preferably one Between 6:30-8:30 on Sundays and a repeat broadcast on every Thursday based on time availability will be scheduled.

B) Promotions:

Pre-Broadcast Spots: Two different types of spots for the programmes, of 30 seconds durations shall be aired at least 10 days in advance. AIR will also make announcements about our programmes during its schedule announcements. Spots will be produced and broadcasted by AIR as per standard rates of AIR.

Proposed Budget for distance learning program						
A	Activity	No of participants	Days	Expert fees @	Total (in Rs.)	Review work will done by NHM and F W experts.
1	Material Review Workshop	20	2	500	20000	
2	Food tea snacks for workshop	28	2	300	16800	
3	Banner 2 LS				1000	
4	A4 paper 5 Rim LS				2000	
5	Pen,pad folder	20	0	150	3000	
9	Script Photocopies				1000	
10	Total for workshop				43800	
B- Airing Cost						
B		No of episodes / items	@	total	Total(in Rs.)	
9	Broadcast cost Service tax will be given as per actual	52	51000	2652000	2652000	Payment will be done As per AIR norms.
10	Expert fee for answer of queries	2	500		1000	
11	Awards for ANMs /ASHAs best performance	20	1500		30000	Best performance will be based on maximum letters will be received from shrota sangh.
12	Prizes for listeners	20	1500		30000	
13	Transistors including batteries	300	1000		300000	
14	Listeners group arrangements	300	1000		300000	Distributed among ASHAs and ANMs for listener group arrangements such as dari.. change of batteries any other emergency work
15	Re editing and Quiz questions adding, cost Lum Sum				300000	Re editing and Quiz questions and answer adding will be added by AIR on their approved rates.

16	Promotion spots production and airing from AIR Lumsum				600000	Production of spots and airing will be done as per AIR norms.
17	On spot monitoring of shrota sangh and documentation				600000	On spot monitoring and documentation will be done by third party
18	Total				4813000	
19	Total of A and B				4856800	
18	SIFPSA management cost 10%				485680	
	Grand Total				5342480	

- Annual subscription of 2 Lakh Rural News **Paper "Gaon Connection"** for CHCs, PHCs, ASHAs @Rs. 325/News Paper (include publication, subscription, handling and distribution charges) Total Cost-650.00 Lakhs), This activity is proposed through Gaon Connection private limited Company, U.P. **Total-Rs 650.00 Lakhs**

B.10.5 Targeting Naturally Occurring Gathering of People/ Health Mela

Rs. 2.00 Lakhs to each divisional headquarters and @Rs.1.00 Lakh/district for rest 57 districts and for State Rs 10.00 Lakhs for local Health mela/mahotsav.

B.10.6.1 Innovative IEC/ BCC Strategies

A-Facility Branding Initiation by NHM Uttar Pradesh

In the year 2014 NHM Uttar Pradesh with close support of UNICEF and the Technical support Group on BCC (TSG-BCC) developed a BCC roadmap “Strategy and Planning Guideline on IEC/BCC for 2014/2017” to promote priority behaviors while enhancing visibility of key flagship schemes, services and entitlements in the state.

Under this divisional level workshops were conducted at each of the 18 divisional headquarters in Uttar Pradesh for developing the State and District-level BCC Program Implementation Plans (PIP) in which the nodal team from every respective district participated and gave important feedback on their communication needs and challenges. This helped in developing a robust strategy and Program Implementation Plan for IEC/BCC strengthening for the state. In every district the nodal team comprised of Additional CMO, District Community Process Manager and Health Education Officer and together they reviewed every aspect of behaviour change communication challenges in their district.

It was found that the public health facilities needed to be strengthened for making them client and community friendly. It was also proposed that a more conducive and enabling environment should be developed at the health facilities and providers level so that the utilization of public health facilities could increase and result in positive behaviour change in the community. Thus the idea of making a BRAND out of our public health facilities emerged. A brand of health facilities that defines its functional values to the community; that signifies an approach to holistic care.

As an extension to the same strategy and to fulfill the communication gap/ felt need that had emerged at both facility level and community level UNICEF decided to undertaken a comprehensive exercise at both these levels (facility and community) to not only come up with probable solutions but also strengthen the existing loop holes with focused interventions that plugs the gap between clients/community with health system.

With this objective a set of 5 Public Health facilities, each at different levels of hierarchy, were identified in coordination with Directorate of Family Welfare and National Health Mission, Uttar Pradesh and it was decided to conduct an in depth analysis at these health facilities to study the functioning and existing challenges.

The identified health facilities were -

	Level of Facilities	Name of the facility
1	Sub Centre (Delivery Point)	Sub Centre, Lalpur
2	PHC (24X7)	Primary Health Centre, Nigohan
3	CHC- FRU	Community Health Centre, Chinhat
4	District Womens Hospital	Veerangna Avanti Bai Mahila Chikitsalaya, Lucknow
5	District Combined Hospital	LokBandhu Raj Narayan Sanyukt Chikitsalaya, Lucknow

As a next step, a set of 8 situation analysis tools were developed to understand the facility profile, their human resource and infrastructure status and functioning processes. The tools also focused on details such as application &use of IEC/BCC tools and aids at these facilities and overall health process outcomes generating out of these health facilities.

Crucial findings emerged from the situation analysis of these facilities and it was decided to immediately work on the following points to strengthen the facilities:

1. Standardize the way in which a particular service is provided/availed at the health facility through the use of materials like – citizen charter on services/schemes available, doctor board and information boards, glow sign department boards, naming and numbering of rooms etc.
2. Enhance Visibility of facilities by highlighting its level based key services (flagship services at that level) among the community through the use of promotional strategies - hoarding, road sign direction indicators etc.
3. Develop and ensure usage of job aids that improve the quality of care for the community, aid in effective counselling for client needs. This step should be undertaken for all components of RMNCH+A.

4. Strengthen the ownership/connect of Health facilities with different segment of target audiences (literate, illiterate, men, women, etc.) so that every segment can easily access and use the facility services.

Keeping the above recommendations in consideration, a detailed RMNCH+A based communications package was developed and it was then customized as per requirement for each level of health facility.

Proposed Scale up of RMNCH+A based Facility Branding Package across the State:
As an extension to the same approach, NHM Uttar Pradesh has decided to scale-up the implementation of facility branding package across the identified L2 and L3 health facilities in the year 2015-16.

A total budget of **Rs 3404.50 Lakhs + service tax @14% Rs.476.63 Lakhs=Rs.3881.13 Lakhs** has been proposed in the IEC/BCC PIP for year 2015-16for developing and installing the RMNCH+A based Facility branding package across the identified L2 and L3 health facilities.

- A total of 192 L-3 health facilities would be considered under this including the DWH,DTH,CHC,FRU and MC facilities (DWH,DCH,CHC,PHC and SC) at the rate of Rs 3.50 Lakhs/L-3 health facility.
- A total of 1093 L-2 level facilities have also been identified under this project. The cost of developing and implementing an RMNCH+A based package at L-2 health facilities would be Rs 2.50 Lakhs/L-2 health facility.
- Thus a total budget Rs 3881.13 Lakhs (including service tax) has been proposed which would help implement the task in a definite time period and pave way for a more client friendly and also service provider friendly amenities at our public health facilities.
- The entire task of facility branding scale up in Public health facilities by NHM Uttar Pradesh would be technically assisted by UNICEF so as to strengthen the quality and effective implementation but also facilitate a time bound task completion.
- The roles and responsibilities of NHM, Uttar Pradesh and UNICEF has been mentioned below for reference:

Role of NHM, UP

- NHM, UP shall provide the funds to the districts for the entire implementation process.
- NHM, UP/DHS shall conduct all procurement and implementation of the task.
- NHM, UP/DHS shall be responsible for printing, development and installation of the facility branding package.
- NHM, UP/DHS will appoint a nodal person at district level for this task.
- NHM,UP/DHS will facilitate an excursion visit for all nodal persons to the state based model facilities to understand the Facility branding task.
- NHM, UP will conduct through its divisional and district structure orientation of all facility in charge and service providers of the facility-branding task, its components, and adherence need.

Role of UNICEF

- UNICEF would provide the technical assistance at state level and district level for effective facility branding package implementation.
- UNICEF will provide the following documents necessary for task implementation:
- Standard Operation Guidelines for facility branding rollout.
- Implementation plan with timeline and calendar for adherence by districts.
- UNICEF will train the district nodal persons by conducting divisional level FB trainings for a standardized implementation across the state.
- UNICEF will provide technical support to district administration in developing 1 model L-3 facility at each divisional level so that it acts as a benchmark for the concerned districts.
- UNICEF shall provide monitoring and quality assurance support (undertake at least two visits) to all the districts, preferably during and after the implementation to check the quality of implementation.
- UNICEF shall share, at the end of the project, a monitoring report explaining the status and quality of the implementation.

Justification for Undertaking the Facility branding task in its current form

RMNCH+A approach was launched in year 2013 to essentially address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of '**continuum of care'** to ensure equal focus on various life stages. Priority interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and consecutive life stage.

However, it was observed that facilitating a behaviour change under RMNCH+ A framework is not easy and the focussed action under this approach needs to be supported with a comprehensive social and behaviour change communication strategy.

In the year 2014-15, the IEC division at NHM Uttar Pradesh decided to conduct a PIP planning workshop wherein every district was trained for identifying and prioritizing their existing problems. The workshop helped every district in planning a customized IEC/BCC strategy for their districts for the year 2014-17 and also resulted in customized planning of IEC/BCC activities. A common facility level need that emerged from this workshop was on the strengthening communication between client and service providers through use of effective job aids. It also spoke of how community and our health facilities need to be brought closer to each other and it was needed to work on need of quality of client –service provider interaction.

The need and importance of working at the facility level can also be highlighted from the fact that there are more than 24,849 (approximately) small and big public health facilities including **192 - L3** and **1093 - L2** health facilities in the state of Uttar Pradesh where in on an average more than 71 Lakhs patients seek health services every month (approx more than 861 Lakhs population annually) out of the total 20 crore population of the state. (Approximate as per year 2014, Source: NHM UP 2014). The health facilities provide an important platform to reach out to a large number of populations and facilitate effective behaviour change on key health issues.

It was with this thought National Health Mission, Uttar Pradesh and UNICEF planned to develop a communication package that will help in branding of RMNCH+A related services in the Public Health Facilities and also in community. This activity would also help in popularizing the public health facilities and streamline the client – service provider interface.

Outcomes of this communication branding:

- This exercise will provide a Standardized Social and Behavioral Change Communication Package tailored in line with the health facility needs for maintaining the 'continuum of care on RMNCH+A theme.
- It will improve the service quality of service providers by providing them with communication tools and job aids so as to enhance the health service seeking experience of the client.
- It will make the health facilities more client friendly, easier to reach and seek services in the health facility. Enrich the quality of client – provider interface.
- It will improve the accountability of the provided services at the facility and create an empowered and informed client.
- It will make the health facilities more visible to its catchment population and development ownership in provider and clients.

Communication branding package in sync with IPHS & NABH Guidelines

The communication branding package is in sync with IPHS guidelines and also includes components that are required for NABH accreditation.

Please note that the entire branding process is being developed with the aim of enhancing the visibility and client friendliness of the hospital and by virtue of which it will also help cover in the IEC requirements of the health facility in case it aims to go for NABH accreditation or QA certification.

It is important to note that any accreditation process or quality certification process has various components

1) *IEC related components – client friendliness of the health facility*
2) *Service and Provider quality requirements/components*
3) *Infrastructure related requirements/components*

The communication branding exercise will help cover in the IEC related requirements and thus support the health facility in achieving the desired accreditation/certification.

Rollout Plan with Timeline for Implementation

The entire task of IEC Branding will be completed in two phases during which a total of **1093 L2 and 192 L3 health facilities** will be covered at an estimated budget of **Rs 3404.50**. The total duration will be two years and will run from the year 2015-17.

Phase 1: A total of 479 (441 + 38) health facilities (Annex 1) that are bound for QA and NABH accreditation process will be covered and its Quality related IEC branding needs will be taken care of under this proposal. The phase 1 will be undertaken in the year 2015-16.

Tentative Plan	Q 1	Q2	Q3	Q4
Total number of health facilities which will be covered	96 (L-3)	96 (L-3)	143	144
Total Budgetary estimate	**3.36 Cr (Approx)**	**3.36 Cr (Approx)**	**3.575 Cr (Approx)**	**3.60 Cr (Approx)**

Phase 2: Similarly the remaining 706 Health facilities will be covered in the phase 2 which will be undertaken in the financial year 2016-17.

Tentative Plan	Q 1	Q2	Q3	Q4
Total number of health facilities which will be covered	201	201	202	202
Total Budgetary estimate	**5.025 Cr (Approx)**	**5.025 Cr (Approx)**	**5.05 Cr (Approx)**	**5.05 Cr (Approx)**

Total Cost Rs.3404.50 Lakhs+14%service taxRs.476.63 Lakhs=Rs.3881.13 Lakhs.

Also as part of the implementation the following activities will be undertaken:

1.	Development of Operational Guidelines on Facility Branding which will guide on all processes to be followed for effective implementation of the Communication Package.
2.	Implementation of the communication package and subsequent technical holding of the identified health facilities.
3.	Capacity building of State and district level officials on facility branding task. Orientation would be conducted for officials Directorate of Family Welfare, DGMH, NHM, and along with CMSs and DPMs. **Proposed Training cost of 192 CMSs+trainers and other stakeholders (Total 200):-** 1-Fooding and stay @Rs.3500/-per participant =Rs.7.00 Lakhs 2-IEC and stationary kit @Rs.600/per participant=Rs.1.20 Lakhs 3-Other Miscellaneous (Banner, mike, vehicle, photocopy)@Rs.0.10 Lakh **Total Rs.8.30 Lakhs**
4.	Trainings at district level and facility level for comprehensive understanding of the implementation Process. The training will be done for MOICs, BHEOs/BPM/BCPM at the managerial level along with the health facility based team of Facility in Charge, Doctors, Pharmacist, Staff nurses, ANMs and other facility staff.

B-SBCC Cell @RS 2.50 Lakhs/Cell in 18 divisional headquarter for strengthening the implementation and supportive supervision of IEC/BCC (Total-45 lakh for 18 SBCC cell)

The role of Social & Behaviour Change Communication (SBCC) in improving survival and development of children is proven worldwide. This important input is planned by most of the National Flagship Programmes (such as NHM, ICDS, SSA, NBA). However, the manifold challenge remains that the departments lack in formulating effective evidence based plans. Due to lack of inter-departmental synergy, duplications occur and achieving the goals always remains a question.

Keeping in mind the synergetic approach across the departments and the need for coordinated planning and implementing IEC/SBCC interventions in the district, SBCC Cell in 18 divisional headquarter is proposed under the aegis of divisional/District Health System. It will be situated in the office of the Chief Medical Officer. A SBCC Cell Coordination Committee will be constituted under esteemed guidance of the District Magistrate. It will be chaired by Chief Development Officer of concerned district. Chief Medical Officer, will be is its secretary and head /representatives from concerned departments and representatives from civil society organization and networks like NSS/NYK/BSG will be its members. The committee's role is to advise, monitor and supervise the activities of cell.

Objectives and Strategies:
The purpose of SBCC Cell is to strengthen the planning, implementation and supportive supervision of IEC/ SBCC interventions in the district: The awareness campaigns would be undertaken on routine immunization, Breastfeeding, Hand wash, Nutrition etc. Key departments will be gathered in a forum to address the challenge collectively and making strategy to work together towards achieving the goals of the Government and the different flagship programmes.

- Capacity building: Training programmes would be carried out and necessary support would be provided to Block Programme Management Unit under National Health Mission (NHM). Training Calendar would be developed for IPC training to ASHAs/ AWWs/ ANMs and supervisors. The training would be provided to these workers working at different levels in a phased manner.
- Development of Dissemination of communication package relating to key health seeking behaviors: Different Sections like SHGs, SMCs, Panchayat bodies, CSOs, faith and caste based Social Groups, Youth Networks (NSS, NYKS etc.) would be sensitized and necessary brainstorming communication would be delivered towards Communication Package.

- Development of Demonstration Site: Demonstration sites in special focused pockets will be developed with IEC BCC activities and integrated services of health, ICDS and sanitation departments. Focused review and planning meetings will be organized at block/PHC/CHC level to monitor intervention in demonstration site.
- Documentation: Process Documentation of each activity would be done from the level of initiation till the completion so that we can have Lessons learnt from our intervention and details of each activity and processes undertaken thereon.
- IEC/BCC planning, implementation and Supportive supervision : IEC/BCC nodal officers and development partners will do the monitoring and supportive supervision of different IEC/BCC interventions.
- Development of a repository of health communication material: A repository of material (Adio-visual and print, folk media material) on health communication package on health nutrition and sanitation and other concerned areas for training and reference will be developed.

SBCC cell intends to lead primarily towards improved capacity and reach of government key flagship programmes resulting into positive outcomes in utilization and practices related to immunization, breastfeeding, young child feeding, sanitation etc. The expected outcomes are:

- IEC/BCC planning, implementation and supportive supervision
- Departments and flagships like NHM, NBA, ICDS, Sanitation have better capacity and coordination (as a result of communication training) to strategically plan, monitor and document the IEC and SBCC interventions
- Effective capacity building planning and training of BHEOs and ASHAs/ANMS/AWWs.

For infrastructure support -AC, Desktop with printer, photocopy and scanner machine, Camera, LCD, Projector, Computer table with chair, Almirahs, Central table with 10 chairs, for meeting purpose etc. RS 2.50 Lakhs/SBCC cell for 18 divisional headquarter district. **Thus, a total proposal is Rs.45.00 Lakhs**

C-Sehat Sandesh Vahini campaign by SIFPSA to cover all 820 blocks all across the state on RMNCH+A issue

Sehat Sandeshwahini project is being implemented by SIFPSA on behalf of NHM-UP. Total 820 blocks have been covered in addition to one cycle conducted in Magh Mela, Allahabad. Sehat Sandeshwahini program was also proposed in second supplementary PIP 2014-15 for focus on ST populated blocks which could not be considered by GoI on the ground that remaining activity should be completed and assessment report should be shared with GoI before considering further.

Now, an assessment has been conducted by an independent agency, PRC- Lucknow to assess the reach and impact of Sehat Sandeshwahini program. The evaluation report revealed that 85% respondent informed that program was informative. 75 % respondent felt that program should be repeated at least once a year. Film on maternal death was liked by 48% respondents. 92.7% were aware of correct age of marriage of girls and 80.5% were aware about correct age of boys.85.2% were aware of family planning birth spacing methods. 77% respondents were aware for keeping gap between births of two children. 69.3% were aware of minimum ANC visits during pregnancy. 94% respondents were able to recall that immunization was covered in the show. Overall program was well appreciated and was very much in demand for repeated shows. Now village community feels encouraged using govt. health facilities and for retention of information, the show should be repeated at least once and in big villages shows may be organized in two or more places to cover whole village with proper publicity in advance.

Therefore, Sehat Sandeshwahini Program is again proposed to cover all 820 blocks in addition to 60 cycles ie one additional cycle in 60 blocks where ST population concentrates. 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 Total 60 blocks having sizeable tribal population have been identified which are as below: -

Sl.	Name of Division	Name of districts	No of blocks	Name of blocks where Tribal population reside
1.	Mirzapur	Sonbhadra	8	Robertsganj, Chatra, Chopan, Nagawan, Ghorawal, Dudhi, Myorpur, Baghni
2.		Mirzapur	5	Lalganj, Halia, Madihan, Rajgarh, Pahari
3.	Azamgarh	Balia	8	Siyar, Sikandarpur, Rasra, Balia Sadar, Bansdih, Maniyar, Rewti, Bairiya
4.		Mau	3	Fatehpur Mandav, Dohrighat, Badraw
5.	Gorakhpur	Gorakhpur	1	Khorabar
6.		Deoria	1	Desahi
7.		Maharajganj	3	Nautanwa,Nichlaul, Siswa
8.		Kushinagar	3	Dudahim, Kasya, Vishunpura
9.	Jhansi	Lalitpur	5	Lalitpur, Talbehat, Takhora, Birdha, Madhwara
10.	Lucknow	Lakimpur Kheeri	2	Palia, Nighasan
11.	Varanasi	Chandauli	5	Naugharh, Chakiya, Dhanapur, Barhani, Chandauli
12.		Ghazipur	5	Mohmmadabad, Ghazipur, Godaur, Mardah, Mirzapur
13.		Varanasi	3	Harruan, Baragaon, Pindra
14.	Devi Patan	Balrampur	2	Pachperwa, Gainsadi
15.		Bahraich	1	Mihipurwa
16.	Basti	Sidhartnagar	5	Bansi, Naugarh, Itwa, Birdpur, Barhni
Total			60	

Strategy

1. All the 820 blocks of 75 districts of Uttar Pradesh would be covered under this program. Video van agencies would be selected through tender at state level. Duration of work agreement could be for six months stating from September or after monsoon and ends by the end of financial year. A minimum of 20 villages would be covered for video van show per block. Those villages would be selected which are yet to be covered under this program.
2. Additional focus on villages of 60 blocks where sizeable Scheduled Tribe population resides. 2 cycles per blocks would be conducted in 60 blocks where ST population dwells. Thus, additional 60 cycles would be conducted.
3. Thus total 40 villages would be covered in 60 ST populated blocks. As a whole 880 (820+60) cycles is being proposed for FY 2015-16 covering whole state.

As mentioned above total 880 cycles are proposed. Other villages would be selected which were never covered under Sehat Sandeshwahini or any other health related entertainment program so that in due course all the villages/hamlets would be covered under Sehat sandeshwahini project. 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. Van cost includes rent of the van including driver, operator and counselor, fuel, equipment for show, fabrication of vehicle, quiz prizes, honorarium to ASHA for publicity etc per cycle.

Video van staff

There would be one driver, one operator and one counselor in video van. The team would do the publicity before show and take round of village to inform people about show and coordinate with ASHA/ANM and PRI member of the village. Counselors would be oriented about NHM scheme at

state level before launching of project. At the end of the show quiz questions would be asked to the audience and token of prizes would be given to respondents with correct answers. DPMU officials/ HIEO and other monitoring officers would also help counselor to reply to audience. Publicity materials would also be distributed by van staff which would be provided by health department. Contraceptives could also be promoted in the venue if made available by concerned PHC/CHC.

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 two 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. In any case audience size should not be less than 60-80 people.

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 in the evening 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.

CDs for ASHA

The assessment report recommends that ASHA may be provided CDS of Sehat Sandeshwahini film so that this film can be shown occasionally to those interested and missed out the film so that health information could be retained by the community. Therefore, it is proposed to provide CDs to 125000 functional ASHAs with a copy to PHC/CHC also to be used in waiting area.

Monitoring

All the programs would be monitored by block level officers. Monitoring officers at block level include BPM/HEO/MO/MOIc/ANM of the area. Monitoring by district level officers ie District PM/DCM/ DAM/ DHIEO/ ACMO and other district officials would be done on turn basis for minimum 10% of the total shows. Div. Project Manager/ SIFPSA would also monitor minimum 10% of the shows. Show would be verified by ASHA/ Gram Pradhan/ other PRI members countersigned by any one of the block level monitoring officers. Status of progress would be briefed to DM by Div PM/CMO in the monthly review meeting/ DHS chaired by DM. An amount of Rs. 200/- is kept per show for monitoring of shows by any one may be ANM of the area or / BPM/HEO/MO/MOIc etc. Whereas an amount of Rs. 100/-is kept for ASHA for helping team for publicity which would be paid by agency's staff immediately.

Documents to be submitted for payment:

Agency would submit the verification report alongwith two photographs of the show, two minutes video recording of the show. Video recording should have picture clarity with audible sound. Based on it payment would be released to the agency after recommendation from Div. PMUs, NHM/SIFPSA.

Estimated budget for implementation of Sehat Sandeshwahini Project for FY 2015-16

	Item	Unit	Rate	Amount (Rs)
A	Rent of the van including driver, operator and counselor, fuel, equipment for show, fabrication of vehicle, quiz prizes, honorarium to ASHA for publicity etc@ 95000/-*880 cycles	880	95000	83600000
B	Revision & addition of new contents in audio/video CDs	1	250000	250000
C	Designing/ development of prototype for video van	1	25000	25000
D	Mobility to PHC level monitoring officers@ 200/-*20shows *880 cycles	880	4000	3520000
E	Assessment and Documentation, evaluation, printing of reports 200 copies etc	1	500000	500000

F	program support cost ie advertisement, publicity, printing of handbills, orientation to van staff, etc.	1	800000	800000
G	CDs of Sehat sandeshwahini film for ASHAs & PHC/CHCs @40/-*126000	40	126000	5040000
H	Technical support, monitoring etc by SIFPSA @ 10% of the actual implementation cost(A + F)	1		9373500
	Total		2200001	103108500

Total estimated budget is Rs.10,31,08,500/- (Rs. ten crore, thirty one Lakhs, eight thousand and five hundred only) to implement this project.

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 to generate awareness especially tribal population, develop a habit to use health services and mobilize them for using govt health services. As a result health indicators of the district would improve which may lead to decrease in MMR/IMR positively of the State.

D-'Chalo Gaon ki Ore' IPC programme by SIFPSA

Correct information still needs to be provided on Maternal Health, family planning, Gender, Adolescent health etc. Grass root level service providers in Uttar Pradesh are 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 thesechallenges SIFPSA has developed and implemented the Campaign 'ChaloGaon Ki Ore' covering entire state. This campaign consists of 3 IEC components:

- 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 scriptwriters of the Lucknow, and technical content vetted by expert of NHM.
- Audio Spots airing: - Audio Spots on maternal health, FP, Female sterilization, NSV & Age at marriage were developed with the technical support of NHM. FW department experts and other health partners.
- 26 Episodes of Radio Drama Series "Sunehere Sapne Sanwarti Rahe.":-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 by experts of NHM, Family Welfare and other health partners. Suggestions provided by the experts incorporated in the material.Project 'chalo Gao 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 shrotasanghs.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 shrotasangh (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 ShrotaSangh) will be based on receiving of maximum letters of ShrotaSangh.
- 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 troupes

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 Lump Sum				150000		Will be paid as per AIR rules
	Total				**1910112**		
C	Audio spot airing Lump Sum				5000000		
D	Evaluation Monitoring and documentation				500000		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**		

B.10.6.2 Mobile based IEC/ BCC Solutions

Voice blast campaign through IVRS system Cost for Voice blast including One time Systems Cost for setting up of Voice Blast system (Application System Development to be outsourced @ a lump sum rate of **Rs.13,20000/- one-time**) for messaging on RI at 55,00,000 randomly selected numbers for 6 months @ 24 paisa per 30 seconds**. Total Proposal-Rs.79.20 Lakhs.**

NHM,UP decided to reach out the target audiences i.e. Parents of 0-5 years baby (Approximate 55 Lakhs) to sensitize them on RI with special focus on Immunization schedule, Immunization Card etc. Through IVRS Voice blast service NHM will inform target audience in UP regarding Immunization card and immunization schedule and will lead that maximum parents understand the importance of immunization card and use it for their children.

Cloud based IVRS provides the "Voice Blast" services for Large scale reach out to Service providers/Clients for awareness or immediate action or as a reminder system.

Reach out to Huge No of provider and clients/target audiences:

- Lakhs of ASHAs
- Thousands of ANMs
- Hundreds of Doctors and para medical Staff
- Key district and State Officials
- Target Audiences: Pregnant Women, Parents of 0-5 years baby, Eligible Couple, Adolescents etc

B.10.6.4 Monitoring of IEC/ BCC Activities

One time missed call solution to enable the clients to receive all calls. One time Systems Cost for setting up of IVRS system (Systems Development to be outsourced @ a lumpsum rate of Rs. 30,000/- one-time), Monthly rental for 1 PRI line for hosting, maintenance, and support 24x7) (@ Rs. 10,000/- per month for 12 months) Rs.1,20,000 Lakhs, For one time missed call solution @Rs.60,000. **Total Proposal Rs.2.10 Lakhs.**

It is very important to receive timely updates/reports on IEC/BCC activities regarding how and when the deliverables are being met. Thus it is decided to introduce an IVRS based monitoring system through which a call will go at regular frequency to all officials in all 75 districts and customized reports will be automatically generated at the state level. Under this timely automatic calls will be made to each official with level specific IVRS. An IVRS will be made using the pre decided indicators on which progress data will be received. A report will be electronically generated using the collected report.

Level	Officials	Tasks	Frequency in a month	Total Months
District	ACMO	Amount of Fund Spent in this month Money spent for issue of Maternal health Family planning Child health Adolescent Health	1	12
	DHEIO /DCPM	What IEC/BCC Activity have you planned Mass media/Mid Media /Traditional Media/ IPC/ SBCC Total number of blocks where IEC/BCC task carried out.	2	12
Block	BHEIO / BPM	Task undertaken in this fortnight Mass media/Mid Media /Traditional Media/IPC/SBCC Total no of hoarding placed	2	12

IVRS based Real Time Monitoring and Tracking of Performance of District level officials across 75 districts							
1	One time Systems Cost for setting up of IVRS system (Systems Development to be outsourced @	Lump Sum	1	30,000	**30,000**		**30,000**

	a lumpsum rate of Rs. 30,000/- one-time)						
2	Monthly rental for 1 PRI line for hosting, maintenance, and support 24x7) (@ Rs. 10,000/- per month for 12 months)	Months	12	10,000	**1,20,000**		**1,20,000**
3	One time solution for missed call solution to enable the clients to receive all calls	Lump Sum	1	60,000	**60,000**		**60,000**
					Total		**2,10,000**

The official will hear the question once he receives the call and will submit the answer in the numeric form by clicking on the mobile number pad. The answer will then be converted into text to voice and it will be reconfirmed before storing. In this way the data is being reported from block level, district level to state level and automatic reports will be generated.

How will this be useful:

- Monitoring by IVRS is User friendly.
- Data reporting is real time at given frequency.
- Reduction in reporting error
- Work Accountability and evidence based planning.
- Through this sitting at the state level, NHM will be able to know how much each district is spending on IEC/BCC.

B.10.7 Printing Activities

B.10.7.1	• MCP cards @Rs.10/card and SM Booklets @Rs. 20 for 55 Lakh beneficiaries	Rs 1650.00 Lakhs
B.10.7.2	• WIFS card proposed for 20 % children of Upper primary school and out of school @ 3 per card for 22.79 Lakhs	Rs 68.37 Lakhs
B.10.7.4.1	• NIPI card proposed for 20 % Children of AWC and primary school @ 1 per card for 3235631 card	Rs 97.07 Lakhs
B.10.7.4.2	• 1015200 **AFHC card** for 97 district level clinics- 1000 card per clinic per month for 12 M @ Rs 1 Per card - Rs. 11.64 Lakhs, For 1 New district level (Allahabad Medical college) for 6 Month- Rs. 0.06 Lakh and for 294 CHC level clinics for 12 M - Rs 35.28 Lakhs, For 909 PHC level clinics for 6 M Rs. 54.54 Lakhs.Total Rs. 101.52 Lakhs. • 4491 **AFHC Register** for : -Medical College/District level clinics- 6 Register (1 Stock, 1 out reach and 4 Client Register) per clinic @ Rs. 150 per register for 97 Existing clinic and 1 new clinic at MC- Rs. 0.88 Lakh -CHC level clinics- 4 Register (1 Stock, 1 out reach and 2 Client register) per clinic@Rs.150 per register for 294 Clinic- Rs. 1.76 Lakhs. -PHC level clinics- 3 Register (1 Stock, 1 out reach and 1Client register) per clinic @ Rs. 150 per register for 909 Clinic- Rs. 4.09 Lakhs, Total Rs. 6.74 Lakhs	Rs 108.26 Lakhs
B. 10.7.4.3	Printing of RBSK Card and Register	Rs 876.83 Lakhs
B. 10.7.4.4	• IEC/BCC for BSPM Activities-Annexure Enclosed & RI posters-Pamphlet, SC-25,000 (1 banner, 5 poster and 500 pamphlet for each center) Rs. 125.00 Lakhs, Cold chain point (5 protocols posters for 1200 cold chain points @Rs. 200/posters) Rs.12.00 Lakhs	Rs 137.00 Lakhs

Thus, to conducting IEC/BCC activities in the state, an amount of Rs. 13006.71 Lakhs was proposed for the year 2015-16, out of which GOI approved Rs.8404.34 Lakhs (FMR Code-B.10 and its sub heads) as per following details:

Budget Summary-IEC/BCC-2015-16

FMR Code	Budget Head	Unit of Measure	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B10	**IEC-BCC NRHM**						
B.10.1	Strengthening of BCC/IEC Bureaus (state and district levels)			26.04		10.92	Approved: 1) Rs.20000/m for 12 months for logistics. 2) 1 IEC specialist cum consultant @Rs.50000/m for 12 months and 1 Programme assistant @ Rs.21000/m for 12 months.
B.10.2	Development of State Communication strategy	No.	1	12.50		0.25	Approved Printing of 5000 copies of NHM schemes booklet @Rs 50/-. Strategy book printing to be sought from State development Partner
B.10.3	**Implementation of BCC/IEC strategy**						
B.10.3.1	**BCC/IEC activities for MH**						
B.10.3.1.1	Media Mix of Mid Media/ Mass Media	No.	1	1,721.85		1,078.19	
B.10.3.1.2	Inter Personal Communication	No.	1	200.00		100.00	
B.10.3.2	**BCC/IEC activities for CH**						
B.10.3.2.1	Media Mix of Mid Media/ Mass Media	No.	1	1,251.56		1,147.38	
B.10.3.2.2	Inter Personal Communication	No.	1	56.25		24.00	
B.10.3.3	**BCC/IEC activities for FP**						
B.10.3.3.1	Media Mix of Mid Media/ Mass Media	No.	1	33.95		18.50	
B.10.3.3.2	Inter Personal Communication	No.	1	-		-	
B.10.3.4	**BCC/IEC activities for AH/ Rashtriya Kishore Swasthya Karyakram**						
B.10.3.4.1	Media Mix of Mid Media/ Mass Media	No.	1	383.85		54.92	
B.10.3.4.2	Inter Personal Communication	No.	1	3.91		1.96	
B.10.3.5	Creating awareness on declining sex ratio issue (PNDT)	No.	1	171.46		94.74	
B. 10.4	Interpersonal Communication Tools for the frontline health workers	No.	1	703.43			Not Approved
B.10.5	Targetting Naturally Occurring Gathering of People/ Health Mela	No.	1	103.00		81.00	
B. 10.6	**Others**						
B.10.6.1	Innovative IEC/ BCC Strategies	No. of Campaigns	1	5,320.28		2,939.70	

FMR Code	Budget Head	Unit of Measure	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
B. 10.6.2	Mobile based IEC/ BCC Solutions	No.	1	79.00		79.00	
B.10.6.3	District IEC/ BCC/ Engagement of Youth through Social Media						
B. 10.6.4	Monitoring of IEC/ BCC Activities	No.	1	2.10		-	Not Approved. State may initiate the process with support from the Development Partner and if results are promising, NHM can take it up next year.
B.10.7	**Printing activities (please specify)**						
B.10.7.1	Printing of MCP cards, safe motherhood booklets etc	No.	5500000	1,650.00	5,500,000	1,650.00	
B.10.7.2	Printing of WIFS cards etc	No.	2278966	68.37	1,500,000	45.00	Approved. Printing of WIFS cards for 15 Lakh beneficiaries
B.10.7.4	Other printing						
B.10.7.4.1	Printing of compliance cards for National Iron Plus Initiative	No.	3235631	97.07	3,235,631	32.36	Approved @Re. 1 per card for 3235631 cards
B.10.7.4.2	AFHC cards	No.	10156491	108.26		32.59	Approved - Printing of AFHCS cards @2000 cards/ facility /year for 1300 facilities- Registers @ Rs. 150 per register as proposed
B.10.7.4.3	Printing of RBSK card and registers		23909463	876.83	23,909,463	876.83	
B.10.7.4.5	IEC/BCC for Routine Immunization	No	2	137.00	2	137.00	
	Total			**13,006.71**		**8,404.34**	

Chapter-17: Medical Mobile Unit (MMU)

The Millennium Development Goals aims at access to the health facilities and equitable distribution of health services amongst all inhabitants. To achieve this **Mobile Medical Units** have been envisaged which will provide preventive, promotive and curative health care in inaccessible areas and difficult terrains, which are underserved or un-served areas under usual circumstances. Factors that negatively influence the existing public health system and call for the exigency are:

1. Distance of the remote villages from the Public Health Institution.
2. Geographical barriers to reach the pockets.
3. Lack of mobility support for field visit by the staff assigned to do the job.
4. Lack of medicines / equipment/manpower.
5. Lack of awareness & health consciousness in the community particularly among disadvantaged people, who are socio- economically backward.

Mobile Medical Units will be operative by the name of **National Mobile Medical Unit** and will have Medical Officer, pharmacist, lab technician, nurse, a data entry operator/ attendant and a driver. It has to move for at least 20 days a month to remote villages in the area of a block as per the schedule prepared jointly by the concerned District programme officer & Block Medical Officer.

For the year 2015-16, following proposal is being submitted to GOI for operationalize MMU services in the state:

- 150 NMMU Project- The procurement 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. This amount will be kept as committed unspent for FY 2015-16.

  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 / eight seat passenger carrier to transport medical and paramedical personnel. The other vehicle will be for carrying equipment/accessories and basic laboratory facilities. State requires approval Rs 1050.00 Lakhs (at unit cost of second vehicle Rs 7.00 Lakhs as per NMMU guidelines) for 150 second transport vehicle for 150 MMUs.

  The operational cost of 150 MMUs under FMR Code B11.1 was approved by GoI in ROP 2012-13 for an amount of Rs 1490.25 Lakhs for six months at the rate of Rs 1.66 Lakhs per month. This amount will be kept as committed unspent for FY 2015-16. The additional operation cost of Rs 1490.22 Lakhs for six months at the rate of Rs 1.66 Lakhs per month is proposed for FY 2015-16.

- 133 MMU Project – Operational cost of 133 MMUs approved in FY 2010-2011. Operations were stopped in 2012 because of non payments (post CBI investigation). State has again taken initiatives to reoperationalize these 133 MMUs. The proposal for approval is given below –

Proposal of running cost for 133 old Mobile Medical Unit for the year 2015-16

(A) Districts wise Running Cost								
As per rate provided in old Agreement (Value in Rs.)								
Sl.	**Districts**	**No. of MMU**	**Recurring Costs (Per MMU per annum)**	**Required Recurring Costs for the district (Per annum)**	**Project Management & Administration cost**	**IEC and other Expenses (per Annum)**	**Applicable Taxes (per Annum)**	**Total**
1	Jhansi	7	1634641.00	11442487.00	3652909.00	1852200.00	401820.00	17349416.00
2	Lalitpur	5	1634641.00	8173205.00	2609221.00	1323000.00	287014.00	12392440.00
3	Jalaun	8	1859859.00	14878872.00	5358797.00	2408448.00	455156.00	23101273.00
4	Chitrakoot	4	1634641.00	6538564.00	2087376.00	1058400.00	229612.00	9913952.00

5	Banda	7	1634641.00	11442487.00	3652909.00	1852200.00	401820.00	17349416.00
6	Mahoba	3	1634641.00	4903923.00	1565532.00	793800.00	172209.00	7435464.00
7	Mau	8	1859859.00	14878872.00	5358797.00	2408448.00	455156.00	23101273.00
8	Ghazipur	15	2629282.00	39439230.00	977680.00	232320.00	0.00	40649230.00
9	Deoria	15	2629282.00	39439230.00	977680.00	232320.00	0.00	40649230.00
10	Ballia	16	2629282.00	42068512.00	977680.00	232320.00	0.00	43278512.00
11	Kushinagar	13	2629282.00	34180666.00	977680.00	232320.00	0.00	35390666.00
12	Chandauli	8	2714514.00	21716112.00	1427800.00	174240.00	0.00	23318152.00
13	Mirjapur	11	2714514.00	29859654.00	1427800.00	174240.00	0.00	31461694.00
14	Sonbhadra	7	2809874.00	19669118.00	1427800.00	203280.00	0.00	21300198.00
15	Hamirpur	6	2809874.00	16859244.00	1427800.00	203280.00	0.00	18490324.00
Total		**133**	**33458827.00**	**315490176.00**	**33907461.00**	**13380816.00**	**2402787.00**	**365181240.00**

(B) State Level Requirement (Value in Rs.)

Sl.	Item	No.	Rate (in Rs)	Required Budget
1	Data cum Account Assistant	1	25000.00	300000.00
2	Progarmme Assistant	1	25000.00	300000.00
3	Computer, Printer, UPS	2		60000.00
4	Photocopier	1		100000.00
5	Office Running Cost (Stationary, Computer Consumables, Communication exp., internet Connection etc.)			300000.00
Total				**1060000.00**
Grand Total (A+B)				**366241240.00**

For the above purpose, an amount of Rs. 6239.35 Lakhs was proposed, out of which GOI approved Rs.27.54 Lakhs(FMR Code-B.11 and its sub heads) as per following for Mobile Medical Units:

FMR Code	Budget Head	Unit	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
				Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B11.1.2	Opex	No. of Vans	1.66	150	1,490.22			Pended.
B11.1.5	Others							
B11.1.5.1	Opex for MMU approved in 2010-11	No. of Vans	-	133	3,662.41			Pended.
B11.2	**NMMVs (smaller vehicles) and specialized Mobile Medical Units**							
B11.2.1	Capex	No. of Vans	7.00	150	1,050.00			Pended.
B11.2.5.1	Mobile Medical Vans (Smaller Vehicles)	No. of trip	2.04	18	36.72	18	27.54	Approved for Operational cost of MMVs for Voluntary Blood Donations camps at FRUs
Sub Total					**6,239.35**		**27.54**	

Chapter-18: National Ambulance Service

102' National Ambulance Service

The target for JSY for year 2015-16 in the state is around 26,69,000. As per the JSY target total anticipatory trips required will be 66,72,500 (@ 2.5 trips per JSY beneficiary as it includes bringing of JSY beneficiary and infants and their drop back, as well as inter-facility referral. Drop back facilities will also be provided to sterilization cases, the yearly target of sterilization cases for year 2015-16 is 3.25 Lakhs. Thus the total target trips for 102 NAS will be approximately 70.00 Lakhs. The trip cost as per agreement between GVK-EMRI Janani Shishu Suraksha and State of UP for FY 2015-16 will be Rs 396.00 per trip. Accordingly the financial requirement for operation of "102" NAS for year 2015-16 will be Rs 277.20 Crores.

102 Ambulances are doing 17000 trips per day (@8.6 trips/ambulance/day). Keeping total yearly target trips for 102 NAS will be 70 Lakhs, if we assume performance of 6 trips per ambulance per day, state needs 3000 ambulances to meet this target. State is presently operating 1972 ambulances under 102 NAS, thus state needs additional 1000 ambulances under 102 NAS. In light of the above, demand of Rs.79.00 Crores (@ Rs 7.9 Lakhs per ambulance, 10% above last year's DGS&D rates) for procurement 1000 more BLS ambulances is proposed for FY 2015-16.

Advanced Life Support Ambulance

State is operating 988 BLS ambulances under 108 EMTS. Most of the states are having ALS: BLS ratio of 1: 3. In ROP 2014-15, 75 ALS ambulances have been approved, their operationalization is under process. As per the need of the state for providing services to critical patients needing referral transportation, the state is proposing 75 more ambulances for 2015-16. The total financial requirement as Capex for 75 ALS ambulances will be Rs.1800.00 Lakhs (@ Rs. 24.00Lakhs per ambulance including equipments).

State is operating 108 EMTS at operational cost of Rs. 1.41 Lakhs per ambulance per month. Assuming the ALS operational cost @ Rs. 1.41 Lakhs per ambulance per month, the total financial requirement for 150 Ambulances for six months for FY 2015-16 will be Rs.1274.13 Lakhs.

Cardiac Ambulance

GoI approved operations of 2 cardiac ambulances in FY 2014-15 for state of UP. The proposed Opex for 2 ambulances for FY 2015-16 will be Rs 72.00 Lakhs (@ Rs 3.00 Lakhs per ambulance per month).

Others

- **Monitoring cell for Ambulance Services -** Demand of 5 IT consultants under monitoring Cell of ambulance services at rate of Rs 40000.00 was proposed in PIP 2014-15. GoI gave approval for salary of 2 consultants at rate of Rs 35000.00 per month, which is not comparable with consultant salary of other divisions of SPMU. As IT consultant will be a technical person approval of Rs 30.00 Lakhs as salary of 5 consultants at rate of Rs 50000.00 per month is proposed for FY 2015-16.

- **Third Party Concurrent Evaluation of Ambulance Services -**GoI gave approved Rs 75.00 Lakhs for third party evaluation of ambulance services in FY 2014-15. The activity is under process. The requirement for FY 2015-16 under above activity is Rs 82,50,000.00 (Rs 75.00 Lakhs approved in FY 2014-15).

For the above purpose, an amount of Rs. 38878.63 Lakhs was proposed, out of which GOI approved Rs.22962.12 Lakhs with following details:

Budget Summary-National Ambulance Service(NAS) -2015-16

S. No.	Budget Head	Unit of Measure	Unit Cost (Rs. Lakhs)	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
				Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B12	**National Ambulance Service**						-	
B12.1	**Ambulance/EMRI Capex**							
B12.1.1	State basic ambulance/ 102 Capex	No. of Vehicles	7.90	1000	7,900.00	300	2,370.00	Approved for 300 new BLS ambulances @ Rs. 7.90 lakhs
B12.1.2	Advanced life support Capex	No. of Vehicles	24.00	75	1,800.00	75	1,200.00	Approved for 75 New ALS ambulances @ Rs. 16 lakhs.
B12.2	**Operating Cost /Opex for ambulance**							
B12.2.1	State basic ambulance/102 Opex	Trips	0.00	7000000	27,720.00		18,931.20	Approved @ Rs.80000 per month per ambulances for the existing 1972 ambulances.
B12.2.2	Operating Cost /Opex for ASL ambulance	No. of Vehicles	8.49	150	1,274.13		360.00	Approved @ Rs.1.00 Lakh per month for existing 75 ALS ambulances.40% of the operational cost is being approved as per the norm. Opex for new ALS may be proposed in the supplementary PIPs after the procurement of new ambulances.
B12.2.9	**Others**							
B12.2.9.1	Third Party concurrent evaluation of 102 and 108	No.	82.50	1	82.50	1	82.50	
B12.2.9.2	Monitoring cell for 102 and 108	No.	6.00	5	30.00	2	8.82	Approved for remuneration of 2 existing consultants @ Rs. 36750 per month (5% increment)
B12.2.9.4	Cardiac Ambulances - Opex (B 18.3 in FY 2014-15)	Number of ambulances	3.00	2	72.00	2	9.60	Approved @ Rs.1lakh per month for 12 months. 40% of the total Opex is being approved as per the norms
	Sub Total				**38,878.63**		**22,962.12**	

Chapter-19: Public Private Partnerships/NGOs

Merrygold Health Network – A initiative for Improving Family planning through Private Health Facilities

Merrygold Health Network (MGHN) - 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 , 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 RMNCH+ services especially in Family Planning 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.

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 family planning services under this model of Social Franchising. The objectives are as follows: -

- To increase access to spacing and permanent methods of family planning (FP) for women of reproductive age (WRA) & men.
- To provide choice of services under family planning of assured quality to people.
- 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 family planning methods and related clinical issues.
- Establishment of a regulatory mechanism to monitor the quality of the services provided by MGHN 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	Merry Gold 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

Merrygold Health Network would provide **all** 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 services 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 activities for family planning services through Merry tarang 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
- BCC activities like : Godbharai, Community 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 HLFPPT would be responsible for overseeing the implementation of the social franchising project.

Expected Outcomes :-

Particular		Yr-1	Yr-2	Yr-3	Total
1	No. of Merrygold hospitals	150	300	400	
2	IUCD	18000	27000	36000	85000
3	PPIUCD	3600	10800	19200	33600
4	Female Sterilization	7200	18000	28800	54000
5	Male Sterilization (NSV)	450	1800	4800	7050
6	PPS-Post Partum Sterilization	1200	2400	3600	7200
7	OC Pills-No. of Users	20000	40000	60000	120000
8	CC Users	40000	80000	1200000	240000

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

Rs. In Lakhs

Sl no	Particulars	Year 2015-16	Year 2016-17	Year 2017-18
1	Personnel Costs	238.44	361.28	467.61
2	Travel Cost	93.58	114.8	130.76
3	Equipment	5.5		
4	Training, Workshops & Seminar	152.38	421.79	302.7
5	Program Cost	338.2	447.35	481.06
6	Administration Cost	19.68	19.06	19.99
7	Management Cost	33.69	44.97	46.62
Total		**881.47**	**1409.3**	**1448.73**

Thus, for the above purpose, an amount of Rs.881.47 Lakhs was proposed, out of which GOI approved Rs.418.00 Lakhs(FMR Code- B13.2.1).

Engaging Private Providers for Family Planning

Background - India's current public healthcare spending and infrastructure is currently well short of what is required to fulfill its ambition of achieving universal health care. The gap is bridged by private sector with the private sector today providing nearly 80% of outpatient care and about 60% of inpatient care. The private health sector plays a substantial role and is heavily used by the poor, but in an unregulated environment. The state of Uttar Pradesh has a high reliance on private health care providers for access to health facilities. The private sector is highly fragmented and consists of providers of variable quality. Private sector involvement in health activities especially for family planning services is hence major concern.

As market-based drivers of innovation, private sector entities are uniquely positioned to help bring contraceptive products and services to millions of women and girls with unmet need. Robust private sector participation in family planning contributes to an expanding base of users, more efficient distribution networks and flexible partnerships that support new approaches. Given that the private sector provides a significant family planning services in India, its engagement is essential to achieve universal access to quality FP services. The sheer strength of numbers underscores the importance of an efficacious PPP model. The truth is that India's target of FP2020 cannot be substantially achieved unless we engage and successfully partner with the private sector.

New Initiatives by UP - To achieve the FP2020 targets, UPNHM has recently issued a GO to facilitate participation of private sector organizations, nursing homes etc in provision of family planning services in the state. For this, a regional task force has been constituted having participation of HLFPPT and SIFPSA. A web based portal is being developed for easy dissemination of information related to government FP schemes in which they can participate, application procedures, grievance redressal, help line for providers and users etc. Target is to have at least 1000 private providers enrolled for FP government schemes in the first year.

Strategic Framework for Engaging Private Sector for Family Planning in UP - A strategic approach for engaging the private sector for family planning services in the state of Uttar Pradesh would be to institutionalize a **"Family Planning Public Private Engagement Agency (FPPPEA)".**

Eligibility Criteria: The FPPPEA would be managed by an NGO/ civil society organization like HLFPPT and SIFPSA having extensive experience of managing and working closely with private sector providers, especially in Uttar Pradesh on issues related to family planning specifically related to training, medical audits, capacity building, quality assurance related to private facilities and family planning and have prior experience of working with State NHM. FPPPEA would be led by a team of experts having a wide-ranging experience in working with state governments on private sector engagement with specific focus on family planning.

Roles and Responsibilities: FPPPPEA would act as a change agent to promote inclusion of the private sector in family planning in the state by capacitating private sector and by fostering dialogue between the public and private sectors. Specifically, FPPPEA would be responsible for following areas:

- **Mapping of private providers** who are working in provision of family planning. Mapping would be done to identify various cadres of private facilities available in the state for providing FP services.
- **Motivating private providers** to go for accreditation under various government FP schemes. Agency would help de-mystify the accreditation procedure and its field team would provide hand holding support to the providers who want to apply for accreditation. The team would sensitize them and address their queries related to such schemes.
- **Capacity building of private providers:**
    - On technical aspects related to family planning. This would facilitate their accreditation under the new initiate of the State Government.
    - On core areas supporting the private health sector, such as contracting out, voucher schemes, risk-pooling mechanisms, accreditation, and certification.

- **Community Mobilization Support**: For the accredited private providers, FPPPEA through its team of community outreach workers would provide community mobilization support. These workers would refer clients to the accredited private facilities and help to increase their clientele.
- **Operational Support**: For the accredited private providers, FPPPEA would also assist with procurement/ leasing/ loaning of required medical equipments and consumables for family planning.
- **Branding Support:** For the accredited private providers, FPPPEA would provide branding support at nominal costs. This would include creating a common brand name, promotional activities for popularizing the brand name among community etc.
- **Follow up visits** to accredited private providers for hand holding support. Post training FPPPPEA team would conduct follow up visits to each trained private provider, on a routine basis, to analyze how well they have gained from the training, what is their experience post training, identify areas where they need reinforcements etc.
- **Setting up Dedicated FP Counseling Booths:** For promoting informed choice for selection of FP methods, FPPPEA would operationalize dedicated counseling booths at each of the accredited health facilities.
- **Medical Audits for Quality Assurance**: FPPPEA would conduct medical audits to check the adherence of the networked private facilities to the family planning quality norms. Performance based ratings would be provided to each facility. The audit would be done based on structure questionnaires.
- **Technical support to State Family Planning Department**: Training and on-the-job support to help state's public health officials develop the capacity to handle new tasks related to working with the private sector.
- **Conduct consultative workshops** to foster greater communication, cooperation, and collaboration between public and private health stakeholders in the state. These workshops would provide Explore potential for public-private partnerships in family planning and help to establish and facilitate these partnerships.
- **Create a knowledge clearinghouse** on public-private interactions in health- documentation of case studies, good practice models and examples. In addition, FPPPEA would create a resource directory of all accredited private providers in the state and collect data to analyze and better understand the private health sector's experience specifically related to accreditation.
- **Assist in scaling up** proven models and strategies to engage the private sector to other states as well. Based on experience of UP, FPPPEA would provide technical assistance to governments of other states for enhancing private sector engagement for family planning and other related services.

Budget Proposed for the activity:

S.No.	Particulars	Unit	Unit Cost	Months/Days	Year 1
1	**Personnel Cost:**				
1.1	FPPPEA Lead	1	100000.00	12	1200000.00
1.2	Regional PPP Coordinators (1 per 10 districts)	8	60000.00	12	5400000.00
1.3	Franchisee Manager (1 Per district)	75	45000.00	12	40500000.00
1.4	CB & QA Manager (1 per district)	75	50000.00	12	45000000.00
1.5	Communication Officer	2	45000.00	12	1080000.00
1.6	Finance Officer	2	25000.00	12	600000.00
1.7	Manager -Capacity Building & Quality Assurance (time cost)	1	3500.00	15	52500.00
1.8	Finance Manager (time cost)	1	3500.00	24	84000.00
1.9	HR Officer (time cost)	1	3000.00	24	72000.00
	Sub total (1)	165.5			**93988500.00**
2	**Training & QA Expenses**				
2.1	Induction of Project Team (in 1 batch)	1	25000.00	1	25000.00
2.2	Mapping & Baseline Study	1	1000000.00	1	1000000.00
2.3	Project Launch Event	1	100000.00	1	100000.00
2.4	Orientation of providers on Clinical and Quality Protocols (2000 providers in 1st year- 80 batches of 2 days	80	50000.00	2	8000000.00

S.No.	Particulars	Unit	Unit Cost	Months/Days	Year 1
	duration				
2.5	Orientation of providers on Due Diligence & Accreditation Processes (2000 providers in 1st year- 80 batches of 2 days duration	80	50000.00	1	4000000.00
2.6	Orientation of Merrytarang members (13 facilities per district- 5 L3 per facility so total 65 L3 per district so total 4875 l3 in 75 districts. To be trained in 162 batches	162	15000.00	1	2430000.00
2.7	Experience Sharing Workshops for Accredited Providers	4	50000.00	1	200000.00
2.8	QA Visits and Audits	12	15000.00	1	180000.00
2.9	FP Counselling Booth (for 1000 facililities - cost for one counselor and canopy for total 3 years)	1,000	20000.00	1	20000000.00
2.10	Impact Assessment Study	-	1000000.00	-	-
2.11	Dissemination Workshop	-	150000.00	-	-
2.12	Quarterly Review Meetings	4	5000.00	1	20000.00
	Sub total (2)				**35955000.00**
3	**BCC Activities**				
3.1	Branding of Accredited Providers	1,000	50000.00	1	50000000.00
3.2	Promotional/IEC Materials		Lumpsum		200000.00
3.3	Merry Tarang members (L3) Honorarium	4,875	300.00	11	16087500.00
	Sub total (3)				**66287500.00**
4	**Mass Media Campaign**		Lumpsum		1000000.00
	Sub Total (4)				**1000000.00**
5	**Monitoring and Evaluation**				
5.1	Time Cost of CEO	1	12000.00	12	144000.00
5.2	Time Cost of Head SM & SF	1	7000.00	24	168000.00
5.3	Time Cost of Head Medical Services	1	6000.00	36	216000.00
	Sub total (5)				**528000.00**
6	**Capital Cost**				
7.1	Office Furniture & Fixtures	1	100000.00	1	100000.00
7.2	Refrigerator	1	15000.00	1	15000.00
7.3	Inverter	1	12000.00	1	12000.00
7.4	Digital camera	1	8000.00	1	8000.00
7.5	AC	2	30000.00	1	60000.00
7.6	Printer & Accessories	1	20000.00	1	20000.00
	Sub total (6)				**215000.00**
7	**Travel**				
7.1	Central team travel	4	10000.00	4	160000.00
7.2	Local team travel	161	500.00	12	963000.00
	Sub total (7)				**1123000.00**
8	**Administrative Expenses**				
8.1	Communication Expenses	161	1000.00	12	1926000.00
8.2	Staff welfare	163	1000.00	12	1950000.00
8.3	Printing & Stationary	1	5000.00	12	60000.00
8.4	Office Rent	1	25000.00	12	300000.00
8.5	Electricity & Water	1	10000.00	12	120000.00
8.6	Repair and maintenance	1	5000.00	12	60000.00
8.7	Audit Fee	1	5000.00	12	60000.00
8.8	Recruitment Cost		Lumpsum		80000.00
8.9	Laptop on Rent	167	3500.00	12	7014000.00
	Sub Total (8)				**1,15,70,000.00**
	Total Operating Cost (sum 1 to 8)				**21,06,67,000.00**
	Indirect Cost @10% of operating cost excluding capital cost				2,10,45,200.00
	Total Project Cost				**23,17,12,200.00**

For the above purpose, an amount of Rs. 2317.12 Lakhs was proposed, out of which GOI approved Rs. 800.45 Lakhs (FMR Code- B13.2.2).

Proposal for Enhanced Private Sector Participation in Family Planning to Contribute to FP2020 Goals through SIFPSA

The Background- State of Uttar Pradesh has to contribute 10% of Global Family Planning 2020 (FP 2020) goal for population stabilization. This is almost 26% of country's FP 2020 goal. To fulfil this goal number of eligible couples using contraceptive needs to be doubled in next 6 years, it counts from current 1.27 crore FP method user couples to 2.45 crore user couples. This means modern method CPR which is currently 37.3% hasto be increased from current rate of 1.72% points to 4.0% points per year in next 6 years reaching up to 61.3% by 2020.

In view of FP2020 state recognizes that it is far behind of the goal and to believe that public sector alone will be able to achieve this goal is not fair. This becomes even harder when state looks at unmet need of FP which is around 24 percent of all eligible couples in the state. State looks at private sector health care providers as an opportunity to expand FP service provider's base to cater this vast unmet need.

There are provisions of engaging private sector health facilities for family planning service provisioning which is being reflected in Family Planning section of this PIP.

The Proposal - Present proposal is beyond that and based on the recent Government order of state of Uttar Pradesh regarding engagement of Private sector health facilities in family planning services. Where in whole process of accreditation and reimbursement of private sector health facilities will be carried out through web based operations called **"Hausala Sajheedari"** under monitoring and supervision of a state level apex body called State Task Force (STF) **under patronage of Principal Secretary – Health and Family Welfare- GoUP and lead by Executive Director SIFPSA.** A four member secretariat termed as Private Sector Provider cell (PSP cell) to be established at SIFPSA to support STF in its functioning. PSP cell will be looking after day to day functioning and maintenance of **"Hausala Sajheedari"** web portal and managing the initiative at state level.

As soon as **"Hausala Sajheedari"** portal is functional, private providers can just log in and follow the portal instruction. All the government of India norms to get accredited are inbuilt on portal and private providers can evaluate themselves on available checklist. If they meet eligibility criteria, letter of interest will be generated automatically by the portal. Their respective chief medical officer will get an alert simultaneously to initiate physical verification process. Provider can check application status online system generated messages will be reaching to provider for approval or rejection status with reason. If provider gets approval, he will be called up to sign MOU with the CMO to provide services as per the norms. Surgeons who qualify eligibility criteria of providing surgical family planning services can apply online to get empanelled at CMO office. Accredited providers will be enabled to upload details of services and beneficiaries to get reimbursement. Reimbursement will be done only after due verification of services as per the norms set in the GO. Any grievance can be sent directly to the STF through web portal.

Strengths of SIFPSA:

- SIFPSA has been working on the objective to **improve quality, access and demand for family planning and other reproductive health services since 1992** with an approach to Upgrade public health facilities, enhance clinical and counselling skills of providers through decentralized planning, and also through its approach of Integrated services through RCH camps supplemented with intensive TT and IFA campaigns. It has also expanded the access to these services through private networks.
- SIFPSA has been recognized as the State Technical Support Unit (STSU) for all clinical trainings in the field of Family Planning for National Health Mission, UP. The ongoing trainings include Minilap, Laproscopic Tubal Ligation, NSV and IUCD trainings. The laproscopic Tubal Ligations training – TOT and induction for service providers have been carried out at 10 DCTCs of UP namely Agra, Jhansi, Varanasi, Kanpur, Meerut, Allahabad, Mirzapur, Saharanpur, Moradabad and Azamgarh. The Minilap training for service providers have been carried out in Varanasi, Agra and Jhansi districts. With KGMU Lucknow as the Center of Excellence (COE), Satellite Centers have been established in Kanpur, Meerut and

Allahabad as induction training centers for NSV. The IUCD training for MOs, SNs and ANMs is being run in 14 divisional sites covering 43 districts of UP.

- SIFPSA also has a strong IT division (FPIS division) which apart from catering the needs of SIFPSA is also giving commendable technical support to NHM, UP. SIFPSA through its FPIS division has also been instrumental in rolling out of HMIS/MCTS portals and providing HMIS/MCTS training for state, division, district and block level officers/functionaries of NHM, UP. SIFPSA has developed web based reporting portals for NHM, JSY beneficiary training system and is also a member of ICT committee for finalizing ICT roadmap for State of U.P.

Private Sector Provider (PSP) Cell at SIFPSA - As per the above mentioned GO PSP cell will be nested at SIFPSA to support the overall initiative. Constitution of the PSP cell and scope of work of cell members is as under. Manager –PSP cell will be reporting **to ED-SIFPSA** who is the **chairperson of STF**.

SN	Designation	Qualification	Scope of Work
1.	Program Manager	Techno- Managerial	Managing whole initiative, Leading PSP cell day to day functioning, Coordinating for Training and Quality Assurance activities, reporting to Chairperson STF
2.	System Administrator	Master/Bachelor in Computer/ICT or any other relevant qualification	System administration
3.	Accounts cum M&E Officer	Bachelor in Commerce with three years experience in Monitoring & Evaluation of projects	Managing data/ report generation/ communicating with PSPs/ Dealing with all PSP payment related issues

As SIFPSA is already running District Clinical Training Centers (DCTC) for clinical training on family planning services including sterilization services, interested private health care providers will be offered Sterilization Induction Training (12 days) and Sterilization Refresher Training (4 days) at these DCTCs. However, to ensure patient safety and quality of care, SIFPSA will organize standardization trainings (class room and hand on training) for all private surgeons empaneled under the program to orient them on revised standards recommended prescribed by GOI on the new quality assurance guidelines for male and female sterilization.

Training of Private Sector Service Providers - SIFPSA has established 10 District Clinical Training Centers (DCTC) in the state to impart clinical trainings on family planning services including male and female sterilization services for govt. doctors. The trainings are held in batches as per pre fixed scheduled for Sterilization Induction Training (12 days) and Sterilization Refresher Training (4 days) at these DCTCs. These facilities will also be extended to any interested private health care providers who will train at these DCTCs. However, the private sector providers will be charged a nominal fee for induction or refresher trainings at these DCTCs. Nevertheless, to ensure patient safety and quality of care, SIFPSA will organize standardization trainings (class room and hand on training) for all private surgeons empanelled under the program to orient them on revised standards (SOPs) recommended by GOI on the new quality assurance guidelines for male and female sterilization. The standardization workshop will be made mandatory for all private sector empanelled surgeons to participate to ensure quality standards.

Quality Assurance - The quality assurance will be a critical focus in this partnership wherein the following critical steps will be ensured:

Assessment of Private Facility: the QA steps starts will a detailed physical assessment of the health facility applied for accreditation. The facility complying with all requirements in terms of physical infrastructure, equipment, diagnostic and other essential services and manpower as per the GOI norms will only be accredited. The entire process of application, verification and final

approval for accreditation and signing of MOU etc will be made transparent through online process of *Hausala Sajheedari* web portal.

Empanelment of Surgeons: the surgeons from the private sector will be encouraged to get themselves empanelled though the *Hausala Sajheedari* web portal. Due diligence in terms of verification of their certificate (educational, MCI registration and their training and eligibility) will be ensured before they are empanelled for specific services like minilap, laparoscopy or NSV etc. The empanelled surgeons will only be allowed to perform sterilization as per their certification and eligibility.

Training of Surgeon on sterilization technique: as mentioned earlier section, SIFPSA through its DCTCs will encourage fresh doctors get trained in sterilization techniques like Minilap and Laparoscopy. The fresh batches of induction and refresher trainings will be held and doctors will be nominated as per their eligibility as provided in the GOI guidelines.

Sterilization standardization Workshop: all surgeons who are empanelled under the program will compulsorily attend the standardization workshop for sterilization techniques wherein they will oriented on the latest guidelines and SOPs proposed by GOI and also they will be oriented on the new consent form and documentation/ certification requirements.

Regular supportive supervision visits to the accredited private health facilities: the designated district quality assurance committee (DQAC) members will be making periodic supportive supervision visits to the health facilities to ensure the process and guidelines are followed as per the defined norms.

Payment Mechanism:
Payment system will be centralized from SIFPSA through e-transfer for both advance and reimbursement.

Summary of Activities and requirements –

SN	Activity	Requirement	Responsibility
1.	Constitution of PSP cell	• Establishing dedicated computer unit • Hiring of man power	AED SIFPSA
2.	Orientation of Division/ District level authorities on scheme/ Promotion of Scheme	• 18 Division level orientation program • 75 District level orientation program	DM/CMO Divisional Program Managers District Program Managers
3.	Training / Refresher of Private Sector Providers (PSP)	• Training on scheme/portal use • Technical Training	DCTC coordinated by Div PMs and DPMs
4.	Accreditation	• Receiving of online application • Physical verification of provider • Signing of MOU	PSP/CMO/Coordinated by PSP Cell and Development Partners (PSI & HLFPPT)
5.	Service provisioning by PSP	• Fixed day services / Walk in client services • Uploading of beneficiary (client) details on web by PSP	PSP/Coordinated by Development partners(PSI & HLFPPT)
6.	Client Verification	• 10% physical verification of total clients for payment approval	CMO of concerned district
7.	Reimbursement	• Preparing summary of claims • Processing	PSP cell Account section
8.	Monitoring and Evaluation		STF

Budget Estimation: "*Hausala Sajheedari"* Private Sector Partnership for Family Planning

	Budget Details	Unit	Cost/ Unit	Frequency	Total (in Rs.)
1	**Estimated Expenditure On PSP Cell**				
1.1	**Establishing Private Sector Partnership (PSP) Cell**				
1.1.1	Program Manager	1	60,000	12	720000
1.1.2	System Administrator	1	35,000	12	420000
1.1.3	Accounts cum M&E Officer	1	35,000	12	420000
1.2	**Infrastructure Support for PSP Cell**				
1.2.1	Laptop/ Desktop Systems with Printer for Reporting/ MIS/Web Portal Mgmt	4	55000	1	220000
1.2.2	Server Support and Mgmt of Web Portal (LS) supporting attached	1	2,50,000	1	250000
1.2.3	Communication, Stationery and Contingency @ Rs15,000 per month	1	15000	12	180000
2	**Promotion of Hausala Sajheedari Scheme**				
2.1	Orientation Workshop at Divisional Level	18	25,000	2	900000
2.2	Orientation Workshop at District Level	75	15,000	2	2250000
2.3	Printing of IEC/ Promotional Material/ Handouts etc (lump sum)	1	200000	1	200000
3	**Reimbursement to Accredited Private Health Care Providers** under "Hausala Sajheedari" Program (**Assumption**: in FY 2015-16 about 7 facilities will be accredited per district and each provider will contribute about 200 new sterilization clients in one year (7x75x200= 105000 @ Rs 3000 per case)	105000	3000	1	315000000
4	**Quality Assurance Activities**				
4.1	Standardization Workshop (50 batch of 20 surgeons each at DCTC) (**Assumption:** about 1000 private sector surgeons from 550 Private Hospitals will be empanelled and undergo 3 day standardization workshop on sterilization to update them on GOI guidelines and SOPs @ Rs 150/ surgeon x 3 days* 1000 surgeons)	1000	150	3	450000
5	**Contingency**				50,000
6	**TOTAL (Sub Total of 1+2+3+4+5)**				**32,10,60,000**
7	SIFPSA Management Cost (@10%)				3,21,06,000
	Grand TOTAL (6+7)				**35,31,66,000**

For the above purpose, an amount of Rs. 3531.66 Lakhs was proposed, out of which GOI approved Rs. 52.40Lakhs (FMR Code- B13.2.3) with the remarks " that As per discussion during NPCC, the amount, Rs.3150.00 Lakhs, for compensation of sterilization for 1,05,000 cases has been shifted to A.3.1.1. The admin cost has been rationalized and Rs.52.40 Lakhs is approved. State to strictly adhere to the item-wise approval".

Social Mobilization Network (SMNet) Transition Plan for Routine Immunization

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 (SRTCs) 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 generating awareness in the public. Currently, only 62% of 12 to 23 months old children's (according to WHO/NPSP monitoring data) in the state are fully immunized while 29% children are partially immunized and fair percentages are unimmunized due to lack of awareness and misconceptions amongst families.

Now that India has been certified polio-free in March 2014, the GOI and all partners discussed a transition strategy 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.

According to this, UNICEF has submitted 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

Under such circumstance, to keep SMNet in place, GOI had 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 for six months was sent to GOI for approval in supplementary PIP 2014-15. 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 2015-16, 25% of the total cost of SM Net (USD 1.61 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. 38 crores on SM Net per year. To retain complete SMNet, state has to bear 25% of total expenditure i.e., about 9 crore 66 Lakhs, in year 2015-16.

For the financial year 2014-15 and first quarter of 2015-16, six months expenditure i.e. Rs. 4.5 crores was proposed in 2nd supplementary PIP 2014-15 (under FMR Code: B13.3.1) to sustain SM Net in the State. The above proposal was not approved in the supplementary PIP with a note "State to propose in next year PIP (2015-16)"Accordingly, budget for financial year 2015-16 is being proposed as follows.

Activities and required fund (Rs. in Lakhs)	Amount Proposed (Rs in Lakhs)	Remark
1- HR Management agency- Rs. 59.54 Lakhs 2- CMC remuneration-Rs. 399.84 Lakhs 3- BMC remuneration-Rs. 379.08 Lakhs 4- Programme Activities including training and communication/IEC/ other activities-Rs. 127.99 Lakhs	966.45	Budget for 12 months (Apr 2015 to March 2016)

For the above purpose, an amount of Rs. 966.45 Lakhs was proposed, which is not approved by GOI (FMR Code- B13.3.1)

Innovative Communication Activities for improving Family Planning Services

Satisfied users could become IUD or PPIUCD ambassadors in the community, keeping this in mind State will organize a community event **"Pehel Sakhi Sammelan"** at 25 HPD districts blocks of UP. **Nearly 250 people from the Blocks are expected to actively participate in the event**. The target will be to have eminent PRIs, ASHAs, MOI/Cs, BPM and District officials from CMO Office like ACMO-FP, DPM etc. join this event. The importance of birth spacing in reducing maternal and child morbidity and mortality will be discussed. The effectiveness of modern family planning methods will be explained in detail. Doctors will clarify the myths and misconceptions regarding IUD and PPIUCD. Another appealing aspect of this event will be to have the presence of IUD and PPIUCD user couples along with eligible clients especially pregnant women (6 months pregnancy) having one child for spacing methods. The satisfied couples or lady user of IUCD/PPIUCD will share their experiences and reveal how a long acting reversible contraceptive have made their family life healthy and happy. Token gifts will give to happy users. Pehel Sakhi Sammelan is a way to bring satisfied users and eligible couples for spacing methods on a common platform to promote the use of IUD and PPIUCD. **Thus, for 588 no. of activities, an amount of Rs.7500.00 per event is proposed with a budget of Rs.44.10 Lakhs for 294 blocks of HPD, which is approved by GOI (FMR Code-B.13.3.3)**

Budget Summary-NGO/PPP -2015-16

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16		Remarks
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B.13	**PPP/ NGOs**					
B13.2.1	Merrygold Health Network	50	881.47	50	418.00	
B13.2.2	Engaging Private Providers For Family Planning	1	2,317.12	1	800.45	Based on discussion during and post NPCC with the state, may adhere to the item/activity wise approvals accorded which amounts to Rs.800.45 Lakhs.
B13.2.3	Enhanced Private Sector Participation in Family Planning to Contribute to FP2020 Goals	1	3,531.66	1	52.40	As per discussion during NPCC, the amount, Rs.31.50 crores, for compensation of sterilization for 1,05,000 cases has been shifted to A.3.1.1. The admin cost has been rationalised and Rs.52.40 Lakhs is approved. State to strictly adhere to the item-wise approval.
B13.3	**NGO Programme/ Grant in Aid to NGO**					
B13.3.1	Social Mobilization Net. Transition Plan- Routine Immunization	1	966.45			Not approved
B13.3.3	Innovative Communication for FP	588	44.10	588	44.10	
Sub Total			**7,740.80**		**1,314.95**	

For the above purpose, an amount of Rs. 7740.80 Lakhs was proposed, out of which GOI approved Rs.1314.95 Lakhs (FMR Code- B13 and its sub heads)

Chapter-20: Innovations

1. Religious and Community Leaders Meet

In the case of Polio eradication campaign it was experienced that involvement of religious leaders in different communities had helped in overcoming the disease. So to create awareness about Family planning program and its implication on maternal and neonatal morbidity and mortality, it is important to involve religious leaders of different religion in this program. We propose divisional level orientation workshop with religious and local leaders. **For this activity the total budget of Rs 7.50 Lakhs @ Rs.10000 per district was proposed, which is approved by GOI (FMR Code-B.14.6).**

2. Establishment of Divisional Monitoring & Evaluation Hub (M&E Hub)

Background - Monitoring and Evaluation is one of the essential components of any department or programme mainly aimed at improving the programme management capacity by the use of quality data. Monitoring progress and evaluating results are key functions for the programme manager to improve the performance of implementing health services.

With the launch of National Health Mission (NHM), monitoring and evaluation activities emerge as priority interventions for gap analysis and performance assessment. M&E activities are now supported by the much equipped IT tools like the HMIS Portal, MCTS & Survey reports. A several efforts have been made by the state of Uttar Pradesh for the effective implementation of monitoring mechanism to improve the quality of data for the evidence based decision making. The following initiative has been initiated by the Uttar Pradesh to improve the quality and use of data:

- **HMIS Bulletin:** Monthly health bulletin is prepared using HMIS data on key process indictors and also uploaded on the departmental website every month. A set of graphical analysis on key indices is also circulated to all the districts to make them aware about the quality of data and its improvement.
- **HMIS/MCTS Supportive Supervision Checklist:** This checklist has been rolled out in all the district of Uttar Pradesh to provide a supportive supervision up to SC level in terms of understanding of data element, validation and record/register.
- **Facility Based Analysis:** Facility based analysis of HMIS data has been initiated to identify the validation and outlier to improve the quality.
- **Provision of mobile and CUG to all ASHA and ANM:** Uttar Pradesh has provided a mobile phone and CUG to all their ASHA and ANM. This will also lead to initiate the USSD based updation of services in MCTS.
- **District performance review meeting and trainings:** State has issued government order to districts regarding their performance will be measured on the basis of HMIS/MCTS data and all review meetings will be based only HMIS/MCTS data. To strengthen the HMIS and MCTS system state has started to provide training and orientation to all the functionaries of health department.
- **Data triangulation and validation:** State has started the process of triangulation of HMIS and MCTS data with other sources and surveys like AHS, CBTS (community behavior tracking surveys), RFS (Rolling facility survey) and BMV/Supportive supervision data through HMIS bulletin and also incorporated suggested actionable points through HMIS bulletin.

Uttar Pradesh does have a total of 18 divisions which is supported by the Divisional Programme Manager under NHM. This document is emphasizing the importance of establishment of M&E Hub at divisional level, its structure, function and the possible outcomes.

Rationale - Uttar Pradesh is a state with having more than 75 districts which makes it difficult to analyze different sources of data at state level only for all 75 districts.

- Uttar Pradesh has 820 blocks and 23727 numbers of facilities with each division is having an average number of 45 blocks and 1318 facilities.

- Uttar Pradesh has started various activities under monitoring and evaluation to improve the data quality for the evidence based decision making.
- Each of the division already has an existing divisional office which is headed by the Additional director FW under the Department of Health and Family Welfare and supported by the Divisional Programme Manager under NHM.
- Non-availability of dedicated officer for Monitoring and Evaluation, non-availability of integrated unit and sharing of information within and amongst departments, lack of availability of compiled data related to all programs at division level, inadequate utilization of data for decision making at division level.
- There is huge and regular training need for HMIS and MCTS portal and state is not able to provide regular practical handholding/training session to all BPM and Data entry operators regarding HMIS and MCTS.

So it is quite evident from the above mentioned points that it is very essential to have an M&E hub at divisional level for effective monitoring of programme at micro level and on regular basis. The unit also provides feedback that will allow for better management, more efficient utilization of resources and greater effectiveness.

Proposed Structure of M&E Hub - Each divisional M&E hub will be staff with 2 additional persons i.e. one M&E officer and one M&E assistant. AD FW will be the overall responsible for the Divisional M&E hub with support from Divisional Programme Manager.

Proposed Functions of M&E Hub: The M&E hub at divisional level will mainly perform the following functions:

- Facility based analysis of HMIS data on the basis of entry, completeness, validation and outlier and providing the feedback to district for further improvement on regular basis.
- Preparation of Divisional level HMIS bulletin and review of district level HMIS bulletin on monthly basis.
- Regular analysis of MCTS registration and updation and providing the feedback to district and block.
- Implementation of USSD based updation of services and ensure generation of work plan from MCTS portal.
- Ensure the use, compilation and analysis of HMIS/MCTS Supportive supervision checklist data.
- Engage in the design and implementation of special assessments (e.g. needs/baseline assessments, quality of care assessments), surveys, and operational research.
- Support the divisional level review meeting by ensuring the proper use of data for evidence based decision making.
- Timely collection, compilation and analysis of different types of reports with main focus on RMNCH+A related activities.
- Provide support in ensuring availability and maintenance of various records/register.
- Conduct regular field visits to monitor the accuracy and completeness of data collected/reported and to provide technical support in M&E to field staff.
- Work as a data bank and provide data to all program managers for taking corrective actions in program and service delivery.
- Support all the M&E related activities in the division.

Deliverables - The following deliverables are expected after the proper establishment of M&E hub at divisional level:

- Timely and complete reporting from all the facilities in HMIS
- Increase in use of HMIS data in all the review meetings and planning
- Regular preparation of HMIS bulletin at state, division and district level
- Increase in quality of data in terms of completeness, validation and outlier
- Increase in registration and updation of services on MCTS portal
- Increase in generation of work plan from MCTS portal
- Proper availability of data from various data base (HR, ASHA, DP, facilities etc.)
- Reduction in good amount of time of state and divisional officials

- Proper monitoring at field
- Quality and data based review meeting

Required Budget for FY 2015-16 - As per the plan, establishment of the M&E Hub at divisional level (Additional Director office) will have the following budgetary details:

Sl.	Budget head	No.	Total Budget (Rs.)	Remarks
1.	M&E Officer	18	@45000*18*12=9720000	One for each division
2.	M&E Assistant	18	@15000*18*12=3240000	One for each division
3.	Desktop Computer System	18	@50000*18=900000	One for each division
4.	Laptop	18	@60000*18=1080000	One for each M&E officer
5.	Printer	18	@15000*18=270000	One for each division
6.	Internet Connection	18	@1000*18*12=216000	One for each division
7.	Furniture (tables, chairs etc.)	36	@5000*18=90000	Two for each division
	TOTAL	**-**	**155,16,000.00**	**-**

Thus, to establish Divisional Monitoring & Evaluation Hubs, an amount of Rs. 155.16 Lakhs was proposed, out of which GOI approved Rs.153.36 Lakhs(FMR Code-B.14.10).

3. Rogi Sahayata Kendra

To improve and enhance efficiency of the services, establishment of Rogi Sahayata Kendra in the District Hospitals is being proposed in the 25 HPDs of the State which will empower the public with information and provide guidance of health in Government Hospitals. Following are the main objectives of Rogi Sahayata Kendra:

- To provide information to the patients as to range of services available-both free of cost services and charged ones, mechanisms and concerned authorities to approach in case of grievances as to the availability or quality of services provided
- To increase the uptake and utilization of services by the beneficiaries
- To strengthen the community-facility linkages, enhance the acceptability of the ASHAs in the community by improved provision of health services
- To strengthen the Rogi Kalyan Samitis and increase the utilization of the untied funds by channelizing the feedback of the respondents received by the Rogi Sahyata Kendras to the RKS for proposing necessary ameliorative steps.
- To improve services at the hospitals by education of staff and public about facilities and services available Ex: time taken by doctor to attend a patient, availability of free drugs etc.: timely feedback to the concerned authorities regarding staff and drug shortages etc.
- To enhance transparency and accountability in the delivery of services

This activity has been approved in last year SPIP for 50 District Level Hospital of 25 HPDs. State is proposing 50 Rogi Sahayata Kendra @ Rs.7.00 Lakhs per RSK (approx).

No of Units*	Cost per unit(Rs.)	Total Cost Proposed (in Lakhs)
50	700000.00	350.00

For this purpose, an amount of Rs.350.00 Lakhs was proposed, which is approved by GOI(FMR Code-B.14.11).

4. AAA Platform - Monitoring & Microplanning meeting for frontline workers

For effective and result oriented performance of frontline workers, proper coordination among the village level frontline workers viz; ANM, ASHA and AWW is an important requirement. Better coordination will improve; need based micro planning as well as effective implementation of village level activities like VHSNC meetings, VHNDs etc.

Issues like accessing the unreached and outreach households, identification of a suitable and easily accessible location for VHND organization, monitoring of and supportive supervision to conduction of VHND, identification of households which are resistant to uptake of family

planning, immunization and institutional delivery services, preparation of due list for vaccination, follow-up of sterilization cases, etc. do not always get proportionate attention and incorporation in the micro-plan.

Keeping in view the above situation, the State proposes one meeting per month at Sub Center level in the 25 High Priority Districts among the ANM, AWWs and ASHAs whose work area lies within the jurisdiction of the concerned Sub-Center. For, the participation in aforesaid meeting ASHA & AWW will paid @ 50/meeting as conveyance. This activity has been approved in FY 2013-14 SPIP and continued from that year.

No of Units*	Cost per unit(Rs.)	Total Cost (in Lakhs)
122517	600 (12x50)	735.10

For this purpose, an amount of Rs.735.10 Lakhs was proposed, which is approved by GOI (FMR Code-B.14.12)

5. Establishment of Data Management and Analysis Unit

Background - Directorate of family welfare proposes to set up a data management and analysis unit at directorate to improve the quality, use and management of data generate by the state which includes HMIS, MCTS/RCH and other surveys. Over the last few years, state has focused on improving the quality and use of data through number of activities. Some of the key initiated that includes data quality assessment and feedback of HMIS/MCTS through supportive supervision and on-site feedback. Regular analysis of HMIS and generating monthly HMIS bulletin for all 75 districts. The bulletin includes easy to interpret graphs, charts and tables disaggregated by facility type and sub-district (Blocks). The State has also started district performance ranking based on HMIS data and in this regard government order has been circulated to all CMOs in month of Jan 2015.

Rationale - It has been realized that the innovations initiated by the NHM with support from TSUs are difficult to sustain if there is no centralized entity that has sufficient skill and competency to manage the implement within government structure. The new initiative can only be sustained if there is an independent & dedicated team who works under the leadership of DG, Family welfare and implements HMIS/MCTS and other data generation system through CMOs at the district level.

The current demographic cell in the state does not have capacity to upgrade its capacity to meet the requirement emerged IT based applications hosted by GoI. The functions of the unit has also restricted after GoUP have decide to withdraw traditional monthly progress reporting system where manual data was collected through AROs in the districts.

Structure - The proposed data management and analysis unit will operate under DG Health and family welfare and implement HMIS/MCTS and other survey data collection system though CMOs. The team will be lead by and Team leader (from GoUP resources) and supported by 2 Statistician (from GoUP resources), 01 M& E Officer and 1 M& E Assistant. The initial setup will be funded by the NHM and technical support will be provided by TSU.

- Team leader - Demographer, statistician, economist with experience of managing large scale system as well as survey data system (from GoUP resources)
- Statistician - two positions (from GoUP resources)
- M& E Officer- One position
- M& E Assistant - One position

Infrastructure - The unit will have computers and laptops for all staff with a number of statistical & GIS packages, with internet facility and a local server machine to store HMIS and other survey data.

Roles and responsibilities - The role of the unit will be accountable to deliver following activities on regular basis:

- To work in synchronize manner with MIS cell of State Programme Management Unit.
- Monitoring of different programs based on HMIS/MCTS data
- Identification of gaps and implementation of corrective majors for data correctness, timeliness completion and quality.
- HMIS and MCTS data triangulation with available sources and surveys.
- District/block and state wise estimation of needs for different programmes like maternal, child, Family welfare, routine immunization and national programmes.
- Regular analysis of MCTS registration and updation and providing the feedback to district and block.
- Implementation of USSD based updation of services and ensures generation of work plan from MCTS portal.
- Ensuring implementation of HMIS/MCTS Supportive supervision based on standard checklist in the field.
- Engage in the design and implementation of special assessments (e.g. needs/baseline assessments, quality of care assessments), surveys, and operational research.
- Capacity building of the district and block person on M&E activities.
- Organizing district performance review based on HMIS/MCTS data.
- Work for standardization of source document, reporting formats and registers at the facility level.
- Conduct data validation visit to verify the portal reports with source documents and beneficiaries.
- Conduct regular field visits to monitor the accuracy and completeness of data collected/reported and to provide technical support in M&E to field staff.
- Conduct survey based and need based studies.

Required Budget for FY 2015-16 - As per the plan, establishment of the proposed Data Management and Analysis Unit will have the following budgetary details:

Sl.	Budget Head	Unit	Honorarium per month (INR)	Total Budget (INR)
	Section A- Human Resource			
1.	Team leader	1	Govt.	0.00
2.	Statistician	2	Govt.	0.00
3.	M&E Officer	1	@45000*12	540000.00
4.	M&E Assistant	1	@15000*12	180000.00
	Total Section A	**-**	**-**	**720000.00**
	Section B - Infrastructure			
1.	Laptops for Team leader, Statistician and Survey Specialist	4	50000.00	200000.00
2.	Computer	1	40000.00	40000.00
3.	Laser Printer	1	12000.00	12000.00
4.	Broadband connection (running cost)	1	3000.00	36000.00
5.	Cost of procuring Data Card for Team leader, Statistician and Survey Specialist	4	1500.00	6000.00
6.	Running cost of Data Card for Team Leader, Statistician and Survey Specialist	4	1000.00	48000.00
7.	Other office expenses/running cost	1	10000.00	120000.00
	Total Section B	**-**	**-**	**462000.00**
	The M & E Officer and M&E Assistant to be trained at SPMU,UP			
	Grand Total (Sec A + Sec B+ Sec C)		**-**	**11,82,000.00**

Thus, the total budget of Rs.11.82 Lakhs was required for establishment of the Data Management and Analysis Unit, which is not approved by GOI (FMR Cod- B14.14).

6. Administering Case Sheets for Normal and Complicated Institutional Deliveries at Govt. Health Facilities in Uttar Pradesh

Background - In India, too many women and infants die from causes that are both preventable and easily treatable. Evidence points to the critical importance of ensuring quality care during labour, delivery, and the immediate post-partum and newborn period for saving maternal and

newborn lives. The ability of providers to manage normal deliveries according to best practice guidelines and to identify, manage and refer those patients with maternal and newborn complications can have a direct impact on maternal and newborn health outcomes.

The Govt. of Uttar Pradesh (GoUP) with techno-managerial support from Uttar Pradesh Technical Support Unit (UPTSU - a project supported by the Bill & Melinda Gates Foundation) is committed to improve the coverage, efficiency and quality of RMNCH+A services including delivery and immediate post-partum services in public health facilities. To achieve this, the State has initiated the on-site 'Clinical Mentoring' of Staff Nurses in delivery points designed specifically to improve the quality of facility based maternal and newborn care in primary health care centres (CEmOC and BEmOC) which would have a direct bearing on the health outcomes of women and newborns.

Under the nurse mentoring initiative, a newly designed, customised Maternal and Newborn Case Sheet for normal deliveries along with separate Complication Sheets for each of the commonly diagnosed complicated deliveries were developed and put to use at delivery points including CHC/PHC/APHC/SC delivery points. The case sheet serves the purpose of clinical record for each of the delivery cases, functions as a job aid and a teaching tool. The case sheet which also includes a simplified partograph guide which provide the critical steps of patient assessment, labour monitoring and post-natal care. Also the Complication Case Sheets provide details on how to manage and refer maternal and newborn complications. The Staff Nurses/ANMs use the case sheet to make clinical decisions aligned with Safe Birth Attendants (SBA) guidelines. The Nurse Mentors also use the case sheet to conduct case audits and monitor changes in compliance with SBA guidelines and also as a teaching tool.

Case sheet components:

Case sheet for normal labour and delivery	Outcome/Supplemental complication case sheets
Section 1 : Initial assessment Section2 : Labour monitoring (including simplified partograph) Section 3 : Delivery notes Section 4 : Postpartum period Outcome sheet	A : Prolonged/obstructed labour B : Preeclampsia/eclampsia C : Antepartum haemorrhage D : Infection/sepsis E : Premature rupture of membranes F : Postpartum haemorrhage G : Newborn complications H : Other complications

As providers identify complications, they are referred to more detailed case sheets that provide guidelines for more accurately diagnosing and treating maternal complications. The supplemental case sheets for complications give detailed guidance on care protocols, including drug and dosage guidelines that help providers comply with the recommended management regimens.

Rationale - Situational analysis conducted in select districts of the State reveal that patient records are not well maintained at delivery points. Case sheet provides the opportunity to have up-to-date, accurate, and comprehensive patient records at facilities including delivery points which facilitates case management, clinical decision-making and referrals. During the course of administration of case sheets under the 'Nurse Mentoring' programme in select districts, it has been observed that providers do not found the existing Bed Head Ticket (BHT) helpful as a decision-making tool for clinical care. The BHT includes many questions that require written responses, however providers are less likely to complete the document, perceive the questions as more of a reporting burden than a helpful process. Moreover, the BHT provides no guidance on case management.

Given the findings of poor knowledge of providers and adherence to the SBA guidelines, the State of Uttar Pradesh with technical support of UP-TSU recognised the opportunity for developing a new customised case sheet that could serve as a clinical record, a job aid, and a teaching tool. The case sheet is designed to function as a job aid to provide guidance to providers on the components of care to be followed. As a teaching tool, the case sheet help mentors to focus discussions on compliance with clinical guidelines, opportunities for improving case management and identification of cases when something may have gone wrong and

ascertaining what could have been done instead. Case sheets are also effective and useful instruments to review retrospective case reviews given the fact that mentors can not be present for all delivery cases and needed to be able to refer to filled in case sheets to provide teaching. Besides, the case sheet also serves as a tool for mentors and programme staff to monitor changes in the quality of care provided at health facilities, especially at delivery points.

The case sheet was designed in such a way to better suit the PHC context which also included a simplified partograph taking into account the WHO recommended partograph. The case sheet also provides guidance on the type of knowledge and skills providers should have to manage cases. Inclusion of complication case sheets was important especially because PHC providers do not routinely encounter complications, making it difficult to readily remember care protocols. Because prior assessments had indicated that providers didn't always know how to detect and manage complications or when to refer, the case sheet was also designed to support improved referral practices.

Scale up administration of Case Sheets -Considering the usefulness in terms of documentation/record keeping, diagnosis, management and referrals of labour complications towards fulfilling the objective of quality health care services, the state has decided to scale up administration of the case sheet. The case sheet which is currently being administered at delivery points of select 150 blocks of twenty-five High Priority Districts will further be scaled up to all facilities providing delivery services across 75 districts in the state in the FY 2015-16.

Procurement of Case Sheets - On receipt of approval from the Ministry of Health & Family Welfare, Govt. of India, the case sheets will be printed following the state procurement and printing policy/procedure. As per the estimates, a total of 22.97 Lakh case sheets (20.89 for normal delivery + 2.08 Lakh for complications) will be printed during FY 2015-16. The estimate for normal case sheets has been made on the basis of actual reported data of institutional delivery (Govt. facilities only) from 75 districts (HMIS Health Bulletin Jan 2015) proportionate to 12 months coverage for FY 2014-15 with an estimated increase of 15% in FY 2015-16 while complication case sheets has been estimated on the basis of 10% of estimated institutional delivery for FY 2015-16.

Timeline -It is being planned that the estimated number of case sheets will get printed following the state procurement and printing policy/procedure and be made available to respective govt. health facilities during the period July-Sept 2015.

Required Budget for FY 2015-16 - As per the plan, printing and distribution of the estimated number of case sheets will have the following budgetary implication, detailed in the table below:

Sl.	Budget head	Pages	Total case sheets	Unit cost (Rs.)	Budget (Rs. lakh)
1.	Printing of Case Sheets for normal delivery*	9	2088600	Rs. 2/-	41.77
2.	Printing of Case Sheets for complicated delivery**				
2.1	Complication Sheet A	2	26100	Rs. 0.50p	0.26
2.2	Complication Sheet B	2	26100	Rs. 0.80p	0.42
2.3	Complication Sheet C	2	26100	Rs. 0.50p	0.26
2.4	Complication Sheet D	2	26100	Rs. 0.80p	0.42
2.5	Complication Sheet E	2	26100	Rs. 0.50p	0.26
2.6	Complication Sheet F	2	26100	Rs. 0.80p	0.42
2.7	Complication Sheet G	2	26100	Rs. 0.50p	0.26
2.8	Complication Sheet H	1	26100	Rs. 0.50p	0.13
	TOTAL	**24**	**2297400**	**-**	**44.20**

** Total no. of case sheets for normal delivery is calculated on the basis of actual reported data of institutional delivery (Govt. facilities only) from 75 dists. (HMIS Health Bulletin Jan 2015) proportionate to 12 months coverage for FY 2014-15 with an estimated increase of 15% in FY 2015-16.*

*** Total no. of case sheets for complicated delivery (Case Sheet A to H) is calculated assuming a complication rate of 10% on reported institutional delivery (proportionate with 15% annual increase).*

Thus, the total budget proposed for this activity was Rs. 44.20 Lakhs, out of which GOI approved Rs.20.00 Lakhs with the remarks that "State to utilize the protocol of the case sheets shared in the MNH Toolkit"(FMR Code-B.14.15)

7. Quarterly RMNCH+A state level review meetings for HPDs

Background - The state of Uttar Pradesh has made strides to reduce maternal mortality ratio (MMR) and infant mortality rate (IMR), the state still lags behind the national average. Additionally, great inequities in health outcomes do exist across districts, e.g. Infant Mortality Rate (IMR) in Shrawasti is 96, which is almost 3 times than that of Kanpur Nagar where the IMR stands at 37. The Government of Uttar Pradesh (GoUP), in line with the MoHFW, Govt. of India's directives, has allocated more resources to High Priority Districts (HPDs) under National Health Mission (NHM) and plans to set up additional review and monitoring mechanisms to track the progress of health outcomes in these twenty-five select districts in order to identify the key areas of improvement and develop plans for achieving such objectives.

In addition to the Govt. resources in HPDs, GoUP in pursuance of an MOC being signed between GoUP and Bill & Melinda Gates Foundation (BMGF), has set up a Technical Support Unit (UP-TSU) at Lucknow that will report to the Principal Secretary Health & Family Welfare, GoUP. UP-TSU has support structures in select divisions, districts and blocks to advice and support government structures (state/district/divisional level machinery, PHCs, Sub-centres, and Aanganwari Centres (etc.), frontline workers (FLWs) and other service delivery points. Currently, its set up structure spreads across 25 HPDs focusing on providing support to increase efficiency, effectiveness and quality of key services delivery to improve RMNCH+A outcomes in these districts.

UP-TSU through its support structures collects data for planning, review, and monitoring purposes across 3 platforms - Facility, Community and System, primarily through the following mechanisms:

- **Block Monitoring Visits (BMV):** UP-TSU functions as the State RMNCH+A (SRU) unit and coordinates to ensure block monitoring visits for all 25 HPDs;

- **Community Based Tracking Survey (CBTS):**Community Based Tracking Survey is an independent household survey that provides block level estimates for fifty critical RMNCH+A indicators. The survey is conducted semi-annually; covers 100 blocks within a span of six months and approx. 2.5 lakh women are interviewed in each round of survey.

- **Program monitoring:** UP-TSU through its support structures at division, district, block, and sub-block level, collects data for programme monitoring. Some of the indicators covered through this mechanism are*:
    - % of currently pregnant women listed in ETT
    - % of currently pregnant women who have received any antenatal checkup (BP, HB, U/Alb)
    - % of women delivered in a health facility
    - % of couples with unmet need for family planning
    - % of deliveries where AMTSL applied as per the protocol
    - % of newly delivered women at the facility accepted PPIUCD
    - % of newborn given essential newborn care as per protocols
    - % of breastfeeding initiation done within 1 hour of delivery
    - % of newborn administered Vitamin-K
    - % of facilities uploaded HMIS data on portal by 5th of the following month
    - % of pregnant women to estimated delivery registered in MCTS

*The list is not exhaustive. UP-TSU collects data through its support structure and uses govt. sources and govt. platforms to collect data for the purpose of programme monitoring.

Rationale - The RMNCH+A strategic approach envisages integrated planning, implementation and monitoring of key high impact interventions. Close monitoring of progress and outputs of the various RMNCH+A interventions by district and state level programme managers is critical to identify and address key bottlenecks, offer need-based assistance and to undertake mid-course corrections in high priority districts. With the rationale, the State proposes to organize state level review meetings (in addition to the existing divisional review meetings) of Chief Medical Officers,

Chief Medical Superintendents, Additional Chief Medical Officers, District Programme Managers representing high priority districts, State Programme Officers of Directorate of Health & Directorate of Family Welfare, State Programme Managers and Consultants (NHM) on a quarterly basis. The expected participants from the HPDs would participate in quarterly meetings, divided in three consecutive batches in each quarter to complete a cycle of one quarterly meeting.

The purpose of these quarterly reviews will be to critically evaluate available reports and evidences and identify corrective measures for strengthening RMNCH+A efforts in the HPDs, to be chaired by the Principal Secretary, Health & Family Welfare, GoUP/ Mission Director, National Health Mission, GoUP. The Partnership Coordination Committee (PCC) in its 6th meeting held on 27th Feb, 2015 under the chairmanship of Principal Secretary, Health & Family Welfare, GoUP, has recommended and decided to organize quarterly review meetings of district and state level officers divided in 3-4 batches per quarter.

Review Meeting Agenda- The quarterly review meetings will have the following agenda items to be discussed:

- Review of districts' performance on the basis of data collected by UP-TSU at various levels
- Review of district level data
- Review of Block level data (wherever possible)
- Review of facility level, and village level data (wherever possible)
- Identification of major bottlenecks on the basis of available data;
- Problem-solving for major bottlenecks where group discussion and group works can be facilitated in order to identify best practices and identify local solutions.

Timeline - A total of 12-16 meetings (3-4 meetings per quarter) with participation of district level officers, programme managers and state level programme officers (Directorate of Health Services, Directorate of Family Welfare & SPMU) and consultants will be organized during April 2015 - March 2016.

Required Budget for FY 2015-16 - As per the plan, organization of quarterly review meetings at state level will have the following budgetary implication, detailed in the table below:

No. of districts	No. of participants per district	No. of Divisional & State level Participants	Total no. of participants	Unit cost per participant (Rs.)	Total Budget (Rs. lakh)
25	4	50	150	1500	2.25
	Total budget per quarter			**-**	**2.25**
Total annual budget (including 10% contingency)					**9.90**

Thus, the total budget of Rs.9.90 Lakhs was proposed for organizing quarterly review meetings in all 75 districts, which is not approved by GOI(FMR Code-B.14.16).

8. Internal Mentoring Programme in High Case Load Facilities (Level 3) in HPDs

Rationale - The model of Internal Mentoring Programme evolved from the positive feedback and results being experienced by the Govt. of Uttar Pradesh while implementing the programme of Nurse Mentoring and Mini Skill Lab. in twenty-five High Priority Districts (HPDs).

Skills, knowledge and capacity of doctors working in public health facilities is one of the major challenges in delivery of quality primary health care services. Lack of infrastructure including equipment, non-availability of services coupled with time lag between in-service and refresher training contribute to their low level skills and capacity. Thus, there is a urgent need to address these gaps of skills, knowledge and capacity among the doctors posted in high case load facilities like District Hospitals. With the initial experience of implementing the Nurse Mentoring Programme, the state of Uttar Pradesh proposes, thus proposes to build the skills and capacity of doctors working in public health facilities by introducing an Internal Mentoring Programme with technical support from Uttar Pradesh Technical Support Unit (UP-TSU). The mentoring programme proposes to cover a total of 25 District Hospitals (DHs) of 25 HPDs being high case

load facilities, divided into 5 zones, where a dedicated team of Mentors comprising one Gynecologist, one Anesthetist and one Pediatrician will provide on-site mentoring to doctors (Medical Officers, Lady Medical Officers, Obs. & Gyanae, Anaes, Paed) in each of the 5 allotted DHs after the completion of initial training.

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. Effective clinical mentoring provided through on-site case consultation/ case review, can provide necessary support to help inexperienced providers in making sound health care decisions and appropriate referrals. Mentoring needs to be seen as part of the continuum of education required to create competent health care providers, is an integral part of the continuing education process taking place at the facilities where health care providers manage patients on a day-to-day basis.

Objectives - The proposed internal mentoring programme will be implemented with the following objectives:

- to support application of classroom learning to clinical care;
- to maintain and progressively improve the quality of clinical care;
- to build capacity of MOs (including LMOs)/ Specialists in management of complications like obstructed labour, PPH, Puerperal Sepsis, preterm labour, low birth weight baby, preterm baby, asphyxia, sepsis;
- to build on hands skills of MOs (including LMOs)/ Specialists in conducting Minilap, Lap TT, NSV, PPIUCD insertion; and
- to improve the motivation of MOs (including LMOs)/ Specialists by providing effective technical support.

Clinical mentoring versus supportive supervision - Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough implemented by different teams. Clinical mentoring focuses on technical skills, competencies and professional development of clinical staff in the health facility while supportive supervision is conducted with a variety of objectives like reviewing space, equipment, supply chain management, training, staffing & other human resource issues etc. Supportive supervision focuses on the conditions required for proper functioning of the facility and the clinical team. However, certain areas which are usually covered under supportive supervision, e.g. patient flow and triage, clinic organization, patient monitoring and record-keeping, case management observation, review of referral decisions etc. will also be covered during the proposed mentoring programme. The mentoring process will also cover clinical case review, bedside teaching, assists with care & referral of complicated cases and mentoring via distance communication.

The district level supervisory and management teams often have full-time administrative duties, hence do not have time or experience to be effective clinical mentors. In such a situation, the proposed clinical mentoring of MOs and Specialists would be an effective technical support mechanism to build a system of care.

Creating a pool of mentors - Under the proposed programme, mentors will be identified as clinical practitioners who has experience relevant to the health care delivery system and expert knowledge in maternal & new born complications, family planning. They need to be experienced, practising clinicians in their own right, with strong teaching skills. These mentors should be approachable and accessible as an ongoing resource in the ongoing skills and professional development of the mentee, to be chosen from Govt. Medical Colleges preferably and also Private Medical Colleges. Assessment on the following skills and abilities will form the basis while identifying and creating the pool of mentors:

- Ability to support and adapt different clinical settings and mentees to provide on-site mentoring
- Ability to provide effective feedback to the mentee
- Demonstrated technical skills and knowledge in managing similar mentoring programme (s)
- Ability to develop a mentoring programme and curriculum appropriate to the expressed goals and needs of mentees
- Ability to disseminate clinical practice and information updates

**The list is not exhaustive. UP-TSU collects data through its support structure and uses govt. sources and govt. platforms to collects data for its program monitoring*

- Ability to do succession planning

On-site mentoring plan - The internal mentoring programme will start by organizing a two-day Training of Trainers (ToT) programme for the mentors identified to provide on-site mentoring to MOs/ Specialists in 25 District Hospitals of 25 High Priority Districts. A pool of master trainers would be created by choosing from the doctors (senior level mentors) in service in Govt. Medical Colleges. The master trainers (senior level mentors) who have already been engaged in the on-going Nurse Mentoring Programme operationalised in 25 HPDs along with master trainers from Private Medical Colleges will also be roped in for creating the master trainers pool. The two-day ToT for mentors on on-site mentoring of MOs/Specialists will be conducted by the master trainers taken from the existing pool on maternal, new born and reproductive health issues. Besides covering the topics, the two-day programme will also cover approaches for on-site mentoring, enhancement of skills, knowledge and practices of the mentees.

On completion of the ToT, the mentors will move (team wise) to one of their 5 allotted districts. Thus, five mentors' team will proceed to 5 allotted districts and conduct three-day training of Medical Officers (including Lady Medical Officers), Obs. & Gynecologists, Anesthetists and Pediatricians posted at DH on on-site mentoring covering issues of maternal, new born and reproductive health. It is estimated that 10 participants (Medical Officers - 7, Specialists - 3) posted at DH from each district will be available for training, hence in 5 districts a total of 50 participants would be available for training. Considering a batch size of 25, two batches of training would be conducted for 5 districts allotted to the mentors. Hence, a total of 10 batches of three-day training would be conducted covering all the 25 districts.

Once the mentors' team completes training of two batches with approximately 50 participants covering 5 allotted districts, they will start doing on-site mentoring in one of the five districts for a period of two weeks. On completion of on-site mentoring and hand-holding in one district, the team will proceed to another district after a gap of 1 or 2 days and start conducting on-site mentoring of MOs/Specialists at DH and will continue for another 2 weeks. Again after a gap of 1 or 2 days, the team will proceed for the third district and start conducting on-site mentoring and hand-holding for MOs/Specialists at DH. Using this periodicity, one mentors' team will cover on-site mentoring in 5 DHs within a span of two & half months. Since, all the training programmes and on-site mentoring will go on simultaneously, the first phase of on-site mentoring of two weeks in each district will be completed within 2.5 to 3 months improving skills and practices of MOs/Specialists in the areas of maternal, new born and reproductive health.

The mentor will also do one-on-one case management observation under which s/he will observe the mentee managing a patient and will provide feedback. The mentor will ensure giving feedback to the mentee in a way that is tactful yet productive considering the fact that mentees do have varied skills and knowledge within one clinical setting.

In the mentoring process, the mentors' team will interact with the MOs & Specialists and assess gaps in their knowledge and skills based on a standard checklist. Based on the gaps identified, they will impart on-site continuous theme based mentoring. In addition, they will provide technical updates which would be critical for the MOs and Specialists undergoing the mentoring process. They would also check shortfall/stock out in critical equipment & commodities and provide feedback to the Chief Medical Superintendent for addressing such gaps for procurement as per guidelines.

As discussed above, the internal mentoring programme in 25 DHs (Level 3) will cover the following topics under three major thematic areas:

Maternal health:
- Complication management - PROM, Obstructed labour, PIH, APH & PPH, Puerperal Sepsis, Preterm labour;
- LSCS including anaesthetic management;
- Repair of episiotomy & perineal tear;
- High risk pregnancy identification (through lab diagnosis & USG) & its management;
- MRP

Newborn health:
- Preterm baby
- Low birth weight baby (LBW)
- Asphyxia management
- Sepsis

Reproductive health:
- PPIUCD
- Minilap
- Laparoscopic sterilization
- Non-scalpel vasectomy
- Comprehensive abortion care (MMA, MVA)

On completion of phase - I after a gap of 4 months, another round of three-day refresher training of MOs/Specialists with a batch size of 25 participants would be conducted by the mentors' team in two batches at DH level adopting similar methodology as done in phase - I. Thus, three-day refresher training would be conducted in 10 batches with approximately 250 participants covering all 25 HPDs. Once these training batches are complete, the mentors' team will start on-site mentoring at DH in one of the allotted 5 districts and continue to do on-site mentoring and hand-holding for a period of two weeks and then proceed to another district after a gap of 1 or 2 days and again continue to do mentoring for another 2 weeks. Similar to the pattern adopted in phase - I, the on-site mentoring and hand-holding of MOs/Specialists in all the 25 DHs of 25 HPDs will be completed within a span of 3-4 months. Thus, the entire internal mentoring programme will be completed in two phases over a period of eight months. Details of the same are as follows:

Phase - I
- Organization of two-day ToT for approx. 30 Mentors (Gynae - 10, Anae - 10, Paed - 10) at state level to be conducted by senior mentors/clinicians from Govt. and/Private Medical Colleges.
- Organization of three-day training of MOs/Specialists posted at DHs of 25 HPDs - 10 batches of training to be provided to approx. 250 participants from 25 DHs of HPDs.
- On-site mentoring of two weeks in each of the 25 districts - mentoring & hand-holding to complete within a span of 2.5 to 3 months.

Phase - II
- Phase - II commences 4 months after the completion of phase - I.
- Organization of three-day refresher training of MOs/Specialists posted at DHs of 25 HPDs - 10 batches of training to be provided to approx. 250 participants from 25 DHs of HPDs.
- On-site mentoring of two weeks in each of the 25 districts - mentoring & hand-holding to complete within a span of 2.5 to 3 months.

Deliverables/ monitorable indicators-The effectiveness of the internal mentoring programme will be assessed from the following indicators:

- Number of on-site mentoring to L3 facilities (DH) by a mentor over a specified period of time;
- Number of hours per week per facility devoted by mentor over a specified period of time;
- Average number of mentees given on-site mentoring support in L3 facilities (DH);
- Number of labour complications managed by mentee over a specified period of time;
- Number of new born complications managed by mentee over a specified period of time;
- Number of mini lap cases performed by mentee independently (without mentoring support) over a specified period of time;
- Number of Lap TT cases performed by mentee independently (without mentoring support) over a specified period of time;
- Number of NSV cases performed by mentee independently (without mentoring support) over a specified period of time;
- Number of PPIUCD insertions done by mentee independently (without mentoring support) over a specified period of time;

- Assessing level of knowledge and skills enhancement of mentees over a specified period of time.

Required budget for FY 2015-16 - As per the plan, implementation of Internal Mentoring Programme in 25 DHs (L3) of HPDs will have the following budgetary details:

Sl.	Budget head	No.	Unit cost (Rs.)	Total Budget (Rs. lakh)	Remarks
1	Cost of Training of Trainers (ToT)	1	200000	2.00	Resource pool of master trainers would be utilized
2	Cost of district level trainings at DH	20	37500	7.50	
3	Honorarium to Mentors (Specialists)				
3.1	Gynecologists for participation in the ToT	10	2500	0.75	One team will be kept in reserve, to be utilized as per need.
3.2	Gynecologists for on-site mentoring (including travel days)	5	2500	18.75	
3.3	Pediatricians for participation in the ToT	10	2500	0.75	
3.4	Pediatricians for on-site mentoring (including travel days)	5	2500	18.75	
3.5	Anesthetists for participation in the ToT	10	2500	0.75	
3.6	Anesthetists for on-site mentoring (including travel days)	5	2500	18.75	
4	Instruments/ equipment	10	50000	5.00	
5	Mannequins	5	200000	10.00	
6	Cost for travel	750	2500	18.75	
7	Contingencies	20	8000	1.60	
	TOTAL	**-**	**-**	**103.35**	**-**

Thus, the total budget required for implementation of Internal Mentoring Programme in High Case Load Facilities (L3) in HPDs was Rs. 103.35 Lakhs, which is not approved by GOI(FMR Code-B.14.17).

9. Contact Centre for Performance Management, Grievance Redressal in Uttar Pradesh

Problem Statement - The public health service delivery in Uttar Pradesh is heavily reliant on the efficiency of health facilities, and performance of health workers, i.e. ASHA's and ANM's and their ability to connect with, and serve the community till the village level. Some Governments across India, including Uttar Pradesh, have started taking initiatives to equip the health workers with modern tools to perform their job better by using an electronic data driven approach. Despite that, there is a potential and evidence of gaps in delivery of public services. The grievances which are faced by residents due to these gaps largely go unaddressed.

Additionally, residents have multiple healthcare queries for which they do not have an authentic and reliable resolution medium provided by the Government.

Solution Proposal - It is proposed that a State Wide Contact Center (UP Health Help Line or UPHHL) which is operational 24/7, 365 days be set up for the following key activities:

- Outbound calls by contact center agents and text messages for quality assessment, educational messages and to monitor the performance of field workers (ASHA, AWW, ANM)
- *Health services quality assessment*: For evaluation of the quality of health services delivered in the rural health facilities. The quality assessment can be done via a simple check-list for Sub-centers, PHCs, CHCs, and District Hospitals. FLWs will be asked for questions on service availability and quality of services provided at facilities. Questions on availability of essential drugs and other critical inter-facility services such as referral linkages may also be included in the check-list.
- *Health Education messages, alerts, reminders:* All clients registered with the proposed system would receive key educational messages (in Hindi), reminders or alerts (epidemic etc.).

- *Field worker monitoring:* To provide specific feedback on the basis of public health data available in systems such as MCTS, HMIS and other upcoming data collection and management tools. Data for scheme wise analysis of schemes such as JSY, JSSK, Family planning, RKS can be made available through field worker monitoring.

- Inbound calls from residents* looking for public health advice, health counselling, registration in a Government program, and directory services.
- *Health Advice:* This service is aimed at general public and will provide preliminary diagnosis of symptoms, and subsequent measures to be taken. A competent group of trained medical and para-medical personnel would use specially designed decision support tools to assess a patient's condition and provide advice. This helpline will provide authentic and standardized medical advice from skilled medical professionals along with SMS prescription of Over-the-Counter medicines. The number of doctors required will be approximately 4 per shift out of which 1 will be a doctor from the Department of Health and Family Welfare, Uttar Pradesh while the other 3 will be hired contractually. A group of doctors may also be empaneled for calls where if the doctors or para-medicals at the call center are not able to resolve the questions of the callers then the call can be escalated to the panel. The panel may have 6-8 doctors on its team and can have renowned doctors who are willing to provide this service voluntarily. The protocol for escalation to panel will be defined according to the mutual agreement between the call center and the panel.

- *Counselling services:* Trained Counsellors will provide counselling to callers in matters of HIV / AIDS condition, matrimonial discord, depression, ARSH (Adolescent Reproductive and Sexual Health), Family Planning, chronic diseases, psychological distress and suicidal tendencies. Medical officers would determine the need for further in-person counselling and such cases would be referred to qualified counsellors with proficiency in their respective areas. At least 4 counsellors will be required per shift who will be experts in their respective domains such as Nutrition, Pediatric, Psychology, and Adolescent health etc. All the counsellors will be hired on a contractual basis

- *Mother and Child registration helpline:* This service will help the caller to register pregnant woman, infants and children with the existing MCTS system so that they can be further tracked for ANC, delivery and immunization services through the MCTS. This will provide an opportunity for beneficiaries to place a request, via the contact center, to concerned ANM/ASHA for follow up on registration, in case they are not currently covered by the ASHAs and ANMs. For clients registered through the helpline, concerned ASHA and ANM will be informed immediately through SMS messages (Hindi text messages) and such cases will be tracked until they are entered into the MCTS system.

- *Health Directory Information:* This service will provide information about health service providers, hospitals, diagnostic centers, pharmacists, emergency transport system and availability of emergency services at the nearest facility to the location of the caller. The service will also provide information about the nearest facility by mapping the service required to the facility at which the service is available. There will also be provision for intimating the relevant facility, after the call, through an outbound call by the contact center agent or through SMS. Provisions for transferring the call directly to the facility can also be set up. The health directory will have information of all facilities right upto the sub-center level. Information related to private sectors facilities may also be included in the contact center, contingent upon agreement by the private sector. The caller will also be linked to the referral services (102/108) as required.

- Inbound calls by residents to register grievances, and subsequent outbound calls and text messages to acknowledge a grievance, to provide a service request number, and on closure of the service request

- Grievance redressal: This service is aimed at improving the delivery of existing public health services in the state of Uttar Pradesh. A caller will be able to register a discrepancy in the existing system or alert regarding the requirement of medical action, which will be notified to the government authorities through a web based tracking system and the status of all

**The services provided by 'Hello doctor' will be subsumed under the new integrated contact centre*

grievances will be monitored until they are resolved. Grievances may be related to availability of services and drugs, availability and competency of medical or non-medical staff and other issues related to health facilities. A time-limit of 30-60 days will be fixed for a grievance, depending on the type of grievance, and web based notifications and alerts at every level will be made available for all grievances which have overshoot the time limit. Data for analysis of grievances can be made available, by categories, such as JSY, JSSK, Family planning, RKS etc.

- Inbound calls by field health workers (ASHA, AWW, ANM) and Doctors at the DH/CHC/PHC to seek specific specialist advice

Key Features of UPHHL

- The UPHHL would allow inbound and outbound calls, irrespective of the telecom connection/operator – including but not limited to BSNL, Idea, Airtel, Aircel, Vodafone, Reliance, Videocon, etc.
- The calls can be made from any village, town or city of Uttar Pradesh
- The UPHHL would be toll free, and would come be available at ZERO cost to the caller
- Since there are multiple languages and dialects spoken in UP, an IVRS gateway would help the residents in selecting a language, and the request category
- The UPHHL is expected to be a single number for the entire state with a shortcode for the inbound calls. The number (short code) to be used for UPHHL would be '104'. This would be in addition to the existing helplines of 102/108 etc. for emergency services.
- For grievance redressal, integration of contact centre operations with the backend resolution process across the hierarchy of service delivery value chain would be a critical success factor.
- For every service category, SLA's would be defined for query resolution, and the front end contact center operators vendor and back-end value chain officers would both be jointly accountable for meeting the SLA's.

Key components of UPHHL - While planning for set up of contact center, it would be critical to consider all necessary and key components of the contact center. All components have been divided into two categories – Core and Enabling components. Such a breakdown would help in thorough budgeting.

Core components

- Single shortcode number availability (104) for dialling from any landline or mobile number, irrespective of telecom service provider
- Physical space and infrastructure including all hardware and software applications
- 24/7 contact center service with 3 shifts of 8 hours duration each
- A live and electronic 'FAQ' document (agent workbook) for all service categories available to contact center agents
- Well defined agent training and certification process
- Availability of specialists provided by State Government

Enabling components

- Steering group chaired by Principle Secretary, Department of Health and Family Welfare, Mission Director, Uttar Pradesh NHM, and Executive Director, UP-Technical Support Unit (UP-TSU)
- Execution Lead and Officer to be an Additional Director, under the Directorate of Health and Family Welfare, and will be supported by Uttar Pradesh NHM and UP-TSU

- Program Management team (including MIS and SLA monitoring team)
- Software application development and maintenance teams, including hosting infrastructure and data operations team
- Database creation/digitization and maintenance, primarily for directory services
- IEC to create awareness of the contact centre services

Facts and Assumptions for budgeting / costing - The assumptions made below are estimates on the extent and pace of adoption of contact center by residents and other ecosystem players.

The numbers may increase over the period of three years. The current costing/budgeting is divided into two parts – (i) capital expenditure for setting up the contact center (ii) Operational Expenditure budgeted for 1 year.

- Total number of ASHA workers = Approx *1.5 lakhs*, total number of ANM = Approx *23,000*, *one* outbound call per ASHA and ANM per month, lasting for an average duration of *5* minutes
- The number of resident calls (Inbound) is calculated as *0.5%* of the Uttar Pradesh residents using this service for making a call at least once in the first year of operations. The average duration of the call is considered to be *2* minutes.
- *Half the inbound calls* are for grievances, for which there would be an acknowledgement message sent out. On resolution of grievance, a call would be made back to the resident, which would last for an average duration of *2* minutes.
- For information services, there would be no follow-up calls, but there would be a text message sent out for every call with the desired information
- All inbound calls will be free for residents as the number would be toll-free.
- As the adoption increases, the budgets would also increase due to additional capital expenditure as well as incremental operational expenditure

Capital Expenditure (8 months before roll-out)

Sl.	Item	Description	Unit Cost	Units	Total Cost (in INR)
1.	Application Development	Man month effort for Application Development across 6 months with 8 resources	2,50,000	48	1,20,00,000
2.	One time hosting cost including IVRS gateway				25,00,000
3.	Short code set up				10,00,000
4.	Database digitization	For all personnel, facilities, schemes, programs etc.			20,00,000
5.	Seat setup including all hardware, software, equipment	Cost of setting up a contact center seat	50,000	50	25,00,000
6.	Creation of agent workbook				5,00,000
7.	Doctors and counsellors training		20,000	24	4,80,000
8.	Agent training		20,000	150	30,00,000
9.	IEC costs	IEC cost per district	30,000	70	21,00,000
10.	One team PMO cost for setup	Man month effort for 8 months with 2 resources	3,50,000	16	56,00,000
TOTAL					**3,16,80,000**

Operations Expenditure (for 1 year after roll-out)

Sl.	Item	Description	Unit Cost	Number of Units	Total Cost (in INR)
1.	Application Development AMC (including technical support)	20% of capital expenditure			24,00,000
2.	Hosting	25% of capital expenditure			8,75,000
3.	Database digitization maintenance	20% of capital expenditure			4,00,000
4.	Doctors cost	3 contractual doctors per shift @ Rs. 40, 000 per month	4,80,000	9	43,20,000
5.	Counsellor cost	4 counsellors per shift @ Rs. 20, 000 per month	2,40,000	12	28,80,000

4.	Agent seat costs	Per agent seat cost for 3 shifts (@50,000 per shift) and 50 seats considering the call volumes	1,50,000	600	9,00,00,000
5.	Maintenance of agent workbook	50% of capital expenditure			2,50,000
6.	New Agent training @10% attrition		20,000	15	3,00,000
7.	Call costs @ 1Re. Per call minute for all inbound and outbound calls	15 Lakh call minutes per month for inbound and outbound calls	1	1,80,00,000	1,80,00,000
8.	Text message costs @ Rs. 0.25 per text	1 Lakh text messages per month	0.25	12,00,000	3,00,000
9.	PMO costs	Man month effort for 12 months with 1 resource	3,50,000	12	42,00,000
TOTAL					**12,39,25,000**
TOTAL (Capital expenditure + Operational Expenditure)					**15,56,05,000**

Annexure I (Budget Details)

Details of selected budget line-items are as follows:

- *Application development:*
  - *Capex:*
    No. of resources required = 8
    No. of months required = 6
    Approx cost for 1 resource for one month = Rs. 2,50,000 (@ Rs. 1500-1600/hour, approx. cost as per industry standards)
    Total cost = (no. of resources)(no. of months)*(cost of one resource/month)-Rs. 8*6*2,50,000 =Rs. 1,20,00,000*
  - *Opex (AMC for Application development for 1 year):*
    *20% of capital expenditure (as per industry standard) - Rs. 20*1,20,000=Rs. 24,00,000*

Seat setup including all hardware, software, equipment

  - *Capex:*
    No. of seats to be set-up = 50
    Cost for setting up 1 seat (appr0x cost as per industry standards) = Rs. 50,000
    Total cost = (no. of seats)(cost per seat) - =Rs. 50*50,000 = =Rs. 25,00,000*

PMO (Project Management Office) cost:

  - *Capex cost (PMO cost for setting up call center)*
    No. of resources required = 2
    No. of months required = 8
    Approx. cost for 1 resource for one month = Rs. 3,50,000 (@ Rs. 2000-2200/hour, approx. cost as per industry standards)
    Total cost = (no. of resources)(no. of months)*(cost of one resource/month) = Rs. 2*8*3,50,000 =Rs. 56,00,000*
  - *Opex cost (PMO cost for maintaining call center for 1 year)*
    No. of resources required = 1
    No. of months required = 12
    Approx. cost for 1 resource for one month = Rs. 3,50,000 (@ Rs. 2000-2200/hour, approx. cost as per industry standards) = Total cost = (no. of resources)(no. of months)*(cost of one resource/month) =Rs. 1*12*3,50,000 =Rs. 42,00,000*

For the above purpose, an amount of Rs.1556.05 Lakhs was proposed, which is pended at GOI level with the remarks that "This is a new activity. State may resubmit the proposal as per template which is being prepared by MoHFW"(FMR Code-14.18).

10. Nurse Mentor (NM) Programme and Establishment of Mini Skill Lab

Scale up of Nurse mentoring program as a means of onsite handholding support to the healthcare providers to cater quality RMNCH+A services at designated delivery points (for HPDs) and establishment of mini Skills Lab that include a set of structured skill stations with the specific objective of imparting competency in skills where the participants (health care providers

of DPs) learn through practicing skills on mannequins, simulation exercises, demonstration, videos and presentations.

Background - The state of Uttar Pradesh (UP) has made strides to reduce maternal mortality ratio (MMR) from 300 (AHS, 2011-12) to 258 (AHS, 2012-13) and infant mortality rate (IMR) from 70 to 68, yet the state still lags behind national average of 178 (MMR) & 40 (IMR) respectively. Improvement on these goals are possible if the health care delivery system is strengthened with technically competent health care providers at all levels to deliver critical reproductive, maternal, neonatal and child and adolescent health (RMNCH+A) services at institutional and outreach levels with universal coverage, equity and quality. Other problems include lack of labour room maintenance, gaps in the supply of essential drugs and supplies for the labour room, and poor recording/reporting. As a means to reduce these gaps, UP wishes to initiate innovative solutions to improve service delivery as well as improve monitoring of service activities at the facility level. The state has already initiated an intervention for capacity building of healthcare providers to make them proficient in technical skills and knowledge in RMNCH+A interventions through a dedicated cadre of qualified nurses called NMs with the help of UP TSU. First few months NMs will focus on knowledge & skill of intra-partum and immediate postpartum care. Then they will start with other components of RMNCH+A in phase manner. On line of that State want to propose to scale the introduction of the NMs at remaining blocks & 25 DWHs of the HPDs to capture a more robust change in RMNCH+A interventions.

Rationale

- To build and strengthen skills of the existing health personnel at the delivery points.
- To facilitate acquisition/ reinforcement of key standardized technical skills and knowledge by RMNCH+A services providers.
- To provide opportunities to the health personnel to learn at their own place and pace with constant support from the Nurse Mentors. Build the capacity of ANMs on key VHND services for better ANC service provision, detection of high risk pregnancy, identification, management and prompt referral of sick newborns to appropriate facilities.
- The state already has started the NM program in 6 blocks and mini skill lab at 4 blocks each of 25 HPDs. To implement RMNCH+A technical intervention in 25 HPDs of Uttar Pradesh the 100 TSU supported NMs are posted in 100 TSU focus blocks and 50 NHM-supported NMs posted in 50 other blocks (high delivery load facilities) of 25 HPDs. Nurse mentors are facilitating filling of case sheet and self-assessment tool and other reporting formats including HMIS. Each mentor is provided with simulators, equipment (BP machine, Weighing scale etc.) and other logistics which she is using during mentoring of staff nurses/ANMs. Each mentor will provide support in all delivery points within the block and also give technical support to FLWs as per need, in year 14-15, strengthen already activated delivery points in 150 Blocks and also support GoUP in activation of additional delivery points within the blocks, Provide support to GoUP to conduct quality training as per PIP plan and also support in supply chain management as per protocol.

Deliverables - The proposal will be operational in all delivery points of remaining 144 blocks & all 25 DWHs in HPDs where NMs are not posted in the first phase (2014-2015). Mini skill lab is also to be established in all 144 blocks & 25 DWHs which will have the following deliverables:

- At the end of first month completion of recruitment of NM
- At the end of first month completion of TOT at the state level
- At the end of first quarter completion of Training of all NMs at state level in phase manner
- At the end of first quarter completion of posting of NM at block in phase manner
- At the end of first quarter establishment of fully functional mini skill lab at block

Required Budget for FY 2015-16 - The cost entailed for this initiative includes only the recruitment of 170 NMs for the selected 144 blocks & 25 DWH in HPDs, salary of 170 NMs, Training of the NMs hired, procurement of mini skill lab items, furniture & other logistics for establishment of mini skill lab.

As per the plan, implementation of the intervention will have the following budgetary implication, detailed in the table below:

Budget head	No.	Unit cost (Rs.)	Break up of cost per unit	Basis of computation	Total cost (Rs.)	Remarks
Recruitment of NM	170	-	-	-	100000	Prevailing recruitment process for SN would be adopted by concerned districts
Salary of NM	170	40000	37750 750 500 2000	170*40000*6	40800000	Budget reflected under technical HR head (FMR A8.1.2)
TOT at state	1	51000	Refreshments @ 400 and Stationary @ 100 Perdiem @ 400 Honorarium for RP @ 1000/session	40*900 10* 1500	36000+15000=51000	1 batch of TOT at state level for master trainers who will conduct the NM training
Training of all NM at state	7	2472000	Refreshment @200 stationary @100 perdiem @200 Honorarium for RP @ 1000/session Venue charges @1000/day	170* 400* 35 170*100 40*1000 35*1000	2380000 +17000+40000+35000=2472000 * 7=17304000	Batch size will be around 25 for each batch (7 batches of training for 170 participants)
Skill lab items- • mannequin • others	170 170	30084 11869	Mama nat-@15700 Neonat-@7328 Mama u-@5325 plus tax 28 items(list attached in annexure)	30084*170 11869*170	5114280 +2017730= 7132010	
Maintenance of mini skill lab	170	2000	-	2000*170*6	2040000	Budget for 6 months
Contingency (10%)					6742701	10% of total budget (for hiring venue, LCD, vehicles, PA system, printing etc.)
Total					**74169711**	

Thus, the total budget required for Nurse Mentor Programme and Establishment of Mini Skill Lab is Rs. 741.70 Lakhs out of which GOI approved Rs.261.00 Lakhs only with the remarks that "Approved for existing 50 nurse mentors for 12 month" (FMR Code-B.1419).

11. Interactive Voice Response System (IVRS) based Maternal Death Review (MDR) Monitoring System

Background - As per the direction of Principal Secretary Health (PSH), GoUP, a pilot is being implemented by UP-Technical Support Unit (UP-TSU), in five districts of UP namely Barabanki, Budaun, Etah, Kaushambi and Maharajganj to increase the number of reporting following Government of India (GoI) standard guideline. The system is being assessed through Directorate (Family Welfare), SPMU-NHM, district level Chief Medical Officers (CMOs) and Additional Chief Medical Officers (ACMOs). During the last Project Co-ordination Committee (PCC) meeting, under the chairmanship of Director General Family Welfare (DGFW), PSH and DGFW have jointly recommended:

- Widening the scope of the system in existing 5 districts by including Annexure 1 to 5.

- Start implementing existing system of collecting **Primary informer report** using Annexure 6 in two divisions (Faizabad and Devi Patan) covering additional 8 districts. As the prevalence of Maternal Mortality.

This pilot will ensure that there will be no variation in the data filled in form 18A, 8/3, HMIS, MCTS and M4. Through this pilot we propose to strengthen the existing reporting, recording system and analysis as per the GoI guideline. The system will not duplicate efforts of GoI system rather complement through increasing the coverage of death reporting. We request GoI to complement this pilot with MDR software of NIC in five districts of phase I. We will be handing over the whole system to District Nodal Officers (DNO-ACMO RCH) and Block Nodal Officers (BNO-MOIC) and we will start establishing the IVRS hub to 8 more districts in 2 divisions. The NHM has completed the training of trainers (ToT) at state level and all the 100 batches of district training will be completed before the start of the programme.

The system will engage district and block level officers through:
- Updating monthly progress in 13 districts (5 existing districts and 8 more districts of second phase)
- 5 existing districts will be handed over to DNO and BNO with hand holding support from UP-Technical Support Unit (UP-TSU).
- 8 districts will be monitored jointly by Directorate, NHM and UP-TSU

Description of the system - The State proposes to set up an IVRS based system where an out bound call from call centre will be pushed to 19,204 ASHAs of eight more districts every month to assess all women death ages 15-49 years in their catchment areas. The Process flow of IVRS based MDR monitoring system is as follows:

- An automated IVR call is made to ASHAs mobile, she is asked to punch the number of women died in 15-49 years of age in her catchment area fortnightly. If there are no deaths then she has to punch '0' and the call gets terminated. If there are any deaths, she has to punch the number of deaths (DTMF key).
- A manual call from call centre is now placed to ASHA who have reported any deaths to collect data on initial assessment (Annexure 6- Format for Primary Informer). After filling the Annexure 6, payment of ASHA should be released. Information related to Annexure 6 is stored in web portal and the information gets pre-filled in Annexure 2 and 3 through an application.
- A SMS is sent to the ASHA for notification and ANM of the respective Sub Centre (SC) confirming completion of initial assessment (Annexure 6- Format for Primary Informer). ANM will now verify whether this death is maternal or non-maternal.

Once the data on initial assessment (Annexture-6) is collected through Call Centre, SMS is pushed to ANM and MOIC. Besides SMS, an e-mail notification will also be pushed to Block MOIC.
- The MOIC should download Annexure 6 (Format for Primary Informer) of the deceased women from the web portal duly signed by the ASHA who has reported this particular death and preserve for further verification.
- From the internet link in the E-Mail, MOIC can download and print Annexure 2 (Verbal Autopsy Questionnaire) and 3 (MDR Case summary) with prefilled information (First information).
- MOIC should use the printout of the Annexure 2 and 3 Annexure 2 (Verbal Autopsy Questionnaire) and 3 (MDR Case summary) with prefilled information for community based MDR.
- Once the Annexure 2 (Verbal Autopsy Questionnaire) and 3 (MDR Case summary) from the community are assessed and filled. The HMIS/MCTS data entry person at Block, will enter the details on the web-based application for each case. (Web based application link is also available in the E-Mail to the MOIC).
- Now all relevant Annexures (Annexure 1 - 6), will be auto generated on the web application and can be printed out for paper based submitting/ recording purposes.

- If the MOIC fails to upload Annexure 2 (Verbal Autopsy Questionnaire) and 3 (MDR Case summary) in first 15 days, he/she gets a reminder through e-mail is asked to submit the same in next 15 days and the same gets escalated to CMO through e-mail.
- If MOIC fails to upload the information within 30 days (on reminders) the same gets escalated to DM through e-mail.

Justification - Uttar Pradesh has a high prevalence of Maternal Mortality Ratio (MMR), as per AHS 2012-13 the MMR of Uttar Pradesh is 258. Maternal Death Reporting will help us to identify and understand the clinical, geographical and social causes of maternal death that needs to be addressed to reduce the substantially high maternal deaths. However, there is a huge gap in the actual and expected number of maternal death reporting. Data suggests that, only 20 per cent of the expected maternal death (16, 906) are reported during the last year.

As a step to improve the reporting of maternal deaths, a pilot is initiated in five HPDs (Budaun, Barabanki, Etah, Kaushambi, and Maharajganj) of Uttar Pradesh since August, 2014. Out of the total 8,871 ASHAs in these five districts, BSNL numbers of 85 per cent of ASHAs are verified. Since August, 2014, 120 maternal deaths are reported by ASHAs and correspondingly Annexure 6 (Format for Primary Informer) are filled. IVRS based system is efficient in capturing maternal deaths substantially and a significant improvement in the proportion of maternal death against expected death over time is seen. For instance, 45 per cent of the expected maternal deaths are captured in the selected five districts. The state, therefore, proposes to scale up the intervention in two divisions (Faizabad and Devi Patan) of Uttar Pradesh covering additional eight districts and 89 blocks.

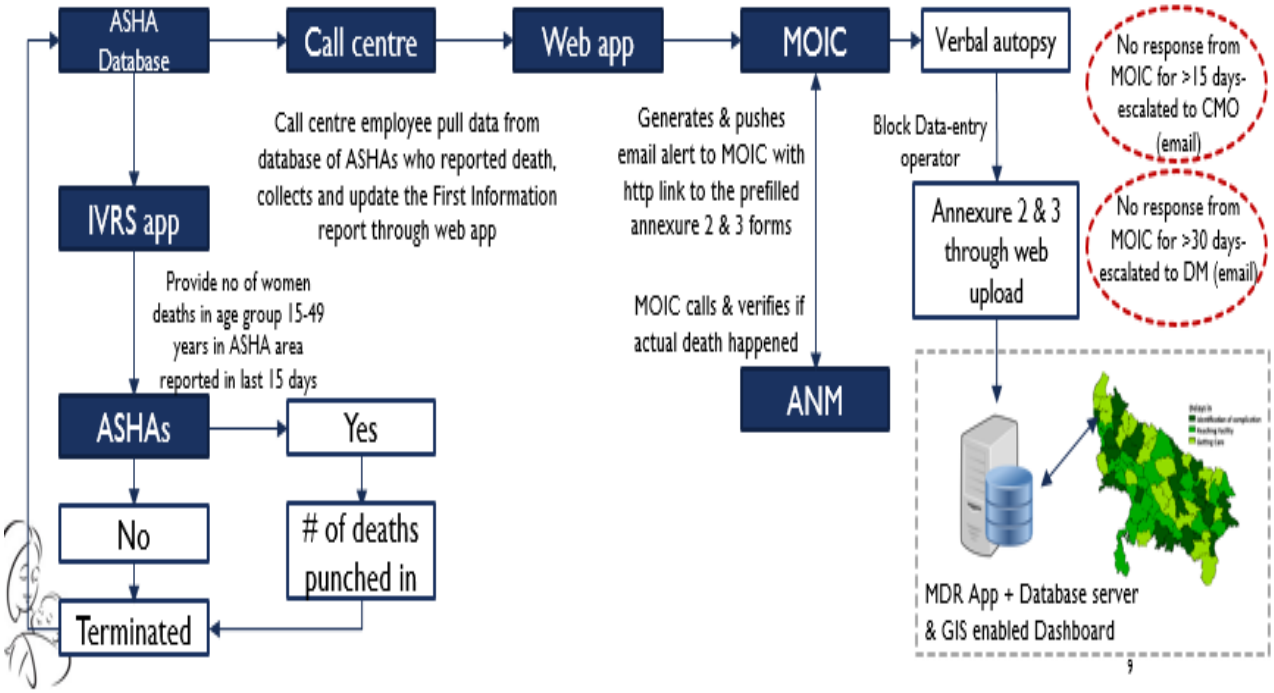
Advantages of IVRS based monitoring system - Filling of the annexure 6 is the most critical point for counting any maternal deaths. Therefore, in order to make sure that all the maternal deaths are counted there is a need to establish an efficient and effective system which pulls the data from ASHA. The different advantages of IVRS based monitoring system is as follows:

1. Pro-active follow up: This system is pro-active and will help in follow up, training and sensitization of ASHAs. As under reporting of death of women in age group 15-49 years is a major challenge, this system will help in sensitizing ASHAs that this is not used as their performance appraisal instead they will be provided incentive of INR 200 on verification of deaths.
2. Turnaround time: Turnaround time will reduce substantially as the ASHAs are not required to fill Format for Primary Informer (Annexure 6) and send it to BMO. In addition, on the basis of Annexure 6, Annexure 4 and 5 will get filled through web application and will be readily available in the printable version. This will avoid manual compilation of report.
3. Quick analysis of maternal deaths: This system provides real time data for quick and effective analysis. It also provides system generated dashboards, geo-spatial analysis of causes of death etc.

Deliverables - The state proposes to implement the IVRS based MDR monitoring system in 2 divisions: Faizabad (covering four more districts viz. Ambedkar Nagar, Amethi, Faizabad, and Sultanpur) and Devi Patan (covering Bahraich, Balrampur, Gonda, and Shrawasti). The key activities for the Financial Year 2015-16 will be as follows:

- Application customization and maintenance- Application is already developed only IVRS calls will be extended to eight more districts.
- Training of Trainers (ToT) at state level- Participants would include state programme managers from DGFW, SPMU and UP-TSU.
- District level workshop of CMOs, ACMOs, Dy. CMOs, DPMU staffs, MOICs, HEOs in eight districts.
- Block level workshop of BPMs, MCTS data entry operators, ASHAs, and ANMs of all blocks of eight districts.
- Roll out of the IVRS based MDR monitoring system in eight districts.
- Review meeting twice in a month at district level.
- IEC at village, SC, and facility: centralized phone numbers will be provided so that any primary informer (Anganwadi worker (AWW), Shiksha Mitra, Village Chowkidar or any person from the community) can report death of women aged 15-49 years.

Process flow:



Funding Proposed:

The cost entailed for this initiative includes customization and maintenance of application, workshop in Faizabad and Devi Patan division which would cover 89 blocks in eight districts. The estimated cost for the intervention in eight districts for FY 2015-16 will be Rs.80,03,996.

Sl.	Cost item	No. of Units	Unit measure	Cost per Unit (in Rs.)	Break-up of cost per unit	Basis of computation	Total cost (in Rs.)	Remarks
1.	Application customization and maintenance cost	8	Districts	271233	271233 per district per year (22603*12)	8*(271233)=2169860	2169860	Budget for one year
2.	Training of trainers state level**	44	Persons	500	Refreshments @ 400 and Stationary @ 100	44*(400+100)=22000	22000	SPMU and Directorate (8), UP-TSU district specialists, Zone specialists, State specialists (33), and DCPM of non TSU districts (3)
3.	Workshop at District level	216	Persons	300	Refreshments @ 200 and Stationary @ 100	216*(200+100)=65400	64800	CMO (8), ACMO (8), DyCMO (8), DPM (8), DCPM (8), MOIC (89), HEO (89) and trainers (6)
4.	Workshop at Block level*	22040	Persons	230	Meeting allowance @150 (for 25391ASHAs and ANMs), Refreshments @ 50, and Stationary @ 30	[21710*(150+50+30)] + [330*(50+30)]=5033500	5019700	BPM (89), MCTS data entry operator (89), ASHAs (19204), ANMs (2506), TSU Staff (152).
5.	Review meeting once in two months	-	-	-	-	-	-	This activity would be clubbed with other ongoing review meetings under RMNCH+A
6.	Contingency (10%)	-	-	-	-	[(2169860+22000 + 64800+5019700)*10]/100	727636	10 per cent of the total budget for meeting conference hall, LCD, and other incidentals.
Total Budget							**8003996**	**-**

*Note: *Workshop at block level would be conducted in 3-4 batches per day of app. 2 hours duration per batch constituting 30 participants; Budget head under serial number 2,3 and 4 are one-time cost.*

Thus, the total budget proposed for implementing IVRS based MDR Monitoring System was Rs. 80.04 Lakhs, which is not approved by GOI with the remarks that "funds already approved for the MDR"(FMR Code-B.14.20).

12. Establishment of Comprehensive Family Planning Training Sites in Uttar Pradesh

Background - In order to meet the goals of the Population Policy of U.P. (launched in 2000) and the Family Planning 2020 Goals (arising from the Global London Summit 2012); there is an urgent need to increase the number of Family Planning (FP) acceptors in UP.

Amongst the strategies adopted by the State and NRHM to bridge these gaps, is the linkage of FP services with RMNCH+A programs (reproductive, maternal, newborn, child and adolescent health) thus giving a new direction for the family planning programme. FP has been repositioned to not only achieve population stabilization but also to reduce maternal, infant and child mortality. The approach emphasizes addressing unmet need for contraception (rather than a "target based approach"), dual emphasis on spacing and limiting methods, and promotion of 'children by choice' in the context of reproductive health (Ministry of Health and Family Welfare, Government of India, 2013). The priority reproductive health interventions include (1) community-based promotion and delivery of contraceptives, (2) promotion of spacing methods (interval IUCD), (3) male and female sterilization services, (3) expansion of availability of postpartum IUCD insertions and postpartum sterilization and (4) comprehensive abortion care. The GoUP is committed to adopting this strategy, and furthermore recognizes the importance of focusing its efforts to enhance equity in the availability and voluntary uptake of family planning services, so that the poorest and the most vulnerable populations have better access to quality services and supplies.

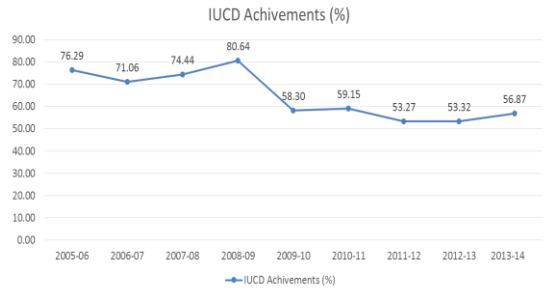
India was one of the 159 countries that signed up for efforts to make affordable, lifesaving contraceptives, information, services and supplies available to an additional 120 million men, women and girls in the world's poorest countries by 2020, in a Summit organized in London on 11 July 2012, by the UK Government and the Bill & Melinda Gates Foundation. As part of the global FP2020 partnership, the Government of India's goal is to expand availability and provide modern contraception to an additional **43 million women (36% of the global FP 2020 goal)** by 2020. Additionally, India has committed to the inclusion of family planning as a central element in its efforts to achieve **universal health coverage**, and **sustained coverage** of 100 million women currently using contraceptives. Expanding availability and provision of modern contraception for forty-three million new users by 2020 will require a substantial investment, since it represents a doubling of the number of women starting modern contraceptives over the 15 year period (1992-2007). The Government of India recognizes that it will not realize these goals unless there is special focus on expanding family planning service availability and utilization in Uttar Pradesh. Consistent with global and national priorities, the GoUP's FP 2020 vision is to provide modern contraception to an additional 12.4 million women, while sustaining provision to the estimated 12.5 million women currently using contraceptives in the state. This would mean achieving a modern contraceptive prevalence rate (mCPR) of 61.6% by 2020.

There is considerable evidence that India in general, and UP in particular, has substantial unmet needs in the area of FP. Out of every 100 couples with unmet need for family planning in the world, 20 are Indians, and of these, 5 are from Uttar Pradesh. Data from the Annual Health Survey 2011-12 shows that only 37% of currently married women aged 15-49 practice modern methods for Family Planning, (FP) including a reported condom use of 13%, a method with low efficacy if not used correctly and consistently. A striking 21% of the women surveyed reported use of non-modern methods, wherein efficacy is a major concern. The same survey suggests that there is an unmet need of 24%. This translates into nearly 8.2 million women with unmet needs for FP. For those who use modern contraception, female sterilization and condoms dominate the mix. Fewer than 4% of women used contraceptive pills or IUCDs, suggesting a strong need to improve the mix of contraceptive methods available to women and men in UP.

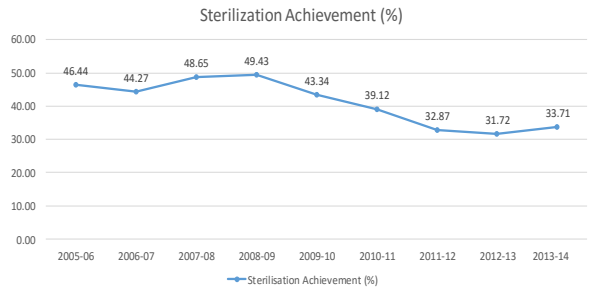
There are substantial opportunities to improve the availability and accessibility of FP services closer to the communities, improve the quality of the FP services and increase utilization of FP services by couples with unmet need. With a goal of supporting GoUP in achieving its FP2020 goals, the UP-TSU and SIFPSA proposes to create an effective system for increasing the number and geographical spread of FP service delivery points, for increasing the quality and utilization of FP services.

The government would like facilities with high delivery loads to offer LAPMs and postpartum contraception (e.g., PPIUCD and PP female sterilizations). However, even in facilities where more than 200 women deliver every month, postpartum IUCD insertion and female sterilization are mostly unavailable. A very small number of providers are trained in permanent methods: 140 in no scalpel vasectomy (NSV), 273 in laparoscopic sterilization (LS), and 247 in minilap sterilization (ML) (SPMU/SIFPSA-2013-14) Also, for the past few years, there has been a constant decline in the sterilization performance in UP (Data Source- SIFPSA 2013-14). Total number of sterilizations has gone down from 4.8 lakhs in 2008-09 to 307648 in the year 2013-14 (Data Source-DGFW).

IUCD Achievements 2005-2014



Sterilizations Achievements 2005-2014



Rationale - It is evident from the above information that we need to put in place rigorous efforts if we really want to meet this huge unmet need. From 1998-99 to 2011, we have only added 66 lakh new users. With this background we have to multiply our efforts 4 times if we are to achieve FP 2020 goals as per projections shown in the table below:

Table 1: FP Projections by GOI- Ministry of Health and Family Welfare/NTSU

Year on Year Expected Load for Family Planning Services							
Description	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Female Sterilization	435,775	545,609	702,966	767,622	835,508	906,743	1,058,959
PPS	70,062	93,014	120,433	137,300	152,229	167,248	196,395
Male Sterilization	10,910	12,088	14,069	14,647	15,242	15,854	16,020
Total Sterilization	446,686	557,696	717,035	782,269	850,750	922,597	1,074,979
Total IUCD	1,750,564	2,013,149	2,315,121	2,639,238	2,982,339	3,340,220	3,741,047

Source: GOI-MoHFW/NTSU

According to the Ministry of Health and Family Welfare (MoHFW), GoI, an additional 859 doctors and 3,434 nurses and ANMs need to be trained in all aspects of FP services, including counselling, postpartum choices and long term and permanent methods of contraception.

Clearly, if the unmet contraceptive needs of women in UP are to be addressed, the number of facilities that are able to offer high quality postpartum and interval contraceptive services must be increased, especially CHCs, PHCs and HSCs as this will make services more accessible to rural populations. Concomitant with this, the severe shortage of trained providers will need to be remedied. For the GoUP to provide accessible quality services the UP-TSU and SIFPSA will support the GoUP, in developing comprehensive training sites for family planning services.

The UP-TSU as per its mandate and in conjunction with district and block personnel and PIPs and staffing plans, and cognizant of other UP-TSU site activation plans, we will develop a logical strategy for activation or **strengthening of sites as static family planning sites to try to ensure an equitable geographic distribution of services.** This will help to improve the availability, accessibility and utilization of FP services closer to the community.

In its endeavor to improve the access to and quality of services for FP there is an emphasis on establishing fixed day static services at public health facilities across the country by the government.

To achieve this, we are aiming to increase the pool of qualified trained providers which can only be achieved by having additional training sites, located closer to their work location thereby increasing the opportunity for continued mentoring by master trainers and also minimizing travel time which is often seen to be a deterrent for mentoring and low turnout for scheduled training batches.

Vision - Under this project we are aiming to have at least 2 trained staff per DWH/FRU who are qualified to perform sterilizations services (minilap) and IUCD insertion services by qualified AYUSH doctors posted at FRU and non FRU CHC, so that there are adequate number of trained providers for fixed day static services at 540 facilities (as per the UP-TSU FP grant) across the state. This includes all the district women's, men's and combined hospitals (160); Community Health Centres (CHCs) that are first referral units (FRUs) with a delivery load of 200+ a month (108); non-FRU CHCs and Primary Health Centres with a lady AYUSH Medical Officer (272) in a phased manner across the state so that within 4 years they will be able to provide daily a complete range of family planning services. These facilities are prioritized because they are more likely to have the educationally qualified persons who can be trained in delivery of clinical methods such as IUCD and/or sterilization.

Table 2: Strengthening and Capacity building of facilities delivering family planning services

Category of Facility	# of facilities available	# of Facilities to be enhanced as comprehensive FP centres	Phased Annual Coverage		
			Year 1 (25 dists.) HPDs	Year 2 (25 dists.)	Year 3 (25 dists.)
DWHs & DCHs	82	82	24	26	32
CHCs that are FRUs	108	108	28	46	34
DMHs	78	78	18	26	34
Total facilities	**268**	**268**	**70**	**98**	**100**

Of the 540 facilities to be strengthened with trained manpower and supplies, 268 facilities will be further strengthened on quality service delivery via post training follow-ups, clinical monitoring and coaching (CMC) activities, handholding, mentoring and ensuring all supplies & infrastructure are in place over a period of 4 years. **These facilities will be adopted in a phased manner with a focus on 70 facilities in the 25HPDs in year 1, followed by 98 and 100 in the remaining 50 districts in Year 2 and 3.** Thus at the end of 3 years the 268 facilities in 75 districts as shown in table 2 will be strengthened for quality service delivery of FP services in the state thereby increasing mCPR.

Establish a network of Comprehensive Training Sites (CTS) - To meet the shortage of trained service providers for terminal and spacing methods and be able to ensure fixed day service delivery at facilities it is proposed to develop a network of 18 CTS that will ensure to a greater extent geographical equity, greater availability of method mix of FP services, greater opportunities for providers to be mentored and trained at sites with high client loads i.e. the DWHS that are the hubs of FP activities in the state.

The UP-TSU FP project and SIFPSA will support GoUP in the establishment of and strengthening a network of 18 comprehensive training centers (selected out of DWHs/DCHs). **These centres will be well distributed across UP. The criteria for selection of centres will include all those criteria specified by the government for training centres as well as other criteria such as geographic access, client load, FP performance of the facility and potential to become a training centre for the complete range of clinical and non-clinical methods approved for use in the public sector**. These centres will be providing all family planning trainings / services under one roof; which will cover Minilap, laparoscopic sterilization, IUCD (interval and postpartum), family planning counselling and infection prevention services. These will also act as a hub of FP activities and also serve as problem solving facilities to address complications and attend to referrals from other facilities.

Resource Mapping of Sites to function as CTS - An assessment of the 18 sites was carried out through a comprehensive resource mapping exercise to gauge the potential of these facilities to function as Comprehensive Training Centres in February 2015 by the UP-TSU.

The identified facilities for resource mapping were DWHs in Agra, Aligarh, Allahabad, Barabanki, Bareilly, Gorakhpur, Jhansi, Kanpur, Lucknow, Meerut, Moradabad, Mirzapur, Varanasi, Faizabad, Azamgarh, Gonda, Basti and Banda.

Of the facilities surveyed, Agra, Aligarh, Allahabad, Barabanki, Bareilly, Gorakhpur, Jhansi, Kanpur, Lucknow, Meerut, Moradabad, Mirzapur and Varanasi are being recommended to be developed as Comprehensive Training Sites (CTS) as per the resource mapping findings.

The list of 18 Comprehensive Training Sites proposed to be developed is appended below:

Sl	Comprehensive Training Site Location	To be developed with support from
1.	Agra	SIFPSA
2.	Varanasi	SIFPSA
3.	Jhansi	SIFPSA
4.	Allahabad	SIFPSA
5.	Azamgarh	SIFPSA
6.	Mirzapur	SIFPSA
7.	Moradabad	SIFPSA
8.	Saharanpur	SIFPSA
9.	Kanpur Nagar	SIFPSA
10.	Meerut	SIFPSA
11.	Aligarh	New site proposed by TSU
12.	Bareilly	New site proposed by TSU
13.	Lucknow	New site proposed by TSU
14.	Gorakhpur	New site proposed by TSU
15.	Barabanki	New site proposed by TSU
16.	Faizabad	New site proposed by TSU
17.	Basti	New site proposed by TSU
18.	Banda (Chitrakoot Dham)	New site proposed by TSU

The DMHs can function as training centres for vasectomy. Hence the logical approach would be to ensure that the DMH is located in the same city/town as the DWH/DCH selected as the main training centre for female methods. Currently there are 17 FP training centers for sterilization services in the state, the details of which are given below:

Table 3: List of FP certified training centres in UP

Method	Training Centre
NSV	4 Medical Colleges (Lucknow, Allahabad (HPD), Kanpur and Meerut)
Laparoscopic sterilization	3 Medical Colleges (Lucknow, Meerut and Kanpur), 7 DWHs (Azamgarh, Mirzapur (HPD), Meerut, Moradabad, Saharanpur, Allahabad and Kanpur)
Minilap	Agra Medical College and 3 DWH (Varanasi, Agra and Jhansi)

As is evident from Table 3, the number and distribution of existing facilities that train providers in FP methods is inadequate and is not conducive to training of the large number of providers that either needs to be trained from scratch (induction training) or required refresher training. None of the training centers provides training in all approved FP methods.

Timeline - In financial year 2015-16 UP-TSU and SIFPSA will support the GoUP to strengthen existing and establish all 18 training sites. The 10 existing training sites will be upgraded according to GOI norms and the 8 new sites set up based on the GOI norms and guidelines. Out of 18 sites 10 sites will be strengthened by SIFPSA and the remaining 8 will be strengthened & established by the UP- TSU. In the initial phase infrastructure & other requirements will be met out for the proper functioning of the sites as comprehensive training sites. After completion of the

strengthening phase training will be started as per the plan under programmatic (Training) heads of the NHM. In addition the UP-TSU with support from EH will provide trainings on Infection Prevention, CMC, and Checkpoint of Choice in the 25 HPDs as per its mandate to strengthen the FP program in the state (details are explained under the section of UP-TSU strategy).

SIFPSA also has the mandate to empanel private service providers and involve them for imparting FP services. Training of private service providers in FP services shall also be done in the 10 Comprehensive Training Sites depending upon the nominations received as per GoUP norms.

Table 4: Trainings required for Service Providers to capacitate facilities in 3 years

Method	Trainee profile	Facility type	# facilities	# trainees induction	# trainees refresher	Total trainees
Laparoscopy	PG Ob/Gynaes & Surgeons	DWC/DCHs/FRU-CHCs	190		273	273
Minilap/PP ML	MBBS doctors	DWC/DCH/FRU-CHCs	Same 190	380	247	627
IUCD/ PP IUCD	AYUSH FEMALE	CHCs/PHCs	380*	380	0	380
NSV	MBBS doctor	District Male Hospital	78	78	140	218
Infection prevention	540 facility teams		540 (all)			>540**
FP counseling	RMNCH+A Counselors, plus 75 district health education officers	DH/BPHC/CHC	>268	400 (+75)		400 (+75)

The trainings will be organized in a phased manner as per Table 4. **The focus during the first 18 months by the UP-TSU will be to train the providers in the 70 facilities that come under the 25 HPDs and by SIFPSA in HPDs and non HPDs , and subsequently move to the other 50 districts, 25 in each year.**

Strategy for 2015-16 - The Uttar Pradesh Technical Support Unit (UP-TSU) Family planning program and SIFPSA, will support the GoUP to increase service availability, ensure quality of services is improved so as to help couples with unmet need link to the newly strengthened service facilities. The 18 strengthened comprehensive training sites will serve the 25 HPDs and the remaining 50 districts of the state as shown in Table 5, thereby providing an opportunity for service providers to be trained and mentored in family planning methods at the newly strengthened sites across the state.

Table 5: CTS and potential coverage areas

CTS DWH/DCH	HPD Districts Covered	Non HPD Districts Covered
Aligarh	Etah, Kanshiram Nagar, Badaun	Aligarh, Hathras
Bareilly	Bareilly, Pilibhit, Sahjahanpur, Badaun, Rampur	
Lucknow	Hardoi, Sitapur, Lakhimpur Kheri, Farrukhabad, Kannauj	Lucknow, Raibareilly, Unnao
Gorakhpur	Maharajganj, Siddharth Nagar, Sant Kabir Nagar	Gorakhpur, Deoria, Kushinagar
Barabanki	Bahraich, Shrawasti, Gonda	
Faizabad	Gonda, Balrampur	
Banda (Chitrakoot Dham)		Banda, Chitrakoot, Hamirpur, Mahoba
Basti	Sant Kabir Nagar, Siddhartnagar	Basti
Agra		Agra, Firozabad, Mainpuri, Mathura
Varanasi		Chandauli, Ghazipur, Jaunpur, Varanasi
Jhansi		Lalitpur, Jhansi, Jalaun
Allahabad	Kaushambi, Allahabad	Pratapgarh, Fatehpur

Azamgarh		Azamgarh, Ballia, Mau
Mirzapur	Mirzapur, Sonebhadra	Bhadohi
Moradabad	Rampur	Moradabad, JP Nagar, Bijnor, Sambhal
Saharanpur		Shamli, Muzaffarnagar, Saharanpur
Kanpur Nagar	Farrukhabad , Kannauj	Auraiya, Etawah, Kanpur Dehat, Kanpur Nagar
Meerut		Baghpat, Bulandshahar, Meerut, G.B. Nagar, Ghaziabad, Hapur

To achieve the above the following activities will be carried out to support the Family planning program

- Establishment of 18 comprehensive training sites (CTSs) with a sustainable cadre of new clinical trainers/ master trainers
- ToT of Master trainers &Training of service providers in the clinical methods at the 18 CTSs
- On-site follow up of the newly trained service providers
- Quality assurance through Clinical monitoring and Coaching (CMC)
- On-site whole site Infection Prevention training
- Training of RMNCH+A counsellors on Informed Choice and Client Rights

While development and strengthening of the network of the 18 sites is underway, and to ensure that training activities are not delayed, the project will use the existing training centres at medical colleges. However, the medical colleges will not be part of the 18 sites network that is planned for the future.

The UP-TSU and SIFPSA will organize two types of trainings for providers in the public sector. Induction and refresher trainings will be organized as per GOI norms.

Human Resource and Training Strategy - To support the training sites in conducting the trainings, the UP-TSU and SIFPSA will place 18 training coordinators (1 in each training site) to strengthen the facility and help organize the trainings and backstop the trainings as required. To support the master trainers at existing and the new sites and to do the post training follow up, clinical trainers will be hired who will be responsible for 1 or more districts. SIFPSA will recruit clinical trainers, follow up trainers and training coordinators for its 10 sites. We would also like to clarify that the Clinical trainers, follow up clinical trainers and training coordinators for 8 sites being developed by the UP-TSU have not been budgeted in the attached budget sheet and will be supported by the UP-TSU through Engender Health.

The clinical trainers will identify and conduct a ToT for master trainers at the 18 CTS. The clinical trainers will backstop and support the master trainers in conducting the trainings (induction trainings) for providers. Training teams will be carefully selected and trainers will be trained and coached until they become expert at both training and training follow-up. When the selected training sites already have skilled trainers, they will just be reoriented. New additions to the pool of trainers will receive the full training of trainers (ToT) program.

Post training supportive supervision will include supporting the trained provider till he/she is comfortable, competent and confident in providing the FP services for which they have been trained. Skills, practices and knowledge of the trainee will be assessed and addressed during each visit. The newly trained providers will be visited at 30 days and 60 days post training respectively. After two such visits, and if performing to standards, they are certified and will now graduate to the quality assurance program. If the provider is not performing to standards a third visit is warranted and a decision about refresher training will be taken post this visit. A master trainer at the certified training sites will provide post training support.

Strategy of the Uttar Pradesh Technical Support Unit (UP-TSU) to support GoUP FP program - During the financial year (2015-16), 8 **new sites** will be developed at DWHs/DCHs by the UP-TSU. All 8 **centers will be developed as per the GOI guidelines set for establishing training centers including geographic access, availability of trainers and client load for FP services.** In the first six months of the year the TSU will focus on strengthening and developing

the centers **in Aligarh, Barabanki, Bareilly**, **Gorakhpur, Lucknow and Faizabad.** These sites are well distributed within and close to the 25 high priority districts where the project will be carried out in Phase 1.

In the **next 6 months**, two additional **training sites will be strengthened/ developed.** During the life of the project and beyond, these 8 training sites will become the hub of capacity building and quality assurance activities for UP's family planning program.

The **8 strengthened comprehensive training sites will cover 21 of the 25 HPDs** as shown in the Table 5 and cater to the adjoining non HPDs too. **However, 4 HPD districts Kaushambi, Allahabad, Mirzapur and Sonbhadra will be covered by the CTS being developed by SIFPSA in Allahabad, Varanasi and Mirzapur. Providers trained here will be provided CMC at the sites that are to be covered as per the Table 2.**

The UP-TSU is mapping 1300 facilities in the 25 HPDs and will do the same in the remaining 50 districts over years 2 and 3 for infrastructure and human resource availability and status. Based on the mapping findings, **Induction training** will be organized according to GoI norms for all educationally qualified persons who are hitherto untrained in a particular FP services at each of the 540 facilities. The **refresher trainings** will be organized at the district hospitals for the providers who are already trained in a particular FP area and are practicing. For all those who receive induction trainings, there will be two post-training supportive supervision visits at the providers' sites (One 30 days after induction and the second at 60 days post induction) by the EH trainers.

All providers trained as part of this project will receive the **Checkpoints for Choice Orientation and resource package developed by Engender Health**. This one-day training is designed to help a wide range of family planning stakeholders, including service providers and program implementers, to understand the concept of full, free and informed contraceptive choice in the context of rights-based family planning, and to explore factors that determine clients' actual experience.

All personnel at the 540 project facilities will be trained in infection prevention on site. FP counselling training for the 400 reproductive, maternal, neonatal, child and adolescent health (RMNCH+A) counsellors currently working in the public health system (mostly placed at district hospitals and BPHCs/CHCs) will be of 5 days duration and will be offered by Engender Health as part of a broader RMNCH+A counselling program. In addition, the 75 district health education officers attached to the office of the Chief Medical Officer in each district will also be trained to serve as counsellors in the DMH.

A) **Human Resource and Training Strategy -** To support the training sites in conducting the trainings, the UP-TSU will place 8 training coordinators (1 in each training site) to strengthen the facility and help organize the trainings and backstop the trainings as required. To support the master trainers at existing and the new sites and to do the post training follow up, UP-TSU through Engender Health will hire 20 clinical trainers who will be responsible for 1 or more districts. The 20 clinical trainers will be supported by 3 Senior Clinical trainers based at the Divisional level.

The clinical trainers will identify and conduct a ToT for master trainers at the 8 CTS. The clinical trainers will backstop and support the master trainers in conducting the trainings (induction trainings) for providers. Training teams will be carefully selected and trainers will be trained and coached until they become expert at both training and training follow-up. When the selected training sites already have skilled trainers, they will just be reoriented. New additions to the pool of trainers will receive the full training of trainers (ToT) program.

As trainers conduct the first few rounds of training, Engender Health's master trainers will be present to support them in the planning of the event, preparations for sessions, facilitation of sessions and through feedback meetings at the end of each day. This support will continue until the trained trainers become fully competent in organizing and conducting training events and in on-site training follow-up. One or two batches of training in each family planning technique will

be observed and supported by the Engender Health master trainer. Training teams will not just carry out induction and refresher training for providers, but will travel to facilities to provide trainees with on-site training follow-up.

Post training supportive supervision by EH will include supporting the trained provider till he/she is comfortable, competent and confident in providing the FP services for which they have been trained. Skills, practices and knowledge of the trainee will be assessed and addressed during each visit. The newly trained providers will be visited at 30 days and 60 days post training respectively. After two such visits, and if performing to standards, they are certified by EH and will now graduate to the quality assurance program of EH. If the provider is not performing to standards a third visit is warranted and a decision about refresher training will be taken post this visit. A master trainers at the certified training sites, along with an EH trainer, will provide post training support. In the 150 blocks where the TSU/GoUP has placed nurse mentors, supportive supervision for IUCD providers will be ensured by them.

B) **Quality assurance and improvement through clinical monitoring and coaching (CMC) -** CMC is an approach that EH will use to ensure continuing improvement of the quality of FP services in project-selected facilities. CMC teams (based at Divisional HQ), consist of 8-10 skilled senior providers of IUCD, minilap, NSV and counseling. They will be drawn from a pool of ANMs, A-Grade nurses, lady doctors, surgeons and OBGYNs from facilities in the respective district. The CMC representatives will be selected by the District Health Society and will provide their feedback and suggestions to the DQAC. This group will also consist of two full-time EH employees and one of these will be the CMC coordinator. Of the 8 CMC members, two will move on to the next 25 districts planned for phase 2, but the rest will remain in the phase 1 areas and will continue to provide supportive supervision.

Before training providers, Engender Health will:

- Recruit and train CMC teams (5 day training on carrying out and reporting on CMC visits, quality of care issues, how to supervise, how to give feedback and how to use data for decision making). All districts served by a training centre will have CMC teams. As the CMC group is enabled and becomes more skilled, the EH staff in the CHC will gradually be withdrawn.
- The training coordinator will then liaise with the FP district coordinator to organize site readiness checks.
- The CMC teams will then conduct a facility readiness check in all the 246 facilities, looking into infrastructure, staffing, supplies, equipment, record keeping, infection prevention and logistics.
- Develop a full training roster.

After training providers, Engender Health will:

- Organize 2 supervisory visits by the master trainers at one month and three months post training, to all induction trainees, principally to ensure clinical competency and attention to safety issues. Checklists used by the master trainers will be collected, and discussions held with supervisors/trainers after their visits to understand if and where training adjustments have to be made.
- The training coordinator, EH trainer and CMC supervisors will organize site visits by members of the CMC team to look at broader issues. The CMC teams will look at clinical competency, safety, infection prevention, equipment and supply issues, referral issues, counseling, informed consent issues and clients' rights, to ensure that women are receiving the best quality of care. During these visits, the providers not performing to standards will be referred back for refresher training.

Strategy of SIFPSA to Support NHM/GoUP programme - During the FY 2015-16, ten training sites will be developed and strengthened at DWH/DCHs by SIFPSA to develop them into Comprehensive Training Sites (CTS) as per the GOI guidelines. These 10 CTSs will function at DWH/DCH at Agra, Varanasi, Jhansi, Allahabad, Azamgarh, Mirzapur, Moradabad, Saharanpur, Kanpur Nagar and Meerut.

The 10 strengthened CTSs will cover HPDs namely Kaushambi, Allahabad, Mirzapur and Sonebhadra and adjoining 34 non HPD districts as shown in table 5.

Induction training will be organized for all educated qualified persons who are untrained in a particular FP service, posted at the health facilities. Preference will be given for rural and remote areas in order to provide the fixed day services to the un-serviceable population. For Laparoscopic and Minilap training the duration shall be of 12 working days with major contents on pre and post sterilization counselling, selection of cases, clinical procedures including post operative management, recognition and management of complications, infection prevention measure and management/ maintenance of equipments. All the standards published by MOHFW, GoI on Female and Male sterilization shall be follows.

Quality Assurance and Monitoring - The District Quality Assurance Team (DQAT) at District Woman Hospital at the 10 Comprehensive Training Sites developed at strengthened by SIFPSA will act as a Quality Monitor during the various trainings. The composition of the team shall be I/c Hospital / Medical Superintendent as chairperson and comprising of in-charge of operation theater/ anesthesia, surgeon, Obs. and Gynae., Pathologist and Nursing as per protocols developed by Quality Assurance Cell of NHM, SPMU.

Apart from State Quality Assurance and District Quality Assurance Committees the programme and performance with overall be monitored at different administrative levels. The divisional PMUs of SIFPSA will play a vital role in preparing roster of trainings and coordinating for nominations from the districts for the trainings.

For Human Resource recruitment shall be done through DHS by CMO and CMS (District Women Hospital) for which the proposal shall be initiated by her. Preference shall be given to the Human Resource which is already working/trained staff at the DCTCs of SIFPSA.

Financial Implication for 2015-16 - For the activation of the potential DHW/DCHs as CTSs, additional requirements over and above the existing facility needs are those related to furniture, surgical equipment, supplies and kits along with training modules would be needed. Appended below is a **budgetary requirement that is being proposed to enable the GoUP to establish and strengthen 18 DHWs/DCHs as CTSs for year 2015-16.**

**Budget required for 10 sites to be supported by SIFPSA as 8 sites to be supported by UP-TSU will be funded through UP-TSU FP Grant.*

Thus, the total budget required for establishment and/strengthening of 18 Comprehensive Family Planning Training Sites is Rs. 835.17 lakhs for FY 2015-16. Details are attached below:

Sl.	Budget head	No. of Unit	Unit cost (Rs.)	Total Budget (Rs. Lakh)
	(A) Administrative Cost			
1	Stationary/Photocopy/Printer Cartridge	18	5400	11.66
2	Communication/Postage/Fax	18	750	1.62
3	Miscellaneous (banner, photographs, documentation etc.)	18	1000	2.16
4	Payment of Internet Bills	18	1500	3.24
5	POL for genset	18	7500	16.20
	Sub Total (A)	**-**	**-**	**34.88**
	(B) Personnel Cost			
1	Honorarium for Clinical Trainer*	10	125000	150.00
2	Honorarium for Clinical Support Trainer for follow-up*	10	80000	96.00
3	Honorarium for Training Coordinator*	10	22000	26.40
4	Honorarium for OT Team during training sessions @ Rs. 500/- per case for 500 cases (Surgeon @ Rs. 225/-, Anesthetist @ Rs. 150/-, LT &SN @ Rs. 50/- each & Aaya @ Rs. 25/-)	18	4500000	45.00
5	Honorarium for Accountant (Honorarium @ Rs. 5,000/- if departmental)	18	17000	36.72

Sl.	Budget head	No. of Unit	Unit cost (Rs.)	Total Budget (Rs. Lakh)
6	Honorarium to Peon	18	8000	17.28
7	Honorarium to Aaya	18	7000	15.12
8	TA/DA for Clinical and Support Trainer	18	20000	43.20
9	Accommodation during follow-up in other districts	18	15000	32.40
	Sub Total (B)	**-**	**-**	**462.12**
	(C) Maintenance & Other Cost			
1	Miscellaneous repair & renovation (civil/ electrical) in training hall, OT, toilets, office room & practice room	18	25000	4.50
	Sub-Total (C)	**-**	**-**	**4.50**
	(D) Infrastructure - Equipment and Supplies			
1	Lap Kit (3 per facility)	54	3000	1.62
2	Mini lap Kit (10 per facility)	180	3000	5.40
3	IUCD Kit (10 per facility)	180	3000	5.40
4	NSV Kit (10 per facility)	180	1000	1.80
5	Furniture and fixed assets	18	250000	45.00
6	Contingencies	18	50000	9.00
	Sub-Total (D)	**-**	**-**	**68.22**
	(E) Training			
1	Job Aids (1 Teaching Laparoscope and 4 Zoe Model)	18	1200000	216.00
2	Printing of Manuals	2000	275	5.50
	Sub-Total (E)	**-**	**-**	**221.50**
	Total Cost for 18 FBCTCs	**-**	**-**	**791.22**
	SIFPSA Administrative Cost @ 10 % for 10 CTS	**-**	**-**	**43.95**
	Grand Total	**-**	**-**	**835.17**

Thus, for the above purpose, an amount of Rs.835.17 Lakhs was proposed, which is not approved by GOI with the remarks that "as per discussion, the proposed activity has been disaggregated" (FMR Code-B.14.21).

13. Training strategy for Village Health and Nutrition Days (VHNDs)

Background - With a population of roughly 200 million, Uttar Pradesh (UP) is India's most populous state, accounting for approximately one sixth of India's population. According to the Annual Health Survey (AHS) in Uttar Pradesh during 2012-13, the maternal mortality ratio (MMR) in the state was 258 per 100,000 live births while the 2010-2012 Sample Registration System (SRS) estimated the MMR at 292/100,000 for UP and Uttarakhand combined. The neonatal mortality rate (NMR) ranges from 37 (SRS 2012) to 50 (AHS 2) per 1000 live births, but still remains higher than the national estimate. The infant mortality rate was 50 infant deaths per 1,000 live births in Uttar Pradesh (Sample Registration System, 2013).

While there have been significant improvements in health and development outcomes over the past decade, and substantial expansion of government investment, the coverage and quality of key health services need further improvement to achieve the state's ambitious health and development targets. The GoUP has launched a renewed campaign to improve the reproductive, maternal, newborn, child and adolescent health (RMNCH+A) in its 25 high focus districts across the state, along with the launch of the 'Hausla' campaign to save mothers and children across the state. A major emphasis of the Government of Uttar Pradesh (GoUP) has been investment in health and development focused on RMNCH+A through the National Health Mission.

Year of the Mother and Child - As a part of the state efforts, the GoUP has declared year 2015-16 as the Year of the Mother and Child, under which the state aims to substantially increase the coverage and quality of institutional deliveries, routine immunization and modern contraceptive methods on a campaign mode through better planning, implementation and review at the state, district and block levels. One of the key service delivery platforms that will be strengthened during this campaign is the Health and Nutrition Days in rural and urban areas. The focus of this campaign will be to expand the range to services that will be provided in these VHNDs/UHNDs, improve the planning and logistics management system as well as monitoring.

To roll-out the campaign effectively, Video Conferencing with all the District Magistrates was done by Chief Secretary, Uttar Pradesh in the presence of Principal Secretaries of key government departments. A series of meetings have been organized at the state, district, block and village level for all the 75 districts in the state. The progress is assessed and reviewed on the fortnightly basis by the District Magistrate and Chief Medical Officers in the districts. State and divisional level officials of Health & Family Welfare department, State Project Management Unit (NHM) and Technical Support Unit (UP-TSU) have been given responsibilities of providing supportive supervision support to the districts by assigning one district to each of them.

Village/Urban Health Nutrition Days - In Uttar Pradesh, VHNDs which are organized on Wednesdays and Saturdays currently focus largely on the routine immunization and many of the other health and nutrition services also need to be provided. In order to improve the coverage and quality of antenatal check-up, screening for high risk pregnancies, institutional deliveries, family planning and nutrition services in the state, the revised guidelines for the organization of VHNDs are sent to the districts. These revised guidelines will help the AWWs, ASHAs and ANMs as well as the PRIs to understand their respective roles in providing services effectively during the monthly VHND/UHND to pregnant women, newborn, children <5 years, eligible couples and adolescent girls. Additionally the guidelines also provide details on the services to be provided, logistics, community mobilization and documentation. The roles of programme managers at the district/block levels in ensuring availability of necessary supplies and expendables in adequate quantities during the VHNDs/UHNDs as well as the supportive supervision mechanisms by the program managers at different levels to improve quality of VHNDs/UHNDs are also described in the guideline.

Training Strategy - Capacity building of frontline workers is a continuous process. Their knowledge is needed to be continuously upgraded, whenever there is any new development or new guideline is forwarded to the districts. So, it is pertinent to build the capacity of frontline workers on new VHND guidelines, so that they may be able to achieve the intended objectives of the programme. Although ANMs are technically qualified with ample experience in conducting VHND sessions, it is important to refresh their knowledge and skills on a regular basis. This training would provide an opportunity for the ANMs to refresh their knowledge and skills to efficiently conduct the VHND sessions to reduce maternal and infant deaths.

Apart from administrative and logistic arrangements, conduction of Health and Nutrition Days effectively is also very important. Capacity building of block health and ICDS officials and frontline workers is crucial to successful implementation of the programme. It is assumed that frontline workers are aware of technical contents in their respective fields, the training would refresh their existing knowledge and impart new knowledge and skills as per the revised guideline on Health and Nutrition Days in rural and urban areas.

The orientation on VHND/UHND would be imparted through cascade model, i.e., State-level orientation of Directorate, SPMU (National Health Mission), SPMU (State Nutrition Mission), Rural Development and Panchayati Raj Department, SIHFW, TSU, SIFPSA and Development Partners would be held to orient them on proposed VHND strengthening plan, selected Master Trainers would be oriented/trained at state level, they would then orient/train District Trainers, who in turn, would impart training to frontline workers at the block level. The guideline has already been shared with the districts in soft as well as printed copies.

Contents of the capacity building effort

The orientation-cum-training for frontline workers on VHND strengthening would be a three-day's programme and the contents of the programme are as follows:

Level of training-cum-orientation	Capacity building plan	No. of days	Participants	Contents
State-level orientation of key officials	Orientation of key officials on VHND strengthening	1	Directorate, SPMU (National Health Mission), SPMU (State Nutrition Mission), Rural	Revised VHND Guideline, including roles and responsibilities of various stakeholders, Service package of VHND, Skills

			Development and Panchayati Raj Department, SIHFW, TSU, SIFPSA and Development Partners	required for effective service delivery during VHND sessions
State-level ToT	Orientation-cum-training programme on revised VHND Guidelines and technical skills required for VHND	2	1 DIO, 1 DHEO, 1DCPM and 1 DPO from each district	Revised VHND Guideline, Service package of VHND, Skills required for effective service delivery during VHND sessions
District-level ToT	Orientation-cum-training programme on revised VHND Guidelines and technical skills required for VHND	2	1 MO, 1 HEO, 1 CDPO and 1 BPM/BCPM from each block	Revised VHND Guideline, Service package of VHND, Skills required for effective service delivery during VHND sessions
Block-level trainings of frontline workers	Orientation programme on revised VHND Guidelines	1	ASHAs, AWWs	Revised VHND Guideline
	Orientation-cum-training programme on technical skills required for VHNDs	3	ANMs	Revised VHND Guideline, Service package of VHND, Skills required for effective service delivery during VHND sessions

The capacity building strategy of orientation of frontline workers on revised guideline of Health and Nutrition Days is as follows:

- **State-level orientation on VHND strengthening -** State-level orientation of Directorate, SPMU (National Health Mission), SPMU (State Nutrition Mission), Rural Development Department, Panchayati Raj Department, SIHFW, TSU, SIFPSA officials and representatives of key Development Partners would be held at the state level to orient them on the need, purpose and plan of proposed VHND strengthening. There will be approximately 50 participants in the state-level workshop.
- **Orientation of Master Trainers at state level -** A Resource Pool of Trainers on Health and Nutrition would be developed in the state by identifying and training 1 MO, 1 DHEO, 1 DCPM and 1 DPO/CDPO from each 75 districts. So, the total number of Master Trainers for Two-day state level orientation would be 331 (300 from districts +10 % from state/divisional level) in the state, who will be oriented on the revised VHND/UHND guidelines and technical skills required for VHND at State Institute of Health and Family Welfare, Lucknow. The ideal batch size for state-level orientation should be 30 participants per batch. So, all the participants will be covered in eleven batches of orientation. The Divisional PMs of NHM are also expected to participate in the trainings of districts of their division. The district officials are expected to send their experienced MO/HEO/CDPO, who are currently being involved in other trainings at the district level and who have excellent communication skill to lead the training sessions.
- **Orientation of District Trainers -** Two-day orientation of District Trainers would be organized at the district level, depending upon the number of blocks and participants in the district. The participants would be block MO, HEO, CDPO and BPM/BCPM. Thus, total participants would be approximately 3,618 (822 blocks X 4 participants from each block+ 10 % from urban health posts/ district). The participants will be oriented on revised guideline on VHND/UHND, with special focus on roles and responsibilities of the line departments and technical skills required for VHND to effectively conduct the health and nutrition days. The district-wise training load is attached (Annexure 1).
- **Block-level training of frontline workers -** Block-level trainings of frontline workers will be done in two parts:
    - One day on revised VHND guidelines and roles and responsibilities for ASHAs and AWWs and
    - Three days on revised VHND guidelines and technical skills required for service delivery on VHND for ANMs

ASHAs and AWWs would jointly receive one-day orientation on revised guidelines on Health and Nutrition Days, particularly roles and responsibilities of frontline workers to effectively conduct the VHND sessions. ANMs will participate in three-days training on revised guidelines & technical skills required to smoothly conduct the VHND sessions. The number of participants for block-level training is approx. 2,88,411 (1,28,753 ASHAs and 1,45,924 AWWs +5 %- urban ASHAs, ICDS supervisors etc). for Part 1 and 23,993 participants (21,812 ANMs+ 5 % urban ANMs, LHVs) for Part 2 training. The batch size should be 30 participants per batch. For technical sessions, supplies of instruments for practice is needed to be ensured in all the batches of ANMs.

Training Modules - TSU is supporting the government in preparation and finalization of training modules for VHND strengthening. Draft version of training module on VHND strengthening for ANMs is ready. The training module covers the technical skills for effective service delivery at the VHND session sites. TSU will also support in developing reference material for ASHAs and AWWs. Government is expected to print the module in sufficient quantities for the frontline workers.

Monitoring - Monitoring of trainings is another important aspect of successful execution of trainings and orientation. District and Block-level trainings will be monitored on a standard checklist by Directorate, SPMU, SIHFW and TSU officials. Separate monitoring plan for District and Block-level orientations would be prepared in the routine travel plan, so that quality interactions and learning is ensured in all the orientation programmes.

Also, monitoring/ supportive supervision of VHND sessions is required to ensure its occurrence, quality and comprehensiveness. There are 20,579 Sub-centres in the state. Assuming that all the sub-centres conduct 8 VHND sessions in a month and 96 VHND sessions in a year, there are approximately 19,75,584 VHND sessions held every year in the state. We are proposing incentivization of monitoring (@ Rs. 100/- per session for monitoring of 10 % of the planned sessions (1,97,558 sessions) by various block level officials) of the VHNDs/ UHNDs. (*It is suggested that an Individual should not monitor more than 2 VHND sessions in a day to ensure quality supportive supervision and monitoring of sessions).* For strengthening VHND/UHND sessions, Due List Format is needed to be printed and given to all the ANMs to be used for each VHND/UHND session. It is a three- pager format (refer revised VHND guideline), which is to be printed in two sets per VHND/UHND site every month- one for the session site and one to be shared with the block MOI/C. Also, VHND/UHND Monitoring Formats (refer revised VHND guidelines) are to be printed in required numbers.

Budget Requirements- Total Budget required (details attached) for capacity building and monitoring of VHND is as follows:

S.N.	Budget Heads	Details	Amount
1	**Training of Trainers (TOT) and Training of FLWs**	State-level orientation of key officials	73,025.00
		State-level ToT	1,583,450.00
		District-level ToT	10,707,940.00
		Block-level trainings of frontline workers (ASHAs & AWWs)*	148,536,300.00
		Block-level trainings of frontline workers (ANMs)	46,320,000.00
Total			**207,220,715.00**
2	**Printing of Training Module, Reference Material of ASHAs & AWWs, Due list cum tally sheet and Monitoring Formats**	Training module for ANMs	600,000.00
		Reference material for ASHAs and AWWs	3,300,000.00
		Printing of Due List Format	6,084,797.60
		Printing of VHND/ UHND Monitoring Formats	108,657.00
Total			**10,093,454.60**
3	**Monitoring**	Monitoring of VHND/ UHND sessions	9,877,900.00

Total		**9,877,900.00**
Grand Total		**227,192,069.60**
Calculation (minus ICDS share for TA & per diem for block level training of AWWs)		
Plan A	Total Budget required from NHM (Including ICDS + Health)	**227,192,069.60**
Plan B	Total Budget required from NHM	**188,887,069.60**
	Total Budget required from ICDS (Budget commitment from ICDS)	**38,305,000.00**

Annexure 1: Number of Participants for orientation of District Trainers

Districts	Blocks	No. of participants	No. of batches
Agra	15	66	2
Aligarh	12	53	2
Allahabad	20	88	3
Ambedkarnagar	9	40	2
Auriya	7	31	1
Azamgarh	22	97	3
Badaun	15	66	2
Baghpat	6	26	1
Bahraich	14	62	2
Ballia	17	75	3
Balrampur	9	40	2
Banda	8	35	1
Barabanki	15	66	2
Bareilly	15	66	2
Basti	14	62	2
Bhimnagar	8	35	1
Bijnor	11	48	2
Bulandshahr	16	70	2
Chandauli	9	40	2
Chitrakoot	5	22	1
CSM Nagar	13	57	2
Deoria	16	70	2
Etah	8	35	1
Etawah	8	35	1
Faizabad	11	48	2
Farrukhabad	7	31	1
Fatehpur	13	57	2
Ferozabad	9	40	2
G B Nagar	4	18	1
Ghaziabad	4	18	1
Ghazipur	16	70	2
Gonda	16	70	3
Gorakhpur	19	84	3
Hamirpur	7	31	1
Hapur	4	18	1
Hardoi	19	83	3
Hathras	7	31	1
Jalaun	9	40	2
Jaunpur	21	92	3
Jhansi	8	35	1
Jyotiba Phule nagar	6	26	1
Kannauj	8	35	1
Kanpur Dehat	10	44	2
Kanpur Nagar	10	44	2
Kasganj	7	31	1
Kaushambi	8	35	1
Kushinagar	14	62	2
Lakhimpur Kheri	15	66	2
Lalitpur	6	26	1
Lucknow	8	35	1
Maharajganj	12	53	2
Mahoba	4	18	1
Mainpuri	9	40	2
Mathura	10	44	2
Mau	9	40	2

Districts	Blocks	No. of participants	No. of batches
Meerut	12	53	2
Mirzapur	12	53	2
Moradabad	8	35	1
Muzaffarnagar	9	40	2
Pilibhit	7	31	1
Pratapgarh	17	75	3
Raebareli	18	79	3
Rampur	6	26	1
Saharanpur	11	48	2
Sant Ravidasnagar	6	26	1
Santkabirnagar	9	40	2
Shahjahanpur	15	66	2
Shamli	5	22	1
Siddharthnagar	14	62	2
Sitapur	19	84	3
Sonbhadra	8	35	1
Sravasti	5	22	1
Sultanpur	15	66	2
Unnao	16	70	2
Varanasi	8	35	1
Total	**822**	**3618**	**131**

Budget for Training-cum-Orientation					
S.N.	**Trainings-cum-Orientation**	**Rate**	**Days**	**Number/Units**	**Amount**
1	**State-level orientation of key officials**				
	Per diem to participants (as per NHM norms)	500	1	50	25,000
	Fooding and refreshments for participants, incl. meeting hall	250	1	50	12,500
	Fooding for Trainers	250	1	4	1,000
	Honorarium to Trainers	1000	1	5	5,000
	Contingency (Stationary, Photocopy, Photograph, POL, Rent etc)	400	1	50	20,000
	Total				63,500
	IOH @15%				9525
	Sum Total				**73,025**
2	**Orientation of Master Trainers at state level**				
	Per diem to participants (As per NHM Norms)	500	2	30	30,000
	Fooding and refreshments	350	2	30	21,000
	Fooding for Trainers	250	2	4	2,000
	Honorarium to Trainers	1000	2	4	8,000
	Contingency (Stationery, pen, pad, bag, photograph, background material, banner, Class Room Rent,POL etc.)	400	1	30	12,000
	Total				73,000
	Institutional Overhead (@ 15%)				10950
	T.A. to participants (actual as per state Govt. rules)	2000		30	60,000
	Total amount for one batch				**143,950**
	Amount for 11 batches				**1,583,450**
3	**Orientation of District Trainers at district level**				
	Per diem to participants (As per NHM Norms)	500	2	30	30,000
	Honorarium to Trainers (As per NHM Norms)	600	2	4	4,800
	Food for participants (Breakfast, Tea, Lunch, Dinner etc)	250	2	30	15,000
	Food for trainers (Lunch, Tea etc.)	200	2	4	1,600
	Contingency (Register, Pen, Bag, Photography, Photocopy, Banner,POL etc.)	400	1	30	12,000
	Total				63,400
	Institutional Overhead (@ 10%)				6340
	T.A. to participants (actual as per state Govt.				12,000

	rules)				
	Total amount for one batch				**81,740**
	Amount for 131 batches				**10,707,940**
4	**Part-I- Block level training of Frontline workers (ASHAs & AWWs)**				
	Per diem to participants	150	1	30	4,500
	Honorarium to Trainers (As per NHM Norms)	500	1	2	1,000
	Food for participants (Tea, Snacks & Lunch etc)	100	1	30	3,000
	Food for trainers (Tea, Snacks & Lunch etc)	100	1	2	200
	Contingency (Writing pad, Pen, Folder, Photography, Photocopy, Banner,POL etc.)	125	1	30	3,750
	T.A. to participants	100	1	30	3,000
	Total amount for one batch				**15,450**
	Total Amount for 9614 batches				**148,536,300**
	Part II- Block-level training of frontline workers (ANM)				
	Per diem to participants	150	3	30	13,500
	Honorarium to Trainers (As per NHM Norms)	500	3	2	3,000
	Food for participants (Tea, Lunch etc)	150	3	30	13,500
	Stay, Breakfast and Dinner (As per actuals)	300	2	30	18,000
	Food for trainers (Lunch, Tea etc.)	150	3	2	900
	Contingency (Register, Pen,Folder, Writing pad, Photography, Photocopy, Banner,POL etc.)	200	1	30	6,000
	T.A. to participants	100	1	30	3,000
	Total amount for one batch				**57,900**
	Amount for 800 batches				**46,320,000**
	Total Amount for Block-level training (Part 1+ Part 2)				**194,856,300**
	Grand Total for all Trainings				**207,220,715**

Budget for Printing					
#	**Particulars**	**Details**	**Numbers**	**Unit Cost (in Rs.)**	**Total Cost (in Rs.)**
1	Training module for ANMs	30,000 modules @ Rs. 20.00 per module	30,000	20	600,000
2	Reference material for ASHAs and AWWs	3,00,000 reference materials for ASHAs and AWWs @ Rs. 11.00 per copy	300,000	11	3,300,000
3	Printing of Due List Formats	4 pages (2-Pager, 2 Sets) @ Rs. 0.70 per page, . 8 sessions per sub-centre X 12 Months for 20,579 Sub-Centres + 10%	2,173,142	2.8	6,084,798
4	Printing of VHND/ UHND Monitoring Formats	2 pages @ Rs. 0.25 per page X 8 sessions X 12 Months for 20,579 Sub-centres = 1 Booklet of 192 pages (Total 4,105 Booklets) for monitoring 10% (1,97,558) VHND Sessions + 10%	217,314	0.5	108,657
Total					**10,093,455**

Budget for monitoring				
Particulars	**Details**	**Numbers**	**Unit Cost (in Rs.)**	**Total Cost (in Rs.)**
Monitoring of VHND/ UHND sessions	Monitoring of 5% (1,97,558) VHND/ UHND sessions @ Rs. 100/- per session	98779	100	9877900
District-wise distribution				
District	**No. of Sub-centres**	**No. of sessions**	**No. of sessions**	**Amount**

		planned(Approx.)	to be monitored	(Rs.)
Agra	414	39744	3974	397400
Aligarh	356	34176	3418	341800
Allahabad	571	54816	5482	548200
Ambedkar Nagar	272	26112	2611	261100
Auraiya	165	15840	1584	158400
Azamgarh	485	46560	4656	465600
Bagpat	200	19200	1920	192000
Bahraich	310	29760	2976	297600
Ballia	370	35520	3552	355200
Balrampur	215	20640	2064	206400
Banda	277	26592	2659	265900
Barabanki	353	33888	3389	338900
Bareilly	422	40512	4051	405100
Basti	273	26208	2621	262100
Bijnor	343	32928	3293	329300
Budaun	285	27360	2736	273600
Bulandshahar	340	32640	3264	326400
C S M Nagar	217	20832	2083	208300
Chandauli	248	23808	2381	238100
Chitrakoot	141	13536	1354	135400
Deoria	325	31200	3120	312000
Etah	191	18336	1834	183400
Etawah	171	16416	1642	164200
Faizabad	274	26304	2630	263000
Farrukhabad	198	19008	1901	190100
Fatehpur	321	30816	3082	308200
Firozabad	220	21120	2112	211200
Gautam Buddha Nagar	128	12288	1229	122900
Ghaziabad	144	13824	1382	138200
Ghazipur	428	41088	4109	410900
Gonda	322	30912	3091	309100
Gorakhpur	384	36864	3686	368600
Hamirpur	196	18816	1882	188200
Hapur	169	16224	1622	162200
Hardoi	425	40800	4080	408000
Hathras	194	18624	1862	186200
Jalaun	286	27456	2746	274600
Jaunpur	507	48672	4867	486700
Jhansi	336	32256	3226	322600
Jyotiba Phule Nagar	175	16800	1680	168000
Kannauj	190	18240	1824	182400
Kanpur Dehat	224	21504	2150	215000
Kanpur Nagar	386	37056	3705	370500
Kashi Ram Nagar	170	16320	1632	163200
Kaushambi	174	16704	1670	167000
Kushinagar	377	36192	3619	361900
Lakhimpur Kheri	386	37056	3705	370500
Lalitpur	198	19008	1900	190000
Lucknow	323	31008	3100	310000
Maharajganj	286	27456	2745	274500
Mahoba	150	14400	1440	144000
Mainpuri	198	19008	1900	190000
Mathura	205	19680	1968	196800
Maunathbhanjan	225	21600	2160	216000
Meerut	302	28992	2899	289900
Mirzapur	263	25248	2524	252400
Moradabad	267	25632	2563	256300
Muzaffarnagar	286	27456	2745	274500
Pilibhit	195	18720	1872	187200
Pratapgarh	354	33984	3398	339800
Rae Bareli	279	26784	2678	267800

Rampur	211	20256	2025	202500
Saharanpur	346	33216	3321	332100
Sambhal	214	20544	2054	205400
Sant Kabir Nagar	184	17664	1766	176600
Sant Ravidas Nagar	173	16608	1660	166000
Shahjahanpur	293	28128	2812	281200
Shamli	134	12864	1286	128600
Shrawasti	125	12000	1200	120000
Siddharth Nagar	269	25820	2582	258200
Sitapur	468	44928	4492	449200
Sonbhadra	173	16608	1660	166000
Sultanpur	227	21792	2179	217900
Unnav	350	33600	3360	336000
Varanasi	323	31008	3100	310000
Total	**20579**	**1975580**	**197558**	**19755800**

For the above activity, an amount of Rs.2271.92 Lakhs was proposed, out of which GOI approved Rs. 1888.87 Lakhs only with the remarks that "After deducting the commitment of Rs. 383.05 lakhs from ICDS, Rs. 1888.87 lakhs are being approved" (FMR Code- B.14.22).

14. Improving Primary Health Care - A Pilot Program in Select Blocks of the District of Lakhimpur Kheri, Uttar Pradesh

Summary - The Government of Uttar Pradesh (GoUP) is being supported by the Bill & Melinda Gates Foundation (Gates Foundation) to pilot a primary healthcare program in select blocks of Uttar Pradesh. The aim of the pilot program is to increase coverage and use of primary healthcare services, reduce out of pocket expenditure (OOP), strengthen the quality and accountability of care, and improve health outcomes. The program will be piloted in two blocks of Lakhimpur Kheri district in financial year 2015 – 2016. Two more blocks in the same district will be added to the pilot in subsequent financial years, phase wise.

In its approach, the program will align service delivery with performance payments to improve accountability, create autonomous governance and performance monitoring units that are enabled with technology for decision making, and contract a non-governmental, professional System Manager, under oversight of GoUP, to manage the delivery of primary healthcare services in existing public health facilities.

The pilot program will result in expanded use of primary care services in the public sector from current coverage of twenty percent of the population to forty percent. In the first year of operation, it is expected to reduce the annual population out of pocket expenditure by Rs. 6.23 Crore in Phardan and Nakaha blocks of Lakimpur District. The Year One cost of the program for Phardan block is estimated at Rs. 18.35 Crore, compared to a current spend of Rs. 8.49 Crore. The Year One cost of the program for Phardan and Nakaha blocks is estimated at Rs. 29.93 Crore including one time infrastructure & Equipment cost. The GoUP/NHM would be expected to pay Rs. 26.05 Crore, with the Gates Foundation financing Rs. 3.88 Crore. In per capita terms, the pilot program will increase spending from Rs. 153 to Rs. 375[9].

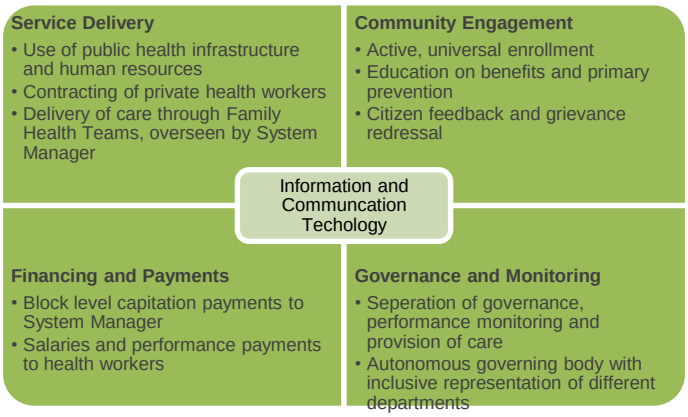
The proposed pilot has been developed jointly with GoUP after extensive research, including **a)** a literature review of the state of primary health care in India, **b)** research on healthcare reforms in other countries, such as Thailand and the National Health Service in United Kingdom, **c)** assessments of public and private healthcare delivery and care seeking in Uttar Pradesh, and **d)** an assessment of current government expenditure on primary care in select areas of Uttar Pradesh.

Statement of Need - Countries that have demonstrated improvements in health outcomes in the last decade have commonly focused on primary care. Countries have also demonstrated that investments in primary care can result in cost savings to the healthcare system.[1] India faces

[1] For example, in Brazil and Turkey primary care was the foundation of health system reform. In Turkey, between 2003-08, the reform led to improvements in child and maternal mortality by seventy five percent; it also led to a sixty five percent decrease in household catastrophic spending. In Brazil, the reform led to a fifteen percent decrease in avoidable hospitalizations.

major shortfalls in ensuring access to high quality primary healthcare for its population.[2] According to the Draft National Health Policy 2015, Government funded primary healthcare is selective and only covers twenty percent of the population's primary healthcare needs. An overview of the key challenges is presented below:

- The population has inequitable access to health care, with poor, rural and marginalized groups displaying poorer health outcomes.
- The delivery of health services faces challenges in the areas of governance and accountability. There is limited coordination and convergence of policy and data between relevant sectors for primary health care, including the Ministry of Women and Child Development and the Ministry of Health and Family Welfare.
- Healthcare services are designed to respond to particular priorities, such as maternal health or polio eradication, rather than the broad health needs of the population. This strategy has accelerated improvements for certain population groups and health issues. However, it results in duplication of effort and does not rationalize use of the health workforce.



- Health workers are not motivated by the system for meeting quality standards and outputs. The inability of the current approach to reward good performance or sanction poor behaviour leads to low productivity and service quality, and high absenteeism.
- Communities incur high out of pocket expenditures for routine and catastrophic illness. They seek care from multiple providers for the same illness, or delay seeking care until they are severely ill or require hospitalization.
- Communities have limited awareness about their entitlements. Also, they do not have effective channels to provide feedback about health services, to redress their grievances or to hold the system accountable. Community platforms, such as the Rogi Kalyan Samiti, are typically inactive.

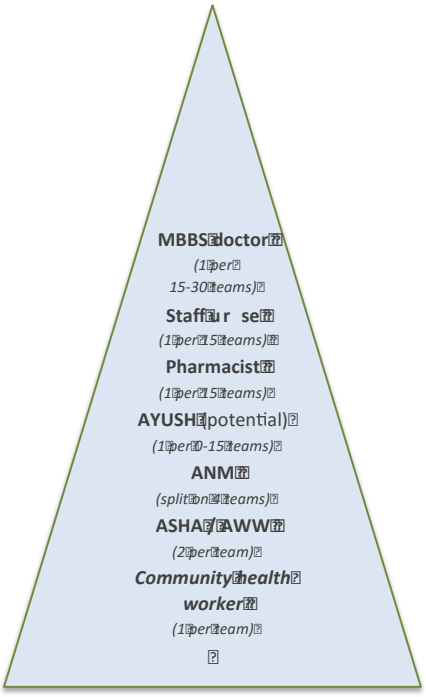
The health context of Uttar Pradesh mirrors the national scenario. Despite making significant achievements in key health indicators, such as maternal mortality and polio eradication, the state faces challenges in delivering comprehensive primary healthcare. This includes its ability to monitor its financial and human resources, and regulate the expansive private health sector. The system experiences a shortage of qualified health workers, from nursing staff to specialist doctors, particularly in rural areas. Where staff positions are filled, the system faces the challenge of keeping health workers motivated. Finally, the limited availability of essential medicines and diagnostic equipment constrains access and quality.

Proposed Pilot- The aim of the primary healthcare pilot is to improve health outcomes by strengthening access and quality of primary care services. It will focus on population management, which entails addressing the health needs of every person in a community. It will ensure early screening, diagnosis and treatment of a full range of primary care services. A key lever of the approach is *to improve the accountability of the system.* It will do so by aligning the financing and delivery of services, and creating autonomous governance and monitoring structures that are capable of overseeing the entire program. The specific objectives of the pilot are to:

- Increase the use of care in the public system, and reduce out of pocket expenditure by the population;
- Improve the quality of services by public and private health workers;

[2] Primary healthcare is defined as the first entry point to the health system. It addresses the broad health needs of the population that is responsive to local disease priorities. As such, it includes preventive, promotive, curative and rehabilitative care.
[9] Per capita calculated without one time Infrastructure & Equipment cost

- Develop a scalable, robust and compatible information technology backbone for primary healthcare;
- Obtain a clear understanding of the costs of primary healthcare;
- Evaluate the benefit and scalability of the model.
- Structurally, the ownership and governance of the program will reside under the Department of Health and Family Welfare as a new **Governing Unit**. Alternatively, it may be located within a relevant agency such as the State Innovations in Family Planning Support Agency (SIFPSA). Under supervision of this Governing Unit, the program will contract a non-governmental **System Manager,** to be held accountable for professional management of the primary health services at the block level. The System Manager will also handle the interface with the community. An independent **Performance Monitoring Agency** will review the financial and clinical outcomes of the program, conduct routine audits, and liaise closely with the Governing Unit so it can hold all components of the model accountable (see Annex 1 for an overview of the structure).



The approach for the pilot program is captured across four pillars: service delivery, financing, community engagement and governance. Technology will feature as an enabler across the four pillars (see Figure 1).

1. Service Delivery

The pilot program will build on and strengthen existing public sector human resources and infrastructure. It will continue to organize service delivery into a **hub and spoke network** with the Community Health Center serving as the clinical and administrative hub, the Primary Health Centers and Sub Centers serving as the spokes, and front line workers at the village level.

It will **add human resource capacity** in two ways: at the frontline, it will introduce a new cadre of male community health workers, or Male ASHAs, who will complement the role of the current ASHA and Anganwadi workers. For example, these additional workers will screen the population for non-communicable diseases and mental health, provide over the counter medications and guide people to the next appropriate point of care. The program will also contract other private health personnel to fill staffing gaps, such as specialists or paramedics.

The program will deliver services through multi-professional, coordinated **Family Health Teams** (see Figure 2 below). The members of these teams will have clear and complementary roles, responsibility for a defined population and a mandate to ensure seamless continuum of care for the community. The service package will add to what is currently on offer and will align with the Indian Public Health Standards.[3]

Each Family Health Team will cover a population of 2000 people. It will include up to five dedicated frontline workers, including ASHAs, male ASHAs and Anganwadi workers. In addition, teams will share an Auxiliary Nurse Midwife (ANM), a staff nurse, a practitioner trained in Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH), a pharmacist, and an MBBS doctor. Each person on the team will follow his/her prescribed scope of clinical practice. They will all engage in joint planning, use standard clinical protocols and a common data entry platform, and coordinate referrals and follow up. The MBBS doctor and staff nurse will provide in person and virtual supervision and mentoring. The team will be jointly accountable and recognized for meeting enrollment and other quality targets.

[3] The package of care includes maternal, neonatal, infant and child health, treatment of communicable and non-communicable diseases, emergency care, mental health services, eye care, dental care and ear, nose and throat services.

2. Financing and Payments

The pilot program will introduce **performance-based payments** of up to fifteen percent for health workers, beyond their base salary. Payments will be tied to enrollment targets and defined process and output goals. In addition, Family Health Teams will be rewarded as a group for strong performance. Non-monetary incentives, such as awards, recognition and promotions will also be used to motivate teams.

At the block level, the program will introduce **capitation based financing** to align expenditures with outputs. The System Manager will control financial allocations for each block (associated with the number of lives enrolled) and administer timely salary and performance payments to the Family Health Teams. The System Manager will also be responsible for procurement and availability of drugs, supplies and equipment for each block.

3. Community Engagement

The pilot program will target universal enrollment of the population. It will actively register, screen and enrol families to a Family Health Team. The program will align with the Unique Identification Authority or Rashtriya Swasthya Bima Yojana to facilitate enrollment and identification of family members. Enrolled members of the community will access free and comprehensive primary health services, including drugs and diagnostic tests. The program will leverage existing community platforms, such as self-help groups and panchayat raj institutions, to deliver education, raise awareness and strengthen channels for soliciting citizen feedback and redressing their grievances.

4. Governance and Performance Monitoring

As referenced above, the program will form a new **Governing Unit** that will provide overall supervision and leadership. It will also play an executive role in managing the contracting and financing, including overseeing the System Manager. The Governing Unit will include leadership from the Ministry of Health and Family Welfare, the Ministry of Women and Child Development, other relevant Ministries, the Bill & Melinda Gates Foundation, and technical experts. The Governing Unit will liaise closely with an independent **Performance Monitoring Agency** that will conduct routine field monitoring, review service quality and citizen satisfaction, and audit financial and clinical processes. This Agency will provide critical feedback for the Governing Unit to ensure that it holds the entire program, including the System Manager, accountable. The program will use **integrated information technology** to demonstrate impact across all aspects of the program.

Expected Impact

At its core, the program will reduce out of pocket expenditure of the community and improve health outcomes. It will achieve four types of intermediary results: improvements in **awareness, access**, **quality** and **cost effectiveness of healthcare services**. Specifically, the program will increase the use or coverage of free public healthcare services, from twenty to forty percent, thus reducing out of pocket expenditure. It will enhance the scope of coverage to include routine screening and availability of comprehensive primary healthcare services, including education about prevention. In terms of quality, it will improve coordination and continuity of care for citizens and build health worker skills. It will ensure cost effectiveness through early detection of ailments and by preventing unnecessary hospitalizations, ensuring high population coverage volumes, and improving the productivity and retention of staff.

Illustrative lead outcomes of the program include improved vaccination coverage, controlled use of antibiotics, improved supply of drugs, and availability of trained health workers. In the longer term, the program will improve health outcomes, such as a reduction in morbidity due to non-communicable diseases, and demonstrate lessons for scale up.

Geographic Scope

The program will be initially launched in Phardan and Nakaha blocks of the district of Lakhimpur Kheri in financial year 2015 – 16. In subsequent financial years the pilot will also be implemented in Nigasan and Behjam blocks. Lakhimpur Kheri is classified as one of the High Priority District (HPD) by MoHFW, GoI and Dept. of Health, GoUP, given its poor health outcomes and nearly ninety percent rural population.

Key Policy Changes Needed
The following policy changes are requested to effectively implement the proposed program:

- Contract with a professional non-governmental System Manager to oversee the Community Health Centers, Primary Health Centers and Sub Centers. The System Manager will manage staff performance, disburse payments, recommend transfers, and ensure drug procurement and equipment maintenance. The Government of Uttar Pradesh will lead the selection of a suitable System Manager through a competitive Request for Proposal.
- Enable government employees who work in the selected program blocks to be seconded to the System Manager, or to request a transfer to another block. The personnel who work in the pilot block will receive up to fifteen percent additional payments for meeting performance targets.
- Recruit, on a contract basis, additional male community health workers who can complement the role of the female ASHA and Anganwadi worker at the village level.
- Form a new Governing Unit, controlled by the government, empowered to make decisions using data from the Performance Monitoring Agency. The Governing Unit will be formed at the state level with representation from different sectors.
- If feasible from a policy perspective, enable AYUSH practitioners within the catchment blocks to prescribe allopathic medicine subject to fulfilling requirements for bridge training and working under clinical supervision.

From Pilot to Scale
The pilot program is designed to test whether and how the alignment of financing and provisioning can improve accountability, and ultimately, health outcomes. The model explicitly separates the governance, provisioning and monitoring functions, which is central to strengthening accountability. Lessons from the pilot will have implications on the strategy for scale up and sustainability, with preliminary considerations outlined below:

- While a non-governmental System Manager is proposed for the pilot, in the longer term this function can be controlled through an autonomous government trust or corporation. For example, it can be structured along the lines of the Rajiv Aarogyasri Healthcare Trust in Andhra Pradesh. This body can contract out certain functions, such as the provisioning of care, or retain those functions in house.
- The governance structures for the pilot are defined largely at the state level. During scale up, this strategy will be reconsidered, with appropriate structures and capacity built at the district or divisional levels.
- The community engagement platforms are now focused at the block level. During scale up, the program will consider engaging with more centralized or federated groups at the district or divisional level.
- The pilot program focuses on the provision of a comprehensive primary care package. It will create measured linkages to secondary and tertiary care, primarily through referrals. For scale up, the linkages to higher levels of care should be completely integrated, including tiered service packages and alignment of financial incentives for healthcare providers.

Cost of the Program

The Government currently spends Rs. 8.49[4] Crore annually in Phardan block and an estimated Rs. 2.20 Crore in Nakaha block. Additional investments are expected to bring significant improvements in access and quality of care, cost effectiveness, and a reduction in out of pocket expenditure.

As summarized in Table 1 below, the total cost of the pilot program for Year One in Phardan and Nakaha blocks, including the System Manager costs, are estimated at Rs. 29.93 Crore.[5] This includes a one-time infrastructure and equipment upgrade of Rs. 6.18 Crore for both blocks. The

[4] This estimate does not account for the expenditure of three drugs (Choxycilin, Ascorbic Acid, and Roxythermomycin) that is provided directly by the Uttar Pradesh Drugs and Pharmaceutical Company Limited.
[5] The block level data analysis was only undertaken in Phardan block, and not in Nakaha, Nigasan or Behjam. The analysis presented for Nakaha is thus provisional and the numbers provided will be confirmed upon a thorough *'as is'* analyses of the blocks.

GoUP is expected to finance Rs. 26.05 Crore for the first year. This represents a per capita expenditure of Rs. 375[10] compared with the current per capita spend of Rs. 153.[6]

The current per capita expenditure assumes at most twenty percent population coverage. The pilot will increase population coverage to forty percent (to serve over 220,000 lives in Phardan block and 57,000 in Nakaha) and result in a reduction in out of pocket payments by Rs. 6.23 Crore for both blocks.[7]

The Gates Foundation will cover the management costs of the System Manager, performance monitoring expenses, a portion of the information technology investments, and branding. In Year One, this amounts to Rs. 3.88 Crore for Phardan and Nakaha blocks.

As discussed earlier, the pilot proposes the following additional expenditure components to strengthen the system: 1) contract a System Manager, 2) use technology and integrated data management, 3) introduce independent performance monitoring, 4) engage community groups, 5) offer performance based incentives (including for Anganwadi workers), and 6) brand the program.

The budget has been developed from actual district and block level expenditure reported by the National Health Mission Program Implementation Plan (2014-15) and State Treasury budget for Lakhimpur Kheri (2013-14).[8] The estimated cost of the pilot program, by line item, is added to the current expenditure. (See Annex 2 for a detailed breakdown of current expenditure and proposed costs for Phardan block).

The critical components of expenditure for the pilot program are: manpower, drugs, diagnostics and consumables, operating expenditures, and vaccination. Manpower is the largest driver of expenditure, given significant recruitment of male ASHAs, paramedics and specialists. The second largest driver of costs is operating expenditures, with improved availability of services including medicine and diagnostics.

During the course of the pilot, a rigorous assessment of costs will be conducted given the expected increase in coverage, availability of services and supplies.

Table 1: Summary of Year 1 Costs and Reduction in Out of Pocket Expenditure

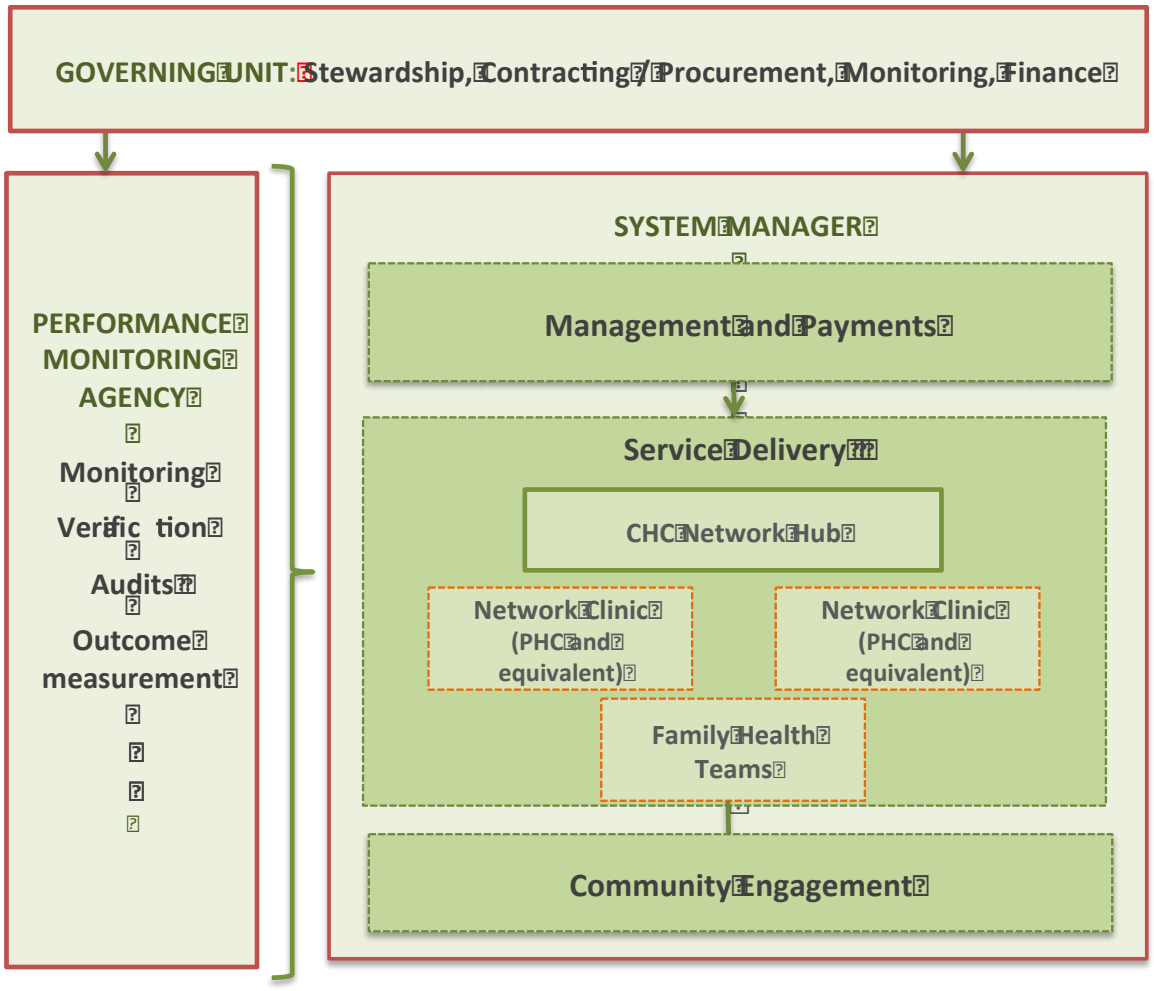
Year 1 Pilot: Summary			
Geographic Scope	**Phardan**	**Nakaha**	**2Blocks (Phardan+ Nakaha)**
Population *(2011 Census)*	489797	144007	633804
Current Expenditure *(based on Phardan, Rs. Cr)*	8.49	2.2	10.69
Current Expenditure *(per capita based on Phardan, Rs.)*	153		
Total Pilot Expenditure (*based on Phardan, Rs. Cr.)*	18.35	5.4	23.75
Total Per Capita for Pilot *(per capita based on Phardan, Rs.)*	375		
Government Per Capita in Pilot *(Rs.)*	314		
Government Contribution in Pilot *(Rs. Cr)*	15.36	4.51	19.87
Running Cost (Rs. Cr)	14.07	4.14	18.2
Incentives (Rs. Cr)	1.29	0.38	1.67
BMGF per capita in Pilot (Rs)	61		
BMGF Contribution in Pilot (Rs. Cr)	3	0.88	3.88
System Manager (except IT, Rs. Cr)	1.16	0.34	1.51
Information Technology (IT)(Rs. Cr)	0.3	0.09	0.39

[6]The per capita estimate of Rs. 314 is for all four blocks of the pilot, calculated based on current expenditure in Phardan block.
[7] The out of pocket estimate is based on increased coverage at current Phardan block expenditure, rather than the proposed pilot expenditure.
[10] Per capita calculated without one time Infrastructure & Equipment cost
[8] The State Treasury data for the district was rebased for the population of Phardan block.

Performance Monitoring (Rs.Cr)	0.53	0.16	0.69
Community Engagement (Rs.Cr)	0.64	0.19	0.83
Branding (Rs. Cr)	0.36	0.11	0.47
One Time Infrastructure/Equipment Cost *(Rs. Cr)*	3.09	3.09	6.18
Total Pilot Cost *(with one time upgrades, Rs. Cr)*	**21.45**	**8.48**	**29.93**
Total Pilot Per Capita *(with one time upgrades, Rs)*	472		
Total Government Contribution in Pilot *(with one time upgrades, Rs. Cr)*	**18.45**	**7.6**	**26.05**
Total BGMF Contribution in Pilot *(with one time upgrades, Rs. Cr)*	**3**	**0.88**	**3.88**

Out of Pocket Expenditure Impact			
Geographic Scope	**Phardan**	**Nakaha**	**2 Blocks** (Phardan+Nakaha)
Population *(2011 Census)*	489797	144007	633804
Current Expenditure *(based on Phardan, Rs. Cr)*	8.49	2.20	10.69
Current Out of Pocket *(assuming 30% covered under Government system and 70% out of pocket, Rs. Cr)*	19.80	5.13	24.94
Out of Pocket in Pilot Scenario *(assuming 40% coverage,Rs. Cr)*	14.85	3.85	18.70
Out of Pocket Savings *(Rs. Cr)*	4.95	1.28	6.23
*Calculated as per Phardhan Block			

Annex 1: Overview of the Program Structure and Functions



Annex 2: Breakdown of Current and Proposed Expenditure for Fardhan block and Funding Distribution

Rs. (Cr)	Existing	Pilot				Source of Funds			Source of Data	Assumptions	
		Y1	Y2	Y3	Y4	NHM	State Budget	BMGF			
Manpower	4.67	7.54	8.15	8.80	9.50	X	X		Detailed facility audits conducted by ACCESS Health and Indian School of Business.	8%	Inflation/Appraisal
Drugs	0.79	1.71	1.85	2.00	2.16	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.	35	Rs. per capita, based on costing data from Maharashtra
Central Medical Stores Department (CMSD) Branded/Emergency drugs provided by State	0.10	0.11	0.11	0.12	0.13		X		20% of the total state spending on drugs (for emergency and branded drugs) amounting to 40 Cr. rebased for the block level. Information supplied by Director CMSD.		
Diagnostics & Consumables	0.17	0.49	0.53	0.57	0.62	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.	10	Rs. per capita, could increase upon further surveys
Operating Expenditure	2.36	3.81	4.12	4.45	4.80	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.	2.0	Multiple by which operating expenditure relates to human capital in current budget
Vaccination*	0.40	0.40	0.43	0.47	0.51	X			2012 figure adjusted for inflation and used from Multi-Year Strategic Plan 2013-17; Universal Immunization Program; National Health Mission.		
Subtotal	***8.49***	***14.07***	***15.19***	***16.41***	***17.72***	***X***	***X***			**10000000**	**Rs. per Crore**
One time Infrastructure & Equipment cost (one		**3.09**	**0**	**0**	**0**	**X**	**X**		**One time cost**		

time)											
Incentive		*1.13*	*1.22*	*1.32*	*1.43*		*X*				Manpower expenditure
Anganwadi Incentive		*0.16*	*0.17*	*0.18*	*0.20*		*X*			15%	Note: Budget for Anganwadi not included; only incentive shown here.
Subtotal		***1.29***	***1.39***	***1.50***	***1.62***		***X***				
Subtotal Govt. Contribution		***18.45***	***16.58***	***17.91***	***19.34***	***X***	***X***				
System Operator											
Human Resources		0.87	0.94	1.01	1.10			X			
Information Technology Fixed Costs		0.23	0.00	0.00	0.00						
Information Technology Variable Costs		0.07	0.08	0.08	0.09						
Office Expenditure		0.12	0.13	0.14	0.15			X			
Incentive		0.17	0.19	0.20	0.22			X		20%	of System Manager Human Resource cost
Subtotal		***1.46***	***1.33***	***1.44***	***1.56***			***X***			
Community Engagement											
Fixed Cost		0.26	0.00	0.00	0.00			X			
Variable Cost		0.38	0.41	0.44	0.48			X			
Subtotal		***0.64***	***0.41***	***0.44***	***0.48***			***X***			
Performance Monitoring		0.53	0.58	0.62	0.67			*X*		6%	Human Resource cost
Subtotal		***0.53***	***0.58***	***0.62***	***0.67***			***X***			
Branding		0.36	0.38	0.41	0.44			*X*		2%	Of Subtotal costs
Subtotal		***0.36***	***0.38***	***0.41***	***0.44***			***X***			
Subtotal BMGF contribution		***3.00***	***2.70***	***2.91***	***3.15***			***X***			
Total Pilot cost	**8.49**	**21.45**	**19.28**	**20.82**	**22.49**	**X**	**X**	***X***			
Per Capita	**153**	**375**	**394**	**425**	**459**	**X**	**X**	**X**			

Annex 3: Breakdown of Proposed Expenditure for Fardhan & Nakaha Block in FY 2015-16 and four Blocks in Subsequent Years

Imputed Calculation for 2 Blocks for Year 1 & 4 Blocks for subsequent years (Rs. Cr)								
	Year 1	**Year 2**	**Year 3**	**Year 4**	**NHM**	**State Budget**	**BMGF**	**Blocks**
Running Cost of Proposed Pilot (GoI contribution)	19.87	_	_	_	X	X		**Phardan & Nakaha**
Infrastructure/Equipment Cost for 2 Blocks (One-time)	6.18	_	_	_		X		**Phardan & Nakaha**
Required funding from GoI for FY 2015-16	26.05	_	_	_	X	X		**Phardan & Nakaha**
Management, progress monitoring & branding (BMGF contribution)	3.88	_	_	_			X	**Phardan & Nakaha**
Total Cost of Pilot for FY 2015-16 (GoI + BMGF)	**29.93**	_	_	_	**X**	**X**	**X**	**Phardan & Nakaha**
Running Cost of Proposed Pilot (GoI contribution)	_	**39.83**	**43.01**	**46.45**	X	X		**Phardhan, Nakaha, Nighasan & Bejam**
Infrastructure/Equipment Cost for 2 Blocks (One-time)	_	**6.18**	_	_		X		**Nighasan & Bejam**
Required funding from GoI for subsequent years	_	**46.01**	**43.01**	**46.45**	X	X		**Phardhan, Nakaha, Nighasan & Bejam**
Management, progress monitoring & branding (BMGF contribution)	_	**6.81**	**7.00**	**7.56**			X	**Phardhan, Nakaha, Nighasan & Bejam**
Total Cost of Pilot for Subsequent Years (GoI + BMGF)	_	**52.82**	**50.01**	**54.01**	**X**	**X**	**X**	**Phardhan, Nakaha, Nighasan & Bejam**

For the above purpose, an amount of Rs.2605.00 Lakhs was proposed, which is not approved by GOI with the remarks that "State has not submitted any revised proposal based on the discussions with GoI" (FMR Code-B.14.28)

15. 'KAYAKALP' - The scheme of award to Public Health Facilities

The level of cleanliness in a health facility is a measure of the quality of services provided to the people who use it. There is no more visible parameter about the quality than cleanliness in public health facilities. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behaviour related to clean environment.

Hospital acquired infection is a huge problem and a major concern in providing essential health services in public health facilities. The issue of patient care and safety is the part of the policies and protocols envisaged in the National Quality Assurance Programme. In the light of above, the Ministry of Health & Family Welfare, Government of India has launched a National Initiative to give Awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control by the name of 'KAYAKALP' - the Award to Public Health Facilities' scheme on 15 May 2015

Objectives

- To promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities.
- To incentivize and recognize such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control.
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation.
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Scope - Based on scoring, using a specific standard protocol administered by an external assessor team, the awards would be distributed in FY 2015-16 as follows:

- Best District Hospitals - In every state the two top ranked district hospitals will receive an award. The first and second best district hospital level facilities will receive cash award of Rs Fifty and Rs.Twenty Lakhs respectively.
- In order to motivate, sustain and improve performance in facilities that score over 70%, but do not make it to the list of top two/one in a particular year, a Certificate of Commendation plus cash award of Rs.3.00 Lakhs each would be given.

Implementing strategy- In the State, there are 157 district level hospitals, which would be assessed in the FY 2015-16. The awards for individual public health facility will be given to those that score the highest based on a set of defined criteria.

Step-1 Planning and implementing various activities at the State level.

- State to constitute "State level award committee".
- State to constitute "District level award nomination committee".
- Orientation workshop for district programme officers involved in Quality Assurance Programme for dissemination of the scheme.
- One day orientation of In-charges of District Hospitals and team members at State level who will be using the assessment tool.
- State to constitute assessment teams to cover 75 district of the state (three-five members team) each team to cover 4- 6 districts (the team will include one NHSRC trained QA Assessors).

Step-2 The State will develop strategy of public dissemination of the process involve in scheme for generating public awareness.

Step-3 Base line assessment of the Hospitals

- In-charges of the hospital will carry out baseline assessment using the assessment tool identification, analysis and prioritizing the gaps and plan for gap closer.

- Rogi Kalyan Samiti of the hospitals will play pivotal role in help in helping the in-charge to address the gap.
- District award nomination committee members' will do the supportive supervision and oversee the programme activities.

Step-4 Internal Assessment of DH/DCH/DWHs and send scores of those facilities obtaining more than 70 % to State level.

Step-5
- External Assessors Team at the State level to undertake assessment of shortlisted DHs and to submit the report to State award committee.
- Certification for commendation of facilities scoring more than 70% but not making it up to the list of top two rankers, will also be carryout by External Assessors Team.

Step-6 State award committee will select two best district level hospitals in order of merit and send their names to National level.

Step-7 This is the final step of "KAYAKALP" award scheme for the current financial year where in felicitation of best two district hospitals will be held at National Level in the National Award Ceremony which will be organize by Ministry of Health & Family Welfare, Govt. of India.

Budget- The total estimated cost on "KAYAKALP" scheme is amount Rs.199.84 lakhs. (One crore ninty nine lakhs and eighty four thousand only) for the year 2015-16, as per following:

'KAYAKALP' Award Scheme for Public Health Facilities						
Sl.	**Activity**	**Unit Cost**	**Unit of Allocation**	**Qty**	**Budget (Rs. in Lakhs)**	**Criteria/Rationale**
	Award					
1	Best Hospital	5,000,000.00	1 per state	1	50.00	1 Winner as per Norm
2	Runner up District Hospital	2,000,000.00	1 per large state	1	20.00	1 DH as runner up as per norms
3	Commendation Award	300,000.00	10 % of DH	16	48.00	Award Money for DH scoring more than 70 % on assessment Criteria in external assessment
	Sub Total -Award				**118.00**	
	Training					
4	Awareness Training	40,000.00	1 Per state	1	0.40	Half Day Sensitization Workshop for Key Officials of Health Directorate , SHS , Members of state level award committee , Representatives of NGO & Development partners (Approx 40 participants)
5	External Assessors Training	200,000.00	2 per state for large states	5	10.00	1 day TOT of state level external assessors for using the assessment tool (Approx Participants -80-100). Justification - Uttar Pradesh being a vast State with 157 district level hospitals. For the purpose, we require 5 batches of External Assessors Training instead of 2 batches as recommended by GOI. Further, the budget required per batch will be about Rs.2.00 Lakhs instead of Rs.1.00 Lakh, as per GOI criteria.
6	Awareness Cum Internal Assessors Training Workshop	39,500.00	1 Per District	75	29.63	04 Hour Awareness Workshop at District Level on Swachh Bharat Abhiyan and how to use tool for service providers. Participants Health facility In-charge , doctors, nurses, members of DQAC,DPM

						,representative of NGO/ DPs
	Sub Total -Award				40.03	
	Assessment					
7	Internal Assessment	2,000.00	01 Per DH	157	3.14	Incidental cost for Stationary, photocopy, printing reports & meeting for preparation plan
8	External Assessment	61,000.00	30 % of DHs	47	28.67	Cost of external assessment for short listed DH having 70 % or more score in internal assessment
	Sub Total -Award				31.81	
	Contingency					
9	Contingency for Large States	1,000,000.00	Per state	1	10.00	Untied fund for organizing Meeting of Sate Award Committee ,Monitoring visits , Travel to attend national level meetings , IEC
	Sub Total -Award				10.00	
	Grand Total				**199.84**	

Annexure

Awareness Cum Internal Assessors Training Workshop - District Level

Sl	Activities	@ Rs.	Participant	Day	Total
1	Honorarium to Distt. Trainers	600.00	2	1	1,200.00
2	Mess, Fooding for participants	250.00	50	1	12,500.00
3	Incidental expanses/Sound System/ Banner, etc.	-	-		5,000.00
4	Contingency/Photocopy/Stationery, etc.				10,000.00
5	Institutional overheads (15%)	-			4,300.00
6	**For State Observers**				-
7	Honorarium for State Guest faculty	1,000.00	1	1	1,000.00
8	Stay arrangement for State Guest	3,000.00	1	1	3,000.00
9	TA to State Faculty as per Govt Rule	2,500.00	1	1	2,500.00
	Cost of one Batch (Sub Total)				**39,500.00**

One day External Assessors Training at State Level

Sl	Activities	@ Rs.	Participant	Day	Total
1	Venue Hiring	10000.00		1	10000.00
2	Perdiem to participants	500.00	50	1	25000.00
3	Honorarium to state guest trainers	1000.00	2	1	2000.00
4	Honorarium national Guest trainers	1500.00	1	1	1500.00
5	Mess, Fooding for participants	350.00	50	1	17500.00
6	Vehicle	3000.00		1	3000.00
7	Incidental expanses	300.00	50	1	15000.00
8	Travel cost for 1 External Faculty/National Guest Trainer	20000.00	1	1	20000.00
9	Boarding and Loadging for one External faculty	4000.00	1	1	4000.00
10	Institutional overheads (15%)				2000.00
11	TA to participants (as per Govt. Rule)	2000.00	50	1	100000.00
	Cost of one Batch				**200000.00**
	For Five Batches	200000.00	5		1000000.00

Half Day Awareness Training at State level

Sl	Activities	@ Rs.	Participant	Days	Total
1	Perdiem to participants	-	40	1	-
2	Honorarium to State Guest Trainers	1,000.00	2	1	2,000.00
3	Honorarium to National Guest Trainers	1,500.00	1	1	1,500.00
4	Accommodation	4,000.00	1	1	4,000.00
5	Mess, Fooding for participants	350.00	40	1	14,000.00
6	Vehicle	3,000.00	1	1	3,000.00
7	Incidental expanses	250.00	40	1	10,000.00
8	Institutional overheads (15%)				5,500.00
	Cost of one Batch				**40,000.00**

For the above purpose, an amount of Rs.199.84 lakhs was proposed, out of which GOI approved Rs.195.84 Lakhs only (FMR Code-B.14.29)

16. E-Blood Banking

E- Blood bank system is an end to end computerization of blood bank with all the blood banks of a state connected to a central server and provides citizen services like accessing the desired blood group status by SMS, IVRS and web portal. The e-blood bank system (of Odisha) has been acknowledged by Ministry of Health, Govt. of India to be taken as a role model and replicate the same model in the state. The e-Blood banking to support decision making from effective donor screening to optimal blood dissemination in the field. Integrated e-Blood Bank system refers the acquisition, validation, storage and circulation of various live data and information electronically regarding blood donation and transfusion services.

Feature List to be provided for Implementation of e-Blood Bank:

- Donor Management & Collection Module
- Patient Management & Blood Issue Module
- Blood Stock Management
- Camp Management
- Consumable Inventory Management
- Asset Information Management
- Bio Waste/Deferred Information Management
- License renewal Management
- Blood Transfer Management
- User Administration & Security
- SMS & IVRS Integration
- MIS Reports &Analytics
- Blood Storage Unit Management (to be customized)
- Part Blood Bag Management for Thalassemia &Pediatric purpose (to be customized)
- Bio-metric Device Integration for Identifying professional donors (to be customized)
- Elisa Reader Integration to automate the Elisa test process (to be customized)
- Complete Donor Relationship Management System (to be customized)
- e-Donor Card Generation (to be customized)

The tentative budget estimation to implement and rollout the e-blood bank (Odisha model) in the State of Uttar Pradesh will be as follows:-

Budgetary support for E-Blood Banking			
FMR Code	**Requirement Unit/s**	**Unit**	**Total Amount**
B.14	Cost estimation for Hardware	96	6,815,565.80
	Cost estimation to rollout E-blood banks in state		406,000.00
	Customization, Installation and maintenance cost		1,176,000.00
	Staff at State PMU for running of e-blood bank applications		936,000.00
Sub-Total			9,333,565.80

For the above purpose, an amount of Rs.93.35 Lakhs was proposed, which is pended at GOI level with the remarks that "GoI is developing a software application at central level"(FMR Code-B.14.24).

Budget Summary-Innovations -2015-16

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B14	**Innovations**					
B14.6	Religious and Community Leaders Meet	75	7.50	75	7.50	
B14.7	Additional incentive schemes for service providers in HPD	4	10.61			Not Approved
B14.10	Establishment of Divisional Monitoring & Evaluation Hub (M&E Hub)	18	155.16	18	153.36	
B14.11	Rogi Sahayata Kendra	50	350.00	50	350.00	
B14.12	AAA Platform - Monitoring & Microplanning meeting for frontline workers	122517	735.10	122517	735.10	
B14.14	Establishment of Data Management and Analysis Unit	1	11.82			Not Approved
B14.15	Administering Case Sheets for Institutional Deliveries at Govt. Facilities in UP	1	44.20	1	20.00	State to utilize the protocol of the case sheets shared in the MNH Toolkit
B14.16	Quarterly RMNCH+A state level review meetings for HPDs	1	9.90			Not Approved
B14.17	Internal Mentoring Programme in High Case Load Facilities (L3) in HPDs	1	103.35			Not Approved
B14.18	Contact Centre (UPHHL) for Performance Management and Grievance Redressal in Uttar Pradesh	1	1,556.05			Pended. This is a new activity. State may resubmit the proposal as per template which is being prepared by MoHFW.
B14.19	Nurse Mentor Programme and Establishment of Mini Skill Lab	1	741.70		261.00	Approved existing 50 nurse mentors for 12 month
B14.20	Interactive Voice Response System (IVRS) based Maternal Death Review (MDR) Monitoring System	1	80.04			Not Approved. Already funds approved for the MDR
B14.21	Establishment of Comprehensive Family Planning Training Centres in Uttar Pradesh	18	835.17			As per discussion, the proposed activity has been disaggregated and proposed in training and procurement columns. The same has been booked under respective budget heads of A.9.6.1.2, A.9.6.2.2 and B.16.1.3
B14.22	Training Strategy for Village Health and Nutrition Days (VHNDs)	1	2,271.92		1,888.87	After deducting the commitment of Rs. 383.05 Lakhs from ICDS, Rs. 1888.87 Lakhs are being approved.

FMR Code	Budget Head	Amount Proposed (2015-16)		Amount Approved (2015-16)		Remarks
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
B14.23	Transfusion Support to patients with blood disorder and prevention programmes	1	494.06			Pended. State to plan and conduct health technology assessment by NHSRC in this regard.
B14.24	E-Blood Banking	1	93.34			Pended. GoI is developing a software application at central level.
B14.25	Free Transport Facilities to PLHIV(People Living with HIV) for treatment	84236	387.58	84,236	387.58	
B14.26	Establishing Shelter Homes for HIV infected orphan children	80	48.48			Not Approved. State to request support from concerned ministry.
B14.27	Mobile Dental/Disability Campaign in Districts affected by Flurosis	6	291.60			Not approved.
B14.28	Improving Primary Health Care – Piloting in 2 blocks of Lakhimpur Kheri	2	2,605.00			Not Approved. State has not submitted any revised proposal based on the discussions with GoI
B14.29	Kaya Kalp	76	199.84	75	195.84	
Sub total			**11,032.42**		**3,999.25**	

Proposal for Cervical Cancer Screening Programme

Background - Cervical cancer is a significant health issue in India, in terms of incidence, mortality and morbidity. One out of every five women in the world suffering from cervical cancer is Indian. According to Globocan 2012, annual incidence of cervical cancer in India was estimated at 122844 with 67877 deaths, making it the second largest cancer killer in India after breast cancer. While Uttar Pradesh does not have its own population based Cancer registry, the estimated figures show that the situation is alarming in this state when compared against national data. The following table shows the three year trends of cervical and breast cancer prevalence in Uttar Pradesh and India from 2009 till 2011.

Estimated Number of Breast and Cervix Cancer Cases in Uttar Pradesh (2009 to 2011)						
State	Breast Cancer			Cervix Cancer		
	2009	2010	2011	2009	2010	2011
Uttar Pradesh	11077	11484	11921	17367	17975	18353
India	87693	90659	93723	101938	103821	105740

Cancer Cervix can be prevented by screening women systematically through organized population based program. Screening aims to detect the disease at pre cancer stage when it is amenable to simple treatment & cure. In many developed countries the annual incidence & mortality from this cancer have gone down by 50-70% since the introduction of population based screening. In India despite the public health importance that cervical cancer merits, there are only sporadic efforts in hospitals & research centers. Knowledge among providers for how to treat pre-cancerous lesions is low and regrettably hysterectomies are often performed unnecessarily for both cervical lesions as well as for cancer. Due to the lack of trained professionals and infrastructure required for cytology-based tests such as Pap smears and little investment in other screening, there is currently limited availability of cervical cancer screening services across India and in particular, states like Uttar Pradesh, where the potential number of women who deserve screening and treatment are significantly high.

Various studies in India & other countries have demonstrated the usefulness of alternative strategies such as VIA (Inspection with Acetic Acid) in the prevention of cervical cancer. According to the WHO, VIA is inexpensive and non-invasive and, depending on national guidelines, can normally be done in a low level health facility by a doctor or paramedical staff. Most importantly, VIA provides instant results and those eligible can receive treatment for pre-cancerous lesions using cryotherapy on the same day.

However, efforts to implement large scale and low cost intervention projects are rare throughout India. Box 1 depicts an outline of a large trial in Maharashtra and a statewide project in Tamil Nadu showing the impact of such endeavours on population. The Tamil Nadu experiment demonstrates some of the challenges encountered during the project as well.

Cryotherapy – used to treat pre-cancerous lesions – is effective and easier to implement than other treatment modalities. It can be done in two short treatments over a 15-minute period on an outpatient basis and requires no anaesthesia. Cryotherapy is a highly cost-effective treatment and only requires a consistent supply of carbon dioxide gas. Additionally, the single visit approach effectively addresses the challenge of losing patients through referrals or multiple visits, a significant issue for other models of cervical cancer prevention.

Box 1: **Lessons learnt from large scale intervention program on Cervical cancer in India**

- A Cluster Randomized Controlled Trial in Mumbai initiated in 1998. 12 year follow up results published
  - Intervention group : 75360 women had 4 rounds of education & VIA screening at 24 month interval
  - Control group : 76178 women given single round of education
  - Mortality 31% reduction in screening group

Source: Shastri SS et al. Effect of VIA Screening by Primary Health Workers: Randomized Controlled Study in Mumbai, India. *Journal Of The National Cancer Institute*. Epublication 2014 Feb 22

- World Bank-supported Tamil Nadu Health Systems Project (TNHSP)
  - Routine VIA/VILI screening to 30- 60 yr women
  - 500000 women screened (2007-2010), 74% coverage
  - VIA/VILI positivity rate : 2.5-5.4%
  - Low follow up of screen positive (50%). Only 13% women in need of treatment got treated
  - **Challenges faced:** Poor quality IEC, lack of familial support, stigma inadequate referral systems

Source: Suneeta Krishnan et al. Advancing Cervical Cancer Prevention in India: Implementation Science. The Oncologist. 2013, 18:1285-129**7**

Proposal is meant to scale up a Cervical Cancer prevention program through a 'see and treat' approach (under WHO guidelines) to be implemented across all its districts in two phases –

Phase 1: A) Sensitization and training of all MOICs in CHCs, FRUs with over 100 deliveries and District Women's Hospitals, starting with 28 select districts and later across rest of the districts as well as B) developing robust systems for monitoring and evaluation

Phase 2: Establishment of treatment facilities with Cryotherapy and referral for advanced diagnostics and other treatment modalities (in designated tertiary care centres)

Year 1: In district women hospitals (by September 2014)

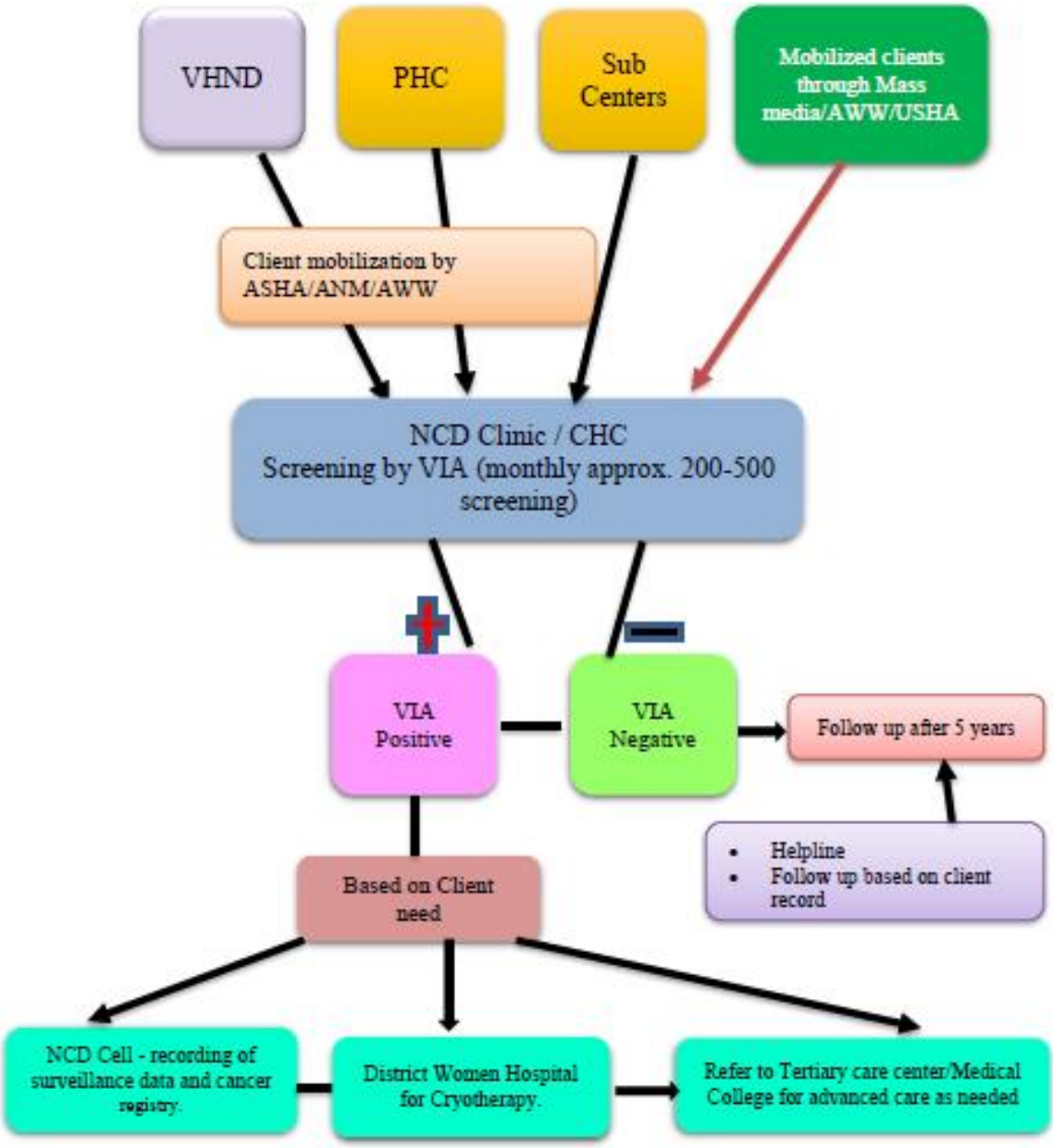
Year 2: In CHCs and FRUs. (By April 2015)

The programme is envisaged to be running full-fledged in all the selected districts in the third year with established district level training centres, trained staff in NCD clinics, district NCD cells and designated hospitals as well as systems for continuous monitoring and evaluation.

Technical Approach and Implementation Plan- Proposal aims to cater to 28 districts of U.P. based on low health indicators. In the selected districts, 28 District Women Hospitals (DWH) will be the infrastructure available for "***Screen and Treat"*** approach to cervical cancer prevention and control program***.*** In the first phase, i.e. June 2014 to March 2015, screening will be done at CHCs, NCD clinics and District Women Hospital (DWH) using VIA, while for treatment, VIA Positive women will be referred to DWH through referral card system. All the District Women Hospitals in the selected districts will be equipped with Cryotherapy facility by September 2014. ***NCD cell*** in every District will work as a nodal point for maintaining databases of women screened and referred from CHCs and NCD Clinics as well as of women screened and/or treated at District Women Hospital. District NCD Cell will have linkages with tertiary care centers and medical colleges for invasive cancer treatment and Cancer Registry. Programme Districts are follows:

1	Raebareli	**15**	Hardoi
2	Lalitpur	**16**	Kannauj
3	Jhansi	**17**	Allahabad
4	Kheri	**18**	Mirzapur
5	Etawah	**19**	Lucknow
6	Jalaun	**20**	Kanpur Nagar
7	Farrukhabad	**21**	Bareilly
8	Sultanpur	**22**	Agra
9	Firozabad	**23**	Aligarh
10	Sitapur	**24**	Meerut
11	Faizabad	**25**	Moradabad
12	Barabanki	**26**	Varanasi
13	Bahraich	**27**	Gorakhpur
14	Gonda	**28**	Ambedkar Nagar

Flow Chart for Screening:



In urban areas of these 28 districts, the screening of target population (age 30 years-60 Years women) shall be conducted either through opportunistic and/or camp approach at CHC and District hospitals.

Launch Plan:

<u>One Sensitization workshop at State level:</u> There will be 1-2 days of sensitization workshop at state level for Cervical cancer "See and Treat" in the First- Second week of July 2014 using World Population Day celebrations as an opportunity. The workshop will invite which District CMOs, CMSs of DWH, In-Charge of District NCD cell and the NCD clinics doctors from all the 28 selected districts to participate.(Budget in Annexure1)

Five regional workshops

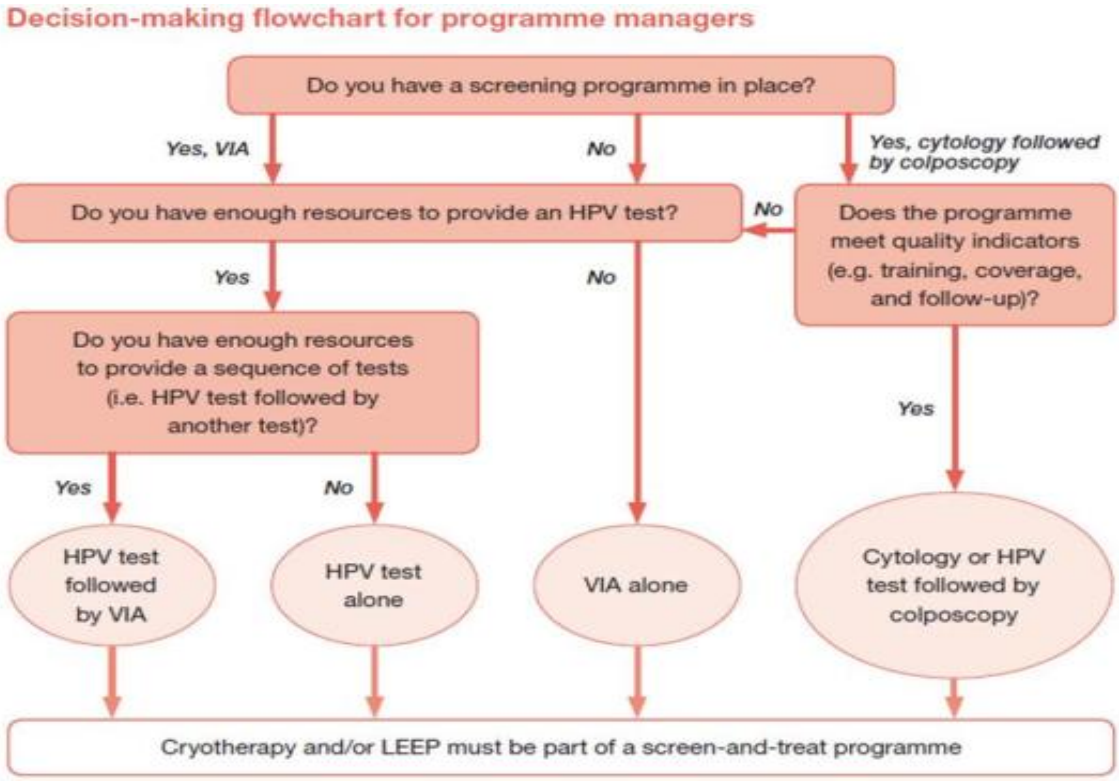
will be conducted to sensitize medical officers of DWH, CHC, PHC and particularly FRUs with 100 deliveries per month. Lucknow, Varanasi, Bareilly, Agra and Gorakhpur will be Hub centers for 5 regional workshops. (Budget in Annexure1)

Demand Generation and Community Mobilization:
To sensitize ANMs and their supervisors in these 28 districts, around 83 CHC level sensitization workshops of one day each will be conducted by Trained Doctors of the respective districts and TOT members. (Budget in Annexure1)

One Day Sensitization of ASHAs in monthly meetings of ASHAs at CHCs.(Budget in Annexure1)
Monthly Village Health and Nutrition Days and **Tehsil days** will be point of demand generation activities for ASHAs and ANMs apart from interpersonal communication (IPC) activities during their home visits.

For urban areas where women of socio economic classes C,D and E live, community mobilization will depend on AWW,USHA, Staff nurse of BMCs, staff nurses at D type Heath Posts and IPC support from Various NGOs working in the urban areas of district municipal limit.

Screening
Screening is to be done by VIA- Visual Inspection with Acetic Acid followed by Cryotherapy in VIA positive cases. The cases which are not eligible for cryotherapy can be treated with LEEP i.e. Loop Electrosurgical Excision Procedure. Cytology followed by Colposcopy / Cervical biopsy for screening is not a cost effective option for given low resource settings in developing countries. However definitive diagnosis can be made by doing further tests in VIA positive cases. But one shouldn't wait for the results and should straight way treat by cryotherapy to avoid loss to follow-up cases.



WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention, 2013

Roll out of screen and treat program in 28 districts:

- Sensitization workshop should be done in all 28 districts for CMO, CMS and MO I/Cs of the districts.
- Two good performing CHCs per district are to be selected in first phase
- All FRUs in each district having > 100 deliveries in a month to be selected in first phase
- All 28 District Women Hospital to be taken in first phase
- All the NCD clinics in the selected 28 districts
- All NCD clinics at District

Preparation for screening

- An estimate of the total number of women in the target age group of 30 to 59 years living in the coverage area can be obtained from the district census data or from the list of families available at the CHC.
- In rural areas, list of eligible women can be obtained from sub-centres with the help of ANMs.
- According to convenience of the CHC, two days in a week should be designated for Cervical Screening.
- The days for Screening should be prominently displayed through billboards near the CHC. The days should be announced at the monthly meetings of the PHC/CHC and also of the District Hospital so that the information is widely circulated.
- Essential supplies for screening like instruments, consumables, forms etc are to be arranged The protocol of disinfection and sterilization of different instruments should be followed meticulously.

Material required for VIA-

- Examination gloves (sterile or non sterile)
- Examination table
- Vaginal Speculum (preferably Cusco's or Sim's)
- Cotton swabs
- Big bowl for cotton swab
- Freshly prepared 5% acetic acid (requires glacial acetic acid and distilled water)
- Normal saline
- Focusing light (with halogen bulb preferred)/torch/flashlight
- Rubber/plastic sheets
- Two small jars for acetic acid & normal saline
- VIA forms
- Registers

Cryotherapy – is used to treat precancerous lesions- is effective and easier to implement that other treatment modalities. It can be done at out patient basis by trained personnel and require no anaesthesia. It is highly cost effective and only requires Cryotherapy machine and consistent supply of carbon dioxide gas. Single visit approach significantly reduces the cost of VIA and Cryotherapy.

Training:

Training would be competency based, both didactic and hands on (practical), and based in a clinical service delivery site. There would be an emphasis on anatomy, physiology, basic understanding of histology and the etiology of cervical cancer at a level that is suitable for the selected trainees and that is eminently practical. Extensive training in clinical skills, cervical assessments, and topics related to quality assurance is required.

TRAINING MATERIAL:

Training material/ skill based training curriculum are to be developed based upon the international/ WHO guidelines for training of trainers and service providers. Training materials would be developed by a designated technical agency. Some job-aids will be needed as a ready reckoners for the service providers.

Cervical cancer screening services can be provided both by medical and paramedical staff but in initial phase we suggest to train only doctors, both gynaecologists and medical officers.

Six Medical Colleges/ teaching Institutes of the states are to be developed as nodal centers for the training.- Meerut Medical College, Banaras Hindu University (BHU) Varanasi, KGMU Lucknow, Kanpur Medical College, Jhansi Medical College and Agra Medical College. The technical agency can facilitate the Training of Trainers at all these 5 centers. Out of 28 districts approximately 4 participants from 8 district Women hospitals can be trained in 2 batches at each medical college.

TOT of district trainers: 4 days

Training for MOs and Gynaecologists posted at CHC: 3 days

Budget for training: Annexure 1

Quality Assurance: Quality Assurance guidelines and material will be developed by technical agency. The objectives of QA visits are to assess the quality of care at the facility, to make recommendations for improving care and to develop action plan. Performance support coordinators (TA agency) will work to monitor and evaluate cervical cancer prevention services. Typically a trainer will conduct the initial support visits to help providers and supervisors and ultimately local supervisor may take on the responsibility. Performance support coordinator will assist the provider and supervisor to develop the action plan to improve quality of services and document the QA visit.

Programmatic Quality Assurance Indicators for Cervical Cancer Prevention Programs are set around 6 key areas:

- Overall services
- Counseling
- VIA testing
- Cryotherapy
- Document/ Record keeping
- Clinical decision making

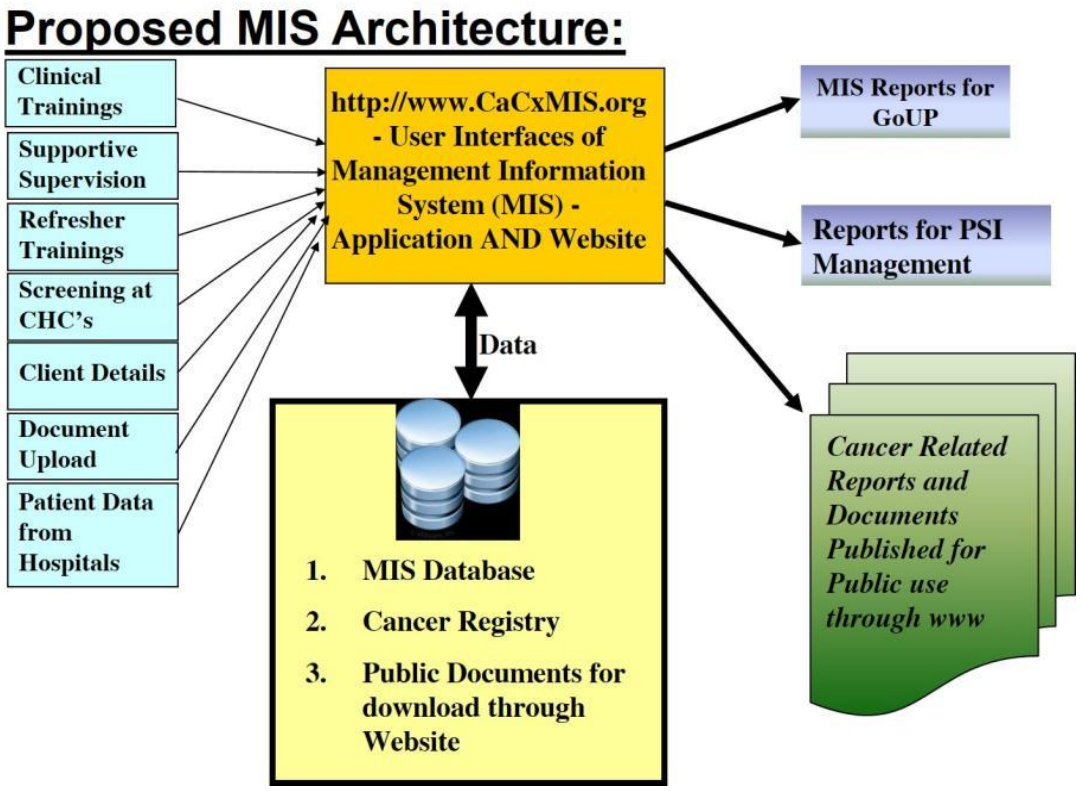
Two complementary aspects of provider performance can be assessed: by Client Provider Interaction and Client Assessment focusing on VIA and Cryotherapy. QA tools will be developed by TA organization for conducting QA assessments of the providers. Eg Co assessment, Image review exercise with Flash Cards and based upon the gaps identified action plan would be developed.

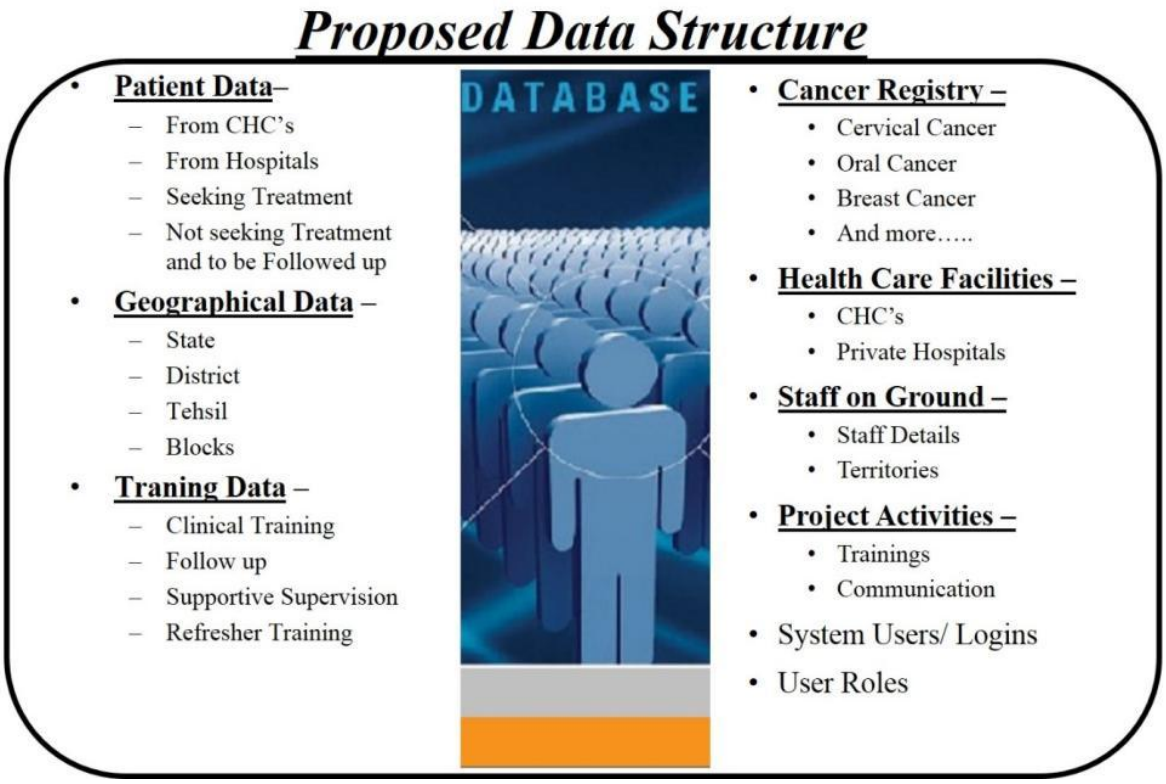
Frequency of QA visits: It should be done at least twice with every trained service providers.

BCC activities: (Budget in Annexure1)

- Five Hoardings at District level at Prominent Places. Total 140 Hoardings
- Sun Boards at District Hospital as well NCD cell and clinic with information on Screen and Treat for Cervical cancer
- Wall writing at CHC, and prominent places of blocks approx. 24 Sq feet each One wall. (Total 10 for each Block).
- Leave behind /brochures for ASHAs and ANMs to be used during home visit -1000 for each ASHA and AWW
- Mid Media Activities.
- One page show card on Cervical cancer
- Mass Media by FM broadcast covering 28 Districts.(Hub and Spoke coverage)
- Call center at District NCD Cell for follow ups
- Job aides for Provider-Pictorial Flash Card in OPD
- Development of FAQ on Cervical cancer for Medical Officers.
- Screening Checklist for Staff Nurse and Medical officers
- Reporting Formats :
- 2 pager Case Sheet or Case Record
- Referral Card/Client Card

Management Information System

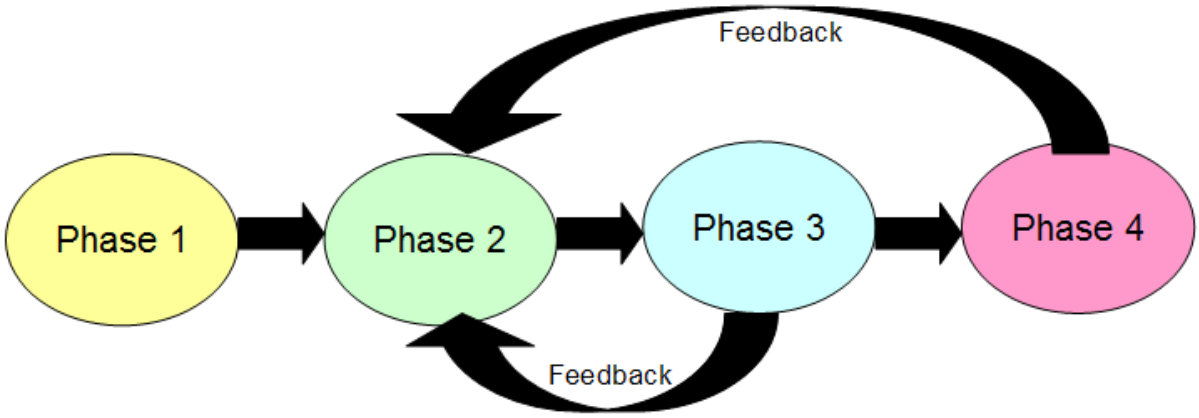




MIS DEVELOPMENT PROCESS - The Cervical cancer MIS project will be divided into following four phases:

- **Phase One:** Plan and Design the Data structure
- **Phase Two:** Design the Database and Build the MIS
- **Phase Three:** Test the MIS
- **Phase Four:** Deploy the MIS

Given below is the graphical representation for the process flow for designing & developing the Management Information System for Cervical Cancer project.



Phase One: Requirements Gathering and Design of Data Structure - The objective of phase one is to form a team of program and information technology staff. This team will identify the data to be used by the Cervical cancer project management and will establish the data flow in the MIS.

Phase one will be further divided into three components; project kickoff, data requirements gathering and data flow design. The outputs from each component will be used in phase two and throughout the MIS development process.

Outputs from Phase 1

1. The project overview document.
2. The data requirements document.
3. The data flow design document.

These three documents will define all of the data needs of the project. The outputs from this will become the primary input for the database administrator and software developer to start technology planning for creation of database and software development.

Phase Two: Design and Build the MIS

The outputs form phase one will be used to make important decisions during the second phase. These decisions concern what type of information solutions can be used to develop and implement the MIS. The following will also be considered while determining the information solutions to be used in the MIS project:

- Data collection points
- Application portability
- Reporting needs
- Data retention needs

Phase Three: Testing the MIS

The objective of this phase will be to effectively test the MIS and perform defect analysis. It's important that some level of testing is done to ensure major problems are not discovered after the MIS has been deployed. This phase is divided up into three sections;

- Functional testing
- Requirement testing

- Defect management

Phase Four: Deploy the MIS
This phase will have two stages;

- Rollout and training
- Monitoring and evaluation

No matter how successful the previous three phases have been, a poor deployment will result in an unsuccessful MIS. Deployment is often the first time that the wider community gains visibility of the MIS. The perceived success or failure of the deployment will form the first impression of the MIS for many potential users.

Rollout and Training
The following must be considered In order to decide how best to rollout the MIS :

- Number of MIS users.
- Number of locations.
- Rollout required in one go or in Phases
- Any potential risks associated with a rollout
- The areas where training is required.
- Number of trainers required
- Duration of training

Annexure 1- Estimated programme cost

SN	Activity Head	Unit Cost (Rs.)	Number	Year 1	Total
	Equipment				
1	CO2 Cylinder – purchase	8000	56	448000	448000
2	CO2 Cylinder – refill	1000	112	112000	112000
3	Cryo Machine	13000	28	364000	364000
	Consumables			0	0
1	Consumable Material Examination gloves (sterile or non sterile) Vaginal Speculum (preferably Cusco's or Sim's) Cotton swabs Big bowl for cotton swab Freshly prepared 5% acetic acid (requires glacial acetic acid and distilled water) Normal saline	5000	121	605000	605000
	Sub Total				**1529000**
	IEC/BCC				
1	Five Hoardings at District level at Prominent Places. Total 140 Hoardings	7000	140	980000	980000
2	Sun Boards at DH &l NCD cell and Clinic with Information on Screen and Treat for Ca Cx	1000	600	600000	600000
3	Wall writing at CHC, and Prominent places of Block approx. One walls 24 Sq feet each. Total 10 for Each Block	360	4660	1677600	1677600
4	Brochures for ASHA and ANMs to be used during Home Visit 1000 for each ASHA & AWW	2	600000	1200000	1200000
5	2 Mid Media Activities at 280 CHC blocks and 28 Dist place	1500	616	924000	924000
6	One Page Show card on Ca Cx	10	10125	101250	101250
7	Mass Media by FM broadcast Covering 28 Dist.(Hub and Spoke coverage) for 30 days	100000	15	1500000	1500000
8	Jobs aids for Provider-Pictorial Flash Card in OPD	300	420	126000	126000
9	Development of FAQ on Ca Cx for Medical Officers.	50	1400	70000	70000
10	Screening Checklist for Staff Nurse and Medical officers	10	7000	70000	70000
11	Referral card for Client	5	700000	3500000	3500000
12	CaseRecord	5	700000	3500000	3500000
	Sub-Total				**14248850**

Estimated cost for MIS development and maintenance-

SN	Description	Qty	Unit Price (₹)	Total Cost (₹)	Remarks
1	**Plan and Design the Data structure**	1	150,000	150,000	Time cost of System and Database design team
2	**Design the Database and Build the MIS**	2	150,000	300,000	
3	**Test the MIS**				
a.	Server Setup - (Hardware, Software and Connectivity) -Hosting the application and database with an ISP/ datacenter	9	50,000	450,000	Windows Hosting with SQL Database. Will be required after first cut is ready for testing
b.	Testing of application - MIS and Users	1	200,000	200,000	
4	**Deploy the MIS**				
a.	Setup of data entry points - Hardware and Connectivity	4	32,000	128,000	Desktop-30,000; UPS - 2,000
b.	Trainings	0		-	Travel and Logistics
4	**Recurring Costs for the first year:**				
a.	Internet at data entry points for 8 Months	4	8,000	32,000	Broadband connection @INR 1,000 per month
b.	Modification and Enhancements	16	10,000	160,000	Assuming average 2 modifications per month
c.	**For Cancer registry at RML, Institute of Medical Sciences, Lucknow**	1	600000	6,00,000	
Sub-Total-				**2020,000**	

Training

Sl	Activity Head	Total Budget (in Rs.)	Remarks
1	State Level Sensitization workshop	**17179500**	28CMS+28CMO and state team
2	Regional workshops in 5 dist with at least 25 participant from each Dist		
3	Sensitization workshop for CHC staff Nurse and ANM		
4	Sensitization for ASHA in ASHA monthly meeting at CHC		
5	TOT of Dist Trainers(4 days) at Six medical colleges		56(2 Person from Each DWH)-Trainer cost included @ 2500 for two trainers.TA @ 2000 per participants from other districts.
6	Training for MOs and Gynecologists posted at CHC and NCD clinics(3 days at dist level) by TOT trainers		20 batches for 3 days
7	Training for DFH staff Nurse and NCD clinic Staff nurse at Dist Level by TOT trainers		Trainer cost @ 2000 included (7 batches and two trainers)
8	Resource Material Development Cost		
9	Printing of Module		
10	Q A training to NCD Cell Doctor and DFH doctor(two Days) in three batches		Trainer @2000 for two trainers for 3 batches. TA @ 4000 for 2 Trainers for 3 batches.
11	One day Refresher Training for all DFW ,CHC doctor and Staff Nurse at District level		Trainer Cost @ 2000 per trainer for two trainers for 25 batches of one day
12	MIS Training		TA @ 2000 per trainer for 3 batches.

Thus, for the above purpose, an amount of Rs.350.00 Lakhs was proposed for the year 2015-16, with is approved by GOI with the remarks that "Screening of Ca-Cervix in 28 districts Approved. State to incorporate Breast and Oral Cancer Screen in the existing Cervical cancer screening"(FMR Code- B.18.2).

Community Action for Health

In the year 2014-15, Rs. 93.25 Lakhs was approved for state level activities such as visioning workshop, TOT of VHSNC Trainers, MoU signing and orientation of NGO staff and review meetings, orientation of Community Facilitators, Printing and IEC, Remuneration of staffs and office expenses, and supportive supervision. Based on the activities envisaged in state PIP, the following steps have been initiated by the state on the communitization component under the NHM during April 2014-January, 2015:

- The state Advisory Group on Community Action (AGCA) was constituted and the first meeting of the state AGCA was organized on June, 2014 in Lucknow. Principal Secretary-Health and Family Welfare chaired the meeting. It was decided that CAH component would be implemented across 18 High Priority Districts (HPD) through implementing partners at district and block levels. The programme is being implemented through three agencies (a) Uttar Pradesh Health Systems Strengthening Project-UPHSSP (supported by the World Bank); (b) Technical Support Unit (supported by BMGF) and (c) State Programme Management Unit-SPMU (supported by NHM).
- An orientation of the State Nodal Officers on Community Action for Health was held on August, 2014. Participants included the staff from the State Programme Management Unit (Community Process), SIFPSA and representatives of the Technical Support Unit.
- In order to explore the functioning of Rogi Kalyan Samitis (RKS) and Village Health, Sanitation and Nutrition Committees (VHSNCs) as well as the issues and challenges faced by these committees, a Rapid Review of RKS and VHSNCs was carried out in three districts - Pilibhit, Sant Kabir Nagar and Hardoi in October, 2014. The tools and terms of reference for the review team were prepared and shared with the state by AGCA Secretariat.
- The process of recruitment of staff at state level was completed in 2014 with support from National Health Systems Resource Center (NHSRC). New staff (training officers-2, Monitoring & Documentation officer-1, Account Officer-1) will join soon.
- An orientation of the State Nodal Officers on adaptation of Programme Manager Guidelines and User Manual on Community Action for Health was held on December, 2014. Participants included the staff from the State Programme Management Unit (Community Process), UPHSSP and representatives of the Technical Support Unit

Key programme implementation processes - The program implementation will be initiated in 18 HPDs. In each district, the programme would cover 2 blocks and Gram Panchayats/ VHSNC within them. The program would cover 2667 VHSNC in 36 blocks across the selected districts. The programme would be implemented in partnership with local implementing partners/ community based organizations/ academic institutions. Initially, the programme would focus on building the structure and process for implementation of Community Action for Health at state, district and block level. In addition, specific capacity building processes would be undertaken for strengthening of Planning and Monitoring Committees at the district and block level and VHSNC at the community level.

The state level activities approved in state PIP for FY 2014-15 will remain same and will be booked under committed expenditure for this year. No additional activity at state level is proposed and budgeted for FY 2015-16 except routine meetings, salary of staff and travel. The following routine activities are being proposed to be undertaken

Activities at State Level:

- Organize quarterly meetings of the State Advisory Group on Community Action (SAGCA) to guide the implementation of CBMP processes
- Train a pool of master trainers to facilitate training of VHSNC
- Organize program planning and review meetings with implementing organizations

Activities at district and block level;

- Orient district and block level officials on CBMP (one-day workshop)
- Constitute and orient Planning and Monitoring Committees at the district and block levels
- Organize regular quarterly meetings of the Planning and Monitoring Committees at the district and block levels
- Orient District Community Process Managers(DCPM) and Block Community Process Managers (BCPM and TSU staff based at District (District Community Specialist-DCS) and blocks (Block Community Specialist-BCS) and Community Resource Persons (CRP) on the CBMP processes
- A pool of 6 master trainers would be developed in each district. The master trainers would facilitate large scale training of VHSNCs (basic and refresher training)..

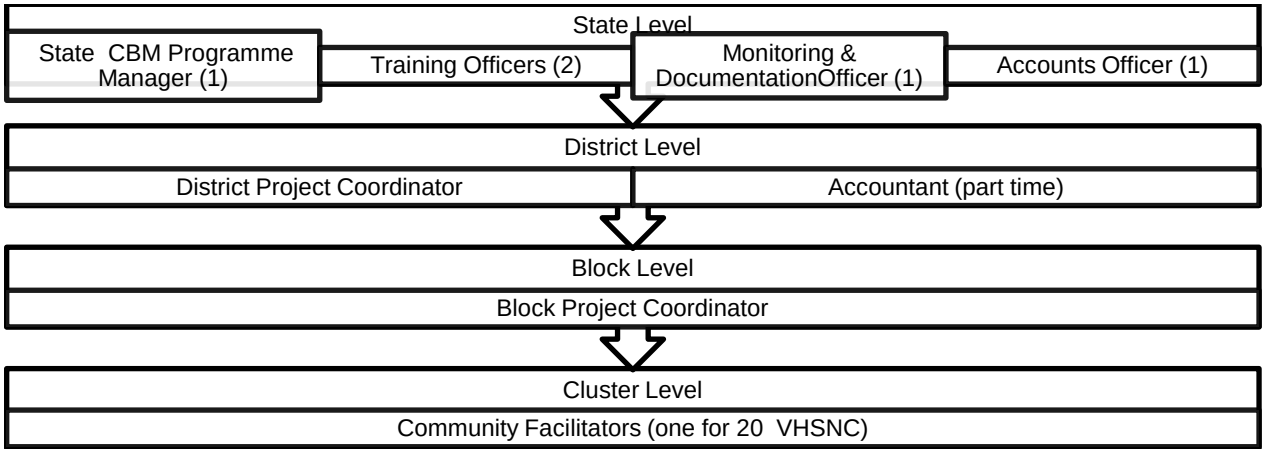
Activities at village and community level

- Re-organization/ expansion of the VHSNC, with adequate representation of PRI members, SHG leaders, especially members from excluded and minority groups (as per the revised National VHSNC Guidelines)
- Awareness generation on NHM entitlements through community meetings, wall writings, display of citizens charter etc
- Organize first round of orientation training for VHSNC members
- Handhold regular monthly meetings of the VHSNC, including introducing the community enquiry tools

Program Implementation Structure - The programme at the state level will be managed by a team of professionals based at the State Programme Management Unit (SPMU). With support from NHSRC, the SPMU has recruited a team of 4 professionals to manage the implementation of the programme. The team comprises of 2 Training Officers, 1 Monitoring & Documentation Officer and 1 Account Officer. The position of State Programme Manager is still vacant and will be filled in current financial year. The AGCA would provide continuous guidance and support to the team in operationalising the programme.

At the district and block level, local implementing partners/ community based organizations/ academic institutions would implement the programme. Terms of reference for implementing partners has been finalized and mapping exercise would be undertaken to identify organizations for implementing the program. The agencies will be selected through a due diligence process, which would include desk and field appraisals. At district level, the program will be managed by a District Coordinator hired by District Nodal agency (NGO). To manage the finances, cost of a part time Accountant will also be provided. At the block level, the implementation of activities will be managed by a Block Coordinator, along with a team of Community Facilitators, each covering around 20 VHSNCs.

The process of selection of implementing partners across 18 districts is in progress. The budget for implementing partners has been envisaged for 9 months, depending on the approval in PIP for FY 2015-16.



Support from AGCA- AGCA would provide technical support to the SPMU in the following areas;

- Orient and organize the initial State Advisory Group on Community Action meetings;
- Support in adaptation of a) guidelines, training modules for VHSNC b) Programme Manager guidelines, user's manual and training manual on Community Action for Health;
- Support in adaptation guidelines, criteria and processes for selection of implementing partners
- Co-facilitate state level trainings and orientation of implementing partners; and
- Periodic review and guidance for implementation of the programme

Details on programme scale (FY 2015-16)

Sl.	District	Block 1	No. of VHSNC	Block 2	No.of VHSNC
1	Badaun	Sahaswan	85	Jagat	62
2	Bahraich	Mahsi	65	Chittaura	72
3	Balrampur	Hariya satgharwa	91	Balrampur	98
4	Barabanki	Nindura	62	Banki	74
5	Barielly	Baheri	89	Kyara	42
6	Etah	Nidhauli Kalan	61	Sheetalpur	72
7	Faizabad	Sohawal	53	Masaudha	71
8	Gonda	Rupaideeh	89	Jhanjhari (Quazidewar)	75
9	Hardoi	Bharkhani	70	Ahirori	74
10	Kaushambi	Naweda	63	Kaushambi (Kaneli)	53
11	Kheri	Isanagar	70	Phool behar	60
12	Pilibhit	Puranpur	156	Amariyar	91
13	S K Nagar	Semariyawa	90	Belhar kakla	35
14	Shahjahanpur	Bhawalkhera	77	Dadraul	72
15	Shrawasti	Ikauna	69	Hariharpurani (Bhangha)	53
16	Siddharthnagar	Naugarh	70	Dumariaganj	116
17	Sitapur	Biswan	94	Behta	77
18	Sonbhadra	Chopan	51	Myorpur	65
Total			**1405**		**1262**
Grand Total					**2667**

Quarterly Activity Plan for 2015-16

Sl.	Key Processes / Activities	Quarter 1	Quarter 2	Quarter 3	Quarter4
1	Quarterly meetings of State AGCA				
2	Orientation of State & district officials				
3	Orientation of programme staff of implementing partners				
4	ToT of state level master trainers on VHSNC				
5	Orientation of Community Facilitators				
6	Formation and orientation of District and Block level Planning and Monitoring Committees				
7	Quarterly Meetings of District and Block level Planning and Monitoring Committees				
8	Community level processes Orientation of VHNSC members Community level awareness on NHM entitlements and regular meetings of VHSNCs Initiation of community enquiry				

FMR Code	Activity	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)	Remarks
B15.1	**Community Action for Health**			
B15.1.1	State level	8.08	8.08	
B15.1.2	District level	559.41	292.71	
B15.1.4.7	Remuneration of Staffs & Office Expenses	30.60		Not Approved
B15.1.4.9	Management Cost (District & Block level)	274.97		Not Approved
	Sub Total	**873.06**	**300.79**	

For the above purpose, an amount of Rs.873.06 Lakhs was proposed, out of which GOI approved Rs.300.79 Lakhs only (FMR Code-B.15.1 and its sub heads)

Quality Assurance

The successful implementation of NRHM in the state has led to a significant increase in OPD, IPD and other relevant services being delivered through our public health facilities. Such a magnitude of increase in service utilization resulting from enhanced expectations of our clients warrants huge effort to sustain the trust and confidence in public health system by continually improving & maintaining quality standards both from service providers and client's perspective as well.

The goal of NRHM at launch was "To improve the availability of and access to quality health care for people, especially for those residing in rural areas, the poor, women and children". The quality assurance program is meant to supplement the rapid increase expansion of infrastructure, skilled human resources and increased budgetary allocation keeping local needs in planning and implementation by maintaining the quality of care in an effective manner.

On 25 Nov. 2013 Government of India has released new framework and 'Operational Guidelines for Quality Assurance in Public Health Facilities' and two volumes of a manual on 'Internal Assessment procedures, checklist & score cards for District Hospital'. Now Quality Assurance is now a full fledge 'Quality Assurance Programme' (QAP).

The state proposes to adopt the programme as per GoI Guidelines keeping state specific needs in mind. State seeks financial support under NRHM to roll out the programme throughout the state under the FMR **Code B15.2**. of RMNCH+A Flexi-pool Budget.The State of Uttar Pradesh intends to implement the quality assurance programme for improvement in the health care delivery system by identifying the gaps in service delivery and tracing its roots and linking them to organizational process. As part of the implementation process the state needs to strengthen its internal mechanism of quality assurance so as to take effective actions for traversing the gaps, periodic assessment and improving the quality of care being provided to the clients.

The State Quality Assurance Programme aims at achieving NRHM's goal of increasing access to Quality Services at Public Sector Health Facilities through this intervention by making the services patient centred, equitable, accessible, effective, safe and efficient.

Objective:

- Increase in client satisfaction.
- Increase in utilization of services.
- Increase in participation of all stakeholders at facility level through development of Quality Teams.
- Improvement in performance by orienting facility staff on Quality Management System.
- Increase in access to quality services.

Readiness of the state:

The State of Uttar Pradesh has been proactive in rolling out this programme in the state FY 2013-14 in coordination with the team of Quality Assurance of NHSRC, New Delhi, the technical support unit of NRHM, at GoI level.

Following are the set of activities which shows the readiness of the state to adopt and to effectively roll out the QAP in Uttar Pradesh.

1. Setting up organizational framework.	✓ The Separate M & E Division for QA has been set up with one General Manager- M & E, 2 Consultants, 1 Data entry operator and 2 Support staff.
	✓ State Quality Assurance unit
	✓ State, 18 Divisional & 75 District Quality Assurance units are formed & functional
	✓ State QA cell at SPMU.
2. Trainings/ Workshops at State level.	✓ During 27-28 Jan 2014, 18 Divisional level teams (3 members/ team) of assessors, 22 District level teams (3 members/ team) have been oriented in QA & Internal Assessment in coordination with NHSRC at State level workshop. 24 more teams of DQAC members have been

	oriented in workshop held during 28-29 April 2014. ✓ Service providers- In charge of 116 facilities and 18 CMS of DWH specifically selected for IPHS certification during 2013-14 have been oriented to QA. ✓ With these two trainings all the CMS of 57 DWH and 18 Divisional QAC members (Total 54) and 60 District QAC members have been oriented to QA programme.
3. Empanelment of Assessors	✓ The State is in the processes of empanelling 40 assessors out of above trained resource persons who are now engaged in the activity of internal assessment of specifically selected facilities.
4. Adaptation of Standards & Measurement System as per state needs	✓ One day review meeting of SQAWG for Adaptation of Standards & Measurement System has been conducted in April 2014.
5. Facility level Quality Improvement KPI, Internal Assessment, Patient satisfaction, MDA, calibration etc.	✓ Reporting of 30 KPI indicators under QA programme- The Govt order to this effect has been signed by the Principal Secretary- Health, GoUP, and has been released to the districts.
	✓ The process of internal assessment as per QA Operational guidelines has been initiated and out of 18 Districts selected in 2013-14, selected facilities of 15 Districts have been covered so far and remaining 3 Districts are being covered in the first round of Internal assessment.
	✓ Patient satisfaction survey is planned to be carried out through an agency in 134 facilities as part of 2nd round of internal assessment by IA team.
	✓ Second round of IA has been initiated in April 2014.
	✓ MDA activity has been initiated and is being monitored by maternal health division of SPMU.
	✓ The state PIP 2014-15 proposes the budgetary provision for Pollution Control Board Certificate for BMW, bringing Calibration system in place at FRU level, biochemical and haematological lab test verification, fire safety, AERB regulation etc.
6. Implementation of Quality Assurance Mechanism	✓ Quality Assurance Mechanism have been implemented in 134 facilities(All delivery points- 32 DWH, 34 FRU-CHC, 34 24X7 Non FRU-CHC, 34 Accredited Sub Centres) with following steps- 1. GAP identification using facility quality improvement checklist done by April 2013. 2. Based on GAP closure reports of the Districts 134 facilities including 18 Divisional HQ level DWH have been selected for focussed activities under QAP. 3. The above facility I/C, 18 Divisional QACs and 60 DQAC (3 members of each QAC) have been trained in QAP and oriented to IA procedure. 4. District Quality Team at 32 DWH have been formed and is in process of being functional. 5. A total of 150 facilities have been selected for the programme in 2014-15, based on delivery load.
7. Separate folder for Quality Assurance on UP NRHM www.upnrhm.gov.in	✓ A separate folder dedicated for Quality Assurance has been developed inside the website of UP NRHM with relevant contents pertaining to QA Programme.

Following are the set of activities envisaged under this program-

- Reconstitution and of operationalization of Quality Assurance Committees at state, division and district level which including merger of various existing QA cells including Family Planning in new proposed structure and formation of a functional (Quality Assurance Units) having full time personal for executing QA program.
- Adaptation of standards, checklist and scoring system for Public Health Facilities.
- Creation of pool of internal and external assessors among government officials within the state.
- Periodic assessment and scoring of all public health facilities with initial focus on delivery points.
- Quality Certification of facilities

GoI is also providing financial support under NRHM to roll out this program in the states. You may request financial support for following activities under Quality Assurance **(FMR Code B15.2)** of RMNCH+ A Flexipool Budget.

Operationalization of Quality Assurance Units – New Quality Assurance frameworks envisages Quality Assurance Units at State and District Level which will be the functional arm of the Quality Committees. Being a state with 75 districts, we propose to have additional Quality Assurance Units at Division level also. These units would need full time personals working only for rolling out and sustaining Quality Assurance Program. For this Purpose three consultants and one administrative staff are required at SQAU (State Quality Assurance Unit) and all the Divisional QAU and DQAUs (District Quality Assurance Unit). State proposes to recruit the personals for the required posts after the model code of conduct is over. These activities are being proposed as per the operational guidelines for quality assurance under **FMR Code B15.2.1 and B15.2.2:-**

Quality Assurance Committees at State level (FMR Code B15.2.1)			
Human Resource	**Salary/Month**	**No.**	**Total (Rs. In Lakhs)**
QA Consultant	50,000.00	1	3.00
QA Consultant-Public Health	50,000.00	1	3.00
Consultant - Monitoring	40,000.00	1	2.40
Programme cum Admin. Assistant	15,000.00	1	0.90
Total amount under FMR Code B15.2.1			**9.30**

Quality Assurance Committees at Division and District level (FMR Code B15.2.2)			
Human Resource	**Salary/Month**	**No.**	**Total (Rs. In Lakhs)**
Divisional Level HR			
QA Consultant	50,000.00	18	54.00
QA Consultant-Public Health	50,000.00	18	54.00
Programme cum Admin. Assistant	15,000.00	18	16.20
District Level HR			
QA Consultant	50,000.00	75	225.00
Programme cum Admin. Assistant	15,000.00	75	67.50
Total Salary Division and District (A)			**416.70**
District Quality Team at District Hospital			
Quality Manager	35,000.00	75	157.50
Total for District Quality Team at DH (B)			**157.50**
Total Cost (A+B) under FMR Code B15.2.2			**574.20**

For the above purpose, for state level activities, an amount of Rs.9.30 Lakhs was proposed, which is approved by GOI(FMR Code-B.15.2.1) and for divisional and district level activities, an amount of Rs.574.20 Lakhs was proposed, out of which GOI approved Rs.501.66 Lakhs (FMR Code-B.15.2.2)

Monitoring and Evaluation (HMIS/MCTS)

FMR Code and Activity Name	Proposed Activities	Amount Approved (Rs. In Lakhs)
B15.3.1 -HMIS		
B15.3.1.1 - Statistical Assistant/ Data Analyst / MIS Officer / M&E Assistant at Block level	A proposal for honoraria an amount of Rs 57.55 Lakhs for State HMIS/MCTS personnel booked under this head. **Annexure – I** A proposal for honoraria an amount of Rs 275.40Lakhs for 135 DEOs for HMIS/MCTS at State (60) and District level (75) personnel booked under FMR code A.10.2.6	The proposed HR is approved under A.10 275.40
B15.3.1.2 - Data Entry Operators at Block level	As per the approved number in FY 2014-15, the services of 820 of MCTS/HMIS data entry operators at block level shall be required in 75 District, For the FY 2015-16 honorarium has been fixed as **Rs 12,700.00 per operator/ month** (Rs 11550 + 10% growth over last year salary due to contractual post i.e. Rs 12,705.00)	1193.35
B15.3.1.4 - Training cum review meeting for HMIS & MCTS		
B15.3.1.4.1 - Training cum review meeting for HMIS & MCTS at State level	An amount of Rs 106.10 Lakhs is being proposed for FY 2015-16 for Training cum review meeting for HMIS & MCTS at State and District. The Total approved budget shall be released to SIFPSA on receipt from GoI. **Annexure II**	106.10
B15.3.1.4.2 - Training cum review meeting for HMIS & MCTS at District level		
B15.3.1.4.3 - Training cum review meeting for HMIS & MCTS at Block level		
B15.3.1.5 - Mobility Support for HMIS & MCTS		
B15.3.1.5.1 - Mobility Support for HMIS & MCTS at State level	A lump sum amount of Rs 4.50 Lakhs has been proposed for District level Training cum review meeting for HMIS & MCTS for SPMU officials for the FY 2015-16 as per SPMU-NHM TA/DA rules.	3.00
B15.3.1.5.2 - Mobility Support for HMIS & MCTS at District level	To strengthen and improve the data quality an amount of Rs 300/person/month as Local conveyance /telephone usage/ net usage in emergency has been proposed for 820 Block level MCTS operator subject to approval from competent authority. Thus, an amount of Rs 29.52 Lakhs is being proposed for 820 blocks units @ Rs 3,600/block for the FY 2015-16.	29.52
B15.3.1.6 - Printing of HMIS Formats	An amount of Rs 20 per month (Rs 2 per page for 10 page format) has been proposed for HMIS Formats. Thus, an amount of Rs 59.65 Lakhs is being proposed for the FY 2015-16 for 24,856 health facilities including Medical College/DH/Urban Health Post/CHC/ APHC /PHC/BPHC/SC.	58.00
B15.3.1.7 - Other		
B15.3.1.7.1 - Internet Connectivity through LAN / data card -Old HMIS Computer	Internet Connectivity through Broadband / data card at 18 Divisional and 75 District Programme Management units. For this purpose an amount of Rs 8.37 Lakhs is being proposed for the FY 2015-16 for 93 computer systems @ Rs 750/months.	Not approved here. Internet connectivity for HMIS / MCTS has been considered under

FMR Code and Activity Name	Proposed Activities	Amount Approved (Rs. In Lakhs)
		budget head B15.3.2.7 (Internet Connectivity through LAN / data card).
B15.3.1.7.2 - HMIS Operational Cost for SPMU.	An amount of Rs. 79.64 Lakhs is being proposed for the FY 2015-16. **Annexure – III& III A.**	26.50
B15.3.2-MCTS		
B15.3.2.1 - Printing of RCH Registers	An amount of Rs 250 per register, for 2 register per revenue villages has been proposed for 96,114 revenue villages in FY 2015-16. As per District Authorities, average population of revenue village is approx. 2,000-3,000, Hence, an additional proposal submitted in PIP 2015-16, for which an amount of Rs 480.57 Lakh is being proposed for the FY 2015-16.	376.50
B15.3.2.2 - Printing of MCTS follow-up formats/ services due list/ work plan	Consumables for 820 New Block level MCTS computers an amount of Rs 2,000/system. Thus, an amount of Rs 196.80 Lakh is being proposed for the FY 2015-16.	51.82
B15.3.2.4 - Procurement of Laptop	An amount of Rs. 37.50 Lakhs is being budgeted for procurement of Laptop for 75 District Programme Management Unit @ Rs 50,000/laptop.	-
B15.3.2.5 - AMC of Computer /Printer/ UPS	For Annual Maintenance Contract of Computer/UPS and Printer which were procured earlier for 820 Block level MCTS operators and 951 computers. In the FY 2014-15, an amount of Rs 70.84 Lakhs @ Rs. 4,000 /per computer was sanctioned. Thus, an amount of Rs 88.55 Lakhs is being proposed for the FY 2015-16 for 1,771 computer systems @ Rs 5000/year.	70.84
B15.3.2.7 - Internet Connectivity through LAN / data card	Broadband connection at 128 District Hospitals and 823 Blocks (including 03 Add. Blocks of Lucknow), for this purpose an amount of Rs 171.18 Lakhs is being proposed for the FY 2015-16 for 951 HMIS/MCTS computers @ Rs 1,500/months.	121.80
B15.3.2.10 - Call Centre (Capex)	As per the approval of 2012-13, an existing state NRHM helpline proposed to be upgraded to **Automated 24X7 helpline integrated with Hello Doctor Scheme**, which started working from 10 Feb, 2014. A lumpsum amount of Rs 2.00 Lakhs is being proposed for the FY 2015-16, so as to meet out the necessary establishment/ maintenance/renovations etc , if required. **Annexure – IV**	2.00
B15.3.2.11 -Call Centre (Opex)	An amount of Rs 78.33 Lakhs is being proposed for the FY 2015-16, so as to meet the helpline recurring expenditure such as Voice Logger user license fee, addl. seats during peak load and AMC charges for hardware & Operational expenses for M/s BSNL, electricity / telephone bills and Honorarium for MBBS Doctors. **Annexure – IV**	53.71
B15.3.2.12 - Other office expenditure	For Office maintenance of Block units an amount of @ Rs 2,000/ months for 823 Block level computers (HMIS and MCTS) and 128 District Hospitals	163.50

FMR Code and Activity Name	Proposed Activities	Amount Approved (Rs. In Lakhs)
	computers is being proposed. Thus, an amount of Rs 228.24 Lakh is being proposed for the FY 2015-16 for effective monitoring and evaluation of HMIS/MCTS programme.	
B15.3.2.13 - Mobile reimbursement (CUG SIM)	An amount of Rs. 35.00 Lakhs is being budgeted for the existing network of 1250 connections of BSNL for the FY 2015-16 as well as New mobile Handsets / Sims for newly recruited staff, if required.	Shifted to FMR Code - A10.1.11.4
B15.3.2.14 - Other		
B15.3.2.14.2 - Incentive to ANMs for updation of real time services in MCTS/RCH database through USSD	An amount of Rs. 1118.48 Lakhs is being proposed for Incentive to ANMs for updation of real time services in MCTS/RCH database through USSD. **Annexure – V**	980.06
B15.3.4 - Hospital Management System		
B15.3.4.1 - Health Data Management and Reporting in Gorakhpur	An amount of Rs 236.38 Lakhs is being proposed in the FY 2015-16 for Health Data Management and Reporting in District Gorakhpur. **Annexure - VI**	236.38
B15.3.5 - Other e-Governance initiatives		
B15.3.5.1 - Talktime based Mobile connections for ASHAs, ANMs and MO I/Cs	An amount of Rs 1983.14 Lakhs is being proposed in the FY 2015-16 for continuing the talktime based mobile connections for MO I/C , ANMs and ASHAs for FY 2016-17. **Annexure – VII**	1,965.90
B15.3.5.2 -PFMS Help desk and Tally implementation at State/district/block level	An amount of Rs 37.77 Lakhs is being proposed in the FY 2015-16 for PFMS Help desk and Tally implementation at State/district/block level. **Annexure - VIII.**	15.31
B15.3.5.3 -AMC/ up-gradation charges for Information kiosks	An amount of Rs 24.55 Lakhs proposed for the FY 2015-16 for AMC & upgradation charges located at 20 location in 18 districts of UP. **Annexure – IX**	Funds may be utilized from RKS
Sub Total	**6,313.50**	**5,454.29**

Annexure - I

FMR Code B.15.3.1.1. – Monitoring and Evaluation - HR (HMIS and MCTS – State / District Level) for FY 2015-16

Sl.	Activity name	FMR Code		Total amount sanctioned by GOI in FY 2014-15				Amount proposed FOR FY 2015-16					Justifications
			Amount proposed in PIP 2014-15 (in Lakhs)	ROP 2014-15	1st ROP	2nd ROP	Total (ROP)	Unit of Measure	Qty	Month	Total Cost (Rs)	Total Cost (Rs. Lakhs)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	MIS Consultant/Manager/ Co-ordinators	B.15.3.1.2.a	18.00	15.84	-	-	15.84	48,400	3	12	1742400	17.42	Rs 48,400/month for 03 consultant for 12 months like other SPMU consultant proposed for FY 2015-16.(10% growth over last year salary due to contractual post)
2	Programme Coordinators	B.15.3.1.2.b	4.20	3.96	-	-	3.96	35,300	1	12	435600	4.36	Rs 36,300/month for 01 Programme Coordinators for 12 months(10% growth over last year salary due to contractual post)
3	Statistical Assistant/Data analyst	B.15.3.1.3	10.80	7.92	-	-	7.92	24,200	3	12	871200	8.71	Rs 24,200/month for 03 Data Analyst for 12 months(10% growth over last year salary due to contractual post)
4	General Manager (MIS /MCTS)	B.15.3.1.6.1.a	16.50	15.00	-	-	15.00	137500	1	12	1650000	16.5	Rs 1,37,500/month for General Manager (MIS/MCTS) for 12 months (10% growth over last year salary due to contractual post)
5	Deputy General Manager (MIS /MCTS)	B.15.3.1.6.1.b	10.56	9.60	-	-	9.60	88000	1	12	1056000	10.56	Rs 88,000/month for Deputy General Manager (MIS/MCTS) for 12 months (10% growth over last year salary due to contractual post)
	GRAND TOTAL		**581.16**	**239.43**	**187.11**	**-**	**426.54**		**9**		**5755200**	**57.55**	

Annexure – I.A													
Sl.	**Activity name**	**FMR Code**	**Total amount sanctioned by GOI in FY 2014-15**					**Amount proposed FOR FY 2015-16**					**Justifications**
			Amount proposed in PIP 2014-15(in Lakhs)	**ROP 2014-15**	**1st ROP**	**2nd ROP**	**Total (ROP)**	**Unit of Measure**	**Qty**	**Month**	**Total Cost (Rs)**	**Total Cost (Rs. Lakhs)**	
5	Data Entry Operators	B.15.3.1.5	251.10	Not mentioned in ROP	187.11 Shifted to A.10.2.6	-	187.11	17,000	135	12	27540000	275.40	**Continued from prev. year** Since last 5 years, 135 posts of DEOs at SPMU-NHM (60 in State + 75 in Districts) are placed as per the agreement with M/s NIELIT(A govt of India Undertaking) , Lucknow. In FY 2015-16, an amount of Rs 17,000.00 is proposed against the proposal of Rs 16,771.00 per operator per month received from M/s NIELIT,Lucknow vide letter no. 4487 dt 20.02.2015.

Annexure – II

HMIS and MCTS Training cum Review

SIFPSA is conducting HMIS/MCTS Training cum review at State, Division and District level. In the year 2014-15 state got approval for 2 state level, 2 District level and 12 Block level training cum review to be conducted through SIFPSA. Due to the late transfer of fund, SIFPSA will be able to complete One state level review, One district Level review at divisional HQ and One block level review at district HQ in FY 2014-15. Funds for rest of approved activities i.e. one State level, one district level and 11 block level training cum reviews will be committed for year 2015-16. SIFPSA will conduct all the training cum reviews with NHM TSU and GOI team.

In addition to committed activities as mentioned above following additional trainings are being proposed in FY 2015-16, **with 10% management cost** for SIFPSA from the approved budget. The training cost shall be released to SIFPSA on receipt from GoI and SIFPSA will further release the funds to its 18 divisional units which will ensure that the regular reviews and trainings takes place in district/block level as per the PIP mandate.

Level and FMR Code	Frequency of Review/ Training per year	Number of Participants per batch	No. of Days of Trg.	Rate per participant per day (Rs.)	Total Amount for Year-1 (Rs.)	FY 2015-16 (Rs.)
State B 15.3.1.4.1	1 (Half yearly)	10- State Level 5- per district (75 districts)	3	500/-	[{10+(75x5)}x500x3]x1 =5,77,500	5,77,500
District B 15.3.1.4.2	3 (Quarterly)	5- per district 2- per block (820 Blocks)	3	500/-	[{(75x5)+(820 x2)}x500x3]x3 =90,67,500	90,67,500
10% Addl. Management cost for SIFPSA (i.e. 10% of Rs. 5.77 Lakhs + 10% of Rs. 90.68 Lakhs)						9,64,500
Total						**1,06,09,500**

Thus, In FY 2015-16, an amount of Rs 106.10 Lakhs was proposed under the budget head FMR code B15.3.1.4.1 & 2, which is approved by GOI.

Annexure – III

HMIS Operational Cost (excluding HR & Trainings)

An amount of Rs. 61.00 Lakhs is being proposed for the FY 2015-16 as per the details given below in FMR Code B15.3.1.7.2-

Head	Amount (in Lakhs)	Remarks	Justifications
1. Internet connectivity for 2 buildings of SPMU NRHM	20.00	For 04 new 4 mbps Leased line connection for 100+ desktops of SPMU officials/ employees.	to be continued from previous year.
2. Dedicated Broadband Internet connection for 20 cells of SPMU including (MD/AMD)	6.00	An amount of Rs 2,500/ connection/ month is required for the same.	to be continued from previous year.
3. Procurement of Desktop / Laptop/ Printer/UPS etc	30.00	To be procured for SPMU NHM as per the requirement placed from various cells.	to be continued from previous year.
4. AMC/ Repair charges for hardware	3.00	For old desktop, Laptops, printers and online/ offline UPS.	to be continued from previous year.

5. Website AMC / Maintenance/ Up-gradation etc.	2.00	Under this head an amount of Rs 50,000 for AMC payment of State official website www.upnrhm.gov.in and Rs 1,50,000 for Up-gradation/ new websites as per state requirement etc.	to be continued from previous year.
6. Geographic Information System (GIS)	18.64	For GIS mapping (Latitude and Longitude) of 24,856 health facilities (as per administrative structure) @Rs 75/facilities	New Activity (Annexure – III A)
Total	**79.64**		

Annexure - IIIA

Geographic Information System (GIS) Mapping

A G**eographic 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.

At ministry level a GIS is developing for representing the data of HMIS on portal. For this purpose an entry of Longitude and Latitude need to be enter by external agency into HMIS facility master for each and every facility. GIS mapping of all health facilities of UP is to be completed on HMIS portal, it was recommended by GOI on 1st Dec, 2014 in HMIS review meeting. The details of facilities as per HMIS facility master is placed below:

Facility Type	Physical (A)	Notional(B)	Total Active Facility (A+B)
SC	20017	719	20736
PHC	2076	71	2147
CHC	559	85	644
SDH	6	6	0
DH	153	157	4
Total	**22811**	**1038**	**23531**

The details of facility is placed below:

Sl.	Name of Health facilities	Numbers
1	District Hospital	165
2	Sub District Hospital	10
3	Community Health Centres	966
4	Primary Health Centres	2,696
5	Sub-centres	**20521**
6	Medical Colleges	**20**
7	Urban Health Posts-NUHM	**478**
	Total	**24,856**

The HMIS team is in progress for adding the remaining facilities like private facilities, urban facilities etc. in facility master for matching the number of facilities in HMIS facility master and number of facilities as per the administrative structure.

Thus, for GIS mapping (Latitude and Longitude) of 24,856 health facilities (as per administrative structure) @Rs 75/facilities, an amount of Rs 18.64 Lakhs was proposed which was not approved by GOI with the remarks that no detailed breakup/ methodology was provided by the state.

Annexure - IV

Call centre (24X7 helpline integrated with Hello Doctors)

As per the approval of 2012-13 an existing state NRHM helpline is proposed to be upgraded to Automated 24X7 helpline integrated with Hello Doctor Scheme, which starts working from 10 Feb, 2014 with CRM based software. 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 28 Feb 2015 is given below.

24x7 HELPLINE Call Details (10 Feb 2014- 28 Feb 2015)

Sl.	Month	Total Incoming Calls on Helpline (Col 4+6)	Total Answered	Total Answered %	Abondoned	Abondoned %	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%**	2280	105	105	**100%**
2	**Mar-14**	16964	13759	**81%**	3205	**19%**	13593	166	160	**96%**
3	**Apr-14**	21556	17807	**83%**	3749	**17%**	17651	156	141	**90%**
4	**May-14**	26330	22530	**86%**	3800	**14%**	22290	240	228	**95%**
5	**Jun-14**	13855	13004	**94%**	851	**6%**	12731	273	247	**90%**
6	**Jul-14**	9281	9192	**99%**	89	**1%**	8935	257	228	**89%**
7	**Aug-14**	8186	8078	**99%**	108	**1%**	7792	286	262	**92%**
8	**Sep-14**	7830	7754	**99%**	76	**1%**	7506	248	219	**88%**
9	**Oct-14**	7593	7490	**99%**	103	**1%**	7228	262	228	**87%**
10	**Nov-14**	12130	11761	**97%**	369	**3%**	11469	292	246	**84%**
10	**Dec-14**	10528	10246	**97%**	282	**3%**	10012	234	190	**81%**
11	**Jan-15**	15178	14706	**97%**	472	**3%**	13395	249	185	**74%**
12	**Feb-15**	18610	18031	**97%**	579	**3%**	16075	328	193	**59%**
Grand Total		**170686**	**156743**	**92%**	**13943**	**8%**	**150957**	**3096**	**2632**	**85%**

It is to be pointed out, that an amount of Rs 55.20 Lakhs was approved in the FY 2014-15 under **FMR code B15.3.2.10 & 11 Call centre (24X7 helpline integrated with Hello Doctors)** in second SPIP 2014-15 dated 03 March 2015.

For 24X7 helpline integrated with Hello Doctors scheme working in SPMU NHM, an amount of Rs 65.00 Lakhs for equipment/ maintenance/ repair/ renovations and operational expenses is being proposed for the FY 2015-16 as under –

SL	Head	Amount (Rs. in Lakhs)	Remarks
1	**B.15.3.2.10 Call Centre (Capex)**	**2.00**	Rs 2.00 Lakhs for Office / electrical equipments/ furniture/ office maintenance etc.
2	**B15.3.2.11 Call Centre (Opex)**	**78.33**	**Total of subhead 2a+2b+2c+2d.**
2a	• For 2nd year Annual charges for Voice Logger user license fee for 4 user (1 Supervisor + 3 Call centre operators) @ Rs 1.0 Lakhs per user	4.00	As per the Agreement clause mentioned in Annexure- I (Attached) - Note 3 and 4, M/s BSNL demanded an amount of Rs 5,71,864.00 for 2nd operating charges including 12.36% service tax.
	• AMC of hardware @ 10% of Total	1.09	

SL	Head	Amount (Rs. in Lakhs)	Remarks
	Hardware cost i.e. 10,89,568.00		
	Service Tax @ 14%	0.72	As per revised service tax in FY 2015-16.
	One time capital cost on establishment of 2 new seats in existing IVRS based Toll free call centre	4.47	At present, approx 3-5% call drops during peak hours i.e. 08:00 – 14:00 pm, hence 2 more seats needs to be introduced in FY 2015-16 for inbound/outbound calls as well for MCTS verifications, For which BSNL demanded an addl. amount of Rs 4.47 Lakhs as Capex and Rs 5.05 Lakhs
	Online software maintenance and call centre operational / management & running cost on turnkey basis per seat per shift charges @ 18,356/- per seat	5.05	
	Sub Total	**15.33**	
2b	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 2015-16.
2c	For 24X7 helpline integrated with Hello Doctors scheme operational expenses.	**12.00**	Rs 12.00 Lakhs For electricity / telephone bills etc
2d	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.

Therefore, a proposal of Rs 80.33 Lakhs was submitted to GOI, out of which GOI approved Rs.55.70 Lakhs (FMR Code- B.15.3.2.10 & 11)

Annexure - V

Incentive to ANMs for updation of real time services in MCTS/RCH database through USSD

The introduction of “Mother Child Tracking System” (MCTS) in UP to improve monitoring and accountability of MNH services for each and every pregnant woman and child by the Rural Health Mission (NHM) presents an opportunity to provide due services to every mother and child. MCTS is primarily a management tool to improve key MNH indicators by tracking the health service delivery at the individual level and providing the Auxiliary Nurse Midwives (ANM) individualized work-plans (list of services received/ missed/ due), data from MCTS could be also be aggregated and used to monitor performance.

In UP state ANMs and ASHAs have been provided BSNL sim with mobile handset to improve the communication system and BCC activitiy and all the numbers are updated on MCTS portal and 58% of ANMs numbers are validated by the state, 42% mobile numbers of ANMs PO issued by GOI for using USSD services. Now state is moving to accelerate the process of streamlining common master, printing and implementation of RCH registers, porting MCTS application to RCH application. Regarding the progress of implementation of Maternal Child tracking System, state has registered only 56% PW and 47% children are registered on portal and updation of subsequent services is almost 1%. One of the major problems in MCTS almost ½ of the SC data was not entered on timely and regular basis. This will lead the huge backlog for MCTS data entry. Updation of subsequent services registered pregnant women and child is also very poor.

As per the suggested guideline to speed up updation of subsequent services of PW and child on MCTS/RCH application through USSD application, the ANMs will be incentivize through providing monetorary benefits. At Block level MOIC will be responsible to generate USSD updation report by ANMs on monthly basis from MCTS portal and after verification he/she can make the payment according the guidelines issued by State.

To complete the 100% registration on MCTS/RCH portal on real time basis the state has decided to review the progress of registration on quarterly basis and provide incentives to these block officials (MCTS Computer Operators) which have completed 90% of registration on MCTS/RCH portal.

Budget Details: Outsourcing of data entry of MCTS/RCH application

(Incentives to ANMs to update real time services on MCTS/RCH data base through USSD)

Activity	Details	Rate (in Rs)	Budget (Rs. In Lakhs)
PW services updation	6414242 * Rs. 1.5 * 6 Schedule of Updation (4 ANC + 1 Delivery outcome + 1 PNC)	1.5	577.28
Child Updation	5831129 * Rs. 1.5 * 6 Schedule of Updation ((1 DPT1, OPV1, Hep1) (2DPT2, OPV2, Hep2) (3DPT3, OPV3, Hep3) (4Measles, Vitamin A 1) (5 Measles 2, DPT Booster, OPV Booster, Vitamin A 2) (6 Vitamin A)	1.5	524.80
Incentives to Block which have registered 90% Eligible couples, PW and Child	@ 10000 per block for 20% of blocks (164 blocks) MCTS Computer Operator will be entiteled for the same.	10000	16.40
Total			**1118.48**

Therefore, a proposal of Rs.1118.48 Lakhs was submitted to GOI, out of which GOI approved Rs.980.06 Lakhs (FMR Code- B.15.3. 2.14.2)

Annexure - VI

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:

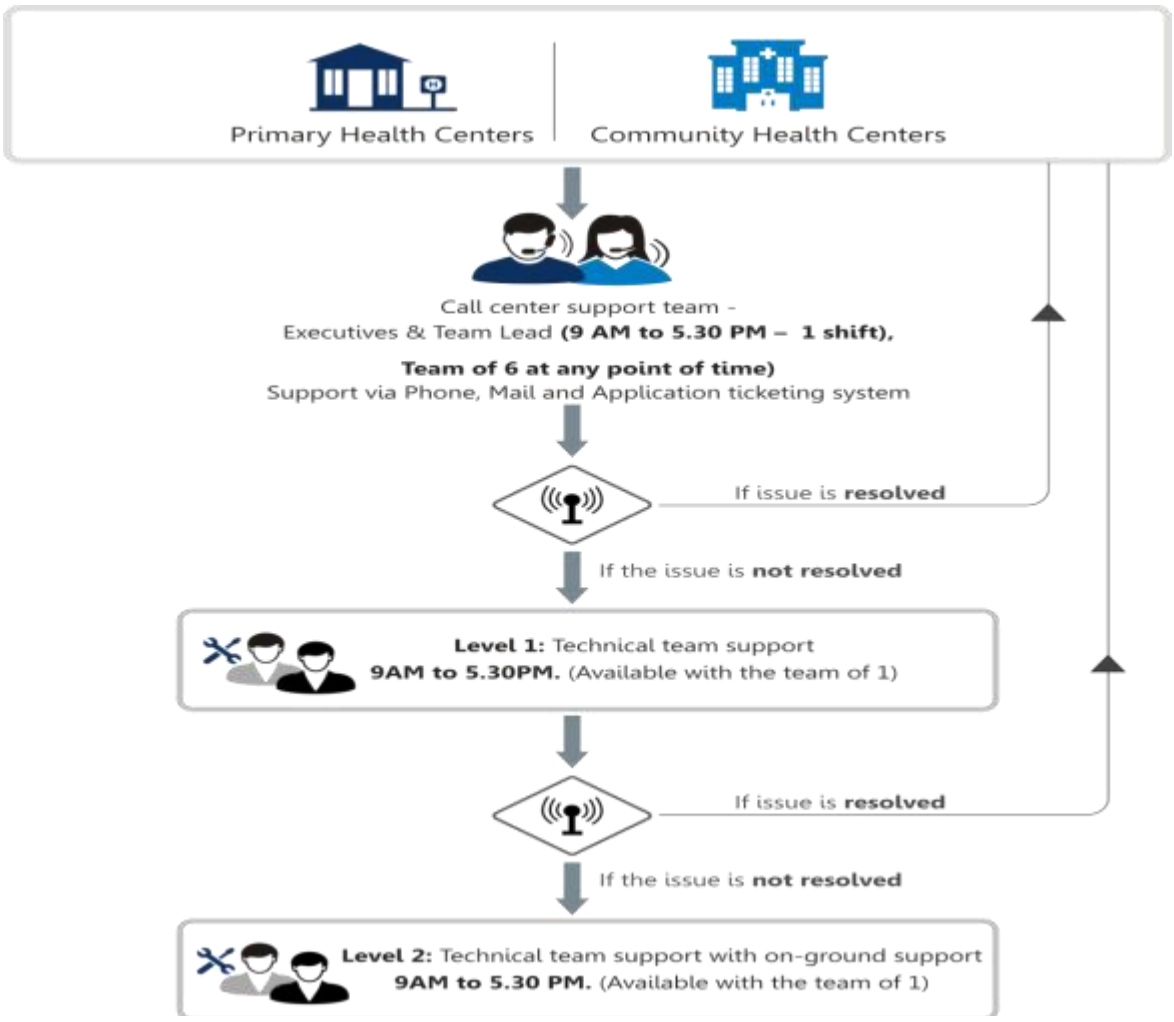
- **Demographics:**
  Demographics should include Name, Age (calculated) , DoB, Father/Spouse name, Phone Number, Mobile Number, Address, Any Govt ID (not mandatory), other identifiers like HMIS, MCTS etc (not mandatory).
- **Vitals**
  Patient vitals like Height (Multiple readings for under 20 yrs), 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

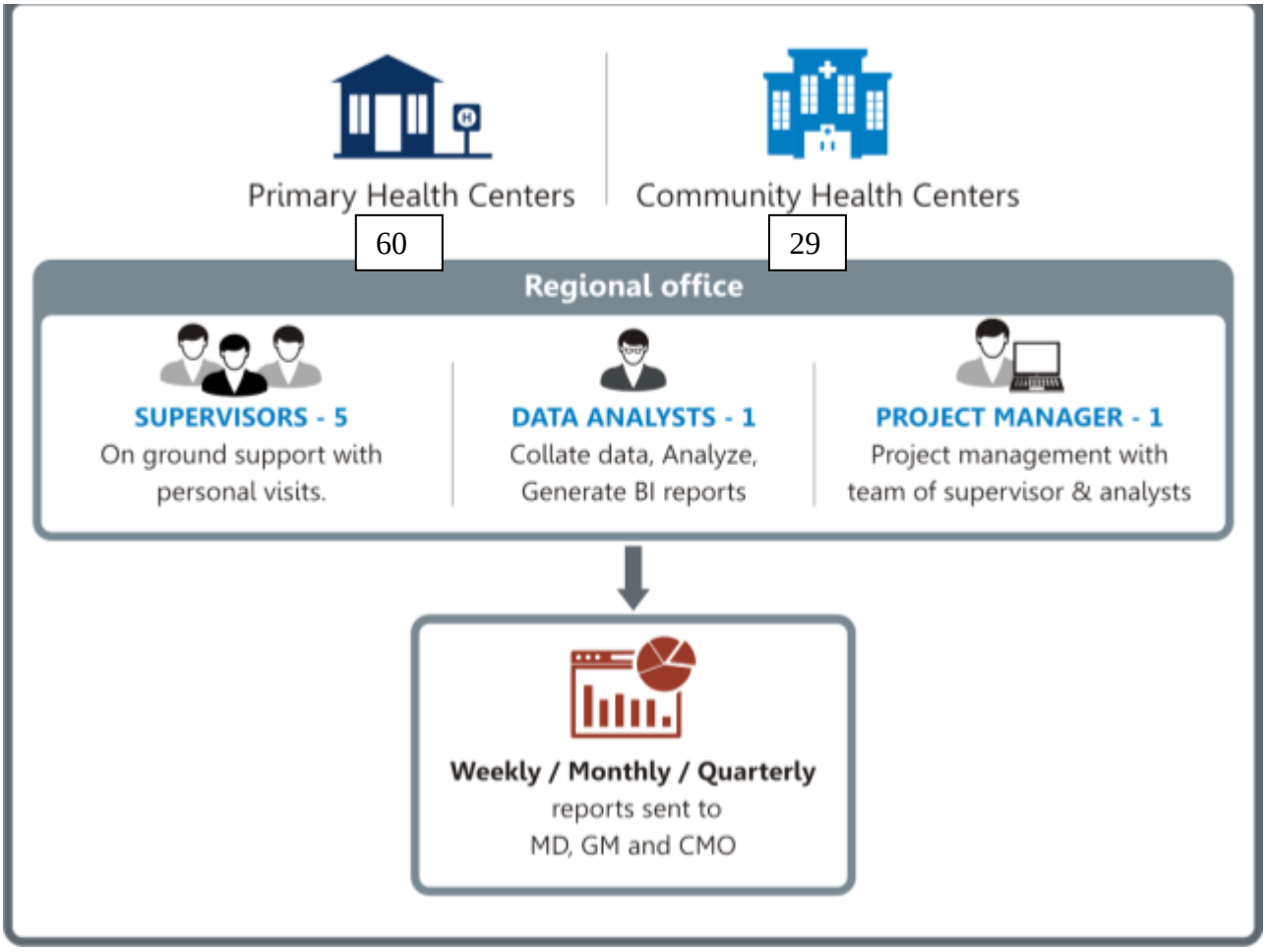
Below are the considerations that need to be considered as part of the platform implementation.

- 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 needs 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 was submitted, which is approved by GOI(FMR Code-B15.3.4.1)

Annexure - VII

Talktime based Mobile connections for ASHAs, ANMs and MO I/Cs

As per the approval of GOI in FY 2012-13 (through ROP 20112-13 and SROP 2012-13), an amount of Rs 1880.95 Lakhs 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 Lakhs, an amount of Rs 1862.22 Lakhs 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 talktime and in addition BSNL is providing additional topup of Rs. 100.00 per month to MOI/C. Free handsets have been provided to all users by BSNL.

Thus, for continuing the availability of Talktime based Mobile connections for ASHAs, ANMs and MO I/Cs for subsequent year i.e. FY 2016-17, an amount of Rs 1983.14 Lakhs is required in the month of Dec, 2015 , as per the details given below :-

Sl	Iterm 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	22.28004
2	Aux. Nurse and Mid wife(ANMs)	20,717	99.00	12	246,11,796.00	246.118
3	ASHA	1,22,565	99.00	12	14,56,07,220.00	1456.072
Total						**1724.47**
Service Tax @ 15 % approx.						**258.67**
TOTAL						**1983.14**

For the above purpose, GOI approved Rs. 1965.90 Lakhs (FMR Code-B15.3.5.1)

Annexure - VIII

PFMS Help desk and Tally implementation at State/district/block level

As per the GOI guidelines a P.F.M.S. Help Desk needs to be established for the State of Uttar Pradesh as per the sanctioned in the FY 2014-15 for implementation of P.F.M.S. software.

a. An amount of Rs 15.31 Lakhs ie being proposed for the FY 2015-16 for PFMS Helpdesk at State HQs as per the details given below-

Particular	Existing	New	Units	Cost Per Units (Rs.)	Total Fund Required (In Lakhs)
Manager Finance (Head Tally & CPSMS)	1	0	1	0	
Technical Support Executive for CPSMS & Tally for 75 Districts and 820 Block Education Qualification – Min. B.Com with One year Diploma or Degree in the field of Computer Application, Experience - Min 02-03 yrs experience in the field of Tally and Accounting, Call centre experience.	0	4 T.S.E. @ Rs 27,500/ month for 12 month	4	330000.00	13.20
Support Staff	0	2	2	105600.00	2.11
Total			**7**		**15.31**

Also, an amount of Rs 22.425 Lakhs is being proposed for implementation of Tally software across the state at State HQs as per the details given below in the FY 2015-16 –

2	**New Tally Software License Cost – For A/c Section**		
	1. SHS Tally Multiuser's Software -01	**0.025**	An amount of Rs 2500.00 proposed for the FY 2015-16 for 820 Tally Software .net Subscriptions charges for SHS Tally Multiuser's Software
	2. Tally Multi-user's for SIHFW for Training Purpose -01	**0.025**	An amount of Rs 2500.00 proposed for the FY 2015-16 for 820 Tally Software .net Subscriptions charges for SIHFW for Training Purpose
	3. Tally Single -user's @ Rs 2500/unit	**1.875**	An amount of Rs 1.875 Lakh proposed for the FY 2015-16 for 75 Tally Software .net Subscriptions charges For 75 District programme management units
	4. Tally Single -user's @ Rs 2500/unit **5.** For 820 Block programme management units	**20.50**	An amount of Rs 20.50 Lakhs proposed for the FY 2015-16 for 820 Tally Software .net Subscriptions charges
	Total	**22.42 Lakhs**	

Thus, an amount of Rs 37.74 Lakhs was proposed in the FY 2015-16 for PFMS Help desk and Tally implementation at State/district/block level, out of which GOI approved Rs.15.31 Lakhs(FMR Code-B15.3.5.2)

Annexure - IX

AMC/ up-gradation charges for Information kiosks

As per the approval of SROP 2012-13, an amount of Rs 40.00 Lakhs sanctioned in 2012-13 for installation of Information Kiosks at 20 location in 18 districts of UP. Subsequently, the hardware and software firms are selected through centralized tender at SPMU, NHM in FY 2013-14.

M/s Addsoft Technology Pvt Ltd, Cuttack Orissa selected for supplying of Information kiosks with 03 yrs on Site warranty and M/s Marg Software Solutions, Lucknow , UP for software

development / AMC / Up-dation charges. These machines are installed at the following locations in the month of March, 2014 –

Sl.	NAME OF THE HOSPITAL	District	Sl.	NAME OF THE HOSPITAL	District
1	Dr Shayama Prasad Mukherjee Civil Hospital	Lucknow	**11**	Dr. B.R. Ambedkar Combined Hospital (Male)	Etawah
2	Dr Ram Monahar Lohiya Hospital	Lucknow	**12**	District Hospital	Basti
3	Balrampur Hospital	Lucknow	**13**	District Hospital (Male)	Moradabad
4	District Hospital , Agra	Agra	**14**	Maharana Pratap Dist. Com Hospital	Bareilly
5	Dist. M.M.G Hospital , Ghazibad	Ghaziabad	**15**	District Women Hospital	Azamgarh
6	Moti Lal Nehru Divisional Hospital	Allahabad	**16**	Malkhan Singh District Hospital	Aligarh
7	District Hospital	Jhansi	**17**	District Hospital	Gonda
8	Shri Shiv Prasad Gupta Divisional Dist Hospital	Varanasi	**18**	District Hospital	Saharanpur
9	Manyavar Kashiram Combined Hospital & Trauma Center	Kanpur Nagar	**19**	Mahatma Jyotiba Phule Combined District Hospital	Ambedkar Nagar
10	District Combined Hospital	Chitrakoot	**20**	Netaji Subhash Chandra Bose Hospital	Gorakhpur

In FY 2014-15 an amount of Rs 29.00 Lakhs proposed for AMC / up-dation charges and on line UPS for info. kiosks, which was not approved in ROP 2014-15 and SROP 2014-15, with remarks that the same may be incurred from RKS funds at District level.

It is to be pointed out, that initially the proposal is submitted keeping in view that the SPMU will be responsible for overall implementation and maintenance of the infoormation kiosks and the same has been approved in the SROP 2012-13 and accordingly all the formalities have been been completed by SPMU-NHM. Hence, the budget of Rs 24.55 Las urgently required at State level for updation of information and AMC charges and power backup as per the details given below –

Sl	Head	Amount	Remarks
1	AMC charges for info. kiosks	**1.75 Lakhs**	• Rs 49,500/ for 03 info. kiosks of Lucknow and • Rs 1.25 Lakhs for 17 info. Kiosks at 17 locations
2.	Up-datation charges Per month for minimum 2 changes.	**16.80 Lakhs**	• 2 Updates @ Rs 7,500/- per month per location for 17 info. Kiosks. i.e. Rs 15.30 Lakhs • 2 Updates @ Rs 4,150/- per month per location for 03 info. Kiosks. located at Lucknow. i.e. 1.50 Lakhs
3	One KVA online UPS with 60 minutes backup time	**6.00 Lakhs**	1 KVA online UPS @ Rs 30,000.00 for Information Kisoks at 20 locations in 18 Districts.
		24.55 Lakhs	

Thus, an amount of Rs 24.55 Lakhs was proposed under the budget head FMR Code B15.3.5.3 (under e-governance), which is not approved by GOI with the remarks that "Funds may be utilized from RKS".

Chapter-23: Procurement

Procurement of Equipments

Procurement of equipments under various programs is proposed by respective divisions. **For the year 2015-16, a total of Rs. 5507.88 Lakhs was proposed for procurement of equipments, out of which GOI approved Rs. 4331.53 Lakhs only (FMR Code- B.16.1 and its sub heads).** Programme wise details of requirement of equipments and budget are given below:-

- Under Maternal Health, a total budget of Rs. 2722.47 Lakhs was proposed for the procurement of equipments**,** out of which GOI approved Rs.2416.61 Lakhs only (FMR Code-B.16.1.1 and its sub heads). The details are given below:

SL.	Name of Equipment	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
A - Equipment for MH					
1	Equipments for Blood Banks/ BSUs & storage units			2,642.47	2,366.61
2	MVA /EVA for Safe Abortion services	2,500.00	2000	50.00	50.00
3	Other Essential Instruments for CAC (Sim's speculum, Aneterior vagional wall retractor, valsellum, sponge holding forces)	3,000.00	1000	30.00	Not Approved. Generic budgeting. No gap analysis. RKS funds can be used for the small items.
	Sub Total			**2,722.47**	**2416.61**

- For Child Health, total budget of Rs. 624.29 Lakhs was proposed for the procurement of equipments, which is approved by GOI (FMR Code-B.16.1.2 and its sub heads). The details are given below:

SL.	Name of Equipment	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
B-Equipments for CH				
1	Procurement of equipments for SNCU-Phototherapy Unit	23	584.26	584.26
2	Procurement of equipments for NBSU- Phototherapy Unit	134	40.03	40.03
	Sub Total		**624.29**	**624.29**

- For Family Planning, total budget of Rs. 290.70 Lakhs was proposed for the procurement of equipments, which is approved by GOI (FMR Code-B.16.1.3 and its sub heads). The details are given below:

SL.	Name of Equipment	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
C-Equipments for FP					
1.	NSV kits	1,000.00	248	2.48	2.48
2.	IUCD kits	3,000.00	500	15.00	15.00
3.	Minilap kits	3,000.00	360	10.80	10.80
4.	Laparoscopes	850000.00	18	153.00	153.00
5.	PPIUCD forceps	1,000.00	500	5.00	5.00
6.	ZOE Model	75000.00	72	54.00	54.00
7.	Audio Visual Aids, Computer, Printer & basic furniture required for establishing 8 new training sites	160000.00	8	12.80	12.80
8.	Manual OT table for 18 training sites	50000.00	72	36.00	36.00
9.	Lap Kits	3,000.00	54	1.62	1.62
	Sub Total			**290.70**	**290.70**

Equipments for others-

In the year 2015-16, an amount of Rs.1828.18 Lakhs was proposed for the procurement of equipments for others, out of which GOI approved Rs.985.08 Lakhs (FMR Code- B.16.1.5 and its sub heads). The details are given below:

- **Installation of OptiMaser Microwave Medical Disinfection & Sterilization System (MMDSS) in CHCs -** OptiMaser™, is a Mobile Microwave Medical Waste Disinfection System" (MMDS). It is designed for **360 degree disinfection & sterilization** in medical establishments. The technology for OptiMaser has been developed at Govt. of India (DietY) through Society for Applied Microwave Electronics Engineering & Research (SAMEER), an off shoot of world renowned Tata Institute of Fundamental Research (TIFR) and the Design & Concept patented by the Government of India. This is a "non contact" based on "Molecular Inactivation of cells" and has no emission as in prevalent technologies & products. In this system, the waste is charged in a waste container (Maserbin)^{TM} made of material transparent to microwave. It is placed in a stainless steel enclosure where it is subjected to heating by high frequency energy source. A turntable with drive assembly is provided at the base to rotate the container at slow speed and ensure uniform penetration of heat to all parts of the waste. The required energy is supplied by microwave generator, which is arranged so as to prevent interference and also to provide uniform exposure. The design of the door, tight sealing and locking arrangement ensure leak proof operation and minimize energy loss. **The state proposed to install 50 optimasers in CHCs, for which an amount of Rs.840.50 Lakhs was proposed, which is not approved by GOI (FMR Code – B.16.1.5.1)**

- **AMC of medical equipments-**Various valuable medical equipments are installed in Govt. Hospitals under control of Medical & Health Department, U.P. Some of these medical equipments are now out of warranty period and require AMC for continuous functioning and proper calibration of the said equipments. Rs. 650.00 Lakhs was approved for AMC of valuable medical equipment during F.Y. 2014-15. Due to NRHM fund support AMC of the said equipments materialized and the performance of these medical equipments significantly improved. **Thus, for the year 2015-16, an amount of Rs.979.88 Lakhs was proposed, which is approved by GOI (FMR Code – B.16.1.5.2).**

SL.	Name of Equipment	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
D- Equipments other than above				
1.	Installation of OptiMaser Microwave Medical Disinfection & Sterilization System (MMDSS) in CHCs	50	840.50	Not Approved
2.	Annual Maintenance Contract for valuable medical equipments	4495	979.88	979.88
3.	Procurement of Other equipments - Computers with peripherals for Community Process division (1 State Coordinator & 12 Regional Asha Coordinators) @Rs.40000/computer	13	7.80	5.20
	Sub Total		**1828.18**	**985.08**

Under RKSK/RBSK, a total budget of Rs. 42.24 Lakhs was proposed for the procurement of equipments, out of which GOI approved Rs.14.85 Lakhs (FMR Code-B.16.1.6 and its sub heads). The details are given below:

SL.	Name of Equipment	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
Equipments for RKSK & RBSK					
1	Equipments for AFHCs - Approved @ Rs 7000/AFHC		913	37.24	9.85
2	Desktop for DEIC	100,000.00	5	5.00	5.00
	Sub Total			**42.24**	**14.85**

Procurement of Drugs, Supplies and Other Consumables

Procurement of drugs, supplies and other consumables under various programs is proposed by respective divisions. **For the year 2015-16, a total budget of Rs. 16044.63 Lakhs was proposed for procurement of drugs, supplies and other consumables, out of which GOI approved Rs.15299.62 Lakhs only (FMR Code-B.16.2 and its sub heads).** Programme wise details of requirement of equipments and budget are given below:-

- Under Maternal Health, a total budget of Rs. 15.00 Lakhs was proposed for the procurement of drugs, which is approved by GOI (FMR Code-B.16.2.1.2). Details are given below:

Sl.	Name of Drugs and supplies	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
A	**Drugs and Supplies for MH**				
1.	Drugs for safe abortion	100.00	15000	15.00	15.00
	Sub Total			**15.00**	**15.00**

- Under Child Health, a total budget of Rs. 739.67 Lakhs was proposed for the procurement of drugs & supplies for Child Health, out of which GOI approved Rs.734.84 Lakhs (FMR Code-B.16.2.2 and its sub heads). Details are given below:

Sl.	Name of Drugs and supplies	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
B	**Drugs and Supplies for CH**				
1.	Zinc and ORS for Childhood Diarrohea Programme		11551180	148.77	148.77
2.	Procurement of drugs under child health (Vitamin A for BSPM)	58.00	1007689	584.46	584.46
3.	Mid Upper Arm Circumference (MUAC) Tapes for NRCs	20.00	32263	6.45	1.61
	Sub Total			**739.68**	**734.84**

- Under IMEP, a total budget of Rs. 6537.82 Lakhs was proposed for services at various levels, out of which GOI approved Rs.5364.76 Lakhs only (FMR Code- B. 16.2.4 and its sub heads). The details are given below:

Sl.	Name of Drugs and supplies	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
C	**Drugs and Supplies for IMEP**				
1.	Biomedical waste management - District level		156	1,270.56	1,270.56
2.	Biomedical waste management - CHC/PHC level		773	1,216.00	1,216.00
3.	Cleaning/washing, house-keeping and laundry management - District level		117	1,352.26	1,352.26
4.	Cleaning/washing, house-keeping and laundry management - CHC/PHC level		773	1,525.94	1,525.94
5.	For Cleanliness of Sub Centres	6,000.00	19551	1,173.06	Pended
	Sub Total			**6,537.82**	**5,364.76**

- Under National Iron Plus Initiatives (WIFS & RBSK), a total budget of Rs. 5,956.89 Lakhs was proposed for the procurement of drugs and supplies, which is approved by GOI (FMR Code-B.16.2.6 & its sub heads). The details are given below:

Sl.	Name of Drugs and supplies	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
D	**Drugs and Supplies for NIPI**				
1.	**Children (6m - 60months)**				
2.	IFA syrups (with auto	10.00	24302235	2,430.22	2,430.22

	dispenser)				
3.	Albendazole Tablets	2.00	21501799	430.04	430.04
4.	**Children 5 - 10 years**				
5.	IFA tablets	10.00	9662603	966.26	966.26
6.	Albendazole Tablets	2.00	9662603	193.25	193.25
7.	**WIFS (10-19 years)**				
8.	IFA tablets	15.00	11394829	1,709.22	1,709.22
9.	Albendazole Tablets	2.00	11394829	227.90	227.90
	Sub Total			**5,956.89**	**5,956.89**

- Under others, a budget of Rs.2795.24 Lakhs was proposed for Medicines for Mobile health teams (RBSK), AYUSH and others(Blood Bags & Diagnostics Kits), out of which GOI approved Rs.2771.60 Lakhs only (FMR Code- B.16.2.7,8 and 10). The details are given below:

Sl.	Name of Drugs and supplies	Unit Cost	Quantity	Proposed Budget (in Lakhs)	Approved Budget (in Lakhs)
E	**Drugs and Supplies for Others**				
1.	Medicine for Mobile health team – RBSK	20,000.00	1640	328.00	328.00
2.	Drugs & supplies for AYUSH	100,000.00	2019	2,019.00	2,019.00
3.	Others - Different type of Blood Bags & Diagnostic Kits for Functional blood banks		**207**	**448.24**	**424.60**
	Sub Total			**2,795.24**	**2,771.60**

Chapter-24: Drugware House / Logistics Management

There is a State logistic-ware house (LMC), which is functional at Naderganj, Lucknow, State Drug Ware House receive the Family Planning Medicines/materials and other etc, from Government of India and distributes to 11 Regional and 53 District Drug Ware Houses. This is an ongoing activity which was also sectioned in previous years. In each Drug Ware House required contractual staff for function / operation of Drug ware House. As per Proposal receive from DG-FW In State LMC, Regional & District Drug Ware House Having following Staff and budgetary detail of under.

Salary to Contractual Staff

(a) Details of contractual staff at State (LMC) are following:-

Sl.	Activity	Physical Targets	Unit Cost Per Month (Rs)	Frequency	Total Amount (In Rs.)
1	Accountant	1	14,000/-	12	1,68,000/-
2	Computer Operator/Store keeper	1	14,000/-	12	1,68,000/-
3	Fourth Class/Loader	1	9100/-	12	1,09,200/-
4	Generator Oper. Cum Electrician	1	7000/-	12	84,000/-
5	Sweeper	1	4900/-	12	58,800/-
6	Armed Guards	1	8869/-	12	1,06,428/-
7	General Guards	3	7220/-	12	2,59,920/-
8	Gardener	1	4200/-	12	50,400/-
Total					**10,04,748/-**

(b) Details of contractual Staff at Regional drug ware houses are following:-

Sl.	Activity	Physical Targets	Unit Cost Per Month (Rs)	Frequency	Total Amount (In Lakhs)
1	Accountant	1X11	14,000/-	12	18,48,000/-
2	Computer Operator/Store keeper	1X11	14,000/-	12	18,48,000/-
3	Fork- Lift Operator cum Mechanic	1X11	9100/-	12	12,01,200/-
4	Fourth Class/Loader	1X11	9100/-	12	12,01,200/-
5	Generator Oper. Cum Electrician	1X11	7000/-	12	9,24,000/-
6	Sweeper	1X11	4900/-	12	6,46,800/-
7	Armed Guards	1X11	8869/-	12	11,70,708/-
8	General Guards	2X11	7220/-	12	19,06,080/-
9	Gardener	1X11	4200/-	12	5,54,400/-
	Total				**113,00,388/-**

(c) Details of contractual staff at District drug ware houses are following:-

Sl.	Activity /Staff	Physical Targets	Unit Cost Per month (Rs)	Frequency	Total Amount (In Lakhs)
1	Computer Operator cum Store Keeper	1X53	14000/-	12	89,04,000/-
2	Generator Operator cum Mechanic /Electrician	1X53	7000/-	12	44,52,000/-
3	Loader	1X53	9100/-	12	57,87,600/-
4	Choukidar	1X53	7220/-	12	45,91,920/-
5	Part-time Sweeper	1X53	3400/-	12	21,62,400/-
Total					**258,97,920/-**

Thus, for the salaries of contractual staff working at state, regional and district level drug houses, an amount of Rs. 382.03 Lakhs was proposed with some hike in monthly honorarium, out of which GOI approved Rs.281.58 Lakhs only with 10% hike (FMR Code-B.17.1.1)

Others / Operational Cost of State/Regional DWH

Sl.	Regional Drug ware house	Elect. Charges (Rs)	Telephone Charges (Rs)	POL & Maintenance of DG Set (Rs)	Stationery (Rs)	Contingencies (Rs)	Transportation (Rs)	Grand Total (Rs. In Lakhs)
1	State (LMC)	1.30	-	-	0.20	1.00	-	2.50
2	Agra	1.10	0.10	0.30	0.15	2.00	1.50	5.15
3	Allahabad	1.10	0.10	0.30	0.15	2.00	1.50	5.15
4	Azamgarh	1.10	0.10	0.30	0.15	2.00	1.50	5.15
5	Bareilly	1.10	0.10	0.30	0.15	2.00	1.50	5.15
6	Chitrakoot	1.10	0.10	0.30	0.15	2.00	1.50	5.15
7	Gorakhpur	1.10	0.10	0.30	0.15	2.00	1.50	5.15
8	Faizabad	1.10	0.10	0.30	0.15	2.00	1.50	5.15
9	Kanpur	1.10	0.10	0.30	0.15	2.00	1.50	5.15
10	Lucknow	1.10	0.10	0.30	0.15	2.00	1.50	5.15
11	Meerut	1.10	0.10	0.30	0.15	2.00	1.50	5.15
12	Varanasi	1.10	0.10	0.30	0.15	2.00	1.50	5.15
	Total							**59.15**

Thus, for the operational cost of state and regional level drug houses, an amount of Rs. 59.15 Lakhs was proposed, out of which GOI approved Rs.44.17 Lakhs only (FMR Code-B.17.1.2)

Chapter-25: Research, Studies and Analysis

In Uttar Pradesh the National Heath Mission seeks to provide accessible, affordable & quality health care to the rural population. For achieving goals & objectives of NHM UP, the no. of program activities has been sanctioned in ROP for implementation. Programme evaluation is a valuable tool for strengthening the quality of programme and to improve outcomes. Program evaluation answers basic questions about a program's effectiveness, and evaluation data can be used to improve program services. Program evaluation is a systematic method for collecting, analyzing, and using information to answer basic questions about a program. Process evaluations assess whether an intervention or program model was implemented as planned, whether the intended target population was reached, and the major challenges and successful strategies associated with program implementation. Outcome evaluations determine whether, and to what extent, the expected changes occur and whether these changes can be attributed to the program or program activities.

Therefore state is proposing 8 studies program wise in NHM PIP 2015-16, which shall done by the SIFPSA for which management cost@ 10% of evaluation cost shall be paid to SIFPSA. The list of the research & studies are enclosed separately along with the budget allocation.

List of NHM programmes/schemes to be evaluated in the year 2015-16

Sl. No.	Name of the Study/ Scheme	No. of districts Covered	Sample Districts	Evaluation Cost in Rs. Lakhs	SIFPSA Management Cost (10% of evaluation cost) in Rs. Lakhs	Total cost for PIP in Rs. Lakhs
1	Evaluation of HBNC programme (Home based New Born Care) of IInd Phase districts	17	14	25.00	2.50	27.50
2	Bal Swasthya Poshan Mah (BSPM)	75	15	12.00	1.20	13.20
3	Evaluation of Family Planning Camps Strilization (Male/Female)	75	12	26.00	2.60	28.60
4	Study on Role, Impact and status of 10 DCTC in Uttar Pradesh	10	10	4.00	0.40	4.40
5	Study on Waste management at Public Institutions.	75	10	5.80	0.58	6.38
6	Assessment of Janani Sishu Suraksha Karykaram (JSSK)	75	18	8.30	0.83	9.13
7	Study on PPIUCD Scheme	75	9	5.00	0.50	5.50
8	Assessment of Blindness Scheme Under National Program	75	18	10.00	1.00	11.00
9	Study on IUD/PPIUCD acceptors and status of IUD in U.P.		8	18.64	1.86	20.50
	TOTAL					**126.21**

The details of the above mentioned 8 studies (Background, Objectives, Methodology, Sample size and head wise cost expenditure) are given below as Annexure –A:

To conduct the research studies in the state in the year 2015-16, an amount of Rs.126.21 Lakhs was proposed, which is not approved by GOI(FMR Code- B.20)

Annexure –A

1. Evaluation of HBNC programme (Home based New Born Care) of IInd Phase districts

Background: Home Based New-born Care (HBNC) is one of the important components under the overall umbrella of NRHM. With need for developing evidence based localized intervention that expands the entire spectrum of maternal, newborn and child health, the state developed a Home Based New-born Care Programme (HBNC) for bringing about reduction in infant and child mortality rates.Government of Uttar Pradesh wishes to conduct an evaluation study to assess the on-ground implementation status of HBNC, including issue and challenges, and understand factors and barriers in its uptake.

Objectives:

A. At the community worker (ASHA) level:

1. ASHA knowledge and skills related to :

- Home-based newborn care (including home visits for post natal care)
- Assessment of sick children (focus in particular on 0-2 months) and management/referral
- Infant and Young Child Feeding (IYCF)

2. Post-training support to ASHAs

- How were ASHAs supported after the training? Role of ANM in providing on-site support/support in field.
- Were supplies made available? Availability of drug kits and replenishment.
- Was basic equipment provided to ASHAs? Availability of equipment (weighing machine, thermometer).
- Availability of home visit forms to assess newborns.
- Refresher training/Reinforcement of skills (IPC, record keeping, reporting) during block level monthly meetings.
- Availability of job-aides /BCC material/Counselling aides

3. Incentives to ASHAs (under HBNC): Did ASHAs receive the incentives

- For post natal home visits to newborns (3 and 6 visits)
- For referral of sick child

B. At the Facility (Block PHC/CHC/DHS) level:

1. Strengthening of health facilities to improved comprehensive child care

- Newborn care corners
- Special newborn care units
- Availability of trained staff for improved care of newborns and sick children (NSSK,FBNBC, FIMNCI)

2. Referral linkages between community and public health facilities (workers' point of view)

C. At the community level: Interaction between client & ASHA (whether as per HBNC protocol for ANC birth preparedness, delivery & post natal care (care of neonates & mothers)/Uptake of services/Changes in Family Health Behavior related to newborn care) etc. List all the houses and identify recently delivered women with infants 0-11 months. Interview all the identified women as above to assess:

1. Improvements at community level:

- Uptake/utilization of antenatal care services
- Birth preparedness/birth planning and complication readiness
- Newborn care practices

- Postnatal care received for mother and newborn (at facility and at home on return)
- Care seeking from ASHA for sick children (community based care provided by ASHA)
- IYCF practices
- Referral of sick children

2. Referral linkages between community and public health facilities.

Methodology: The study will be conducted using both Quantitative and Qualitative approaches in 10 districts of UP which will include Second phase districts where ASHA training on HBNC has been completed and 04 districts from the third phase of HBNC programme rollout where ASHAs are yet to be given HBNC training. Following systematic random sampling procedure, 13 districts from the 10 Second phase districts and 4 districts from the third phase districts will be selected. Similarly, two blocks from each district, 10 villages from each block and 20 households from each village will be selected randomly for the study. The study, therefore, will be conducted in 280 villages from 14 districts of Uttar Pradesh. A systematic sampling will be done for the study.

1. At first stage, villages from each district are categorized into three stratas i.e. villages having population size to be <2000. Second strata, villages having population between 2000 – 4000 and third strata with villages having 4000+ population.
2. Sampling fraction decides the total number of villages to be selected from each strata of population within the district depending upon the village size. The total number of villages to be selected from these 14 districts nearly equals to 280.
3. At least 20 HHs will be selected from each selected village for the study and all eligible women in the age of (15-49) years, who have given birth (live birth) between April 1, 2013 to March 31, 2014 will be identified and interviewed. If village size is more than 1000 households it has to be segmented in two parts, but this shall be informed along with list provided. Thus, a total rural sample will include 20*280=5600 Households.
4. A qualitative discussion will be conducted with 28 MOICs of Block PHCs, 14 HBNC districts level trainers, 280 ASHAs and 280 ANMs of selected villages and 14 districts Programme Managers (NRHM).
5. Additional CMO (RCH)/Nodal officer of HBNC programme will be interviewed from all 14 districts.
6. The villages will be select from Census 2011 list.

Data analysis will also be done by socio-economic differentials.The details about the interviews to be conducted given below:

Sl.	Interviews	Total
1	20 interviews per village from 280 villages of 14 Districts	5600*1.1=6160
2	28 MOICs of Block PHCs/CHCs of selected areas of the 14 districts.	28
	14 HBNC district level trainers of selected areas of the 14 districts.	14
3	14 ACMO (RCH)/ Nodal officer of HBNC programme from selected districts	14
4	280 ASHAs of 280 selected villages of 14 districts.	280
5	280 ANMs of 280 selected Villages of 14 districts.	280
Total No. of Interviews		**6776**

Cost Estimates:

Budget for the Study		
Sl.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	1720000
2	Hiring of Taxi	517500
3	Printing of Study Tools	22500
4	Training of Supervisor/Investigators	30000
5	Stationary	12500
6	Data entry	35000
7	Monitoring & supervision	137500
8	Report Writing	25000
	TOTAL	**2500000**

2. Evaluation of Bal Swasthya Poshan Mah (Bi-annual Child Health And Nutrition Months)

Background: Bal Swasthya Poshan Mah (BSPM) is an intensive programme embarked upon in Uttar Pradesh jointly by Department of Health and Family Welfare, NRHM and Department of Women and Child Development (ICDS) to deliver a package of services to children below five years of age. Under the BSPM strategy, June and December months have been identified as health and nutrition months. These biannual months have been linked to village-wise routine immunization sessions organized as per the immunization/ outreach session's micro plan of ANMs. Vitamin A supplementation is an integral part of the package and is administered along with a complement of other interventions considered to be crucial for child survival and development such as breastfeeding promotion and complementary feeding, immunization catch up, screening and referral of severely malnourished children and education and demand generation for iodized salt. Government of Uttar Pradesh wishes to get an evaluation study conducted to assess the on-ground implementation status of **Bal Swasthya Poshan Mah (BSPM)**, including issue and challenges, and understand factors and barriers in its uptake.

Objectives: To understand the roles of departments of Health and ICDS for convergent activities pertaining to improving Vitamin A supplementation to community.

- Whether appropriate training given on carrying out survey for the next upcoming rounds. Whether HEO/IO included for the training.
- Whether BSPM being monitored by HEO/IO. Whether report being submitted timely from every level (grass root/block/district).
- Whether Vitamin A supplementation being administered appropriately during BSPM.
- Whether exclusive breast feeding and complementary feeding, iodized salt promotion, immunization catch up, screening and referral of severely malnourished children and education and demand generation for iodized salt being carried out as per protocol.

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in 15 Selected Districts of U.P. The selection of the districts will be done region-wise. Based upon the number of districts under each region, it is decided to select 6 districts from Western regions, 6 districts from Eastern region, 2 districts from Central region and 1 district from Bundelkhand region for the study. The selection of districts will be done following systematic random sampling technique:

- District will selected with regions, using PPS technique.
- 2 blocks using PPS techniques from each selected district. Hence, total= 30 blocks.
- 5 Villages from each block will be select with using Systematic Random Sampling. Total 150 villages were selected.
- Household listing will be done in all selected villages.
- 12 EW will be selected from Household listing of the village for interviewed. About 1800 EW will be interviewed.
- District Programme Manager (NRHM)
- Divisioal Programme Manager (SIFPSA)
- Block Programme Manager

- Total interview will be 2000

Cost Estimates:

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	825600
2	Hiring of Taxi	248400
3	Printing of Study Tools	10800
4	Training of Supervisor/Investigators	14400
5	Stationary	6000
6	Data entry	16800
7	Monitoring & supervision	66000
8	Report Writing	12000
TOTAL		**1200000**

3. Evaluation of Family Planning Camps Sterilization (Male/Female)

National Rural Health Mission (NRHM), Uttar Pradesh wishes to conduct an evaluation of Evaluation of **Sterilization Camps**, including issues and challenges and understand factors and barriers in adopting FP methods.

Objectives:

1. Status of services provided in Sterilization Camps at DWH (District Women Hospital), CHC/ PHC in rural areas.
2. To determine the status of availability and quality of stay facilities to the clients at DWH, CHC/PHC after sterilization is conducted.
3. To determine the status of Sterilization Camp conducted as per Camp Calendar prepared
4. Follow-up of clients by ANM after sterilization.
5. To determine the position of medicine provided to the clients and complications occurred after sterilization of clients.
6. To estimate the Sterilization performance against the DG work load.
7. To identify the barriers and factors affecting the uptake of Family Planning Services.
8. To evaluate the programmatic and behaviour change communication (BCC) initiative, that could accelerate adoption of Family Planning methods.

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in 240 villages. The selection of the districts will be done region-wise. Based upon the number of districts under each region, it is decided to select 4 districts each from eastern and western regions and 2 districts each from central and bundelkhand regions for the study. The selection of districts will be done following systematic random sampling technique:

- 2 Blocks per district will be selected
- 10 villages will be selected from each selected block using PPS technique.
- 20 EW will be selected randomly for interviewing from House listing of selected villages.

Quantitative Interview:

- About 4800 interview will be done by selected Households of the 240 villages
- About 240 interview will be done by ASHAs in selected villages.
- About 48 ANMs will be interviewed, 2 each from selected 24 PHCs

Qualitative Interview:

- About 24 MOIC from selected 24 blocks of 12 districts will be interviewed.
- CMO/Dy. CMO from all 12 selected districts will be interviewed
- 12 District Project Manager (DPM-NRHM) will be interviewed.
- Total interview will be 5136

Cost Estimates:

Sl. No.	Task	Cost Rs.
1	Salary & Allowance for Field Team	1788800
2	Hiring of Taxi	538200
3	Printing of Study Tools	23400
4	Training of Supervisor/Investigators	31200
5	Stationary	13000
6	Data entry	36400
7	Monitoring & supervision	143000
8	Report Writing	26000
TOTAL		**2600000**

4. Study on Role, Impact and status of 10 DCTC in Uttar Pradesh

Background: In UP SIFPSA has involved for providing various type of clinical trainings to doctors and paramedical in public sector. Under clinical up gradation of skill in FP methods trainings have been providing in Laproscopic induction, refresher, abdominal induction & refresher, Basic EmoC for doctors & paramedicals, through medical colleges. Training on NSV technique to doctors has also been provided at district & block through mobile 'Master trainers' in the districts. Under NRHM to meet out the objective of MMR & IMR, the health infrastructure is to be strengthened and adequate manpower is required for RCH & sterilization services. In order to create a pool of large number of trained service provider in a short period there is shift in training strategy, the training are proposed to be conducted at divisional level clinical training centers instead of medical colleges. The main objectives of study are as follows.

Objectives:

1. Study on Impact and status of 10 Divisional Clinical Training Centres (DCTC) including issues and challenges .
2. To assess the status of DCTC at divisional level
3. To assess the quality of follow-up of training conducted in DCTC
4. To assess the monitoring of comprehensive training programme (CTP) for better way.
5. To assess the quality and quantity of training programme (Laproscopic induction, refresher, Abdominal induction & refresher, SBA, IUCD, PPIUCD, NSV & NSSK etc) given at DCTC
6. To explore the requirement of **Clinical Training Centres** at district level**.**

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in all 10 Division Clinical Training Centres (DCTC)

- Interview of all 10 training centre incharges
- Interview of all 10 training instructors in different clinical trainings.
- All 10 District Project Manager (NRHM)
- All 10 Divisional Programme Manager (SIFPSA)
- About 500 trained doctors trained in Minilap and Lap method.
- Total interview will be 540

Cost Estimates:

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	275200
2	Hiring of Taxi	82800
3	Printing of Study Tools	3600
4	Training of Supervisor/Investigators	4800
5	Stationary	2000
6	Data entry	5600
7	Monitoring & supervision	22000
8	Report Writing	4000
TOTAL		**400000**

5. Study on Waste Management at Public Institutions

Background: Appropriate segregation and safe disposal of bio medical waste is a legal mandate for any health facility and a critical step in ensuring ascetic services.

NRHM, Uttar Pradesh wishes to conduct a study to assess the on-ground status of hospital waste management in public health facilities (urban and rural), and proper disposal of hospital waste.

Objectives:

- To assess the awareness of bio-medical waste management rules among the hospital functionaries.
- Whether appropriate trainings undertaken
- To assess hospital waste management status and proper disposal of hospital waste in health facilities
- Maintenance of records
- Treatment and disposal of different types of waste
    i. practices with respect to segregation
    ii. use of colour coding
    iii. sharps management
    iv. access to common waste management facilities and disposal

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in all 10 districts. The 10 district will be selected on the basis of number of districts in each regions i.e 4 districts each from Eastern and Western regions and one district each from Central and Bundelkhand regions.

- In each district: District Hospital and 2 CHC, 4 PHC and 40 Sub-centers will be selected for the study.
- A qualitative interview will be done from 10 staff from District Hospital, 5 Staff from each CHC, 4 Staff from each PHC and 2 Staff from each selected Sub-centre.
- The total qualitative interview will be 1160.

Cost Estimates:

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	399040
2	Hiring of Taxi	120060
3	Printing of Study Tools	5220
4	Training of Supervisor/Investigators	6960
5	Stationary	2900
6	Data entry	8120
7	Monitoring & supervision	31900
8	Report Writing	5800
TOTAL		**580000**

6. Assessment of Janani Shishu Suraksha Karyakram (JSSK)

Janani–Shishu Suraksha Karyakram (JSSK), a national initiative to make available better health facilities for women and children**,** was launched in June 2011 by the Ministry of Health and Family Welfare, Government of India. JSSK provides completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick new born (up to 30 days after birth) in Government health institutions in both rural and urban areas. The new JSSK initiative is estimated to benefit more than one crore pregnant women & newborns who access public health institutions every year in both urban & rural areas. Janani-Shishu Suraksha Karyakram supplements the cash assistance given to a pregnant woman under Janani Suraksha Yojana and is aimed at mitigating the burden of out of pocket expenses incurred by pregnant women and sick newborns. Besides it would be a major factor in enhancing access to public health institutions and help bring down the Maternal Mortality and Infant mortality rates. The Free Entitlements under JSSK include:

- Free and Cashless Delivery
- Free C-Section
- Free treatment of sick-new-born up to 30 days
- Exemption from User Charges
- Free Drugs and Consumables
- Free Diagnostics
- Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section
- Free Provision of Blood
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral as also Drop Back from Institutions to home after 48 hrs stay.
- Free Entitlements for Sick newborns till 30 days after birth similarly include Free treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Exemption from user charges, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral and Free drop Back from Institutions to home.

Objectives:

- To estimate the proportion of institutional deliveries compared to home deliveries (at home, institutional- Govt. and institutional-private);
- To estimate the level of overall JSSK coverage.
- To determine factors and barriers affecting uptake of JSSK scheme.
- To examine various components of the functioning of the scheme, including ANC registration, ante natal care, transport, other birth preparedness support, supervision and monitoring.
- To assess client satisfaction with JSSK scheme.
- To assess the quality and extent of post partum newborn and maternal care received by women availing JSSK benefits;
- To assess the status of post partum family planning counseling and actual services provided to the JSSK beneficiaries at the institutions.

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in 18 districts. The selection of the districts will be done region-wise. Based upon the number of districts under each region, it is decided to select 6 districts each from eastern and western regions and 3 districts each from central and bundelkhand regions for the study. The selection of districts will be done following systematic random sampling technique:

- 1 district Hospital from each district will be cover
- 4 CHC and 2 PHC from each selected district will be cover for the study.
- In each district hospital 25 in-patients in the hospital will be interviewed qualitative and 20 in-patients from each CHC and PHC will be interviewed.
- Hence total 1170 interview will be conducted from pregnant women who admitted in the district hospital, CHCs and PHCs.
- From each selected district CMO/Dy. CMO will be qualitative interviewed.

- From each selected CHC and PHC superintendent/ MOIc will be qualitative interviewed.
- 2 staff from each selected site will also be interviewed.
- Hence, the total interview will be 1656

Cost Estimates:

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	571040
2	Hiring of Taxi	171810
3	Printing of Study Tools	7470
4	Training of Supervisor/Investigators	9960
5	Stationary	4150
6	Data entry	11620
7	Monitoring & supervision	45650
8	Report Writing	8300
TOTAL		**830000**

7. Study on PPIUCD Scheme

Background: More than 100 million women in developing countries would prefer to avoid a pregnancy; but they may not be using any form of contraception. Contraceptive prevalence is low in developing countries owing to unmet need for contraception. In India the unmet need is estimated to be 15.8% as estimated by DHS survey and in UP unmet need is also very high and estimated to be 33.8% as per DLHS-III. Half of these women have no positive intention of using contraceptives but still wish to avoid pregnancy. After launching of NRHM in UP the percentage of institutional delivery has increased i.e 57.9% as per GOI health report 2010-11 and emphasis is required to promote PPIUCD at health institutions. The main objectives of study are as follows.

Objective:

- To evaluate the acceptance of postpartum intrauterine contraceptive devices (PPIUCD) in selected district of Uatter Pradesh.
- To learn about service providers perspectives, practice and experience with PPIUCD services.
- To study how many percentages of delivery clients informed of contraceptive choice during ANC period & motivated for PPIUCD insertion after delivery.
- Identify the follow-up mechanism of PPIUCD clients at institution level with in 6 week after insertion.
- To study the factors that influences the PPIUCD acceptance and timely follows up.
- To study the expulsion and complication rate (if any) of PPIUCD inserted by the proper technique by a trained provider.
- How much Janani Suraksha Yojana clients are using PPIUCD and role of family welfare consular for promoting this technique under family planning program.
- To Study the IEC/BCC strategy for promoting PPIUCD.

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in all 9 PPIUCD Training Sites (Agra-Medical Collage, Allahabad, Moradabad, Lucknow-Medical Collage, Varanasi, Kanpur Nagar, Meerut Medical Collage, Jhansi Medical Collage and Gorakhpur Medical Collage.)

- Interview of all 18 trainers, 2 from each site.
- Interview of all 9 Accountant from each site.
- Interview all 9 incharges of the site
- Interview 25 doctors ie. about 50% of total trained doctors
- Interview about 335 Staff Nurse ie. about 50% of total trained staff nurse.
- All 9 District Project Manager (NRHM)
- All 9 Divisional Programme Manager (SIFPSA)
- Total interview will be 414

Cost Estimates:

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	344000
2	Hiring of Taxi	103500
3	Printing of Study Tools	4500
4	Training of Supervisor/Investigators	6000
5	Stationary	2500
6	Data entry	7000
7	Monitoring & supervision	27500
8	Report Writing	5000
TOTAL		**500000**

8. Assessment of National Blindness Scheme Under National Program

Background : National program for control of blindness (NPCB) is implemented under national rural heath mission with the goal to reduce the prevalence of blindness in UP. Approximate 7 million blind persons are lives in India and India was the first country to launch the national program for control of blindness in 1976 with the goal of reducing the prevalence rate of blindness. Due to large population base and increased in life expectancy, the number of blind particularly due to senile like cataract, Glaucoma and Diabetic retinopathy etc, it expected to increase. Uttar Pradesh is committed to reduce the burden of avoidable blindness. The main objectives of the study are as follows:

Objectives:

1. To study the backlog of blindness through identification & treatment of blind.
2. To assess the Eye care facilitates in public sector at district level.
3. Status of human resources for providing Eye care services
4. To study the quality of service delivery in Public sector & supported organizations.
5. The role of NGO in blindness scheme under NRHM.

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study in all 18 Divisional Districts. In a selected districts identify 2 CHCs where the programme is ongoing and 1NGO Eye hospital will be selected for the study. In each selected CHC area 5 villages will be selected for villages' interview. In each selected villages 100% listing of household will be done and identify 10 patients of blindness for operation/ spectacles.

Patients interview 10 x 5 x 2 x 18	=	1800
CHC level Interview 2 x 18	=	36
Hospital (Govt. + NGO level) 2 x 18	=	36
CMO/DPM(Eye) district level	=	18
DPM-NRHM	=	18
AD-Medical Health/Div. PM-SIFPSA	=	18
TOTAL	**=**	**1926**

Cost Estimates:

Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	688000
2	Hiring of Taxi	207000
3	Printing of Study Tools	9000
4	Training of Supervisor/Investigators	12000
5	Stationary	5000
6	Data entry	14000
7	Monitoring & supervision	55000
8	Report Writing	10000
TOTAL		**1000000**

9. Study on IUD/PPIUCD acceptors and status of IUD in U.P.

Introduction: The current Contraceptive Prevalence Rate (CPR) by modern method is 37.6% in Uttar Pradesh, with an unmet need of 33.8 percent for family planning. The unmet need for family planning in a developing country can be associated with closely spaced pregnancies, child births and abortions and consequently high maternal and infant mortality. Intra uterine device (IUD) is one of the most effective reversible long term contraceptive choices for women who wish to limit or space childbirths. In-spite of these advantages, it has limited acceptability among Indian women due to lack of access to quality IUD services and accurate information, predominance of myths and misconceptions prevalent in the community, and provider bias against their use.

Survey	Any Modern Method (%)	Female Sterili. (%)	Male Sterili. (%)	IUD (%)	PIL (%)	Emergency Pills	Condom (%)
DLHS-III	26.7	16.5	0.2	1.0	1.7	-	7.1
AHS 12-13	37.6	18.4	0.3	1.1	3.6	0.6	13.2

As per the above table it reveals that the acceptance of IUD in Uttar Pradesh is very low. In light of above, a study is proposed to identify the barriers and myths to adopt the IUD and recommend the suggestions for increase in the acceptance of IUD in Uttar Pradesh.

Objective: The objective of the study is to determine the prevalence of current IUD use among eligible women and to identify and prioritize key determinants of IUD use in the project geography

Methodology & Sample Size: In order to study the above-mentioned objectives, it is decided to conduct the study through SIFPSA empanelled agency in all 8 districts, 3 each from western and eastern district and one district each from Central and Bundelkhand regions. The sample size will be that in each district, 2 blocks will be selected and each block 5 villages will be selected randomly and in each village, 15 respondents (Eligible Women) will be selected. Hence a total 1200 community survey will be done. In each district, 10 wards will be selected for sample in urban area and 15 respondents will be covered for the survey. Hence, 1200 sample from each urban and rural area will be select for the study. In each selected District, we will contact with District Women hospital to collect the list of PPIUCD excerptors till FY 2014-15. A total of 20% PPIUCD acceptors will be verified/interviewed for their opinion about the family planning method-PPIUCD. In 8 districts about 1200 PPIUCD excerptors will be interview. The total sample size will be 3600 from community & thus Total interview will be 3728 including the following:

- District Programme Manager - 1
- District community Mobilize - 1
- Block Programme Manager - 2
- MOIC- 2
- Pradhan- 10

Cost Estimates: The cost calculated with @ Rs. 500 per interview = **Rs. 18,64,000**

Budget for the Study		
Sl. No.	**Task**	**Cost Rs.**
1	Salary & Allowance for Field Team	1279208
2	Hiring of Taxi	385848
3	Printing of Study Tools	16776
4	Training of Supervisor/Investigators	22368
5	Stationary	9320
6	Data entry	26096
7	Monitoring & supervision	104384
8	Report Writing	20000
TOTAL		18,64,000
SIFPSA Administrative cost @ 10%		1,86,400
Grand Total		20,50,400

The survey questionnaires will prepared after sanction of the project by GOI

Support Strengthening under NVBDCP-BRD Medical College, Gorkhapur

134 contractual Staff for BRD Medical College, Gorakhpur was approved in Jan 2009, and in the year 2012-13 approval of Rs 21.35 Lakhs for additional 20 staff Nurses and 10 support staff was given by GoI in Dec, 2012. In the year 2013-14 all the posts have been approved. Most of the AES/JE cases are being treated at BRD Medical College, Gorakhpur, so proposal was submitted for honorarium of 144 Contractual (ongoing) HR and 214 Contractual HR for New 100 Bedded JE ward at BRD Medical College, Gorakhpur, amounting to Rs. 980.00 Lakhs.

In addition to this, an amount of Rs.500.00 Lakhs was submitted to GOI for purchase of medicines at BRD Medical Collges, Gorkhapur. Thus, a total of Rs.1480.00 Lakhs was proposed, out of which GOI approved Rs.755.10 lakhs for the ongoing HR sanctioned under NHM as per the annexure B22.3. A hike of 5% has been provided to the ongoing HR in BRD Medical College, Gorakhpur.

- **Approval for Contractual (ongoing) HR at BRD Medical College, Gorakhpur**

Budget Head	Target	Unit cost (Rs)	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
Professor- Bal rog	1	95,000.00	11.40	12.00	Approved@Rs. 99750/m for 12 months.
Asst. professor	2	84,700.00	20.33	21.30	Approved @Rs.88935/m for 12 months
Lecturer-Bal Rog	2	60,000.00	14.40	15.10	Approved @Rs.63000/m for 12 months
Lecturer-Micror Biology	1	60,000.00	7.20	7.60	Approved @Rs. 63000/m for 12 months
Senior Resident	10	50,000.00	60.00	53.40	Approved @Rs.44467.5/m for 12 months
Junior Resident	15	42,000.00	75.60	75.50	Approved@Rs. 41926.5/m for 12 months
Sister Incharge	3	21,780.00	7.84	8.20	Approved @Rs.22869/m for 12 months
Staff Nurse	37	20,570.00	91.33	95.90	Approved@Rs. 21598.5/m for 12 months
Hospital Attendant	15	9,000.00	16.20	14.60	Approved@Rs. 8118.49/m for 12 months
Sanitary Attendant	10	9,000.00	10.80	9.10	Approved @Rs.7623/m for 12 months
ECG Technician	1	15,000.00	1.80	1.00	Approved @Rs.8588.58/m for 12 months
Lab Technician	5	15,000.00	9.00	8.70	Approved@Rs.14496.4/m for 12 months
Lab Attendant	4	9,000.00	4.32	3.90	Approved @Rs. 8118.49/4 for 12 months
OT Technician	1	15,000.00	1.80	1.60	Approved@Rs. 13274.4/m for 12 months
Radiographer	2	15,000.00	3.60	3.50	Approved@Rs.14496.4/m for 12 months
EEG Technician	1	15,000.00	1.80	1.00	Approved@Rs. 8587.95/m for 12 months
Physio therapist	1	16,940.00	2.03	2.10	Approved @Rs.17787/m for 12 months
Occupational Therapist	1	16,940.00	2.03	2.10	Approved @Rs.17787/m for 12 months
Medical Record Technician	1	15,000.00	1.80	1.00	Approved @Rs.8588.58/m for 12 months
C.S.S.D. Technician	1	20,350.00	2.44	2.80	Approved@Rs.23504.25/m for 12 months
Laundry Attendant	2	9,000.00	2.16	2.00	Approved @Rs.8118.49/m for 12 months
Kitchen Attendant	4	9,000.00	4.32	3.90	Approved @Rs.8118.49/m for 12 months
Driver	8	9,000.00	8.64	9.80	Approved@Rs.10161.69/m for 12 months
Security Staff	6	9,000.00	6.48	3.50	Approved @Rs.4802.49/m for 12 months
Supporting Staff	10	5,580.00	6.70	7.70	Approved @Rs.6444.9/m for 12 months
Sub Total	**144**		**374.02**	**367.30**	

- **Approval for Contractual HR for New 100 Bedded JE ward at BRD Medical College, Gorakhpur**

Budget Head	Target	Unit cost (Rs)	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
Professor- Bal rog	1	95,000.00	11.40	12.00	Approved @Rs. 99750/m for 12 months.
Asst. professor	1	84,700.00	10.16	10.70	Approved @Rs. 88935/m for 12 months
Lecturer-Bal Rog	3	60,000.00	21.60	22.70	Approved @Rs. 63000/m for 3 Lecturer-Bal

					Rog for 12 months
Senior Resident	6	50,000.00	36.00	32.00	Approved @Rs. 44467.5/m for 6 Senior Resident for 12 months
Junior Doctor (Residential), Bal Rog	21	42,000.00	105.84	105.70	Approved for 21 Junior Doctor @Rs. 41926.5/m for 12 months
Sister In-charge	3	21,780.00	7.84	8.20	Approved for 3 Sister In-charge @Rs.22869/m for 12 months
Ward Staff Nurse	65	20,570.00	160.44	168.50	Approved for 65 Staff Nurse @Rs.21598.5/m for 12 months
Pharmacist	1	15,000.00	1.80	1.90	Approved for Pharmacist @Rs.15750 /m for 12 months
Record Technician	1	15,000.00	1.80	1.00	Approved for 1 Record Technician @Rs. 8588.58 /mfor 12 months
Lab Technician	3	15,000.00	5.40	5.20	Approved for 1 Lab Technician @Rs.14496.40/m for 12 months
Data entry Operator	1	15,000.00	1.80	20.00	Approved for out sourcing of the proposed services. A lump sum amount of Rs. 20 Lakhs is Approved for 12 months. Utilization of funds would be as per the actual.
Central Pipe line operator/technician	4	12,000.00	5.76		
Electrician	3	12,000.00	4.32		
Generator Operator	3	12,000.00	4.32		
Ward boy	20	9,000.00	21.60		
Ward aaya	22	9,000.00	23.76		
safai karmi (male)	22	9,000.00	23.76		
safai karmi (female)	22	9,000.00	23.76		
Security Guard	12	9,000.00	12.96		
Sub Total			**484.32**	**387.80**	

Support Strenghthening- RNTCP

Under RNTCP, an amount of Rs. **1,277.26** Lakhs was proposed as additionalities, out of which GOI approved Rs. **720.64** Lakhs only (FMR Code-B.22.4), as per the following details:

Sl.	Proposed Activity	No.	Unit cost	Amount Proposed (in lakhs	Amount Approved (in lakhs)	Justification
1	Follow up services at SGPGI & IMSRML, Lucknow	20000	400.00	80.00	80.00	Approved
2	Remunerations of DRTB Nursing staff	84	217,800.00	182.95	182.95	This is approved only till March 2016 after that it has to come from state budget.
3	Remunerations of DEO RTPMU	4	290,400.00	11.08	11.08	Approved. Salary details as per HR Annexure
4	Remunerations of Office assistant RTPMU	4	174,240.00	6.65	6.65	Approved . Salary details as per HR Annexure
5	Remunerations of Consultant RTPMU	4	726,000.00	27.72	27.72	Approved . Salary details as per HR Annexure
6	Remuneration of Lab attendant for IRL & C&DST	16	144,000.00	23.04	-	Not approved
7	Remuneration of service engineer for maintenance of IRL Equipments (Proposed for IRL Agra & Lucknow)	2	300,000.00	6.00	-	Not approved
8	Account Officer at STDC	1	48,400.00	5.80	-	Not approved
9	Regional TB Program management Unit (RTPMU)	4	127,550.00 -	51.02	51.02	approved
10	Civil work for 33 New Proposed CBNAAT Sites in state	33	100,000.00	66.00	33.00	Approved at the rate of 1 lakhs per site
11	DRTB Centre & CDST Lab Janitorail services outsourcing	32	120,000.00	38.40	-	Not approved
12	CUG Cost	2484	150.00	44.71	-	This will be provided from HSS

Sl.	Proposed Activity	No.	Unit cost	Amount Proposed (in lakhs	Amount Approved (in lakhs)	Justification
13	CUG Cost	1673	300.00	60.22	-	
14	CUG Cost	30	300.00	1.08	-	
15	Running cost of IRL Lucknow & STDC Agra 125 Kva Generator	2		22.50	-	Not Approved
16	Hindi Translator	1	25,000.00	3.00	-	Not Approved
17	Work stations at State TB Cell (16 STC Staff in place no place to sit)	28	30,000.00	8.40	-	Not Approved
18	Running cost of State level Second Line drug packaging unit	1		3.54	3.54	Approved
19. STDC , Agra (Centre of Excellence)						
20	Residential training hostel up-gradation and furnishing at STDC Agra	1		311.90	311.90	approved
21	Lab Consumable store	1		4.90	4.90	approved
22	CCTV Surveillance for security of IRL , STDC , Hostel & training Halls	1		2.00	-	Not approved
23	Servo Stabilizer 125KVa, 3 phase control, oil immersed, 100 % copper, both side cut off with phase sequence reverse protection.	1		4.25	4.25	approved
24	Intercom facility	1		0.40	-	Not approved
25	Lab Equipment (hot plate , water bath , Bio safety cabinet chairs)			1.25	1.25	approved
26	Water softener for IRL Lab	1		0.85	0.85	approved
27	Reverse Osmosis Plant	4		1.51	1.51	Approved
28	Fridge , Microwave tea Coffee dispenser for STDC & IRL staff pantry			0.45	-	Not approved
29	Training hostel furniture - Hostel rooms, Seminar hall, training hall, Library			22.80	-	Not approved
30	Air Conditioning Training hall (2 ton x4), Office training staff (1.5ton x2), Library (2ton x2), Old auditorium Hall (2T on x6), Dining Hall (2 Ton x2) , Hostel Room (1 Ton 27)			18.65	-	Not approved
31	Enhancement of power load for hostel & training hall			14.00	-	Not approved
32	Incentive for Community volunteers for HRG's Active Case Finding Project	1000000		250.00	-	Not approved
Total - State level				**1,277.26**	**720.64**	

National Programme for Palliative Care (NPPC)

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. 2015-16.

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 Opiods 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 curriculum (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 evolving 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

a) 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.
b) 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

a) District hospital would have up to 10 beds dedicated to Palliative care, and ensure twice a week afternoon palliative care OPD services
b) 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.
c) Primary Health Care would coordinate the referral of patients requiring palliative care support and also empower families to care for the patient through generating awerness in the masses.

Personnel requirement on regular / contractual basis

a) District hospital- 1 trained palliative care physician and 4 specialist nurses at District Hospital with at least 6 weeks training at the approved training centers

b) Community Health Centre, Primary Health Centers utilize the existing, personnel deployed under NPCDCS and NPHCE programs

Training:

a) 6 weeks training of physician and nurses at the approved centers for palliative care
b) Short term trainings for all other categories concerned with palliative care

Proposed Districts for NPPC: The phasing would be done in similar fashion as in NPCDCS program. State proposes 10 districts

1. Jalaun, 2. Jhansi, 3. Kheri, 4. Lalitpur, 5. Etawah, 6. Faizabad. 7, Firozabad, 8. Farrukhabad, 9. Raibaraily. 10., Sultanpur

State Palliative Care Cell - State cell will be responsible for the overall implementation and monitoring of the programme activities and the staff will coordinate with the staff of NCD programme for management of the programme activities.

Manpower:

State Coordinator - 1
Date Entry Operator - 1

District Hospital

Manpower:

Physician-1
Nurses -4
Multipurpose Worker - 1

Proposed Budget – FY 2015-16

Budget (Rs. Lakhs)

S. No.	Budget Head	Proposed 2015-16	
		Physical Target	Total
1	**Manpower at District Hospital**	**10 Districts**	
1.1	Palliative Care Physician-1 (@Rs. 90000 per month*)	10	5400000.00
1.2	Nurses-4 (Rs. 22000/per month	40	5280000.00
1.3	Multi Task Worker-1 (Rs. 15000/- per month)	10	900000.00
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)	1	360000.00
5.2	Data Entry Operator-1 (Rs. 15000/- per month	1	90000.00
5.3	Misc. (Workshop/Stationery/POL/Communication etc.) (Rs. 1Lakh per year)	1	100000.00
	Total		**37130000.00**

Thus, for the above activity, an amount of Rs. 371.30 Lakhs was proposed for 10 districts and State Palliative Care Cell, which is not approved by GOI (FMR Code-B.22.6).

Strengthening of State mental Health Authority, U.P.

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 work 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:

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

- 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 ;
- 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;
- Advise the State Government on all matters relating to mental health;
- Discharge such other functions with respect to matters relating to mental health as the State Government may require**.**

National Mental Health Programme- Release of fund for supporting State Mental Health Authority, U.P. :

In Uttar Pradesh Govt. of India sectioned the first installment of grant-in-aid Rs. 9.00 Lakhs 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. As the work could not start till 31st July 2012, on enquiry Dr. S.K. Gupta, under Secretary, Govt. of India, Ministry of Health & Family Welfare, New Delhi indicated that the funds may be utilized in the financial year 2012-2013.

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 fund for the State Mental Health Authority

Sl.	Demand Detail	Proposed Fund	Number	Amount (Rs.)	Comments
A.	*Recurring Fund*				
1-	Office/Admn./Professional expenses				
i.	Social Worker		1	Per month 20,837/-	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	11,576/-	For record keeping, correspondence and manage the office of State Mental Health Authority.
iii.	Case registry assistant		1	9,261/-	Letter typing and other clerical works of State Mental Authority.
iv.	Peon		1	6,946/-	For the cleaning/hygiene and postal services SMHA Cell.

	Per months Total			48,620/-	
	Total Amount (in year)			5,83,440/-	
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 state.
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	8,83,440/-		8,83,440/-	

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Proposal of the State Mental Health Authority for FY 2014-15

Sl.	Demand Detail	Proposed Fund	Number	Amount (Rs.)	Comments
A.	Recurring Fund				
1-	Office/Admn./Professional expenses				
i.	Social Worker		1	Per month 19,845/-	As Above
ii.	Record Keeper		1	11,025/-	
iii.	Case registry assistant		1	8,820/-	
iv.	Peon		1	6,615/-	
	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/-	
3.	Miscellaneous/ Contingency	50,000/-			
i.	Office Expenses			20,000/-	
ii.	AMC/CMC of the equipments			20,000/-	
iii.	Other Expenses			10,000/-	
	Grant Total of Recurring Amount	8,55,660/-		8,55,660/-	

****

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

Total Amount Proposed in FY 2015-16- 8,83,440/-

Total Amount Required- 21,84,459/-

For the above purpose, an amount of Rs. 21.84 Lakhs was proposed, which is not approved with GOI with the remarks that " the proposed activity is already covered under the approved Tertiary Level Activities under the NMHP"(FMR Code-B.22.8).

Chapter-27: Other Expenditures (Power Backup, Convergence, etc,)

POL for Generators at District Hospitals & CHCs / PHCs Block Level and power backup

The availability of electricity in Uttar Pradesh is poor affecting the functionality of the health facilities. In some areas, there is less than four hours of electricity available throughout the day. Further, day by day increasing JSY load and other services at facilities, there is urgent need of regular power backup services.

Generators are being used at district level hospital & CHCs / PHCs, Block Levels to provide quality services 24 x 7. This is an ongoing activity from last year. As per proposal receive from DG-MH, **An amount of Rs. 2835.36 Lakhs was required for 153 District level Hospitals, 820 CHCs / PHCs of 75 districts and 18 generators for divisional blood banks, out of which GOI approved Rs.2404.20 Lakhs only (FMR Code-B.23 & its sub heads), as follow:**

FMR Code	Particulars	Quantity / Target	Unit Rate In Rs.	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
B.23.1	POL for Generators - District level Hospitals	156	44500/- Per month	833.04	655.20 (@Rs.35000/ month)
B.23.2	POL for Generators - CHCs/PHCs	820	19750/- Per Month	1,948.32	1722.00 (@Rs.17500/ month)
B.23.4	Powerbackup - Generator 5 KVA for divisional blood banks	18	18000/- Per Month	54.00	27.00
	Sub Total			**2835.36**	**2404.20**

Chapter-28: Routine Immunization

Background

Immunization programme is the cornerstone of public health, world over. Vaccination was practiced in India since the early 1900s, especially against small pox, in late 1940's. In 1962, BCG inoculation was included in the National Tuberculosis Control Program. A formal programme under the name of Expanded Programme of Immunization (EPI) was launched in 1978. This gained momentum in 1985 under Universal Immunization Programme (UIP). UIP was merged in child survival and safe motherhood programme (CSSM) in 1992-93. Since 1997 immunization activities are an important component of Reproductive and Child Health (RCH) programme. A National Technical Advisory Group on Immunization (NTAGI) was set up in 2003, and a Midterm Strategic Plan (MTSP) developed in 2004. From April 2005, immunization is an important component of RCH-II under the National Rural Health Mission (NRHM).

Proposed Budget for FY 2015-16

In the proposed PIP of FY 2015-16 a total of Rs. 23770.72 Lakhs have been budgeted for Immunization (Part 'C') which also includes operational cost of Rs. 8580.00 Lakhs for six (2 NIDs and 4 SNIDs) pulse polio immunization campaigns. Further details are as follows:

- **RI Strengthening project -** In the proposed PIP of FY 2015-16, a sum of Rs. 187.50 Lakhs was budgeted for Mobility support for district level officers, **which is approved by GOI(FMR Code- C.1.a)**

  In the proposed PIP of FY 2015-16, a sum of Rs. 3.00 Lakhs was budgeted for Mobility support at state level officers, **out of which GOI approved Rs. 1.50 Lakhs (FMR Code- C.1.b)**

  In the proposed PIP of FY 2015-16, a total of Rs. 652.81 Lakhs was budgeted for printing and dissemination of tally sheets, monitoring formats etc and preparation of tracking bags for child tracking, **which is approved by GOI(FMR Code- C.1.c)**

  In the proposed PIP of FY 2015-16, a sum of Rs. 11.25 Lakhs was budgeted for Quarterly review meetings of district level officers at state, **which is approved by GOI(FMR Code- C.1.d)**.

- **Review Meetings -** In the proposed PIP of FY 2015-16, a sum of Rs. 16.64 Lakhs was budgeted for district level quarterly review meetings, **which is approved by GOI(FMR Code- C.1.e)**

  An amount of Rs. 460.21 Lakhs was budgeted for block level quarterly review meetings with ASHA as one of the participant and the amount has been calculated @75/participant for the year 2015-16, **which is approved by GOI(FMR Code- C.1.f)**

- **RI in slum and underserved areas in urban areas -** In the proposed PIP of FY 2015-16, a total of Rs.333.80 Lakhs was budgeted for focusing RI in slum and underserved area in urban area and has been calculated @525/ Session, **which is approved by GOI(FMR Code- C.1.g)**

- **Mobilization of beneficiaries through ASHA and Alternate Vaccine Delivery -** A sum of Rs.3197.19 Lakhs was proposed for mobilization of beneficiaries to session site through ASHA @ Rs 150/session, **which is approved by GOI(FMR Code- C.1.h)**

  An amount of Rs.351.76 Lakhs was proposed @ Rs 150/session for alternate vaccine delivery for hard to reach areas, **which is approved by GOI(FMR Code- C.1.i)** and Rs.1422.71 Lakhs was budgeted @ Rs. 75/session for alternate vaccine delivery in other areas for the year 2015-16**, which is approved by GOI(FMR Code- C.1.j)**

- **To Develop Micro plan -** An amount of Rs.20.95 Lakhs was proposed to develop Micro plan at Sub centre level @ Rs.100/- per sub centre, **which is approved by GOI(FMR Code- C.1.k)** and amount of Rs.10.48 Lakhs has been proposed to develop micro plan at block level.@ Rs. 1000/- per block and distict level @ Rs. 2000/- per district for the year 2015-16, **which is approved by GOI(FMR Code- C.1.l)**

- **POL for Vaccine delivery -** In the proposed PIP of FY 2015-16, a total of Rs.112.50 Lakhs was budgeted for POL for vaccine delivery from state to district and from district to PHC/CHCs, **which is approved by GOI(FMR Code- C.1.m)**

- **Consumables for computers including internet -** An amount of Rs.3.60 Lakhs was proposed for consumables for computer including provision for internet access, **which is approved by GOI(FMR Code- C.1.n)**

- **Biomedical waste management -** An amount of **Rs.127.89 Lakhs** was proposed @ Rs 6/session for providing both red & black bags at the session sites for the year 2015-16, **which is approved by GOI(FMR Code- C.1.o)**
  An amount of Rs.12.41 Lakhs was proposed for Hub Cutter/Bleach/Hypochlorite solution Twin buckets for the year 2015-16, **which is approved by GOI(FMR Code- C.1.p).**
  For construction of 500 sharp disposal pits in the state, a sum of Rs.26.25 Lakhs was proposed for the year 2015-16 @Rs. 5250/pit, **which is approved by GOI(FMR Code- C.1.q)**

- **State Specific Requirement-** It needs separates mention because state has proposed some following new initiative according to the current needs. It was budgeted under **FMR C.1.r** as per Annexure.
  a) Funds for annual maintenance operation of WIC/WIFat state and division level (Rs.14.40 Lakhs), which is approved by GOI.
  b) Electricity bill for WIC/WIF at state and division level (Rs.36.00 Lakhs), which is approved by GOI.
  c) POL for generator & operational expenses at divisional vaccine storage point and state vaccine store (Rs.38.00 Lakhs), which is approved by GOI.
  d) POL for generator & operational expenses at District and Block level vaccine storage point and other cold chain points (Rs.90.00 Lakhs), which is approved by GOI
  e) AEFI kits (Rs.10.00 Lakhs) for 500 kit @ Rs. 200/- per kit, which is approved by GOI.

- **Teeka Express -** In the PIP for 2015-16, an amount of Rs. 62.75 Lakhs was budgeted towards operational cost, to keep it operational for the whole year, **which is approved by GOI(FMR Code- C.1.s)**

- **JE Campaign Operational Cost-** for this purpose, a tentative amount of Rs.1000.00 Lakhs was proposed, out of which GOI approved Rs.100.00 Lakhs with the remarks that "the allocation is tentative" **(FMR Code-C.1.u)**

- **Salary of contractual staff -** A total amount of Rs.121.97 Lakhs was proposed for the year 2015-16 as salary for contractual staff which includes salary of state level data assistant and district level computer assistants, out of which GOI approved Rs.106.03 Lakhs only **(FMR Code- C.2 & its sub heads)**

- **Training under Immunization -** A total sum of Rs. 400.83 Lakhs was proposed for the year 2015-16 for different training under Immunization. It includes districts level orientation training including Hep B, Measles & JE for 2 days of ANM, Multipurpose health worker (Male), LHV, Health Assistants (Male/Female) Nurse, Mid wives, Supervisors & other staff (Rs.184.80 Lakhs), Three day training on MOs on revised training module including Hep B, Measles JE (Rs.59.04 Lakhs), two days block level cold chain handlers training (Rs.19.95 lakhs) and one day training of block level data handlers (Rs.4.56 Lakhs), **which is approved by GOI (FMR Code-C.3 & its sub heads).**

- **Cold chain Maintenance -** A total of Rs. 19.43 Lakhs was budgeted for the year 2015-16 for cold chain maintenance at 1165 cold chain points that includes 75 district cold chain points @ 15000/- per district and rest points are at block level @ Rs. 750/- per point, **out of which GOI approved Rs.19.43 Lakhs only (FMR Code- C.4)**

- **ASHA Incentive -** A sum of Rs.6446.40 Lakhs was budgeted for ASHA incentive for complete immunization children up to two year @ Rs.150/complete immunization of a child, which is approved by GOI **(FMR Code- C.5)**

- **Pulse Polio Operating Cost -** A lump sum of Rs. 8580.00 Lakhs was proposed for conducting 2 NIDs and 4 SNIDs for the year 2015-16, which is approved by GOI **(FMR Code- C.6)**

- **IEC/BCC for BSPM and Routine Immunization Activities**- RI posters-Pamphlet, SC-25,000 (1 banner, 5 poster and 500 pamphlet for each center) Rs. 125.00 Lakhs, Cold chain point (5 protocols posters for 1200 cold chain points @Rs. 200/posters) Rs.12.00 Lakhs, an amount of Rs.137.00 Lakhs was proposed, which is approved by GOI **(FMR Code- B.10.7.4.5)**

Budget Summary of Routine Immunization -2015-16

FMR Code	Budget Head	Unit Cost (Rs)	Amount Proposed		Amount Approved Budget (Rs. Lakhs)
			Target	Budget (Rs. Lakhs)	
C.1	**RI strengthening project**				
C.1.a	Mobility Support for supervision for distict level officers.	250,000.00	75	187.50	187.50
C.1.b	Mobility support for supervision at State level	300,000.00	1	3.00	1.50
C.1.c	Printing and dissemination of Immunization cards, tally sheets, monitoring forms etc.	10.00	6528064	652.81	652.81
C.1.d	Support for Quarterly State level review meetings of district officer	1,250.00	900	11.25	11.25
C.1.e	Quarterly review meetings exclusive for RI at district level with Block MOs, CDPO, and other stake holders	100.00	16644	16.64	16.64
C.1.f	Quarterly review meetings exclusive for RI at block level	75.00	613619	460.21	460.21
C.1.g	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums (only where regular ANM under NUHM not engaged)	2,100.00	15895	333.80	333.80
C.1.h	Mobilization of children through ASHA or other mobilizers	150.00	2131457	3,197.19	3,197.19
C.1.i	Alternative vaccine delivery in hard to reach areas	150.00	234507	351.76	351.76
C.1.j	Alternative Vaccine Deliery in other areas	75.00	1896951	1,422.71	1,422.71
C.1.k	To develop microplan at sub-centre level	100.00	20947	20.95	20.95
C.1.l	For consolidation of micro plans at block level	1,000.00	1048	10.48	10.48
C.1.m	POL for vaccine delivery from State to district and from district to PHC/CHCs	150,000.00	75	112.50	112.50
C.1.n	Consumables for computer including provision for internet access	4,800.00	75	3.60	3.60
C.1.o	Red/Black plastic bags etc.	6.00	2131457	127.89	127.89
C.1.p	Hub Cutter/Bleach/Hypochlorite solution/ Twin bucket	1,200.00	1034	12.41	12.41
C.1.q	Safety Pits	5,250.00	500	26.25	26.25
C.1.r	State specific requirement			188.40	188.40
C.1.s	Teeka Express Operational Cost		1	62.75	62.75
C.1.u	JE Campaign Operational Cost		1	1,000.00	100.00
C.2	**Salary of Contractual Staffs**				
C.2.1	Computer Assistants support for State level	217,800.00	1	2.18	2.08
C.2.2	Computer Assistants support for District level	159,720.00	75	119.79	103.95

FMR Code	Budget Head	Unit Cost (Rs)	Amount Proposed		Amount Approved Budget (Rs. Lakhs)
			Target	Budget (Rs. Lakhs)	
C.3	**Training under Immunization**				
C.3.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male/Female), Nurse Midwives, BEEs & other staff (as per RCH norms)	46,200.00	400	184.80	184.80
C.3.2	Three day training including Hep B, Measles & JE (wherever required) of Medical Officers of RI using revised MO training module)	65,600.00	90	59.04	59.04
C.3.4	Two days cold chain handlers training for block level cold chain handlers by State and district cold chain officers	26,600.00	75	19.95	19.95
C.3.5	One day training of block level data handlers by DIOs and District cold chain officer	500.00	911	4.56	4.56
C.3.6	Others		662	132.48	132.48
C.4	**Cold chain maintenance**		1165	19.43	19.43
C.5	**ASHA Incentive**	150.00	4297602	6,446.40	6,446.40
C.6	**Pulse Polio operating costs**		6	8,580.00	8,580.00
B10	**IEC-BCC NRHM**				
B.10.7.4.5	IEC/BCC for Routine Immunization		2	137.00	137.00
Grand Total				**23,907.72**	**22,990.28**

Chapter-29: National Iodine Dificiency Disorders Control Programme(NIDDCP)

Background- Iodine Deficiency Disorders continue to be one of the major public health problems in India with around 200 million people estimated to be at risk. Uttar Pradesh with a population of 190 million is known to be IDD endemic and no district in the State is reported to be free from IDD. Iodine deficiency can be prevented by using salt that has been fortified with iodine. Iodine deficiency is particularly damaging during early pregnancy as it retards foetal brain development, resulting in a range of intellectual, motor and hearing deficits. Following disorders are associated with iodine deficiency:

- Goiter, Retarded mental & physical development
- Cretinism in children
- Repeated abortion & Still birth
- Poor school performance etc.

Magnitude of the problem in Uttar Pradesh State - As per the NFHS-3, in Uttar Pradesh while 77 per cent of households are using iodized salt only 36% households use adequately iodized salt. Furthermore 23 per cent of the population in the state is using non-iodised salt. The Coverage Evaluation Survey of 2009 shows the coverage with adequately iodised salt at 42.5%. NIDDCP focuses on the following:

- Survey and Resurvey every 5 years to know prevalence rate.
- Supply of only Iodized salt for human consumption (salt having 15ppm Iodine at consumer level)
- Creating demand for Iodized salt especially in rural area.
- IEC & Health education

Goals & Objectives of state NIDDCP

- ❖ To bring down total Goiter rate (TGR) less than 10%
- ❖ To ensure 90% household consume Iodized salt by 2012 (15ppm Iodine at consumer level). Presently 77% of the households are consuming Iodized salt; only 36% households use adequately iodized salt.
- ❖ Supply of Iodized salt through Public Distribution System

In order to steer NIDDCP in the state in forward direction and understand the progress made in the IDDCP in Uttar Pradesh, there is an need to undertake following additional activities-

1. Organising regular activities under NICDDCP
2. Organizing state level review meeting for USI Coalition.
3. Undertake IDD survey across the state (Project proposal received from technical wing of state coalition i.e from SGPGI)
4. Celebrate IDD across 75 districts

Budgetary Proposal for year 2015-16

FMR Code - D.1 - Establishment of IDD Control Cell

Activity	Unit cost	Quantity	Total budget (Rs.)
Technical Officer	50000.00	1	600000.00
Statistical Office/Staffs	25000.00	1	300000.00
Sub total			**900000.00**

For the above purpose, an amount of Rs. 10.00 Lakhs is approved by GOI(FMR Code-D.1) against Rs. 9.00 Lakhs with the remarks that “filling up of sanctioned vacant posts i.e. Technical Officer, Statistical Assistant & LDC on regular/contract basis on priority. State Government may conduct and co-ordinate approved programme activities and furnish quarterly financial & physical achievements as per prescribed format”.

FMR Code - D.2 - Establishment of IDD Monitoring Lab

Activity	Unit cost	Quantity	Total budget (Rs.)
Lab Assistant	12000.00	1	144000.00
Sub total			**144000.00**

For the above purpose, an amount of Rs. 8.00 Lakhs is approved by GOI(FMR Code-D.2) against Rs. 1.44 Lakhs with the remarks that "the vacant sanctioned posts of Lab Technician & Lab Asst. should be filled on regular/contract basis on priority. State Government may conduct quantitative analysis of salt & urine as per NIDDCP Guidelines and furnish monthly/quarterly statements".

FMR Code - D.3 - Health Education and Publicity

Activity	Unit cost	Quantity	Total budget(Rs.)
Health Education & IEC Activities	1300000.00	1	1300000.00
State Level Coalition meeting	50000.00	2	100000.00
Sub total			**1400000.00**

For the above purpose, out of Rs. 14.00 Lakhs, an amount of Rs. 10.00 Lakhs is approved by GOI(FMR Code-D.3)

FMR Code - D.4 - IDD Surveys/Re-Surveys

Activity	Unit cost	Quantity	Total budget(Rs.)
Survey	250000.00	1	250000.00
IDD Survey in the state through third party*	5765175.00	1	5765175.00
Sub total			**6015175.00**

For the above purpose, out of Rs.60.15 Lakhs, an amount of Rs. 4.00 Lakhs is approved by GOI(FMR Code-D.4) @Rs. 50000/district, with the remarks that the state government may undertake IDD survey of 8 districts as per the guidelines and furnish report.

FMR Code - D.5- Supply of Salt Testing kits

Activity	Unit cost	Quantity	Total budget(Rs.)
Supply of Salt Testing kits	35.00	**48519*12**	20377980.00
Sub total			**20377980.00**

For the above purpose, out of proposed amount of Rs. 203.80 Lakhs, GOI approved Rs. 30.00 Lakhs only as tentative allocation (FMR Code-D.5) with the remarks that "State Govt. to monitor the qualitative analysis of iodated salt by STK through ASHA in 24 endemic districts i.e. Agra, Aligarh, Azamgarh, Behraich, Bareilly, Basti, Bijnor, Deoria, Faizbad, Ghaziabad,Gonda, Gorakhpur, Jaunpur, Kheri, Mathura, Muzaffarnagar, Raibarely, Sultanpur, Varanasi, Shahzanpur, Rampur, Saharanpur, Pilibhit, Bhulandshehar.

FMR Code - D.6 - ASHA Incentive

Activity	Unit cost	Quantity	Total budget(Rs.)
ASHA Incentive	25.00*12=300.00	48519	14555700.00
Sub total			**14555700.00**

For the above purpose, an amount of Rs. 59.00 Lakhs is approved by GOI(FMR Code-D.6) against the proposed budget of Rs.145.55 Lakhs.

FMR Code - D.7 - Any Other Activities

Activity	Unit cost	Quantity	Total budget(Rs.)
Celebration National Iodine Day	10000.00	75	750000.00
Strengthening and Maintenance of IDD Lab	400000.00	1	400000.00
Sub total			**1150000.00**

This activity is not approved by GOI.

Thus, out of total budget requirement of Rs.445.43 Lakhs, GOI approved Rs.121.00 Lakhs only for the year 2015-16.

Annexure - 1

Budget for IDD Survey in the state through third party
Tracking Progress towards Sustaining Elimination of IDD in Uttar Pradesh State (30*40*4)

Sl.	Particulars	No. of unit	Per Unit/Samples/man in INR	INR	Total of Sub Total
1	**1. Operational Part**				
1.1	Cluster Selection			30,000.00	
1.2	Conference Hall Hire for Training (4 training session for 2 days @ Rs. 15000/day)			120,000.00	
1.3	Orientation Workshop				
	Background material for Training & Orientation	125	200	25,000.00	
1.5	Travel Cost for Field Staff (Survey Team) for for orientation & trng Workshop	125	500	62,500.00	
1.6	Orientation & Training Workshop (accommodation and subsistence)	125	1000	125,000.00	**362,500.00**
2	**Field Study**				
2.1	Field Survey Kits, travel & per diem of survey personnels, qualitative study	20	50000	1,000,000.00	**1,000,000.00**
3	**Laboratory Services**				
3.1	Transportation of urine & salt samples			150,000.00	
3.2	Cost of Urine Sample analysis (@ 150/-x4800 samples)	4800	150	720,000.00	
3.3	Cost of Salt sample analysis (@50/-x5000 samples)	5000	50	250,000.00	**1120000.00**
4	**Communication**				
4.1	Expenses			50,000.00	**50,000.00**
5	**Documentation**				
5.1	Data analysis (30 daysx 2 man x INR 1500)	60	1500	90,000.00	
5.2	Preparation of draft reporting			50,000.00	**140,000.00**
6	**External Monitoring**				
6.1	Accomodation & subsistence (2 nights x 4 people x 10 trip = 80 nights)	80	8000	640,000.00	**640,000.00**
7	**Professional fee**				
7.1	ICCIDD Team members (4 man x 30 days = 120 mandays x 10000/- per day*)	120	10000	1,200,000.00	**1,200,000.00**
8	**Travel**				
8.1	Air fare Delhi to state capital x 25 flight tickets (return) @ 15000/- **	25	15000	375,000.00	
	(avg estimate at current rates)				
8.2	Airport transfer 80 @ 500/- per transfer	80	500	40,000.00	**415,000.00**
	*** Planning - 3days, Contacts, coordination, network- 8 days**				
	Lab and field surveys - 12 days, Data Interpretation-2 days,				
	Report Preparation- 5 days.				
	One Person 30days X 4 persons=120 days				
	**** 25 Trips (Planning x 4 persons; Training x 8 persons; Supervisionx 8 persons;**				
	Contingencyx 5 persons)				
	25 flight tickets @ 15000/-				
9	**Total**				
9.1	Total Project cost				**4,927,500.00**
9.2	Total professional Fee for book-keeping, accounts and statutory auditing by Chartered Accountant (2% of project cost)				**98,550.00**
9.3	Administrative cost (15% of project cost)				**739,125.00**
9.4	**Grand total**				**5,765,175.00**

Chapter-30: National Urban Health Mission

Introduction

The National Urban Health Mission (NUHM) aims to improve the health status of the urban population in general, but particularly of the poor and other disadvantaged sections, by facilitating equitable access to quality health care through a revamped public health system, partnerships, community based mechanism with the active involvement of the urban local bodies.

State Profile

Population and Growth Rate

According to the 2011 Census of India, 37.71 crores out of 121 crores Indians live in urban areas. This means 31.16 per cent of the country's population lives in cities. United Nations projections point out that 46 per cent of India's total population will reside in urban areas by 2030 if urbanization continues at the present rate. In Uttar Pradesh too the urban population has been increasing rapidly. While rural poverty has been on the decline in the state, the number of persons living below the poverty line in urban areas has been on the rise. As per the 2011 Census 4.44 crore persons reside in towns and cities of Uttar Pradesh.

Total Population (In lakhs)	1,995.81
Urban Population (In lakhs)	444.70
Urban Population as percentage of total population	22.3%
Urban slum population (in lakhs) (SUDA 2003-04)	119.98
Slum population as percentage of urban population	27
Number of Metro cities	0
Number of Million + cities (> 10 lakh population)	7
Number of cities with 1 to 10 lakh population	56
Number of towns with less than 1 lakh but more than 50 thousand population	59
Number of District HQs which have less that 50 thousand population but are covered under NUHM	9

Details of cities/towns to be covered under NUHM as per census 2011

The following is the list of town and cities that will be covered under NUHM. These include the state capital, District Headquarters and all towns more than 50,000 population as per the NUHM guidelines. Total of 131 cities/towns will be covered in the 75 districts in Uttar Pradesh as per census 2011.

Table - Cities/Towns to be covered under NUHM as per 2011 census

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
1	Agra	1	Agra (M Corp.)	DHQ	1,585,704	1,250,000	DHS	JnNURM, RAY
2	Aligarh	2	Aligarh (M Corp.)	DHQ	874,408	780,000	DHS	RAY
		3	Atrauli (NPP)		50,412	50,400	DHS	
3	Allahabad	4	Allahabad (M Corp. + OG)	DHQ	1,168,385	680,000	DHS	JnNURM, RAY
4	Bareilly	5	Bareilly (M Corp. + OG)	DHQ	904,797	338,005	DHS	RAY
		6	Faridpur (NPP)	Other	78,249	18,360	DHS	
		7	Baheri (NPP)	Other	68,413	68,410	DHS	
		8	Aonla (NPP)	Other	55,629	26,235	DHS	
5	Bijnor	9	Nagina (NPP)	Other	95,246	26,935	DHS	
		10	Bijnor (NPP)	DHQ	93,297	34,480	DHS	UIDSSMT
		11	Najibabad (NPP)	Other	88,535	15,835	DHS	
		12	Chandpur (NPP)	Other	83,441	14,400	DHS	
		13	Sherkot (NPP)	Other	62,226	11,130	DHS	
		14	Kiratpur (NPP + OG)	Other	61,946	14,500	DHS	
		15	Seohara (NPP + OG)	Other	53,296	14,840	DHS	
		16	Dhampur (NPP)	Other	50,997	9,590	DHS	
6	Budaun	17	Budaun (NPP)	DHQ	159,285	106,000	DHS	UIDSSMT
		18	Sahaswan (NPP)	Other	66,204	22,000	DHS	
		19	Ujhani (NPP)	Other	62,039	16,560	DHS	
7	Bulandshahar	20	Bulandshahr (NPP + OG)	DHQ	230,024	113,000	DHS	
		21	Khurja (NPP + OG)	Other	121,207	98,000	DHS	UIDSSMT
		22	Sikandrabad (NPP)	Other	81,028	45,150	DHS	
		23	Jahangirabad (NPP)	Other	59,858	27,800	DHS	
		24	Gulaothi (NPP)	Other	50,823	26,600	DHS	
8	Etawah	25	Etawah (NPP)	DHQ	256,838	49,040	DHS	RAY UIDSSMT
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	DHQ	276,581	190,000	DHS	
10	Firozabad	27	Firozabad (NPP)	DHQ	604,214	387,000	DHS	RAY UIDSSMT
		28	Shikohabad (NPP)	Other	107,404	24,425	DHS	
		29	Tundla (NPP)	Other	50,423	25,000	DHS	
11	GB Nagar	30	Noida (CT)	DHQ	637,272	554,000*	DHS	
		31	Greater Noida (CT)	Other	102,054	253,000*	DHS	
		32	Dadri (NPP)	Other	91,189	144,000*	DHS	
12	Ghaziabad	33	Ghaziabad (M Corp.)	DHQ	1,648,643	403,045	DHS	RAY

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
								UIDSSMT
		34	Loni (NPP)	Other	516,082	106,155	DHS	UIDSSMT
		35	Khora (CT)	Other	190,005	30,000	DHS	
		36	Modinagar (NPP)	Other	130,325	21,500	DHS	UIDSSMT
		37	Muradnagar (NPP)	Other	95,208	5,000	DHS	
13	Gorakhpur	38	Gorakhpur (M Corp.)	DHQ	673,446	450,000	DHS	RAY UIDSSMT
14	Hapur	39	Hapur (NPP)	DHQ	262,983	100,000	DHS	
		40	Pilkhuwa (NPP)	Other	83,736	45,000	DHS	
15	Hardoi	41	Hardoi (NPP + OG)	DHQ	197,029	53,000	DHS	
		42	Shahabad (NPP)	Other	80,226	7,500	DHS	
		43	Sandila (NPP)	Other	58,346	9,000	DHS	UIDSSMT
16	Jalaun	44	Orai (NPP + OG)	DHQ	190,575	53,000	DHS	
		45	Jalaun (NPP)	Other	56,909	7,500	DHS	
		46	Konch (NPP)	Other	53,412	10,000	DHS	
		47	Kalpi (NPP)	Other	51,670	7,500	DHS	
17	Jhansi	48	Jhansi (M Corp.)	DHQ	505,693	211,550	DHS	RAY UIDSSMT
		49	Mauranipur (NPP + OG)	Other	61,449	32,000	DHS	
18	JP Nagar	50	Amroha (NPP)	DHQ	198,471	62,500	DHS	
		51	Hasanpur (NPP)	Other	61,243	37,500	DHS	
		52	Gajraula (NP)	Other	55,048	31,500	DHS	
19	Kannauj	53	Kannauj (NPP)	DHQ	84,862	15,300	DHS	RAY UIDSSMT
		54	Chhibramau (NPP)	Other	60,986	13,000	DHS	
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	DHQ	2,768,057	637,000	DHS	JnNURM ,RAY
21	Kheri	56	Lakhimpur (NPP)	DHQ	151,993	12,500	DHS	UIDSSMT
		57	Gola Gokaran Nath (NPP)	Other	60,172	1,500	DHS	
22	Lucknow	58	Lucknow (M Corp.)	DHQ	2,817,105	1,097,710	DHS	JnNURM, RAY
23	Mathura	59	Mathura (NPP)	DHQ	349,909	282,285	DHS	JnNURM, RAY
		60	Vrindavan (NPP)	Other	63,005	63,000	DHS	UIDSSMT
		61	Kosi Kalan (NPP + OG)	Other	60,074	10,625	DHS	
24	Mau	62	Maunath Bhanjan (NPP)	DHQ	278,745	64,330	DHS	UIDSSMT
25	Meerut	63	Meerut (M Corp.)	DHQ	1,305,429	1,150,000	DHS	JnNURM, RAY
		64	Mawana (NPP)	Other	81,443	9,000	DHS	
		65	Sardhana (NPP)	Other	58,252	16,000	DHS	

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
26	Moradabad	66	Moradabad (M Corp.)	DHQ	887,871	432,500	DHS	RAY UIDSSMT
27	Muzaffarnagar	67	Muzaffarnagar (NPP)	DHQ	392,768	115,000	DHS	RAY UIDSSMT
		68	Khatauli (NPP)	Other	72,949	20,000	DHS	
		69	Budhana (NP + OG)	Other	53,722	10,500	DHS	
28	Rae Bareli	70	Rae Bareli (NPP)	DHQ	191,316	60,000	DHS	RAY UIDSSMT
29	Rampur	71	Rampur (NPP)	Other	325,313	125,000	DHS	RAY UIDSSMT
30	Saharanpur	72	Saharanpur (M Corp.)	DHQ	705,478	302,500	DHS	RAY
		73	Deoband (NPP)	Other	97,037	33,000	DHS	
		74	Gangoh (NPP)	Other	59,279	21,000	DHS	
31	Shahjahanpur	75	Shahjahanpur (NPP)	DHQ	329,736	218,460	DHS	RAY UIDSSMT
		76	Tilhar (NPP)	Other	61,444	41,100	DHS	
32	Sitapur	77	Sitapur (NPP)	DHQ	177,234	33,450	DHS	
		78	Laharpur (NPP)	Other	61,990	3,820	DHS	UIDSSMT
		79	Biswan (NPP)	Other	55,780	32,250	DHS	
		80	Mahmudabad (NPP)	Other	50,777	11,955	DHS	
33	Unnao	81	Unnao (NPP)	DHQ	177,658	43,500	DHS	UIDSSMT
		82	Gangaghat (NPP)	Other	84,072	33,500	DHS	
34	Varanasi	83	Varanasi (M Corp.)	DHQ	1,198,491	569,740	DHS	JnNURM
35	Ambedkarnagar	84	Ambedkarnagar (Mcorp+OG)	DHQ	111,447	15,000	DHS	
		85	Tanda	Other	95,516	50,000	DHS	
36	Amethi	86	Amethi(NP)	DHQ	13,849	7,000	DHS	
37	Auraiya	87	Auraiya (NPP)	DHQ	87,736	-	DHS	
38	Azamgarh	88	Azamgarh (NPP)	DHQ	110,983	46,000	DHS	UIDSSMT
		89	Azam Mubarakpur	Other	70,463	32,000	DHS	
39	Baghpat	90	Baghpat (NPP)	DHQ	50,310	87,000	DHS	UIDSSMT
		91	Baghpat Baraut (NPP)	Other	103,764	68,000	DHS	
40	Bahraich	92	Bahraich (NPP)	DHQ	186,223	75,000	DHS	
41	Ballia	93	Ballia (NPP)	DHQ	104,424	67,000	DHS	UIDSSMT
42	Balrampur	94	Balrampur (NPP + OG)	DHQ	82,488	36,000	DHS	UIDSSMT
43	Banda	95	Banda (NPP + OG)	DHQ	160,473	12,000	DHS	
44	Barabanki	96	Nawabganj (NPP + OG)	DHQ	81,486	7,500	DHS	UIDSSMT

Sl. No	District	Sl. No.	Name	Type of City /town	Total Urban Population (census 2011)	Urban Slum population	Implementing authority	Whether covered under JnNURM, BSUP, IDSMT
45	Basti	97	Basti (NPP)	DHQ	114,657	54,500	DHS	UIDSSMT
46	Chandauli	98	Mughalsarai (NPP)	DHQ	109,650	23,000	DHS	
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	DHQ	57,402	11,000	DHS	
48	Deoria	100	Deoria (NPP)	DHQ	129,479	61,000	DHS	UIDSSMT
49	Etah	101	Etah (NPP)	DHQ	118,517	35,000	DHS	UIDSSMT
50	Faizabad	102	Faizabad (NPP)	DHQ	165,228	40,000	DHS	UIDSSMT
		103	Ayodhya (NPP)	Other	55,890	26,500	DHS	
51	Fatehpur	104	Fatehpur (NPP)	DHQ	193,193	63,000	DHS	UIDSSMT
52	Ghazipur	105	Ghazipur (NPP + OG)	DHQ	121,020	60,000	DHS	UIDSSMT
53	Gonda	106	Gonda (NPP)	DHQ	114,046	9,000	DHS	UIDSSMT
54	Hamirpur	107	Rath (NPP)	DHQ	100,514	23,000	DHS	
55	Hathras	108	Hathras (NPP + OG)	DHQ	143,020	61,000	DHS	
56	Jaunpur	109	Jaunpur (NPP)	DHQ	180,362	15,000	DHS	UIDSSMT
57	Kanpur Dehat	110	Akbarpur (NP)	DHQ	20,445	10,000	DHS	
58	Kasganj	111	Kasganj (NPP)	DHQ	101,277	32,000	DHS	
59	Kaushambi	112	Manjhanpur (NP)	DHQ	16,457	2,025	DHS	
60	Kushinagar	113	Padrauna (NPP)	DHQ	49,723	25,000	DHS	
61	Lalitpur	114	Lalitpur (NPP)	DHQ	133,305	50,000	DHS	
62	Maharajganj	115	Maharajganj (NPP)	DHQ	33,930	26,500	DHS	
63	Mahoba	116	Mahoba (NPP)	DHQ	95,216	37,000	DHS	
64	Mainpuri	117	Mainpuri (NPP + OG)	DHQ	136,557	84,000	DHS	UIDSSMT
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	DHQ	234,871	58,000	DHS	UIDSSMT
66	Pilibhit	119	Pilibhit (NPP)	DHQ	127,988	61,000	DHS	
		120	Bisalpur (NPP)	Other	73,551	3,400	DHS	
67	Pratapgarh	121	Bela Pratapgarh (NPP)	DHQ	76,133	8,010	DHS	
68	Sambhal	122	Sambhal (NPP)	DHQ	220,813	37,000	DHS	UIDSSMT
		123	Chandausi (NPP)	Other	114,383	39,000	DHS	
69	Sant Kabir Nagar	124	Khalilabad (NPP)	DHQ	47,847	6,100	DHS	
70	Bhadohi (NPP)	125	Bhadohi (NPP)	DHQ	94,620	36,000	DHS	
71	Shamli	126	Shamli (NPP)	DHQ	107,266	43,000	DHS	
		127	Kairana (NPP)	Other	89,000	10,000	DHS	
72	Shrawasti	128	Bhinga (NP)	DHQ	23,780	4,950	DHS	
73	Sidharthnagar	129	Siddharthnagar (NPP)	DHQ	25,422	25,000	DHS	UIDSSMT
74	Sonabhadra	130	Sonbhadra (NPP)	DHQ	36,689	32,000	DHS	
75	Sultanpur	131	Sultanpur (NPP)	DHQ	107,640	76,533	DHS	
Total					31,453,923	14,288,488		

In ROP 13-14, the approval was provided for 83 cities and the additional 48 cities were approved under the ROP 14-15.

All the 131 cities/ towns have been proposed under this plan, which qualify as per the NUHM guidelines. This plan covers a total urban population of 3, 14,53,923 (census 2011) and total slum population of 1,42,88,488 (compiled from District plans) from the 131 cities/ towns. In 2015-16, 131 cities from all districts will be covered under NUHM with all activities like setting up administrative and programme management systems. Activities such as GIS mapping and listing of slums and facilities will also be taken up. Orientation of Urban Local Bodies on Urban Health, the role of different government departments and urban stakeholders in improving urban health and provision under NUHM will be done. Establishment of U-PHC and CHC will be taken up.

Districts Heath Society will be the implementing authority for NUHM under the leadership of the District Magistrate. District Program Management Units have been further strengthened to provide appropriate managerial and operational support for the implementation of the NUHM programme at the district level.

HUP has presence in the EAG states and is providing technical assistance on issues of urban health to 8 states and the Ministry of Health &Family Welfare. The ministry has acknowledged the support of both HUP and NHRC in developing the guidelines for NUHM PIP.

The NUHM (Uttar Pradesh) mandates HUP to be its technical agency to Urban Health Cell for providing the technical assistance for effective implementation of NUHM, expand partnerships in Urban Health which would include engaging the commercial sector in Public Private Partnership (PPP) activities and promote Convergence of different Government urban health and development efforts. HUP shall coordinate and facilitate in the city health plans of the two cities of Lucknow and Kanpur.

Mapping and Listing of Slums and Health Facilities

GIS mapping and listing of slums was completed in 2009 in 14 cities (Agra, Aligarh, Allahabad, Hapur, Bareilly, Farrukhabad, Ghaziabad, Kanpur, Jhansi, Lucknow, Meerut, Saharanpur, Shahjahanpur, Varanasi) based on guidance from Government of India and with funding under NRHM. The GIS maps were prepared by Remote Sensing Applications Centre, Uttar Pradesh. This gave us fairly accurate lists and maps of slums in the 14 cities. *GIS mapping of 38 cities have been initiated under Urban Development schemes like UIDSSMT and UI&G. 11 cities, out of 14 which have been mapped through GIS under NRHM are common, thus GIS mapping of 41 cities are initiated or completed in the state.*

GIS mapping will be taken up by Uttar Pradesh Remote Sensing Application Center, the process to place work order has been initiated for the remaining 90 cities and towns as well as the updating of GIS maps prepared in 2009. Budget is therefore not being proposed for GIS mapping.

Programme Management Arrangements

State level

The Government of Uttar Pradesh has passed necessary resolutions for planning and implementation of the NUHM in the state. Accordingly, setting up of a State Program Management Unit for NUHM has been planned and approved. Pertinent points of resolution are:
The Government of Uttar Pradesh has passed a Resolution to include Ministries and Departments of Minority Affairs and Education as members of the existing State Health Society, State Health Mission, Governing Body and the Executive Committee.

NUHM will be implemented by existing District Health Society with additional Stakeholders members such as DUDA.

Urban Health Cell is already in place and functional at the SPMU and at the Directorate Health & Family Welfare. These Cells will be further strengthened once the State PIP is approved.

The approval for 1 Additional Mission Director (on deputation), 1 GM NUHM, 1 DGM NUHM, 2 Consultants (Planning), 2 Program Coordinators, 1 Accountant, 2 Data assistant, 1 Data entry

operator, 1 Program Assistant is already provided. In this year, one Data Entry Operator is additionally proposed.

A position of Joint Director (Urban) exists at the office of Director General H&FW which will continue to support NUHM program implementation. Additional support in the form of HR, infrastructure etc. has also been proposed.

The Urban Health Cell at the state level is working closely with Development Partners for planning of NUHM, particularly Urban Health Initiative and Health of the Urban Poor projects and they will be supporting the state in the rolling out of the NUHM program in the state. Additional partners are being encouraged to support based on their specific expertise and urban presence.

District level

District Health Society has been expanded with the inclusion of Urban Local Bodies and District Urban Development Agency in all 75 districts.

Fund flow mechanisms have been set up and expenditure have been booked under NUHM.

Urban Health has been included as a key agenda item for review by the District Health Society with participation of city level urban stakeholders.

An Additional / Deputy CMO has been designated as the nodal officer for NUHM at the district level. The District Program Management Unit will co-opt implementation of NUHM program in the district and the District Program Manager will be nodal at DPMU level for NUHM activities. To support this the following additional staff and funds are proposed for strengthening the District Program Management Units for implementing NUHM:

- Urban Health Coordinator will be recruited per DPMU and Data cum Accountant Assistant will be recruited city wise
- Mobility support as hired vehicle for each DPMU is being proposed.
- A onetime expense for computers, printer and furniture for the above staff has been budgeted along with the recurring operations expenses.
- Strengthening Service Delivery Infrastructure

Urban-Primary Health Centres (U-PHCs)

Urban Primary Health Centres (U-PHCs) are being established in the most peripheral fixed health facilities for the urban areas under NUHM and are expected to serve as the first point of contact for the community. Each U-PHC will cater to approx 50,000 populations with locations that enable access for urban poor communities. IPHS guidelines for PHCs will be followed and quality assurance mechanisms will put in place.

Suitable health facilities running in other government premises (DUDA, Nagar Nigam, State government building etc) will be attempted to be co-opted and all C & D-type UFWCs, Urban Health Posts and few PPCs have taken up and the following budget estimates are being proposed –

- If the building can be renovated, budget of Rs.10,00,000 has been proposed for renovation and up-gradation.
- If the building is in a dilapidated condition, the UPHC will be run out of a rented premises and rent has accordingly been budgeted for 2014-15. The construction of new building for UPHC will be proposed in subsequent years.
- 478 UPHCs have been established against the approval of 558 UPHCs till last financial year. The establishment of rest approved 80 new UPHCs and recruitment of Human Resource is already in process.
- The established of 80 new UPHCs are being proposed in this financial year 2015-16. Proposed for The equipments & furniture for 80 UPHCs are being proposed this year and Proposed renovation for UPHC at Rampur & Bahraich as well as the new building for UPHC at Meerut, the detail proposal is attached herewith.

Detail of Urban Health Facilities to be undertaken under NUHM

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C &D type UHPs and UFWCs)			UHPs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt.Building	UHPs running in rented building	Total NRHM budgeted UHPs						
1	Agra	1	Agra (M Corp.)	1585704	32	7	8	15	0	9	9	24	6	30	0	30	2
2	Aligarh	2	Aligarh (M Corp.)	874408	17	2	5	7	0	7	7	14	3	17	0	17	0
		3	Atrauli (NPP)	50412	1	0	0	0	0	0	0	0	0	0	1	1	0
3	Allahabad	4	Allahabad (M Corp. + OG)	1168385	23	4	7	11	0	7	7	18	4	22	0	22	1
4	Bareilly	5	Bareilly (M Corp. + OG)	904797	18	1	1	2	0	5	5	7	4	11	0	11	7
		6	Faridpur (NPP)	78249	2	0	0	0	0	0	0	0	0	0	1	1	1
		7	Baheri (NPP)	68413	1	0	0	0	0	0	0	0	0	0	1	1	0
		8	Aonla (NPP)	55629	1	0	0	0	0	0	0	0	0	0	1	1	0
5	Bijnor	9	Nagina (NPP)	95246	2	0	0	0	0	0	0	0	0	0	1	1	1
		10	Bijnor (NPP)	93297	2	0	0	0	0	1	1	1	1	2	0	2	0
		11	Najibabad (NPP)	88535	1	0	0	0	0	0	0	0	0	0	1	1	0
		12	Chandpur (NPP)	83441	1	0	0	0	0	0	0	0	0	0	1	1	0
		13	Sherkot (NPP)	62226	1	0	0	0	0	0	0	0	0	0	1	1	0
		14	Kiratpur (NPP + OG)	61946	1	0	0	0	0	0	0	0	0	0	1	1	0
		15	Seohara (NPP + OG)	53296	1	0	0	0	0	0	0	0	0	0	1	1	0
		16	Dhampur (NPP)	50997	1	0	0	0	0	0	0	0	0	0	1	1	0
6	Budaun	17	Budaun (NPP)	159285	3	0	0	0	0	3	3	3	0	3	0	3	0
		18	Sahaswan (NPP)	66204	1	0	0	0	0	0	0	0	0	0	1	1	0
		19	Ujhani (NPP)	62039	1	0	0	0	0	0	0	0	0	0	1	1	0
7	Bulandshahar	20	Bulandshahr (NPP + OG)	230024	4	0	0	0	0	4	4	4	0	4	0	4	0
		21	Khurja (NPP + OG)	121207	2	0	0	0	0	0	0	0	1	1	0	1	1
		22	Sikandrabad (NPP)	81028	1	0	0	0	0	0	0	0	0	0	1	1	0
		23	Jahangirabad (NPP)	59858	1	0	0	0	0	0	0	0	0	0	1	1	0
		24	Gulaothi (NPP)	50823	1	0	0	0	0	0	0	0	0	0	1	1	0
8	Etawah	25	Etawah (NPP)	256838	6	0	0	0	0	6	6	6	0	6	0	6	0
9	Farrukhabad	26	Farrukhabad-cum-Fatehgarh (NPP)	276581	5	0	0	0	0	2	2	2	1	3	1	4	1
10	Firozabad	27	Firozabad (NPP)	604214	12	2	0	2	0	4	4	6	2	8	1	9	3
		28	Shikohabad (NPP)	107404	2	0	0	0	0	0	0	0	1	1	1	2	0
		29	Tundla (NPP)	50423	1	0	0	0	0	0	0	0	0	0	1	1	0
11	GB Nagar	30	Noida (CT)	637272	13	0	0	0	0	1	1	1	5	6	1	7	6
		31	Greater Noida (CT)	102054	2	0	0	0	0	0	0	0	1	1	1	2	0
		32	Dadri (NPP)	91189	2	0	0	0	0	0	0	0	0	0	1	1	1

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C &D type UHPs and UFWCs)			UHPs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt.Building	UHPs running in rented building	Total NRHM budgeted UHPs						
12	Ghaziabad	33	Ghaziabad (M Corp.)	1648643	33	0	9	9	0	10	10	19	6	25	1	26	7
		34	Loni (NPP)	516082	10	0	0	0	0	0	0	0	1	1	2	3	7
		35	Khora (CT)	190005	3	0	0	0	0	0	0	0	1	1	1	2	1
		36	Modinagar (NPP)	130325	3	0	0	0	0	0	0	0	1	1	1	2	1
		37	Muradnagar (NPP)	95208	2	0	0	0	0	0	0	0	0	0	1	1	1
13	Gorakhpur	38	Gorakhpur (M Corp.)	673446	23	0	15	15	0	8	8	23	0	23	0	23	0
14	Hapur	39	Hapur (NPP)	262983	5	0	0	0	0	0	0	0	1	1	1	2	3
		40	Pilkhuwa (NPP)	83736	2	0	0	0	0	0	0	0	0	0	1	1	1
15	Hardoi	41	Hardoi (NPP + OG)	197029	4	0	0	0	0	1	1	1	1	2	1	3	1
		42	Shahabad (NPP)	80226	1	0	0	0	0	0	0	0	0	0	1	1	0
		43	Sandila (NPP)	58346	1	0	0	0	0	0	0	0	0	0	1	1	0
16	Jalaun	44	Orai (NPP + OG)	190575	4	0	0	0	0	2	2	2	1	3	0	3	1
		45	Jalaun (NPP)	56909	1	0	0	0	0	0	0	0	0	0	1	1	0
		46	Konch (NPP)	53412	1	0	0	0	0	0	0	0	0	0	1	1	0
		47	Kalpi (NPP)	51670	1	0	0	0	0	0	0	0	0	0	1	1	0
17	Jhansi	48	Jhansi (M Corp.)	505693	12	1	8	9	0	3	3	12	0	12	0	12	0
		49	Mauranipur (NPP + OG)	61449	1	0	0	0	0	0	0	0	0	0	1	1	0
18	J.P Nagar	50	Amroha (NPP)	198471	4	0	0	0	0	3	3	3	1	4	0	4	0
		51	Hasanpur (NPP)	61243	1	0	0	0	0	0	0	0	0	0	1	1	0
		52	Gajraula (NP)	55048	1	0	0	0	0	0	0	0	0	0	1	1	0
19	Kannauj	53	Kannauj (NPP)	84862	2	0	0	0	0	2	2	2	0	2	0	2	0
		54	Chhibramau (NPP)	60986	1	0	0	0	0	1	1	1	0	1	0	1	0
20	Kanpur Nagar	55	Kanpur (M Corp. + OG)	2768057	56	4	7	11	4	9	13	24	15	39	3	42	13
21	Kheri	56	Lakhimpur (NPP)	151993	3	0	0	0	0	2	2	2	1	3	0	3	0
		57	Gola Gokaran Nath (NPP)	60172	1	0	0	0	0	0	0	0	0	0	1	1	0
22	Lucknow	58	Lucknow (M Corp.)	2817105	56	8	3	11	6	20	26	37	12	49	3	52	4
23	Mathura	59	Mathura (NPP)	349909	7	0	0	0	0	4	4	4	1	5	1	6	1
		60	Vrindavan (NPP)	63005	1	0	0	0	0	0	0	0	0	0	1	1	0
		61	Kosi Kalan (NPP + OG)	60074	1	0	0	0	0	0	0	0	0	0	1	1	0
24	Mau	62	Maunath Bhanjan (NPP)	278745	6	0	0	0	0	2	2	2	1	3	1	4	2
25	Meerut	63	Meerut (M Corp.)	1305429	26	5	3	8	0	11	11	19	5	24	0	24	2
		64	Mawana (NPP)	81443	1	0	0	0	0	0	0	0	0	0	1	1	0
		65	Sardhana (NPP)	58252	1	0	0	0	0	0	0	0	0	0	1	1	0
26	Moradabad	66	Moradabad (M Corp.)	887871	26	1	12	13	0	13	13	26	0	26	0	26	0

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C &D type UHPs and UFWCs)			UHPs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt.Building	UHPs running in rented building	Total NRHM budgeted UHPs						
27	Muzaffarnagar	67	Muzaffarnagar (NPP)	392768	8	0	0	0	0	2	2	2	1	3	1	4	4
		68	Khatauli (NPP)	72949	1	0	0	0	0	0	0	0	0	0	1	1	0
		69	Budhana (NP + OG)	53722	1	0	0	0	0	0	0	0	0	0	1	1	0
28	Rae Bareli	70	Rae Bareli (NPP)	191316	4	0	0	0	0	1	1	1	1	2	1	3	1
29	Rampur	71	Rampur (NPP)	325313	6	0	3	3	0	1	1	4	1	5	1	6	0
30	Saharanpur	72	Saharanpur (M Corp.)	705478	17	5	4	9	0	8	8	17	0	17	0	17	0
		73	Deoband (NPP)	97037	2	0	0	0	0	0	0	0	0	0	1	1	1
		74	Gangoh (NPP)	59279	1	0	0	0	0	0	0	0	0	0	1	1	0
31	Shahjahanpur	75	Shahjahanpur (NPP)	329736	10	0	7	7	0	3	3	10	0	10	0	10	0
		76	Tilhar (NPP)	61444	1	0	0	0	0	0	0	0	0	0	1	1	0
32	Sitapur	77	Sitapur (NPP)	177234	3	0	0	0	0	1	1	1	2	3	0	3	0
		78	Laharpur (NPP)	61990	1	0	0	0	0	0	0	0	0	0	1	1	0
		79	Biswan (NPP)	55780	1	0	0	0	0	0	0	0	0	0	1	1	0
		80	Mahmudabad (NPP)	50777	1	0	0	0	0	0	0	0	0	0	1	1	0
33	Unnao	81	Unnao (NPP)	177658	3	0	0	0	0	1	1	1	1	2	1	3	0
		82	Gangaghat (NPP)	84072	2	0	0	0	0	2	2	2	0	2	0	2	0
34	Varanasi	83	Varanasi (M Corp.)	1198491	24	6	9	15	0	9	9	24	0	24	0	24	0
35	Ambedkarnagar	84	Ambedkarnagar (Mcorp+OG)	111447	2	0	0	0	0	1	1	1	1	2	0	2	0
		85	Ambedkarnagar Tanda	95516	2	0	0	0	0	2	2	2	0	2	0	2	0
36	Amethi	86	Amethi(NP)	13849	0	0	0	0	0	0	0	0	0	0	1	1	0
37	Auraiya	87	Auraiya (NPP)	87736	1	0	0	0	0	1	1	1	0	1	0	1	0
38	Azamgarh	88	Azamgarh (NPP)	110983	2	0	0	0	0	1	1	1	0	1	1	2	0
		89	Azam Mubarakpur	70463	1	0	0	0	0	1	1	1	0	1	0	1	0
39	Baghpat	90	Baghpat Baraut (NPP)	103764	2	0	0	0	0	1	1	1	1	2	0	2	0
		91	Baghpat (NPP)	50310	1	0	0	0	0	1	1	1	0	1	0	1	0
40	Bahraich	92	Bahraich (NPP)	186223	3	0	0	0	0	1	1	1	1	2	0	2	1
41	Ballia	93	Ballia (NPP)	104424	2	0	0	0	0	1	1	1	1	2	0	2	0
42	Balrampur	94	Balrampur (NPP + OG)	82488	1	0	0	0	0	1	1	1	0	1	0	1	0
43	Banda	95	Banda (NPP + OG)	160473	3	0	0	0	0	1	1	1	0	1	1	2	0
44	Barabanki	96	Nawabganj (NPP + OG)	81486	1	0	0	0	0	1	1	1	0	1	0	1	0
45	Basti	97	Basti (NPP)	114657	2	0	0	0	0	2	2	2	0	2	0	2	0
46	Chandauli	98	Mughalsarai (NPP)	109650	2	0	0	0	0	0	0	0	1	1	1	2	0
47	Chitrakoot	99	Chitrakoot Dham (Karwi) (NPP)	57402	1	0	0	0	1	0	1	1	0	1	0	1	0
48	Deoria	100	Deoria (NPP)	129479	3	0	0	0	0	3	3	3	0	3	0	3	0

S. No.	Districts Name	S.No.	Cities Name	Total Urban Population	Total required UPHC in 131 Cities	State Govt Health Facilities (C &D type UHPs and UFWCs)			UHPs Budgeted under NRHM			Total Health facilities taken under NUHM as UPHCs	New UPHCs approved in year 2013-14	Total UPHCs	New UPHCs approved in year 2014-15	Total UPHCs will be established in Year 2014-15	New UPHCs approved in year 2015-16
						Health Facilities running in Govt building	Health Facility running in rented building	Total Urban Health facility	UHPs running in Govt.Building	UHPs running in rented building	Total NRHM budgeted UHPs						
49	Etah	101	Etah (NPP)	118517	2	0	0	0	0	1	1	1	1	2	0	2	0
50	Faizabad	102	Faizabad (NPP)	165228	5	0	0	0	0	5	5	5	0	5	0	5	0
		103	Ayodhya (NPP)	55890	1	0	0	0	0	0	0	0	0	0	1	1	0
51	Fatehpur	104	Fatehpur (NPP)	193193	4	0	0	0	0	1	1	1	1	2	1	3	1
52	Ghazipur	105	Ghazipur (NPP + OG)	121020	2	0	0	0	0	2	2	2	0	2	0	2	0
53	Gonda	106	Gonda (NPP)	114046	2	0	0	0	0	2	2	2	0	2	0	2	0
54	Hamirpur	107	Rath (NPP)	100514	2	0	0	0	0	1	1	1	1	2	0	2	0
55	Hathras	108	Hathras (NPP + OG)	143020	3	0	0	0	0	1	1	1	1	2	0	2	1
56	Jaunpur	109	Jaunpur (NPP)	180362	3	0	0	0	0	1	1	1	1	2	1	3	0
57	Kanpur Dehat	110	Akbarpur (NP)	20445	0	0	0	0	0	0	0	0	0	0	1	1	0
58	Kasganj	111	Kasganj (NPP)	101277	2	0	0	0	0	1	1	1	1	2	0	2	0
59	Kaushambi	112	Manjhanpur (NP)	16457	1	0	0	0	0	1	1	1	0	1	0	1	0
60	Kushinagar	113	Padrauna (NPP)	49723	1	0	0	0	0	1	1	1	0	1	0	1	0
61	Lalitpur	114	Lalitpur (NPP)	133305	2	0	0	0	0	1	1	1	1	2	0	2	0
62	Maharajganj	115	Maharajganj (NPP)	33930	1	0	0	0	0	1	1	1	0	1	0	1	0
63	Mahoba	116	Mahoba (NPP)	95216	2	0	0	0	0	2	2	2	0	2	0	2	0
64	Mainpuri	117	Mainpuri (NPP + OG)	136557	3	0	0	0	1	2	3	3	0	3	0	3	0
65	Mirzapur	118	Mirzapur-cum-Vindhyachal (NPP)	234871	4	0	0	0	0	1	1	1	1	2	1	3	1
66	Pilibhit	119	Pilibhit (NPP)	127988	2	0	0	0	0	1	1	1	1	2	0	2	0
		120	Bisalpur (NPP)	73551	1	0	0	0	0	0	0	0	0	0	1	1	0
67	Pratapgarh	121	Bela Pratapgarh (NPP)	76133	1	0	0	0	0	1	1	1	0	1	0	1	0
68	Sambhal	122	Chandausi (NPP)	114383	2	0	0	0	0	0	0	0	1	1	1	2	0
		123	Sambhal (NPP)	220813	4	0	0	0	0	0	0	0	1	1	1	2	1
69	Sant Kabir Nagar	124	Khalilabad (NPP)	47847	2	0	0	0	0	2	2	2	0	2	0	2	0
70	Bhadohi (NPP)	125	Bhadohi (NPP)	94620	1	0	0	0	0	1	1	1	0	1	0	1	0
71	Shamli	126	Shamli (NPP)	107266	2	0	0	0	0	0	0	0	1	1	1	2	0
		127	Kairana (NPP)	89000	1	0	0	0	0	0	0	0	0	0	1	1	0
72	Shrawasti	128	Bhinga (NP)	23780	0	0	0	0	0	0	0	0	0	0	1	1	0
73	Sidharthnagar	129	Siddharthnagar (NPP)	25422	1	0	0	0	0	1	1	1	0	1	0	1	0
74	Sonabhadra	130	Sonbhadra (NPP)	36689	1	0	0	0	1	0	1	1	0	1	0	1	0
75	Sultanpur	131	Sultanpur (NPP)	107640	2	0	0	0	0	2	2	2	0	2	0	2	0
				31,453,923	638	46	101	147	13	218	231	378	100	478	80	558	80

The following staffs are proposed for each Urban PHC:

- 2 MBBS Doctors (1 Full Time and 1 part Time) will be hired for each UPHC and will run daily out-patient clinic, ensure supplies and provide overall management.
- 2 Staff Nurses to support Doctor to run routine OPD and special clinics. It is envisaged that each nurse will be given specific responsibilities for RMNCH, family planning, adolescent, geriatric counselling. They will also support clinical services such as insertion of IUCDs.
- 1 Lab Technician will conduct the basic lab and diagnostic tests such as Complete Blood Count, blood sugar, urine tests, sputum AFB tests, VDRL, peripheral smear for malaria and other tests as needed.
- 1 Pharmacist will dispense medicines, administer injections and fluids in case of emergency. He will be responsible for maintaining inventory for equipments, drugs and other commodities.
- 3 Support staff (1 Ayah, 1 Ward Boy and 1 Sweeper cum *Chowkidar*) who will be responsible for cleanliness and security of the UPHC and the required support to the clinical staff.
- Rogi Kalyan Samitis (RKS) will be constituted at each UPHC according to GoI guideline . Members will take the lead in ensuring quality and services to the community as per the guidelines and norms. Each RKS will have a separate account in which the untied grant will be transferred.

Urban-Community Health Centres (U-CHCs)

Urban Community Health Centres (U-CHCs) are envisaged to provide in-patient and specialized care to urban population and are planned for about 2.5 lakh population each. The state proposes to strengthen 19 existing urban hospitals as U-CHCs in the state capital as follows and plan more extensively for U-CHCs in the subsequent years –

District	Number and names of health facility to be upgraded to U-CHCs
Lucknow	8 Bal Mahila Chiiktsalayas and Prasuti Grahs and 1 TB hospital at Thakur Ganj

Under NUHM above mentioned facilities are being proposed for Up-gradation as U-CHCs by providing specialists, staff nurses, support staff , data assistants and drivers for ambulances and infrastructure strengthening (renovation, computer for each BMC, untied grant and drugs)

Strengthening Outreach to urban slums

There is a three pronged strategy for outreach under NUHM:

- Intensifying the reach of ANMs
- Urban ASHAs
- Mahila Arogya Samitis (MAS)
- Urban Health and Nutrition Days
- Outreach Camps
- IEC/BCC Activities

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
1	Agra	Agra (M Corp.)	1,585,704	160	15	145	64	15	49	1250	625	7680	1152
2	Aligarh	Aligarh (M Corp.)	924,820	92	7	85	38	7	31	830	415	4416	684
3	Allahabad	Allahabad (M Corp. + OG)	1,168,385	116	11	105	48	11	37	680	340	5568	864
4	Bareilly	Bareilly (M Corp. + OG)	1,107,088	90	2	88	44	2	42	452	226	4320	792
5	Bijnor	Bijnor (NPP)	588,984	50	0	50	20	0	20	150	75	2400	360
6	Budaun	Budaun (NPP)	287,528	25	0	25	10	0	10	144	72	1200	180
7	Bulandshahar	Bulandshahr (NPP + OG)	542,940	45	0	45	18	0	18	308	154	2160	324
8	Etawah	Etawah (NPP)	256,838	30	0	30	12	0	12	74	37	1440	216
9	Farrukhabad	Farrukhabad-cum-Fatehgarh (NPP)	276,581	25	0	25	10	0	10	182	91	1200	180
10	Firozabad	Firozabad (NPP)	762,041	75	2	73	30	2	28	432	216	3600	540
11	GB Nagar	Noida (CT)	830,515	85	0	85	34	0	34	20	10	4080	612
12	Ghaziabad	Ghaziabad (M Corp.)	2,580,263	250	9	241	100	9	91	570	285	12000	1800
13	Gorakhpur	Gorakhpur (M Corp.)	673,446	67	15	52	46	15	31	616	308	3216	828
14	Hapur	Hapur (NPP)	346,719	30	0	30	12	0	12	142	71	1440	216
15	Hardoi	Hardoi (NPP + OG)	335,601	30	0	30	12	0	12	68	34	1440	216
16	Jalaun	Orai (NPP + OG)	352,566	35	0	35	14	0	14	102	51	1680	252
17	Jhansi	Jhansi (M Corp.)	567,142	55	9	46	26	9	17	232	116	2640	468
18	JP Nagar	Amroha (NPP)	314,762	30	0	30	12	0	12	132	66	1440	216
19	Kannauj	Kannauj (NPP)	145,848	15	0	15	6	0	6	28	14	720	108
20	Kanpur Nagar	Kanpur (M Corp. + OG)	2,768,057	300	11	289	120	11	109	650	325	14400	2160
21	Kheri	Lakhimpur (NPP)	212,165	20	0	20	8	0	8	18	9	960	144
22	Lucknow	Lucknow (M Corp.)	2,817,105	280	11	269	112	11	101	1132	566	13440	2016
23	Mathura	Mathura (NPP)	472,988	47	0	47	18	0	18	302	151	2256	324
24	Mau	Maunath Bhanjan (NPP)	278,745	25	0	25	10	0	10	64	32	1200	180

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
25	Meerut	Meerut (M Corp.)	1,445,124	140	8	132	56	8	48	1176	588	6720	1008
26	Moradabad	Moradabad (M Corp.)	887,871	89	13	76	52	13	39	460	230	4272	936
27	Muzaffarnagar	Muzaffarnagar (NPP)	519,439	50	0	50	20	0	20	144	72	2400	360
28	Rae Bareli	Rae Bareli (NPP)	191,316	19	0	19	8	0	8	56	28	912	144
29	Rampur	Rampur (NPP)	325,313	30	3	27	12	3	9	124	62	1440	216
30	Saharanpur	Saharanpur (M Corp.)	861,794	86	9	77	40	9	31	456	228	4128	720
31	Shahjahanpur	Shahjahanpur (NPP)	391,180	39	7	32	22	7	15	262	131	1872	396
32	Sitapur	Sitapur (NPP)	345,781	30	0	30	12	0	12	84	42	1440	216
33	Unnao	Unnao (NPP)	261,730	25	0	25	10	0	10	80	40	1200	180
34	Varanasi	Varanasi (M Corp.)	1,198,491	120	15	105	48	15	33	570	285	5760	864
35	Ambedkarnagar	Ambedkarnagar (Mcorp+OG)	206,963	20	0	20	8	0	8	70	35	960	144
36	Amethi	Amethi(NP)	13,849	2	0	2	0	0	0	8	4	96	0
37	Auraiya	Auraiya (NPP)	87,736	5	0	5	2	0	2	0	0	240	36
38	Azamgarh	Azamgarh (NPP)	181,446	18	0	18	4	0	4	78	39	864	72
39	Baghpat	Baghpat (NPP)	154,074	15	0	15	6	0	6	76	38	720	108
40	Bahraich	Bahraich (NPP)	186,223	15	0	15	6	0	6	74	37	720	108
41	Ballia	Ballia (NPP)	104,424	10	0	10	4	0	4	68	34	480	72
42	Balrampur	Balrampur (NPP + OG)	82,488	7	0	7	2	0	2	40	20	336	36
43	Banda	Banda (NPP + OG)	160,473	8	0	8	2	0	2	12	6	384	36
44	Barabanki	Nawabganj (NPP + OG)	81,486	5	0	5	2	0	2	8	4	240	36
45	Basti	Basti (NPP)	114,657	10	0	10	4	0	4	56	28	480	72
46	Chandauli	Mughalsarai (NPP)	109,650	10	0	10	4	0	4	24	12	480	72
47	Chitrakoot	Chitrakoot Dham (Karwi) (NPP)	57,402	5	0	5	2	0	2	12	6	240	36
48	Deoria	Deoria (NPP)	129,479	15	0	15	6	0	6	64	32	720	108
49	Etah	Etah (NPP)	118,517	10	0	10	4	0	4	36	18	480	72

Proposed no. of No of ANMs to be recruited and ASHA, MAS, UHSNDs and outreach camps under NUHM													
Sl.	District	Name	Population	ANMs			Medical Officers			MAS	ASHA	UHSND	Outreach camps
				Total ANMs required in Urban Areas	Sanctioned post of ANMs at Urban Health Facility	ANMs to be hired on contract based on Gap analysis	Total MOs required	Sanctioned posts of MOs in urban area	MOs to be hired on contract based on gap analysis	Proposed Number of MAS 2015-16	Proposed Number of ASHAs 2015-16	No. of UHSNDs planned for 2015-16	No. of special outreach camps for 2015-16
50	Faizabad	Faizabad (NPP)	221,118	30	0	30	12	0	12	70	35	1440	216
51	Fatehpur	Fatehpur (NPP)	193,193	20	0	20	8	0	8	76	38	960	144
52	Ghazipur	Ghazipur (NPP + OG)	121,020	10	0	10	4	0	4	60	30	480	72
53	Gonda	Gonda (NPP)	114,046	10	0	10	4	0	4	10	5	480	72
54	Hamirpur	Rath (NPP)	100,514	8	0	8	4	0	4	24	12	384	72
55	Hathras	Hathras (NPP + OG)	143,020	14	0	14	6	0	6	60	30	672	108
56	Jaunpur	Jaunpur (NPP)	180,362	18	0	18	6	0	6	18	9	864	108
57	Kanpur Dehat	Akbarpur (NP)	20,445	2	0	2	0	0	0	16	8	96	0
58	Kasganj	Kasganj (NPP)	101,277	10	0	10	4	0	4	32	16	480	72
59	Kaushambi	Manjhanpur (NP)	16,457	2	0	2	2	0	2	6	3	96	36
60	Kushinagar	Padrauna (NPP)	49,723	5	0	5	2	0	2	22	11	240	36
61	Lalitpur	Lalitpur (NPP)	133,305	10	0	10	4	0	4	6	3	480	72
62	Maharajganj	Maharajganj (NPP)	33,930	3	0	3	2	0	2	26	13	144	36
63	Mahoba	Mahoba (NPP)	95,216	10	0	10	4	0	4	38	19	480	72
64	Mainpuri	Mainpuri (NPP + OG)	136,557	13	0	13	6	0	6	84	42	624	108
65	Mirzapur	Mirzapur-cum-Vindhyachal (NPP)	234,871	20	0	20	8	0	8	60	30	960	144
66	Pilibhit	Pilibhit (NPP)	201,539	15	0	15	6	0	6	68	34	720	108
67	Pratapgarh	Bela Pratapgarh (NPP)	76,133	7	0	7	2	0	2	8	4	336	36
68	Sambhal	Sambhal (NPP)	335,196	30	0	30	12	0	12	76	38	1440	216
69	Sant Kabir Nagar	Khalilabad (NPP)	47,847	5	0	5	4	0	4	8	4	240	72
70	Bhadohi (NPP)	Bhadohi (NPP)	94,620	9	0	9	2	0	2	36	18	432	36
71	Shamli	Shamli (NPP)	196,266	15	0	15	6	0	6	54	27	720	108
72	Shrawasti	Bhinga (NP)	23,780	2	0	2	0	0	0	6	3	96	0
73	Sidharthnagar	Siddharthnagar (NPP)	25,422	3	0	3	2	0	2	24	12	144	36
74	Sonabhadra	Sonbhadra (NPP)	36,689	4	0	4	2	0	2	32	16	192	36
75	Sultanpur	Sultanpur (NPP)	107,640	10	0	10	4	0	4	90	45	480	72
Total			31,453,923	3,045	147	2,898	1,276	147	1,129	13,626	6,813	146160	22968

ANMs
The ANMs will be headquartered at the U-PHCs and will cater to a population of about 10,000 each. They will work in close cooperation with the ASHAs and AWWS in their area of coverage and refer for institutional care to U-PHCs, U-CHCs and other hospitals in the cities. The key tasks for the ANM will be:

- Preventive and Promotive health care to households through outreach, weekly health camps in slums
- ANC and immunization clinics at the U-PHCs
- Conduct Urban Health Nutrition Days at AWCs in her area
- Support ASHA for house of house visits for behaviour change

Urban ASHAs
The urban ASHA will work on the pattern of rural ASHA and serve as the link between urban poor and health services. There is an ASHA planned for 200 – 500 slum households each and will be assigned such that all slums are covered. These frontline workers will be trained as per the ASHA training modules. The existing training modules for rural ASHAs and the pool of trainers created already will be used for the same. Any specific content on urban contexts, if created for capacity building of ASHAs, the same shall be included in the training plan and content.

Urban ASHAs will conduct the house listing in their assigned area and record the details of all families, married women of reproductive age, pregnant women and children as per the questionnaires which be prescribed or developed. This will help them build rapport with the community and also gain a good understanding of the health needs in her area. It is expected that the actual population listed by the ASHAs may be higher or lower than the population originally used for planning and ASHA selection and assignment. These will be adjusted over time with the objective of providing complete coverage to the slum residents.

The ASHAs will start providing services once they are trained and have completed the mapping of households and Slum Household Index Register (SHIR). They will then be paid incentives based on their performance for the following activities:

- Organize Urban Health and Nutrition Days
- Organize outreach camps
- Organize monthly meeting of MAS
- Attend the monthly meeting at UPHC
- Organize community meeting for strengthening preventive and promotive aspects
- Maintain records as per norms like SHIR, meeting minutes, outreach camp register
- Additional immunization incentives for achieving complete immunization in her area
- Incentives built in schemes such as JSY, RNTCP, NVBDCP, Family Planning, Home based newborn care etc.

Mahila Arogya Samitis (MAS)
Mahila Arogya Samitis will function as empowered groups of women that will enable the urban poor communities to access their health entitlements under the various government schemes. Each MAS will consist of 10-12 women from about 50-100 households with an elected chairperson, treasurer and will be supported by the ASHA. MAS will serve as catalysts for behaviour change in communities in their area for practising healthy behaviours and accessing preventive, promotive and curative health services. They will also advocate with the government system for accessible and quality health care for urban poor. Capacity of existing community based institutions will be built to evolve to MAS and if needed new MAS can be set up.

The state will orient and train MAS in priority cities and will provide an annual untied grant of Rs.5000 to each MAS for mobilization, sanitation and hygiene and emergency health care needs. This will serve as seed money for a revolving fund to be managed by the MAS. The MAS will work closely with the ASHA in the area and serve to improve the health indicators in their area.

Urban Health Sanitation and Nutrition Days

Urban Health and Nutrition Days will be organized at each Anganwadi center at least once a month. UHSNDs will be organized by close coordination between Anganwadi worker, ASHA and ANM and provide services at the doorstep of the urban slum community. In case there are no Anganwadi centers, the ANM can find a common place in the community to conduct the UHSND in coordination with the ASHA.

Supplies for UHSNDs will be procured and supplied by the UPHCs where the ANM is based. The ANM can refer cases that need medical attention to the UPHC OPD or the special clinics being run there. The reports generate from the UHSNDs will be included in the UPHC performance and all pregnant women registered will be entered in MCTS by HMIS/ MCTS Operator based on the information provided by the ANM after each UHSND.

Outreach Camps

Special Outreach Camps will be planned with two main objectives:

- Reach out to vulnerable populations/ slums that are may not access services at UPHCs or UHSNDs such as the homeless, rag pickers, street children, rickshaw pullers, constructions, brick and lime kiln workers, sex workers and other temporary migrants with health services that are responsive to their special health needs.
- Provide more specialised health care services closer to the community for specific preventive and promotive care based on epidemiological and population needs. Some examples of such activities include:
  - Chronic Lung diseases in factories
  - Skin cancer screening in industries where there is exposure to carcinogenic agents
  - Screening and treatment for RTIs and STIs among sex workers
  - Screening and referral for cataract among the elderly
  - Screening and referral for TB among high risk populations
  - Screening and treatment for vector borne diseases such as malaria, dengue, Japanese Encephalitis, Acute Encephalitic Syndrome in and after the monsoons.

A panel of specialists comprising of various specialists such as gynaecologists, paediatricians, general physicians, ophthalmologists, dermatologists, chest physicians, epidemiological and occupational diseases will be developed at the city level. As per the need required specialists will be engaged for outreach camps.

The human resource and supplies will be provided for special outreach camps based on the objective and the target population planned to be served. The ANM will take lead in overall organization of the special outreach camps in her area with support from the Urban Health Coordinator. Specialists from the specialists panel created at the city level will be used for these outreach camps and additional specialists may be hired if needed. Reports for these special outreach camps will be compiled as part of the UPHC performance and reported.

IEC/BCC Activities

National Urban Health Mission is new activity so it needs more IEC. To provide information regarding health services and to change in health seeking behaviour in our target population, strong BCC and IEC activities are required.

To implement the BCC action plan, State realizes the need of establishing a fully functional IEC Bureau under Family Welfare Directorate and IEC cell at SPMU level. GM, NUHM will coordinate with IEC/BCC cell under FW directorate and GM, IEC at SPMU level to implement programmes related activities.

IEC activities at facility and community level:

- Facility level: Budget for visibility of U-PHCs and printing of other IEC material has proposed
- Community level: Budget for printing of Safe Motherhood Booklet and MCP card and other IEC material for communicable and non communicable disease has been proposed.

Budget for Wall painting of massage regarding NUHM at each AWC other prominent places for convergence has been proposed.

Budget for NUHM hoarding (01 hoarding at average of each 50,000 urban population) has been proposed.

Convergent Actions in NUHM

NUHM will promote both inter-sectoral as well as intra-sectoral convergence to complement resources and efforts for higher population level impact. The convergent actions can be grouped as:-

- Coordination with existing state level health programs and schemes including State AIDS Control Program
- Convergence with other departments and ministries
- Convergence with non-government and academic institutions

NRHM is supporting many programmes for heath improvements for rural populations; some of these also provide benefits and services to the urban populations. These programs have detailed program and financial guidelines, reporting formats and implementation and monitoring systems. NUHM would aim to provide similar benefits to urban populations with a clear focus on health indicators improvement. All programs at the city level will be integrated under the umbrella of the city health plan. The programs that will be integrated include JSY, JSSK, RI, Family Planning, Rashtriya Baal Swasthya Karyakram, Vitamin A supplementation program (BSPM), National Disease Control Programs (RNTCP, IDSP, NVBDCP, NPCB etc.) under the umbrella of City Health Plan are well integrated at all levels. The objective of convergence would be optimal utilization of resources and ensuring availability of all services at one point (U-PHC) thereby, enhancing their utilization by the urban population.

Public Private Partnership

Various National programmes as well as NUHM framework further reiterated the need for partnership with the private sector at the community level and develop specific guidelines for engaging the private sector. The National Urban Health Mission explicitly stated *"In view of presence of larger number of private (for profit and not for profit) health service providers in urban areas, public – private partnerships particularly with not for profit service providers will be encouraged.*

NUHM at the state level will also support innovations in public health to address city and population specific needs. However, clear and monitorable Service Level Agreements (SLAs) will have to be developed for engagement with Private Sector. HUP-PFI will provide the technical assistance in expanding partnerships on urban health.

Presence of active NGOs in several cities in the state presents a unique and powerful opportunity to extend the reach of health services through various ways of outreach and enhancing utilization by raising community demand for the existing services.

To increase demand and utilization, involving NGOs in outreach and referral in the urban poor settings would be a viable option.

Establishment of regional diagnostic centers through public private partnerships (PPP)

- To develop systems of accrediting private practitioners for public health goals. These could be for a range of services. Need for transparency in developing protocols, and costs. Community organizations to exercise key role in roll-out of such partnerships. Non Governmental Organizations to build capacity in community organizations to handle such partnerships
- Strengthening preventive and promotive action for improved health and nutrition and prevention of diseases at the community level, the State would also provide a framework for pro-active partnership with NGOs/civil society groups

Corporate Social Responsibility (CSR)

Under the recently passed Companies Act 2013, the Government of India has now mandated every company having net worth of rupees of five hundred crore or more, or turnover of rupees one thousand crore or more, or net profit of rupees five crore or more during any financial year.

The above mandate provides ample opportunities to MoHFW, and State Governments to for leveraging CSR funds and partner with the private and public enterprises to address the Health of the Urban Poor under the aegis of NUHM at state and city level.

Training

ULB, Medical and Paramedical staff, Urban ASHAs and MAS will be trained. The trainings will have to be followed by periodic refresher trainings to keep these frontline health workers motivated. NUHM will engage with development organisations to develop the training modules and facilitate the trainings.

Monitoring & Evaluation

The Monitoring and Evaluation framework would be based on triangulation of information. The three components would be Community Based Monitoring, HMIS for reporting and feedback and external evaluations.

Budget Summary & percentage of budget in different heads

Budget Summary of National Urban Health Mission -2015-16

S. No.	Budget Head	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
1	**Planning & Mapping**		-		-	
2	**Programme Management**					
2.1	State PMU		281.75		225.94	
2.1.1	Human Resources	1	190.95	1	135.14	All state level positions are approved (with condition of 5% salary increase subject to completion of 1 year & performance appraisal) except 01 Data Assistant working at NUHM cell SPMU. Further, approval of 1 Divisional Urban Health Consultant @ Rs. 40000/m & 1 DEO @ Rs. 10000/m for each Divisional PMU for 18 Divisional PMUs approved for 6 months.
2.1.2	Mobility support	1	44.40	1	44.40	(a) Rs 1.00 Lakhs/month for 12 months for SPMU (b) Rs 30000/-month for 6 month for 18 Div.PMUs
2.1.3	Office Expenses	1	46.40	1	46.40	(a) Rs 60000/-month for 12 months for office expenses (b)Rs 5.00 Lakhs for National NUHM workshop
2.2	District PMU					
2.2.1	Human Resources	142	169.19	142	240.78	(a) Salary for 75 UHCs @Rs 30000/-month and 83 DCAA @Rs 20000/-month (b) Salary for HR at DHQ Lucknow for 1 year
2.2.2	Mobility support	75	135.00	26	97.80	Approved 1 vehicle/PMU @ Rs.25000/m for 6 months for 26 DPMUs of the districts having population of HQ towns above 2.5 lakhs & rest of districts Rs 20000/-month for 6 month
2.2.3	Office Expenses	75	67.50	75	67.50	Rs 15000/-moth for 75 DPMUs
2.3	City PMU					
2.3.1	Human Resources	224	239.46			No comments
3	**Training & Capacity Building**					
3.1	Orientation of Urban Local Bodies (ULB)	1	111.50		-	Not Approved as the same activity has been Approved in FY 2013-14 & FY 2014-15 for 131 cities. State may utilize the same.
3.2	Training of ANM/paramedical staff	3,045	152.25			
3.3	Training of Medical Officers	1,276	127.60			
3.4	Orientation of Specialists					
3.5	Constitution and Training of MAS	13,626	1,362.60			
3.6	Selection & Training of ASHA	6,813	352.78			
3.7	Other Trainings/Orientations	75	30.00	75	30.00	Approved District level quarterly review meetings @ Rs. 10,000 per District for 75 Districts.
4	**Strengthening of Health Services**		**29,155.93**		**22,067.55**	

S. No.	Budget Head	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
4.a	Human Resource		**13,827.42**		**10,543.97**	
4.b	Infrastructure		**366.31**		**-**	
4.c	Untied grants		**1,640.00**		**672.75**	
4.d	Procurement (drugs and consumable)		**8,087.50**		**6,975.00**	
4.e	Other services		**5,234.70**		**3,875.83**	
4.1	**Outreach services/camps/UHNDs**		2,662.20		2,374.20	
4.1.1	UHNDs	3,045	365.40	3,045	365.40	Approved 146160 UHNDs for 3045 ANMs ,4 UHND/month per ANM@ Rs 250/-perUHND
4.1.2	Special outreach camps in slums/ vulnerable areas	638	2,296.80		2,008.80	Approved 20088 Outreach Camps for 558 UPHCs, 3 camps per UPHC per month @ Rs. 10,000 per camp for 6 months.
4.2	**ANM/LHV**		3,950.93		3,627.38	
4.2.1	Salary support for ANM/LHV	1	3,768.23		3,457.07	Approval of 5% annual increment granted instead of 10%. Approval of salary granted for existing for 12 months and new staff only for 8 months.
4.2.2	Mobility support for ANM/LHV	3,045	182.70		170.31	Rs 500/-month per ANM for existing for 12 months and new staff only for 8 months.
4.3	**Urban PHC (UPHC)**		21,627.82		15,660.46	
4.3.1	Renovation/upgradation of existing facility to UPHC	1	269.01			Not Approved
4.3.2	Building of new UPHC	1	97.30			Approval Pended, land identification &Specific DPRs
4.3.3	**Operating cost support for running UPHC (**					
4.3.3.1	**Human Resource**		**9,681.51**		**6,726.39**	
4.3.3.1.1	MO salary	1	4,030.07		3,237.70	Approval of 5% annual increment granted instead of 10%. Approval of salary granted for existing for 12 months and new staff only for 6 months.
4.3.3.1.2	Salary of paramedical & nursing staff (Staff Nurse/ Lab Technician/ Pharmacist/ Other)	1	4,043.68		2,825.93	
4.3.3.1.3	Salary of support staff (non clinical staff)	638	1,607.76		662.76	Not approved according to proposal. Proposed salary was Rs. 7000/-month per Support Staff
4.3.3.1.4	Public Health Manager					
4.3.3.2	**Office Expenses**	1	765.60		446.32	Approved (a) 478 PHCs @ Rs. 7000/month for 12 months (b) 80 UPHCs @ Rs. 7000 per month for 8 months.
4.3.3.3	**Others**	1	**1,244.40**		**885.00**	Approved rent of (a) 385 PHCs @ Rs. 15000/month for 12 months (93 UPHCs in government buildings) (b) 80 UPHCs @ Rs. 20000 per month for 12 months. However the State may use the rent differentially on actual basis.
4.3.4	Untied grants to UPHC	638	1,595.00		627.75	Approved 93 UPHCs functioning in government buildings @ Rs. 1.75 lakh per UPHC and 465 UPHCs @ Rs. 1 lakh per UPHCs functioning in rented buildings.
4.3.5	**Medicines & Consumables for UPHC**		**7,975.00**		**6,975.00**	

S. No.	Budget Head	Total Amount Proposed (2015-16)		Total Amount Approved (2015-16)		Remarks
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	
4.3.5.1	Emergency drugs	1	7,975.00		6,975.00	Approved drugs @ Rs. 12.5 lakh/PHC for 558 UPHCs. The state need to have a list of EDL for PHCs & CHCs separately.
4.4	**Urban CHC (UCHC)**		535.18		405.51	
4.4.1	Capital cost support for new UCHC					
4.4.2	**Human Resource**		**377.68**		**360.51**	
4.4.2.1	Specialists	1	**377.68**		**360.51**	Approval of 5% annual increment granted instead of 10%. Approval of salary granted for existing for 12 months and new staff only for 6 months.
4.4.2.2			**-**			
4.4.3	Untied grants for UCHC	9	**45.00**		**45.00**	
4.4.4	Medicines & Consumables for UCHC	9	**112.50**			The cost for this may be borne from FMR 4.3.5
4.6	**IEC/BCC**	1	379.80			Approval for FY 2013-14 & 2014-15 kept as committed unspent. State may utilize the same amount
5	**Regulation & Quality Assurance**		**-**			
6	**Community Processes**				**-**	
6.1	MAS/community groups	13,626	681.30			Not Approved. State hasn't formed a single MAS yet.
6.2	**ASHA (urban)**				**-**	
6.2.1	ASHA Incentives	6,813	1,635.12			Not Approved. State hasn't selected a single ASHA yet.
6.2.2	ASHA Drug kits and HBNC kits					
6.3	NGO support for community processes	13,626	68.13			Approval for FY 2014-15 kept as committed unspent. State may utilize the same amount
7	**Innovative Actions & PPP**	**20**	**703.80**	**20**	**563.80**	Approved: (a) Capital cost of 20 Mobile medical units @ Rs. 18.75 lakh per MMU (b) Recurring cost @ Rs. 9.94 lakh per MMU per month for 6 months for 20 MMUs
8	**Monitoring & Evaluation**		**-**			
	TOTAL		**35,273.91**		**23,293.37**	

Chapter-31: Integrated Disease Surveillance Program (IDSP)

Background - IDSP started in 2004 with support from World Bank, to improve and Integrate Disease Surveillance in pursuance of recommendations by high powered committees like Public Health System Committee, Technical advisory committee and committee of secretaries on Environmental Sanitation. In 2007 with Avian Influenza outbreak, human and animal components were added along with additional budget.

Following assumptions were made at the time of launch of project about infrastructure at state and district level

1. Units have adequate skills, resources and authority to respond.
2. Communities and private sector have adequate incentive to participate.
3. Good quality of lab information is available in timely manner and integrated into surveillance system.

But these were not found to be fully correct, so the objectives could not be achieved as well as fund utilization was low. In Jan 2009 after detailed analysis of the situation, World Bank agreed to restructure the project and extend it for 2 years focusing on what can be achieved by the end of two years. Keeping this in mind PDOs (Project Development Objectives) were revised and a proposal for restructuring and extension of IDSP up to 2012 had been prepared.

Original Project Development Objectives

- To improve the information available to the Govt Health Services and Pvt. Health care providers on a set of high priority diseases and risk factors, so as to improve the responses towards them.
- To establish a decentralized state based system of surveillance for diseases to ensure timely and effective health response towards health challenges at all level.
- To put greater emphasis on building the links between the collection and analysis of information and ground intervention by public or private sectors.

The project was to assist the Govt to

1. Survey a limited number of health conditions and risk factors.
2. Strengthen the linkages, data quality & analysis.
3. Improve lab support.
4. Train stakeholders in disease surveillance and action.
5. Coordinate and decentralize surveillance activities
6. Integrate Disease Surveillance at state and district level and involve communities specially Pvt. Sectors.

<u>Activities to be done under Different Components</u>

I. **Surveillance Preparedness**

- Training of Medical Officers, Medical College Doctors, Epidemiologist, Microbiologist and Entomologist. It would be done regionally by drawing the faculty from the resource group, facilitated by NCDC.
- Refresher training / workshop of District Surveillance Officer at State HQ to reorient about the program and goal.
- Additional training for reporting and analysis for District Data Managers, health supervisors, block health team, pharmacists, LTs etc.
- Ensuring fully functional IT systems in place :-
  a. Mechanism to enhance data integration and flow from telephone, Email, and Fax will be developed.
  b. Decentralization of recruitment of DM and DEOs to SSU and DSU.
  c. Revision of remuneration to bring these at par with other national projects.
  d. SSU and DSU will be authorized to have broadband connectivity through BSNL and also to disburse their broad band bills.
  e. Training schedule and module for training of DM and DEOs has been prepared.
  f. Bandwidth capacity of EDUSAT has been upgraded from 512 Kbps to 1 Mbps.

g. The issues of toll free number are being analysed, investigated and solved.
h. To promote the use of toll free services, the number will be publicized amongst the private and public sectors by advertisement, bulletins etc.
i. The SMS Syndromic reporting model of is being assessed to be incorporated in other priority states.
j. CSU will develop guidelines and provide training for developing Media Scanning and verification system using already existing infrastructure at SSU/DSU

- **For priority district labs:**-
  a. Rigorous monitoring will be done for procurement of equipment by the states.
  b. Development of specimen collection centre within the district.
  c. Placements of new medical and nonmedical microbiologists at districts and state labs under IDSP.
  d. Training of new microbiologists by identifying 3 additional training institutes.
  e. To prepare and distribute SOP manuals for the district priority labs (bio waste management guidelines and internal quality controls.)
  f. Regular monitoring of functioning of district priority labs.
  g. Implementation of guidelines for procurement of quality kits
  h. To organize EQAS (External Quality Assessment Scheme) when district priority lab becomes functional for 3months
- **For Entomological Surveillance:**-
  a. Training of Entomologist.
  b. Entomologist in consultation with NVBDCP Programme officer and DMO will do mapping, monitoring of entomological density and bionomics and sensitivity to insecticides.
  c. They will also do entomological investigations during vector borne disease out break
  d. Vaccine preventable diseases –diphtheria, pertussis and measles are going to be covered in IDSP Surveillance. H1N1 has already been included in the programme.

Present status of the program

1. Activities:-

a. IDSP collects information from all the districts on P and L formats which is then complied and sent weekly on IDSP portal on-line to State Head Qtr. & NCDC, Delhi.
b. Data cell and training cell are present in 71 district of the state.
c. Microbiologists, Data Manager & DEO are working in the regional lab established in Health Directorate, Swasthya Bhawan, Lucknow.
d. Epidemiologists posted at district level are actively working whenever there is any kind of outbreaks or warning signal of epidemic in their respective districts.
e. Data Managers appointed in 49 districts are doing collection, collation, compilation & dissemination of data to State Head Qtr & from state to Central Head Qtr.
f. IDSP has played a remarkable role in prevention and treatment of Swine Flu.
g. IDSP plays an important role in monitoring, testing and evaluating in case of an outbreak.
h. Monthly compiled report of communicable and non-communicable diseases from all the districts is regularly sent to CBHI, New Delhi.
i. Online data reporting is being done from all districts.
j. Swine flu vaccination completed in all the districts in two phases.

2. Training:-

a. Training of Trainer (TOT) of all District Surveillance Officer has been completed, by GoI.
b. Batches of District Surveillance Officer (DSO) have under gone Field Epidemiological Training Program (FETP) at PGI, Chandigarh, NCDC, PHFI Delhi, by GoI.
c. Microbiologist posted at regional lab, Head Quarter Lucknow has been given Induction Training at BJ Medical College Pune, by GoI.
d. All currently posted Epidemiologists have undergone TOT (Training of Trainers), by GoI.
e. Data Manager posted at State Surveillance Unit has undergone TOT Training, at NCDC, New Delhi for online portal Entry, by GoI.
f. Training of District Rapid Response Team (RRT) Members has been done by GoI.

3. Human Resources:-

At State Head Qtr. (State Surveillance Unit):- Appointments of Microbiologist, Epidemiologists and Data Managers working under IDSP were done by National Health System Resource Centre

(NHSRC), Delhi. Currently 1 Microbiologist, 1 Data Manager and 1 Data Entry Operator is working at State Surveillance Unit (SSU).

At District Level (District Surveillance unit):- At district surveillance Unit (DSU's) currently 35 Epidemiologists, 49 Data Managers & 49 Data Entry Operators are working. The list of sanctioned/Filled posts at District Surveillance Units is as below:-

4. **Laboratory Component**:- State Priority Laboratories (Regional Lab at State Head Qtr and District Hospital Lab Ghaziabad):-

a) No procurement has been done for priority labs under IDSP as the existing infrastructure is well furnished.

b) Tests done-Stool Culture for cholera, ELISA for Dengue, Chikungunya, JE, Measles, Hepatitis A&E and Water Bacteriology.

Activities Proposed for the Year 2015-16

1. **Surveillance Activity**:-

- This Year Vaccine preventable disease - Measles, Pertussis, Diphtheria and other diseases like Influenza A H1N1, Bird flu and other communicable diseases will be covered in IDSP Surveillance.
- All Medical Colleges of the State will be involved with proper guidelines of reporting from OPD (Areas of prevalence) in data collection and disease surveillance.
- Private sector Hospitals and Nursing Homes are to be actively involved in phase manner, with proper guidelines of reporting from OPD in disease surveillance.
- Strengthening the Surveillance activities of Epidemic Prone Diseases of U.P. especially AES / JE and Dengue.
- To ensure the 100% online Data Entry from all districts of U.P.
- To start video conferencing between SSU and DSUs & Indentified Government medical Colleges under IDSP.

2. **Training**:-

- **Training of Medical Officers**: - To help them in understanding the objectives and importance of surveillance, to train them for filling up of various IDSP formats, so that complete and timely information from the hospitals is sent to the State Unit. Three day training will be given at district level under the guidance of District Surveillance Officer (DSO), for sensitization & orientation of Medical Officers, three days training workshops for 20 participants per batch @ Rs. 50000/batch, for 10 batches in phased manner.

- **Training of Hospital Pharmacist/Nurses**-For detecting and reporting early warning signals of outbreaks. One day training will be given at district level in 10 batches having 25 participants per batch @ Rs. 45000/- per batch, in phased manner.

Sl. No	Training	No. of Batches	@ Rate	Proposed Budget (Rs. In Lakhs)
1	Medical Officers (3 days)	10	Rs. 50,000/ batch.	5.00/-
2	Hospital Pharmacists /Nurses (1 day)	10	Rs. 45,000/ batch.	4.50/-
Total		**20**		**9.50**

Approval 2015-16: **Against the proposal of training of MOs and Hospital Pharmacists/ Nurses for Rs. 9.50 Lakhs, the state received an approval of 5.00 Lakhs from MoHFW, GoI in 2015-16 under FMR Code E.2 and its sub heads.**

3. **Human Resources (HR)** :

Process has been initiated for recruitment for all the vacant positions under the program at various level at state and district level for the year 2015-16, as per following:

		Total Proposed (Apr 2015- 16)		Total Approved (Apr 2015-16)		Remarks
		Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	
E.1	**HUMAN RESOURCE**		**908.19**		**554.94**	
E.1.1	State Epidemiologist	1	7.20	1	6.30	Remuneration for vacant positions to
E.1.2	State Microbiologist	1	7.20	1	6.30	

E.1.3	State Veterinary Consultant	1	7.20	1	1.50	be calculated for 3 months. b. Remunerations for the posts of Epidemiologist, microbiologist and Consultant training, for candidates with medical qualifications to be more, than those without medical qualification
E.1.4	State Consultant (Training)	1	6.60	1	1.50	
E.1.5	State Entomologist	1	5.40	1	1.20	
E.1.6	State Consultant (Finance/Procurement)	1	4.20	1	0.69	
E.1.7	State Data Manager	1	4.20	1	2.90	
E.1.8	State Data Entry Operator	1	2.64	1	2.02	
E.1.9	District Epidemiologists	75	427.35	75	275.70	
E.1.10	District Microbiologist at District labs	2	13.20	2	12.60	
E.1.11	District Data Manager	75	270.00	75	146.81	
E.1.12	Data Entry Operator*	85	153.00	85	97.42	
	Sub Total		**908.19**		**554.94**	

Approval 2015-16: **Against the proposal of human resource for State Surveillance Unit (SSU) and District Surveillance Units (DSUs) for Rs. 908.19 Lakhs, the state received an approval of Rs. 554.94 Lakhs from MoHFW, GoI for 2015-16 under FMR Code E.1. The existing positions have been approved for 12 months while the vacant positions have been approved for 3 months.**

4. **Operational Expenses**:

Operational Cost	**Activity**	**Proposed Budget 2015-16 (Rs. In Lakhs)**
At State Head Qtr	Mobility: Travel Cost, POL, mobility cost at SSU -(Rs. 30,000/mth)	3.60
At District Surveillance Unit	Mobility: Travel Cost, POL, mobility cost at District Surveillance Unit (DSU)- (Rs. 30,000/mth)	270.00
	Sub Total	273.60
At State Head Qtr	Office expenses on telephone, fax, Broadband Expenses, Weekly Alert Bulletin/Annual Disease Surveillance report, minor repairs and AMC of IT/office equipment supplied under IDSP, Meetings and other miscellaneous expenditures etc.- (Rs. 25,000/mth)	3.00
At District Surveillance Unit	Office expenses on telephone, fax, Broadband Expenses, Weekly Alert Bulletin/Annual Disease Surveillance report, minor repairs and AMC of IT/office equipment supplied under IDSP, Meetings and other miscellaneous expenditures etc.- (Rs. 25,000/mth)	225.00
	Sub Total	228.00
	Total	501.60

Approval 2015-16: **Against the proposal of operational expenses (Mobility, office expenses, repairing/ annual maintenance of computer & office equipments, state identified lab/ district priority lab etc.) for Rs. 501.60 Lakhs, the state received an approval of Rs. 95.00 Lakhs from MoHFW, GoI in 2015-16 under FMR Code E.4.**

Summary of Budget Proposed in PIP and Approved in RoP 2015-16:

FMR Code	**Activity**	**Amount Proposed (Rs. in lakhs)**	**Amount Approved (Rs in lakhs)**
E.1	Remuneration for Contractual Human Resource	638.19	554.93
E.2	Training	9.50	5.00
E4	Operational Cost	501.6	95.00
	Total	**1419.29**	**654.93**

Chapter-32: National Vector Borne Disease Control Programme (NVBDCP)

The Project Implementation Plan (PIP) for the year 2015-16 for the National Vector Borne Disease Control Programme (NVBDCP) has been prepared for prevention and control of Malaria, Dengue, Chikungunya, Japanese Encephalities / AES and Elimination of Lymphatic Filariasis and Kala-azar in the state of U.P. PIP of JE/ Aes has been prepared separately from this year.

The priorities in the 12th five year Plan period are:

1. The elimination of two diseases namely Kala-azar and Lymphatic Filariasis by 2015.
2. Control and contain the outbreaks of Dengue, Chikungunya and Japanese Encephalitis.
3. Paving the way for pre-elimination phase of malaria.

Disease Situation in the State

Year	Malaria			Filaria		Dengue		Kalaazar		Chikungunya
	Positive	P.f.	Death	Diseased	M.f.	Case	Death	Case	Death	Suspected Cases
2012	47400	740	0	1969	322	369	4	5	0	13
2013	48112	581	0	2006	327	1414	5	11	1	1
2014 up to Feb 2015	1641	10	0	232	24	1	0	3	0	0

P.f.=Plasmodium Falciparum (Species causing cerebral malaria)
M.f.=Micro filariae (Stage of filarial parasite detected in blood examination)

The details of the endemicity of different diseases in districts is given below.

Disease	No. of Endemic Districts	Name of Priority Districts
Malaria	All 75 districts (18 are high risk districts)	Aligarh, Hathras, Badaun, Chandauli, Mirzapur, Sonbhadra, St.Ravidas Nagar, Allahabad, Kaushambi, Kanpur Dehat, Shamli, Jhansi, Banda, Hamirpur, , Muzaffarnagar, Ghaziabad, G.B.Nagar and Saharanpur are the high risk districts
Dengue	27 districts (4 are high risk districts)	Endemic districts are Lucknow, Unnao, Kheri, Sitapur, Kanpur, Auraiya, Kanpur Dehat, Kannauj, Moradabad, Bijnor, Gaziabad, GB Nagar, Amethi, Ambedkarnagar, Allahabad, Fatehpur, Pratapgarh, Kaushambhi, Basti, Siddharthnagar, Jaunpur, Mirzapur, Banda, Gorakhpur, Deoria, Kushinagar and Maharajganj. High risk districts are Lucknow, Allahabad, Fatehpur, and Deoria.
Chikungunya	3 districts	Bareilly, Etah, Lucknow
Filaria	51Districts.	Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. Kabir Nagar Azamgarh, Mau, Ballia, Varanasi, Chandauli, Jaunpur, Sonbhadra, St. Ravidas Nagar, Faizabad, Ambedkar Nagar, Sultanpur,Amethi, Barabanki, Bahraich, Shravasti, Gonda, Balrampur, Allahabad, Kaushambi,Pratapgarh,Fatehpur, Banda, Chitrakoot, Mahoba, Jalaun, Hamirpur, Kanpur Nagar, Ramabai Nagar, Etawah, Auraiya, Farrukhabad, Kannauj, Bareilly, Pilibhit, Shahjahanpur, Rampur, Lucknow, Rae Bareli, Unnao, Hardoi, Kheri, Sitapur.and Chatrapati Shahu ji Maharaj Nagar
Kala-Azar	Endemic in 6 districts	Kushi Nagar, Deoria, Ballia, Varanasi, Ghazipur. St. Ravidas Nagar. Cases have been reported from district Kushinagar only in year 2014-2015.

Strategy for prevention & control of Vector Borne Diseases

- Integrated Vector control (Source reduction, IRS, Fish, Chemical & Bio-larvicide).
- Early diagnosis & Complete Treatment.
- Vaccination against J.E.
- Case management as no specific drugs against Dengue, Chikungunia & J.E. are available.
- Annual Mass Drug Administration for Lymphatic Filariasis Elimination
- Capacity Building.
- Behaviour Change Communication & IEC.

Strategies to provide services at various levels of health care delivery

	Malaria
Community Strategy	• Early detection of the cases by blood test by slide/RDT with the help of ASHAs and community volunteers • Indoor Residual Spray (IRS) is selected high risk areas • Up-scaling of use of LLINs • Impregnation of Bed nets • Use of larvivorous fish, anti larval and biolarvicides in the urban /rural areas
Primary	• All the above, plus Artemisinine based Combination Therapy • Epidemic preparedness and rapid response
First Referral, Higher Referrals and Tertiary	• All the above plus case management
All Levels: Community Primary Referral	• To facilitate Entomological surveillance to facilitate monitoring of drug resistance and insecticide susceptibility

	Dengue	Chikungunya
Community Strategy	• Awareness on specific ally on dengue • Improved surveillance • Avoidance of mosquito breeding conditions in homes, workplaces and minimizing the man-mosquito contact	• Awareness on specific ally on Chikungunya • Improved surveillance • Avoidance of mosquito breeding conditions in homes, workplaces and minimizing the man-mosquito contact
Primary	• Improved surveillance and early referral and • Case management	• Improved surveillance and early referral and • Case management
First Referral	• Improved surveillance and early referral • Case management	• Improved surveillance and early referral and • Case management
Higher Referrals and Tertiary	• All the above plus with advanced diagnosis & case management	• Improved surveillance and early referral and • Case management
All Levels: Community Primary Referral	• Breeding check and source reduction plus adequate IEC/BCC and early referral	• Breeding check and source reduction plus adequate IEC/BCC and early referral

	Lymphatic Filariasis
Community Strategy	• Drug compliance by intensive social mobilization • Affected Lymphodema patients practicing home based morbidity management (hygiene)
Primary	• To provide drugs for ensuring improved drug compliance • Morbidity management services (foot hygiene for lymphodema and operations for hydrocele cases) at each PHC/CHC • Adequate IEC and its display in each PHC
First Referral	• Morbidity management services (foot hygiene for lymphoedema and operations for hydrocele cases) at each PHC/CHC • Adequate IEC and its display in each PHC
Higher Referrals and Tertiary	• case management especially Grade III/IV Lymphodema and • Monitoring & evaluation of filaria elimination

	Kala-azar
Community Strategy	• Kala-azar case search in hot spot areas through Rapid Diagnostic Test • Involving ASHA for ensuring the complete treatment in Kala-azar • DDT spray in all endemic areas
Primary	• Use of oral drug – Miltefosine to all the kala-azar endemic districts as first line of treatment
First Referral, Higher Referrals and Tertiary	• All the above plus second line of treatment

Performance & Achievements during 2014-15:-

Sl.	Component	Target	Achievements
1	Malaria	-ABER-4%, -API below 1%	ABER-2.37% API – 0.20%
2	Kala-Azar	Focusing on Elimination	Target Achieved.

		having less than 1 case per 10000 population.	
3	Lymphatic Filariasis	-Population coverage- 85% of targeted population for MDA -M*f* rate below 1%	MDA Campaign was conducted from 9 to 11 March 2015. Mf rate at present is below 1% (0.14) District Sonbhadra has Mf rate 1.1 %
4	Dengue & Chikungunia	-Reduction in Mortality & Morbidity.	Case Management of all the notified cases has been done.

Demographic Profile of U.P.

Infrastructure	Number
Population of the state	20.39 crores
Districts	75
Community Health Centres (CHCs)	773
Primary Health Centres (PHCs)	3692
Microscopy Centres	4207
Health Sub Centres(HSCs)	20521
Villages	107452
Filaria Control Units (FCUs)	29
Urban Malaria Units (UMUs)	14
Districts Hospitals	53 Dist. Women Hosp. & 104 Dist. Male/ Combined Hosp. & 3 Super Specialty Hospitals.
Medical Colleges	22

Source of above information-D.G. M&H Monitoring Cell

Manpower status

Regular Posts	Required	Sanctioned	In Position	Vacant
District Malaria Officer	75	75	48	27
Assistant Malaria Officer	150	122	76	46
Senior Malaria Inspector	56	56	56	0
Malaria Inspector	300	228	160	68
Multi-purpose Supervisor	3789	3789	2730	1059
MPWs	10260	9080	0	9080
Lab Technician	3000	2224	1836	388
Lab Assistant	1000	184	60	124
Filaria Control Officer	6	6	4	2
Biologist	21	21	10	11
Entomological Assistant Junior	6	6	6	0
Entomological Assistant Senior	4	3	0	3
Filaria Inspector	87	87	59	28
ASHAs		166823	136094	30729

Malaria

Targets - ABER> 10%, API< per thousand population
(during 12th plan, the objective is to bring down annual incidence of malaria cases to less than 1 per 1000 population at national level by 2017 and its monitoring at District level)

General Vector Control Strategy-

Main strategy for control of vector borne disease is vector management.

- To control conditions promoting mosquito breeding.
- One day of the week (Saturday) to be made a dry day and empty overhead tanks, coolers, defrost pans of refrigerators plant pots etc.
- Spray larvicide in open drains.
- Two rounds of Indoor Residual Spray DDT -50% and three rounds of Malathian 25% wdp in High Risk Districts.
- Spray wages from state resource for technical skilled labours.
- Fogging with malathion technical at dawn and dusk.
- To control outdoor mosquito density

Entomological Surveillance

Sl.	Entomological Zone	Name of Entomological Assistant posted	
1	Agra	Meena Rajput	**Post of State Entomologist is not sanctioned.**
2	Allahabad	Manvendra Tripathi	
3	Bareilly	Deepak Kumar	
4	Faizabad	VACANT	
5	Gorakhpur	Vijay Kr. Srivastava	**The name of Entomological Assistant is to be changed to Zonal Entomologist.**
6	Jhansi	Ravi Das	
7	Lucknow	VACANT	
8	Meerut	VACANT	
9	Varanasi	R.P. Singh	

The budget proposed for Malaria is as under-

A Monitoring & Supervision Consultant who has to be a Medical Graduate with Public Health qualification has been proposed for state programme officer's office at a salary of Rs 50000 per month. No amount has been proposed for spray wages as amount under this head is available in districts. The budget released under this head in last financial year was not utilized and the same shall be revalidated for the current year.

S. No.	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed (2015-16)		Total Approved (2015-16)	
			Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)
F.1.1	**Malaria**			494.20		146.00
F.1.1.a	**Contractual Payments**					
F.1.1.a.vi	M&E Consultant (Medical Graduate with PH qualification)	6.00	1	6.00		
F.1.1.b	**ASHA Incentive**	0.00	150,000	150.00		10.00
F.1.1.c	**Operational Cost**					
F.1.1.c.ii	Operational cost for IRS	0.10	75	7.50		
F.1.1.d	Monitoring , Evaluation & Supervision & Epidemic Preparedness including mobility & NAMMIS and MPW monitoring incentive	3.00	75	225.00		100.00
F.1.1.e	**IEC/BCC**	1.00	76	76.00		25.00
F.1.1.f	**PPP / NGO and Intersectoral Convergence**	0.10	75	7.50		
F.1.1.g	**Training / Capacity Building**	0.75	6	4.50		2.00
F.1.1.h	**Zonal Entomological units**	1.00	9	9.00		9.00
F.1.1.l	**Any other Activities**					
F.1.1.l a	Stationary for State level reporting, recording, internet facilities and Two computers with all accessories etc for State HQ	-		2.40		
F.1.1.l.b	State level Budget & Finance Officer and State level secretarial Assistant cum data entry operator	-	2	6.30		
	Total Malaria (DBS)			**494.20**		**146.00**

Dengue & Chikungunia

Objective

- To reduce the incidence of Dengue & effective control on Chikungunia Morbidity.
- Strengthen the State wise Surveillance mechanism for Dengue & Chikungunia by increasing the number of Domestic Breeding Checkers.

Situational Analysis

Year	Dengue Cases	Deaths	Chikungunia Cases	Deaths
2008	51	2	0	0
2009	161	2	0	0
2010	960	8	5	0
2011	155	5	0	0
2012	369	4	13	0

Specific constrains, newer strategy and innovations proposed for implementation of the programme:

- All municipalities & town areas should be involved in source reduction for vector breeding and fogging of insecticide. The bylaws should be effective against those who create the situation favorable for mosquitoes breeding.
- Inter-sectoral coordination, involvement of the village health and sanitation committee, other community based organizations etc. should be ensured by all district level Health Officers.
- Emergency hospitalization plan in case of epidemic/outbreak in each District, by reserving 5-10 beds in each District hospital and ensuring availability of drugs, rapid response team.
- Monitoring & evaluation and constraints for analysis of entomological indices for early warning signals, time lag in receiving reports from Sentinel Surveillance Hospitals & implementation of remedial measures etc. should also be ensured.
- Availability of blood banks and blood component separation facility at district & state level should also be made functional.
- In high risk districts for Dengue, the domestic Breeding Checkers should be employed.

Strategy and innovations proposed for implementation of Mid Term Plan strategies in urban & rural areas:

- Intensification of the entomological surveillance, vector control strategies including community involvement for elimination of vector breeding for transmission risk reduction & prevention of occurrence of outbreak.
- As per guideline of GOI, the State of U.P. has established 22 Sentinel Surveillance Hospitals with Laboratory facilities, for enhancing the Dengue facility in the State. For backup support these institutes were linked with SGPGI, Lucknow, which has been identified as one of the Apex Laboratories in the State with advanced diagnostic facility.

Chikungunya:

Chikungunya fever is Viral disease, caused by an arbovirus of the family TONGAVIRIDAE and transmitted by Aedes Aegypti mosquito. It is debilitating, but non-fatal illness occurs principally during rainy season. The disease resembles dengue fever and is characterized by severe, sometimes persistent, joint pain (arthritis) as well as fever and rash. It is rarely life threatening. Chikungunya is diagnosed by Blood tests (ELISA). Since the clinical appearance of both the Dengue & Chikungunya is similar Laboratory confirmation is important.

List of Apex Referral Lab and Sentinel Surveillance Labs / Hospitals for Dengue and Chikangunya and their requirement of ELISA-IGM kits & NS-1 kits

Sl.	Names of Apex Referral Lab and SSHs	No. of Mac Elisa IgM kits for Dengue	No. of Mac Elisa NS-1 kits for Dengue	No. of Mac Elisa IgM kits for Chikunguniya
1	Nodal Officer, Apex Referral Lab, H.O.D. Dept of Microbiology, SGPGI Lucknow	25	50	8
2	Regional Lab, Swasthya Bhawan, Lucknow	10	10	10
3	C.M.S. Mukund Lal Munucipal Govt. Distt. Hospital , Ghaziabad	8	16	1
4	I/C Blood Bank, LLRM Medical College, Meerut	3	6	2
5	Prof.& HOD Pathology, ML Medical College, Jhansi	5	10	2
6	HOD Microbiology, MLN Medical College, Allahabad	5	10	2
7	HOD, Microbiology, Instt. of Medical Sciences, BHU Varanasi	10	20	2
8	Microbiologist, Deptt. Of Pathology, SN Medical College,Agra	2	4	2
9	HOD, SPM Deptt. Co-ordinator, Sentinal Surveillance Lab. GSVM Medical College, Kanpur	20	40	5
10	HOD, Microbiology, Rajkiya Medical College, Kannauj	5	10	2
11	HOD, Microbiology, Rajkiya Medical College,	5	10	2

Sl.	Names of Apex Referral Lab and SSHs	No. of Mac Elisa IgM kits for Dengue	No. of Mac Elisa NS-1 kits for Dengue	No. of Mac Elisa IgM kits for Chikunguniya
	Ambedkarnagar			
12	HOD, Microbiology, Rajkiya Medical College, Jalaun	5	10	2
13	HOD, Microbiology, Rajkiya Medical College, Sefai, Etawah	7	10	2
14	Microbiologist, Deptt of Micro Biology, CSMMU, Lucknow	30	60	5
15	CMS, Dr Ram Manohar Lohiya Institute, Gomtinagar, Lucknow	20	40	5
16	CMS, Authority Hospital, GB Nagar	5	5	2
17	CMS, District Hospital, Agra	20	40	5
18	Supt. In Chief, District Hospital, Basti	5	5	5
19	Pathologist, District Hospital,Saharanpur	5	5	5
20	Supt. In Chief, District Hospital, Gorakhpur	5	5	2
21	CMS, District Hospital, Bahraich	5	5	2
22	CMS, District Hospital, Gonda	5	5	0
23	CMS, District Hospital, Balrampur	5	5	0
24	CMS, District Hospital, Rae Bareli	5	25	2
25	CMS, District Hospital, Bareilly	10	14	5
	TOTAL	**230**	**420**	**80**

Budget proposed for Dengue and Chikungunya

S. No.	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)	
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)
F.1.2	**Dengue & Chikungunya**					
F.1.2.a	**Strengthening surveillance (As per GOI approval)**					
F.1.2.a(i)	Apex Referral Labs recurrent	3.00	1	3.00		3.00
F.1.2.a(ii)	Sentinel surveillance Hospital recurrent	1.00	23	23.00		16.00
F.1.2.a(iii)	ELISA facility to Sentinel Surv Labs	5.00	2	10.00		0.00
F.1.2.c	Monitoring/supervision and Rapid response	0.25	75	18.75		5.00
F.1.2.d	Epidemic preparedness	0.20	75	15.00		5.00
F.1.2.e	Case management	0.25	75	18.75		2.00
F.1.2.f	Vector Control, environmental management & fogging machine	0.50	75	37.50		11.00
F.1.2.g	IEC BCC for Social Mobilization	0.50	75	37.50		7.00
F.1.2.h	Inter-sectoral convergence	0.05	75	3.75		0.50
F.1.2.i	Training & printing of guidelines, formats etc. including operational research	0.10	75	7.50		2.00
	Total Dengue/Chikungunya			**174.75**		**51.50**

Lymphatic Filariasis

Target - Elimination of Lymphatic Filariasis by 2015.
To achieve elimination, the micro-filaria rate in all the endemic districts should be less than 1% to interrupt the transmission.

Situational Analysis - Filaria is endemic in 51 districts of U.P. No. of Mf positive cases detected in night surveys in last five years has been summarized below.

Year	M*f* Positive
2010	412
2011	364
2012	322
2013	357
2014	251

Strategy for conducting Mass Drug Administration Campaign in 51 districts

- State Task Force & Technical Advisory Committee Meeting at State H.Q.
- Co-ordination Committee Meetings at District level.
- Line-listing of Filaria cases (Hydrocoele & Lymphedema etc.)
- M.f. survey at 4 sentinal & 4 random sites in each District.
- Training of M.O.s, Paramedicals & Drug Distributors.
- Identification of Volunteers/Drug Distributors.
- Composition of Rapid Response Team.
- Preparation at Village & Sub-centre level involving Village Health & Sanitation Committee and Rogi Kalyan Samiti.
- Media sensitization at District & Block level.
- IEC Activities at local level.
- Post MDA Assessment by Medical Colleges/ Institutions.

Budget proposed for Lymphatic Filariasis is as under:

S. No.	Budget Head	Total Proposed (2015- 16)		Total Approved (2015- 16)	
		Quantity / Target	Budget (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)
F.1.4	**Lymphatic Filariasis**		**2458.37**		**1083.30**
F.1.4.a	State Task Force, State Technical Advisory Committee meeting, printing of forms/registers, mobility support, district coordination meeting, sensitization of media etc., morbidity management, monitoring & supervision and mobility support for Rapid Response Team and contingency support	52	91.00		38.00
F.1.4.b	Microfilaria Survey	51	25.50		10.00
F.1.4.c	Monitoring &Evaluation (Post MDA assessment by medical colleges (Govt. & private)/ICMR institutions)	51	7.65		3.90
F.1.4.d	Training/sensitization of district level officers on ELF and drug distributors including peripheral health workers	51	556.67		225.00
F.1.4.e	Specific IEC/BCC at state,district, PHC, Sub-centre and village level including VHSC/GKs for community mobilization efforts to realize the desired drug compliance of 85% during MDA	52	52.00		28.60
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA	550,550	1651.65		591.80
F.1.4.g	**Verification and validation for stoppage of MDA in LF endemic districts**				
F.1.4.g.i	a) Additional MF Survey	13	9.10		17.50
F.1.4.g.ii	b) ICT Survey		0.00		37.50
F.1.4.g.iii	c) ICT Cost				125.00
F.1.4.h	**Verification of LF endemicity in non-endemic districts**				
F.1.4.h.i	a) LY & Hy Survey in 350 distt	48,000	48.00		6.00
F.1.4.h.ii	b) Mf Survey in Non- endemic distt	24	16.80		0.00
	Total Lymphatic Filariasis		**2458.37**		**1083.30**

Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (JE)

Acute Encephalitis Syndrome (AES) and Japanese Encephalitis (JE) are endemic in mainly in Eastern part of Uttar Pradesh, of which later is Vector Borne Disease transmitted by Culex vishunii gp mosquitoes. At intervals, the disease assumes epidemic form, in the year 2005 the disease affected 34 districts of Uttar Pradesh. With concrete preventive & curative efforts, the department has been able to contain the disease to only 18 districts in 2011 & 16 districts in 2012. In the year 2013, 28 district of Uttar Pradesh has been affected by this disease. The Districts of Saharanpur division was also involved up to 2010 to report AES/JE cases but during 2011 & 2012, these districts did not report any case of AES and JE. During 2013 the geographical area has increased to 28 district (Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, SiddharthNagar, Sant Kabir Nagar, Azamgarh, Mau, Ballia, Behraich, Shrawasti, Gonda,

Balrampur, Lakhimpurkheri, Raebareli, Hardoi, Sitapur, Unnao, Lucknow, Faizabad, Ambedkarnagar, Amethi, Barabanki, Sultanpur, Ghazipur, Bareilly & Pilibhit).

However, the magnitude of the disease has declined but still it is a challenge to the department to contain the disease in Gorakhpur, Basti, Azamgarh and Devipatan divisions and district Lakhimpur of Lucknow Division. Approximately 90% of cases are reported from rural and periurban areas of these districts. The disease incidence has been brought down to considerable level as is evident from the following table-

Situation Analysis of the disease-

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

For prevention and control of disease the Group of ministers (GoM), Government of India has identified 20 districts of Uttar Pradesh namely Gorakhpur, Maharajganj, Deoria, Kushinagar, Basti, St. kabir Nagar, Siddharthnagar, Behraich, Balrampur, Gonda, Shrawasti, Azamgarh, Mau, Ballia, Lakhimpur Kheri, Hardoi, Raebareli, Sitapur, Kanpur Dehat and Saharanpur for intensified intervention measures, but during 2013 the disease spread to larger geographical area and as such 10 more districts Lucknow, Unnao, Ghazipur, Bareilly, Pilibhit, Faizabad, Barabanki, Sultanpur, Amethi & Ambedkarnagar in addition to the existing 20 district also reported disease cases which also require intervention measures, accordingly steps required are incorporated in the present PIP.

Specific Constraints for implementation of Programme

- Transmission cycle of JE is of complex nature.
- Disease affected districts mainly practice paddy cultivation as means of livelihood due to which exophilic and exophagic vector mosquito species of the disease JE get widespread breeding sites and institution of anti-vector control operations is very difficult. Larvivorous fish hatcheries & rearing not properly managed by the local people.
- The Ardied birds, which are reservoir of JE virus, are also prevalent in the area.
- The pigs are also means of livelihood of poor communities and these pigs act as amplifying host. Hon'ble High Court of Uttar Pradesh has instructed to remove piggeries from human habitation. Concerned department is trying to comply the orders of the Hon'ble High Court.
- Moreover, veterinary based sero-surveillance of reservoir as well as amplifying host is lacking which can be definite early warning signal for JE.
- Inadequate human resource at different levels.
- Delayed treatment seeking approach of community at treatment centers i.e. hospitals, CHCs & PHCs as they directly approach BRD Medical College, Gorakhpur on severity of the cases.
- Shortage of vehicles required for mobility of staff for undertaking intervention measures, surveillance, monitoring, supervision etc.
- Repeated training / reorientation training of the medical officer and the staff of CHC / PHC as deployment of new staff after transfer.
- Lack of health consciousness pertaining to personal hygiene and sanitation in and around human habitation.

B. Strategy and Innovations proposed

Disease Surveillance- The surveillance staff for any disease at periphery level is inadequate leading to improper reporting of the AES/JE cases. At present ASHA are working at every village (grass root level) who can early track the patients of AES/JE in endemic areas with symptoms of fever, headache and altered sensorium (Encephalopathy). The ASHA/AWW will convince the family members of the tracked patients to contact the nearby treatment centers for early

treatment of the patient. They will be required to make a list of the early patients daily and will submit it to the respective PHC of the area. If the case motivated/assisted case declared to be of JE/AES, then the concerned ASHA shall be entitled for honorarium worth rupees 300 per case (Fever tracking of AES / JE cases).

District hospitals needs to be strengthened for surveillance. AES/JE ward already identified have been expanded and upgraded. There is a need to set up an ICU, in each district hospital out of which 12 districts have been granted and released funds from GoI and remaining 08 districts (Balrampur, Shrawasti, Ballia, Mau, Hardoi, Sitapur, Kanpur Dehat and Saharanpur) will be provided funds for ICU setup. In the year 2015-16, 03 ICUs establishment has been proposed in the PIP at current price index. Drugs and other medicines are required to be procured by the state. For running of already established ICUs the 10 Medical Officers & 10 Staff Nurses from each district have been proposed for training in operation and critical care management.

Diagnosis- Early Diagnosis and prompt treatment will be ensured by strengthening the diagnostic facilities in 20 Sentinel labs of highly sensitive districts & HQ Lab., each of which is equipped with one ELISA reader, deep freezers, and supplementary material. However, Pathologists & Technicians will be reoriented for latest advancements in the techniques, which will be trained at State APEX lab, Lucknow. Recurring funds need to be made available to these Labs and capacity building of the technicians/pathologist is reflected in the present PIP.

Treatment/Case management- Treatment/ Case management facilities including availability of adequate and ample stock of drugs and other medicines at different hospitals and treatment centers which will have proper legible and self explanatory treatment/Case management schedule of AES/JE cases to be displayed in wards & clinician chambers and accordingly followed.

Entomological Surveillance of JE- Vector Surveillance is an important component of AES/JE programme strategy. Through there is no direct relationship of vector density with impending outbreak of JE, it is needless to mention that vector densities are required to be reduced significantly for avoiding outbreak situations. To monitor the entomological parameters, one Consultant/Entomologist with sufficient background of Knowledge & experience will be engaged / utilized for collecting & analyzing different related parameters.

Vector Control for JE - Fortnightly fogging of Malathion by fogging machine in the villages reporting JE cases for last 2-3 yrs during transmission period. Each district with vehicle mounted large thermal fogging machine and one small portable thermal fogging machine to each PHC have been provided but 11 district identified by GoM still required vehicle mounted fogging machine for which the proposal has been included in the present PIP. In the PIP guideline it is stated to procure 3 MT Malathion Technical which in turn will require 15200 lt diesel for 01 MT quantity. Accordingly the recurring expenditure to be incurred on fogging machine procurement/arrangement and operational expenses are proposed in the PIP in relevant FMR code.

The agriculture department will be involved in Vector control by enhancing its capacity building in Integrated Pest Management (IPM) to the tune of Integrated Pest & Vector Management (IPVM)

The fisheries department particularly in the JE affected districts will study and identify local indigenous mosquito Larvivorous fishes and promote their hatcheries to cater among the aquatic based crop-harvesting farmers and the health department will do their regular monitoring. The impact of already released gumbushia fish in Gorakhpur & Basti Divisions shall be monitored in regular intervals. The recurring expenditure to ward this is proposed in the PIP in relevant FMR code.

Training of Medical Officers (MOs) - Medical Officers of JE/AES affected districts, Health education officer posted at CHC will be trained for dissemination of information to the community for AES/JE prevention & Control.

IEC/BCC - AES cases excluding JE cases make the major proportion of morbidity and mortality mainly in four divisions of the Eastern UP. Community will be sensitized through different types of BCC activities such as electronic (Radio, TV, FM etc) and Print media as well as Railway & Bus tickets bearing key messages for prevention of the disease. Printed material to be made available through group meeting and interpersonal communication in order to prevent contraction of the disease and the prototype health education material will be developed and communicated to the affected districts.

Operational Research - Impact assessment of IEC/BCC activities on the community vis-à-vis change in treatment seeking behavior, trend of disease incidence and mortality by medical institutions/ independent agencies/NGOs in 11 highly affected districts @ Rs. 200000 / District (for HR, mobility & contingent expenditures etc)

Supervision and monitoring – For effective monitoring and the supervision of the prevention and control activities at least one vehicle for transmission period of 6 months is proposed in the PIP more over computer with accessories, State & district consultants have also been proposed. Weekly and fortnightly review meeting of JE/AES situation will be conducted at ground zero. The activity and mobilization of District Malaria/VBD Officer and other paramedical personnel at district level will be ensured. Regular supervisory and analytical trips from State and Divisional Head Quarters.

Vaccination - Vaccination with SA-14-14-2 vaccine to the children of 1-15 years age group was carried out in all 34 districts in phases from 2006 to 2009 which had high response and acceptance in the community but keeping in view the independent assessment, the high level experts and officials decided to undertake another round of vaccination in highly JE sensitive districts of Gorakhpur and Basti division in 2010, accordingly the good coverage of vaccination attributed decline in JE cases considerably. Further it is stated that JE vaccination has been included in UIP since 2011 and two doses of JE vaccine at the age of 9 month and 16-20 month are being administered, but the occurrence of AES cases still needs attention for its containment.

Budgetary Outlay of AES/ JE under National Vector Borne Disease Control Programme

S. No.	Budget Head	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)	
			Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)
F.1.3	**AES/JE**					
F.1.3.a	Strengthening of Sentinel sites which will include Diagnostics and Case Management, supply of kits by GoI	1.70	20	37.64		26.60
F.1.3.b	IEC/BCC specific to J.E. in endemic areas	20.00	20	400.00		100.00
F.1.3.c	Capacity Building	1.00	20	20.00		20.00
F.1.3.d	Monitoring and supervision	226.20	1	226.20		226.20
F.1.3.e	Procurement of Insecticides (Technical Malathion)	3.75	20	75.00		75.00
F.1.3.g	Operational costs for malathion fogging	18.75	20	375.00		30.00
F.1.3.i	Rehabilitation Setup for selected endemic districts	500.00	1	500.00		500.00
F.1.3.j	ICU Establishment in endemic districts	1933.60	1	1,933.60		633.00
F.1.3.m	ASHA incentive for referral of AES/JE cases to the nearest ETC/PHC/ CHC/DH/Medical College	0.003	3000	9.00		9.00
	Total AES/JE			**3576.44**		**1619.80**

Kalaazar

Target- Elimination of Kala-azar by 2015. The elimination is to bring down the number of Kala-azar cases less than 1 per 10,000 population at block level.

Situational analysis of the Disease

Kala - Azar is endemic in the 6 districts of Eastern U.P. bordering Bihar states namely Kushi nagar, Deoria, Ballia, Varanasi, Gazipur and St. Ravidas Nagar. The principles of elimination are anti adult measures and complete treatment of patients.

Yearwise situation of Kala-azar in the State:-

Year	Case	Deaths
2007	69	1
2008	26	0
2009	17	1
2010	14	0
2011	11	1
2012	05	0
2013	11	1
2014	11	0

Strategy and Innovation Proposed

- Case search- The M.O.I.C./Superintendent of PHC/CHC shall be made responsible for conducting case search. Case search activities are to be monitored by CMO/ District VBD Officer.
- Complete treatment of cases.
- Behaviour Change Communication / IEC / Advocacy for K.A.
- Vector Control. Spray pumps and accessories should be made functional and spray workers should be trained before starting the round of spray

Budgetary Outlay of Kalaazar under National Vector Borne Disease Control Programme

S. No.	Budget Head		Total Proposed (2015- 16)		Total Approved (2015- 16)	
		Unit Cost (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	Target	Budget (Rs. Lakhs)
F.1.5	**Kala-azar**			**65.55**		**66.00**
F.1.5	**Case search/ Camp Approach**	4.00	6	24.00		
F.1.5.a	Spray Pumps & accessories	0.50	6	3.00		66.00
F.1.5.b	Operational cost for spray including spray wages	0.00	7,200	32.40		
F.1.5.c	Mobility/POL/supervision	0.20	6	1.20		
F.1.5.d	Monitoring & Evaluation	0.20	6	1.20		
F.1.5.e	Training for spraying	0.30	6	1.80		
F.1.5.f	IEC/ BCC/ Advocacy	0.30	6	1.80		
F.1.5.g	Incentive to ASHA	0.00	50	0.10		
F.1.5.h	Loss of Wages	0.00	100	0.05		
F.1.5.i	Free Diet					
	Total Kala-azar			**65.55**		**66.00**

Budget Summary - National Vector Borne Disease Control Programme

Sr. No.	Component Head	Budget Proposed 2015-16 (Rs. Lakhs)	Budget Approved 2015-16 (Rs. Lakhs)
1.	Malaria	494.20	146.00
2.	Dengue & Chikungunya	174.75	51.50
3.	JE/ AES	3576.44	1619.80
4.	Lymphetic Filariasis	2458.37	1083.30
5.	Kala-Azar	65.55	66.00
6.	Cash grant for Decentralized Commodities	1829.37	2475.00
	Total Proposed & Approved under NVBDCP	**8598.68**	**5441.60**

Under NVBDCP, an amount of Rs. 8598.68 Lakhs was proposed out of which GOI approved Rs. 5441.60 Lakhs (FMR Code- F and its sub heads)

Support Strengthening-NVBDCP Additionalities for JE/ AES

Support to strengthening BRD Medical College, Gorkhapur

134 contractual Staff for BRD Medical College, Gorakhpur was approved in Jan 2009, and in the year 2012-13 approval of Rs 21.35 Lakhs for additional 20 staff Nurses and 10 support staff was given by GoI in Dec, 2012. In the year 2013-14 all the posts have been approved. Most of the AES/JE cases are being treated at BRD Medical College, Gorakhpur, so proposal was submitted for honorarium of 144 Contractual (ongoing) HR and 214 Contractual HR for New 100 Bedded JE ward at BRD Medical College, Gorakhpur, amounting to Rs. 980.00 Lakhs.

In addition to this, an amount of Rs.500.00 Lakhs was submitted to GOI for purchase of medicines at BRD Medical Collges, Gorkhapur. Thus, a total proposal of Rs.1480.00 Lakhs was proposed, out of which GOI approved Rs.755.10 lakhs as per for the ongoing HR sanctioned under NHM as per the annexure B22.3. A hike of 5% has been provided to the ongoing HR in BRD Medical College, Gorakhpur..

- **Approval for Contractual (ongoing) HR at BRD Medical College, Gorakhpur**

Budget Head	Target	Unit cost (Rs)	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
Professor- Bal rog	1	95,000.00	11.40	12.00	Approved@Rs. 99750/m for 12 months.
Asst. professor	2	84,700.00	20.33	21.30	Approved @Rs.88935/m for 12 months
Lecturer-Bal Rog	2	60,000.00	14.40	15.10	Approved @Rs.63000/m for 12 months
Lecturer-Micror Biology	1	60,000.00	7.20	7.60	Approved @Rs. 63000/m for 12 months
Senior Resident	10	50,000.00	60.00	53.40	Approved @Rs.44467.5/m for 12 months
Junior Resident	15	42,000.00	75.60	75.50	Approved@Rs. 41926.5/m for 12 months
Sister Incharge	3	21,780.00	7.84	8.20	Approved @Rs.22869/m for 12 months
Staff Nurse	37	20,570.00	91.33	95.90	Approved@Rs. 21598.5/m for 12 months
Hospital Attendant	15	9,000.00	16.20	14.60	Approved@Rs. 8118.49/m for 12 months
Sanitary Attendant	10	9,000.00	10.80	9.10	Approved @Rs.7623/m for 12 months
ECG Technician	1	15,000.00	1.80	1.00	Approved @Rs.8588.58/m for 12 months
Lab Technician	5	15,000.00	9.00	8.70	Approved@Rs.14496.4/m for 12 months
Lab Attendant	4	9,000.00	4.32	3.90	Approved @Rs. 8118.49/4 for 12 months
OT Technician	1	15,000.00	1.80	1.60	Approved@Rs. 13274.4/m for 12 months
Radiographer	2	15,000.00	3.60	3.50	Approved@Rs.14496.4/m for 12 months
EEG Technician	1	15,000.00	1.80	1.00	Approved@Rs. 8587.95/m for 12 months
Physio therapist	1	16,940.00	2.03	2.10	Approved @Rs.17787/m for 12 months
Occupational Therapist	1	16,940.00	2.03	2.10	Approved @Rs.17787/m for 12 months
Medical Record Technician	1	15,000.00	1.80	1.00	Approved @Rs.8588.58/m for 12 months
C.S.S.D. Technician	1	20,350.00	2.44	2.80	Approved@Rs.23504.25/m for 12 months
Laundry Attendant	2	9,000.00	2.16	2.00	Approved @Rs.8118.49/m for 12 months
Kitchen Attendant	4	9,000.00	4.32	3.90	Approved @Rs.8118.49/m for 12 months
Driver	8	9,000.00	8.64	9.80	Approved@Rs.10161.69/m for 12 months
Security Staff	6	9,000.00	6.48	3.50	Approved @Rs.4802.49/m for 12 months
Supporting Staff	10	5,580.00	6.70	7.70	Approved @Rs.6444.9/m for 12 months
Sub Total	**144**		**374.02**	**367.30**	

- **Approval for Contractual HR for New 100 Bedded JE ward at BRD Medical College, Gorakhpur**

Budget Head	Target	Unit cost (Rs)	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
Professor- Bal rog	1	95,000.00	11.40	12.00	Approved @Rs. 99750/m for 12 months.
Asst. professor	1	84,700.00	10.16	10.70	Approved @Rs. 88935/m for 12 months
Lecturer-Bal Rog	3	60,000.00	21.60	22.70	Approved @Rs. 63000/m for 3 Lecturer-Bal Rog for 12 months
Senior Resident	6	50,000.00	36.00	32.00	Approved @Rs. 44467.5/m for 6 Senior

Budget Head	Target	Unit cost (Rs)	Amount Proposed (Rs in Lakhs)	Amount Approved (Rs in Lakhs)	Remarks
					Resident for 12 months
Junior Doctor (Residential), Bal Rog	21	42,000.00	105.84	105.70	Approved for 21 Junior Doctor @Rs. 41926.5/m for 12 months
Sister In-charge	3	21,780.00	7.84	8.20	Approved for 3 Sister In-charge @Rs.22869/m for 12 months
Ward Staff Nurse	65	20,570.00	160.44	168.50	Approved for 65 Staff Nurse @Rs.21598.5/m for 12 months
Pharmacist	1	15,000.00	1.80	1.90	Approved for Pharmacist @Rs.15750 /m for 12 months
Record Technician	1	15,000.00	1.80	1.00	Approved for 1 Record Technician @Rs. 8588.58 /mfor 12 months
Lab Technician	3	15,000.00	5.40	5.20	Approved for 1 Lab Technician @Rs.14496.40/m for 12 months
Data entry Operator	1	15,000.00	1.80	20.00	Approved for out sourcing of the proposed services. A lump sum amount of Rs. 20 Lakhs is Approved for 12 months. Utilization of funds would be as per the actual.
Central Pipe line operator/technician	4	12,000.00	5.76		
Electrician	3	12,000.00	4.32		
Generator Operator	3	12,000.00	4.32		
Ward boy	20	9,000.00	21.60		
Ward aaya	22	9,000.00	23.76		
safai karmi (male)	22	9,000.00	23.76		
safai karmi (female)	22	9,000.00	23.76		
Security Guard	12	9,000.00	12.96		
Sub Total			**484.32**	**387.80**	

Approval 2015-16: **Against the proposal of Support Strengthening NVBDCP for BRD Medical College, Gorakhpur of Rs. 1480.00 Lakhs, the state received an approval of Rs. 755.10 Lakhs from MoHFW, GoI in 2015-16 under FMR Code B.22.3 with a hike of 5% has been provided to the ongoing HR in BRD Medical College, Gorakhpur.**

Chapter-33: National Leprosy Eradication Programme (NLEP)

The main objectives of NLEP under the XIIth Plan are:

1. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country.
2. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
3. Reduction in the level of stigma associated with leprosy.

Performance under NLEP

	Indicators	2009-10	2010-11	2011-12	2012-13	2013-14
1.	No. of new cases detected (ANCDR/100,000)	27473 (13.4)	25509 (12.52)	24530 (12.03)	24222 (11.70)	22565 (10.90)
2.	No. of cases on record at year end (PR/10,000)	16484 (0.81)	15719 (0.77)	13939 (0.68)	14865 (0.72)	14308 (0.69)
3.	No. of Grade II disability among new cases (%)	594 (2.16)	645 (2.53)	671 (2.74)	703 (2.90)	722 (3.20)
4.	Treatment Completion Rate	92.81	93.1	94.78	93.17	U.Comp.
5.	Reconstructive Surgery conducted	405	190	295	311	268

NLEP annual plan for the year 2015-16

The main objectives of under NLEP under the XIIth Plan are:

- Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all the districts of the country.
- Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
- Reduction in the level of stigma associated with leprosy.

Following 8 results are proposed to be achieved at the end of the 12th Plan period i.e. by March 2017.

- Improved early case detection
- Improved case management
- Stigma reduced
- Development of leprosy expertise sustained
- Research supported evidence based programme practices
- Monitoring supervision and evaluation system improved
- Increased participation of persons affected by leprosy in society
- Programme management ensured

The State has drawn this annual plan for achievements of above results under the following components and functional heads:

G.1 Improved Early Case Detection

ASHA Involvement - Performance based incentive to ASHA and sensitization to new ASHA

SN	Activities	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)
			Quantity / Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)
G 1.	**Improved early case detection**				
G 1.1	Incentive to ASHA	-	4,513	27.30	27.30
G1.1 a	Sensitization of ASHA	0.00	26,400	26.40	26.40
G 1.2	Specific -plan for High Endemic Distrcts			0.00	45.13
	Sub Total			**53.70**	**98.83**

Approval 2015-16: **Against the proposal of sensitization of newly recruited ASHA and incentive to ASHA for Rs. 53.70 Lakhs, the state received an approval of Rs. 98.83 Lakhs from MoHFW, GoI in 2015-16 under FMR Code G.1.**

Improved early case detection (DPMR)

SN	Activities	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)
			Quantity / Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)
G 2	**Improved case management**				
G 2.1	DPMR Services, (MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS)	-	11,785	47.14	47.14
		-		61.65	61.65
G 2.2	Urban Leprosy Control			100.78	100.78
G 2.3.i	Supportive drugs, lab. reagents & equipments and printing works	1.00	75	75.00	75.00
	Sub Total	-		**284.57**	**284.57**

Approval 2015-16: **Against the proposal of improved early case detection (DPMR services) for Rs. 284.57 Lakhs, the state received approval for same under FMR Code G.2**

Stigma Reduction - Information, Education and Communication (IEC/BCC)

Objectives of the communication plan will be –

- To develop effective communication vis-à-vis the target audiences and take on the task of effectively delivering the same.
- To complement and support the detection and treatment services being provided through the General Health Care System, making it more acceptable to the community.
- To strive to remove stigma surrounding leprosy and prevent discrimination against leprosy affected persons.
- To specifically cover clients, Health providers, influencers and the masses.

State IEC plan has been drawn up under the following heads:

Sr. No.	Medium	No. of districts	Unit cost (Rs.)	Budget Proposed 2015-16 (Rs. Lakhs)	Budget Approved in 2015-16 (Rs. Lakhs)
1.	Mass Media (TV, Radio Press)	75	39,000	29.25	29.25
2.	Outdoor Media	75	23,000	17.25	17.25
3.	Rural Media	75	31,000	23.25	23.25
4.	Advocacy Meeting	75	5,000	3.75	3.75
	Total	**-**	**-**	**73.50**	**73.50**

Approval 2015-16: **Against the proposal of Information, Education and Communication (IEC/BCC) towards reducing stigma for Rs. 73.50 Lakhs, the state received an approval of Rs. 73.50 Lakhs from MoHFW, GoI in 2015-16 under FMR Code G.3.**

Monitoring, Supervision and Evaluation System Improved

SN	Activities	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)
			Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)
G 5.1.i	Travel expenses - Contractual Staff at State level	-	1	0.80	0.80
G 5.1.ii	travel expenses - Contractual Staff at District level	0.50	45	22.50	22.50
G 5.1.iii	Review meetings	-	904	11.00	2.00
G 5.2	Office Operation & Maintenance				
G 5.2.i	Office operation - State Cell	-	1	0.75	0.75
G 5.2.ii	Office operation - District Cell	0.35	75	26.25	26.25
G 5.2 .iii	Office equipment maint. State	-	1	0.50	0.50

G 5.3	Consumables				
G 5.3 i	State Cell	-	1	0.50	0.50
G 5.3.ii	District Cell	0.30	75	22.50	22.50
G 5.4	Vehicle Hiring and POL				
G 5.4.i	State Cell	-	2	4.00	4.00
G 5.4.ii	District Cell	1.50	75	112.50	112.50
	Sub Total			**201.30**	**192.30**

Approval 2015-16: **Against the proposal for monitoring, supervision and evaluation, office operation, vehicle hiring & consumables of Rs. 201.30 Lakhs, the state received an approval of Rs. 192.30 Lakhs from MoHFW, GoI in 2015-16 under FMR Code G.5 and its sub heads.**

Programme Management Ensured –

- Contractual Staff at State HQ.
- **Contractual Staff in Select Districts (MOs & PTTs)**
- **Contractual Staff at Block Level in Select districts -** One Para Medical Worker on contractual basis for leprosy supervision, monitoring and programme implementation in high endemic blocks of identified high endemic districts, has been proposed.

SN	Activities	Unit Cost (Rs. Lakhs)	Total Proposed (2015- 16)		Total Approved (2015- 16)
			Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)
G 6.	**Programme Management ensured**			**1229.19**	**1228.23**
G 6.1	Contractual Staff at State level				
G 6.1.i	SMO	6.60	1	6.60	6.60
G 6.1.ii	BFO cum Admn. Officer	3.96	1	3.96	3.96
G 6.1.iii	Admn. Asstt.	-	2	3.60	2.64
G 6.1.iv	DEO	2.90	1	2.90	2.90
G 6.1.v	Driver	2.61	1	2.61	2.61
G 6.2	Contractual Staff at Disrrict & block level		90	326.70	326.70
G 6.2.i	Driver	-			
G 6.2.ii	Contractual Staff in selected States, NMS	-	418	882.82	882.82
	Sub Total			**1229.19**	**1228.23**

Approval 2015-16: **Against the proposal of contractual staff at state, district and block level of Rs. 1229.19 Lakhs, the state received an approval of Rs. 1228.23 Lakhs from MoHFW, GoI in 2015-16 under FMR Code G.6 and its sub heads.**

Others

FMR Code	Budget head	No. of unit	Unit cost (Rs.)	Budget Proposed 2015-16 (Rs. Lakhs)	Budget Approved in RoP 2015-16 (Rs. Lakhs)
G 6	**Others**				
	Travel expenses for regular staff for specific programme / training need, awards etc	75		187.13	10.00
	Total	**-**	**-**	**187.13**	**10.00**

Approval 2015-16: **Against the proposal of others of Rs. 187.13 Lakhs, the state received an approval of Rs. 10.00 Lakhs from MoHFW, GoI in 2015-16 under FMR Code G.6.**

Budgetary Details of National Leprosy Eradication Programme (NLEP) – 2015-16

FMR Code	Budget head	Budget Proposed 2015-16 (Rs. Lakhs)	Budget Approved 2015-16 (Rs. Lakhs)
G	**NLEP**		
G 1.	**Improved early case detection**		
G 1.1	Incentive to ASHA	27.30	27.30
G1.1 a	Sensitization of ASHA	26.40	26.40
G 1.2	Specific -plan for High Endemic Districts	0.00	45.13
G 2	**Improved case management**		
G 2.1	DPMR Services, (MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS)	47.14 61.65	47.14 61.65
G 2.2	Urban L:eprosy Control, (Mega city - 0 , Medium city (1) -3 , Med. City (2)- 1 Township -19)	100.78	100.78
G 2.3.i	Supportive drugs, lab. reagents & equipments and printing works	75.00	75.00
G 3	**Stigma Reduced**		
G 3.1	Mass media, Outdoor media, Rural media, Advocacy media	73.50	73.50
G 4.	**Development of Leprosy Expertise sustained**		
G 5.	**Monitoring, Supervision and Evaluation System improved**		
G 5.1	Travel Cost and Review Meeting		
G 5.1.i	Travel expenses - Contractual Staff at State level	0.80	0.80
G 5.1.ii	travel expenses - Contractual Staff at District level	22.50	22.50
G 5.1.iii	Review meetings	11.00	2.00
G 5.2	Office Operation & Maintenance		
G 5.2.i	Office operation - State Cell	0.75	0.75
G 5.2.ii	Office operation - District Cell	26.25	26.25
G 5.2 .iii	Office equipment maint. State	0.50	0.50
G 5.3	Consumables		
G 5.3 i	State Cell	0.50	0.50
G 5.3.ii	District Cell	22.50	22.50
G 5.4	Vehicle Hiring and POL		
G 5.4.i	State Cell	4.00	4.00
G 5.4.ii	District Cell	112.50	112.50
G 6.	**Programme Management ensured**		
G 6.1	Contractual Staff at State level		
G 6.1.i	SMO	6.60	6.60
G 6.1.ii	BFO cum Admn. Officer	3.96	3.96
G 6.1.iii	Admn. Asstt.	3.60	2.64
G 6.1.iv	DEO	2.90	2.90
G 6.1.v	Driver	2.61	2.61
G 6.2	Contractual Staff at District & block level	326.70	326.70
G 6.2.i	Driver		
G 6.2.ii	Contractual Staff in selected States, NMS	882.82	882.82
G 7.	**Others**		
G 7.1	Travel expenses for regular staff for specific programme / training need, awards etc	187.13	10.00
	Total	**2029.39**	**1887.43**

Approval 2015-16: **Against the proposal of National Leprosy Eradication Programme (NLEP) for Rs. 2029.39 Lakhs in PIP 2015-16, the state has received an approval of Rs. 1887.43 Lakhs from MoHFW, GoI in 2015-16.**

Chapter-34: Revised National Tuberculosis Control Programme (RNTCP)

To implement various activites under Revised National Tuberculosis Control Programme, a budgetery proposal of Rs. 34151.68 Lakhs was proposed for the year 2015-16 including the proposal under Mission Flexipool (additionalities), out of which GOI approved Rs. 24558.54 Lakhs, as per following:

FMR Code	Budget head	Total Proposed (2015- 16)		Total Approved (2015- 16)
		Quantity / Target	Budget (Rs. Lakhs)	Budget (Rs. Lakhs)
H	**RNTCP**		**20827.06**	**15853.93**
H.1	Civil Works	76	805.55	775.55
H.2	Laboratory Materials	76	895.65	635.88
H.3	Honorarium/Counseling Charges	76	2822.26	1834.47
H.4	ACSM	76	385.16	288.87
H.5	Equipment Maintenance	76	203.03	101.52
H.6	Training	76	498.56	249.28
H.7	Vehicle Operation(POL & Maintenance)	76	686.80	686.80
H.8	Vehicle hiring	76	1213.08	606.54
H.9	Public Private Mix(PP/NGO Support)	76	2057.21	1869.26
H.10	Medical Colleges	76	556.81	278.41
H.11	Office Operation (Miscellaneous)	76	297.52	297.52
H.12	Contractual Services	76	8104.52	7022.48
H.13	Printing	76	481.73	240.86
H.14	Research & Studies & Consultancy	76	25.00	12.50
H.15	Procurement of Drugs	76	250.00	100.00
H.16	Procurement of Vehicles	76	163.80	163.80
H.17	Procurement of Equipments	76	246.20	123.10
H.18	Patient Support & Transportation Charges	76	483.56	241.78
H.19	Supervision and Monitoring	76	650.63	325.31
	Total		**32874.42**	**23837.90**

Support Strenghthening- RNTCP

Under RNTCP, an amount of Rs. **1,277.26** Lakhs was proposed as additionalities, out of which GOI approved Rs. **720.64** Lakhs only (FMR Code-B.22.4), as per the following details:

Sl.	Proposed Activity	No.	Unit cost	Amount Proposed (in lakhs	Amount Approved (in lakhs)	Justification
1	Follow up services at SGPGI & IMSRML, Lucknow	20000	400.00	80.00	80.00	Approved
2	Remunerations of DRTB Nursing staff	84	217,800.00	182.95	182.95	This is approved only till March 2016 after that it has to come from state budget.
3	Remunerations of DEO RTPMU	4	290,400.00	11.08	11.08	Approved. Salary details as per HR Annexure
4	Remunerations of Office assistant RTPMU	4	174,240.00	6.65	6.65	Approved. Salary details as per HR Annexure
5	Remunerations of Consultant RTPMU	4	726,000.00	27.72	27.72	Approved. Salary details as per HR Annexure
6	Remuneration of Lab attendant for IRL & C&DST	16	144,000.00	23.04	-	Not approved
7	Remuneration of service engineer for maintenance of IRL Equipments (Proposed for IRL Agra & Lucknow)	2	300,000.00	6.00	-	Not approved

Sl.	Proposed Activity	No.	Unit cost	Amount Proposed (in lakhs	Amount Approved (in lakhs)	Justification
8	Account Officer at STDC	1	48,400.00	5.80	-	Not approved
9	Regional TB Program management Unit (RTPMU)	4	127,550.00 -	51.02	51.02	approved
10	Civil work for 33 New Proposed CBNAAT Sites in state	33	100,000.00	66.00	33.00	Approved at the rate of 1 lakhs per site
11	DRTB Centre & CDST Lab Janitorail services outsourcing	32	120,000.00	38.40	-	Not approved
12	CUG Cost	2484	150.00	44.71	-	This will be provided from HSS
13	CUG Cost	1673	300.00	60.22	-	
14	CUG Cost	30	300.00	1.08	-	
15	Running cost of IRL Lucknow & STDC Agra 125 Kva Generator	2		22.50	-	Not Approved
16	Hindi Translator	1	25,000.00	3.00	-	Not Approved
17	Work stations at State TB Cell (16 STC Staff in place no place to sit)	28	30,000.00	8.40	-	Not Approved
18	Running cost of State level Second Line drug packaging unit	1		3.54	3.54	Approved
19. STDC , Agra (Centre of Excellence)						
20	Residential training hostel up-gradation and furnishing at STDC Agra	1		311.90	311.90	approved
21	Lab Consumable store	1		4.90	4.90	approved
22	CCTV Surveillance for security of IRL , STDC , Hostel & training Halls	1		2.00	-	Not approved
23	Servo Stabilizer 125KVa, 3 phase control, oil immersed, 100 % copper, both side cut off with phase sequence reverse protection.	1		4.25	4.25	approved
24	Intercom facility	1		0.40	-	Not approved
25	Lab Equipment (hot plate , water bath , Bio safety cabinet chairs)			1.25	1.25	approved
26	Water softener for IRL Lab	1		0.85	0.85	approved
27	Reverse Osmosis Plant	4		1.51	1.51	Approved
28	Fridge , Microwave tea Coffee dispenser for STDC & IRL staff pantry			0.45	-	Not approved
29	Training hostel furniture - Hostel rooms, Seminar hall, training hall, Library			22.80	-	Not approved
30	Air Conditioning Training hall (2 ton x4), Office training staff (1.5ton x2), Library (2ton x2), Old auditorium Hall (2T on x6), Dining Hall (2 Ton x2) , Hostel Room (1 Ton 27)			18.65	-	Not approved
31	Enhancement of power load for hostel & training hall			14.00	-	Not approved
32	Incentive for Community volunteers for HRG's Active Case Finding Project	1000000		250.00	-	Not approved
Total - State level				**1,277.26**	**720.64**	

Chapter-35: National Programme for Control of Blindness(NPCB)

Background - India was first country to launch the National Programme for Control of Blindness in 1976. The goal of the programme was to reduce the prevalence of blindness. Out of the total estimated 45 million blind people (3/60) in the world, 7 million are in India and 1.85 million in Uttar Pradesh. This is due to the large population base and increased life expectancy. Every year 0.3% of the population, which means about 5.5 Lakhs blind persons, are added to the total blind population. Out of 5.5 Lakhs total blind 3.5 Lakhs become blind every year due to cataract.

As the number of cataract patient is reducing because of clearance of backlog, blindness due to degenerative diseases like diabetes and glaucoma and injuries related corneal opacities are increasing. The programme has to tackle emerging challenges.

Goal - Prevalence rate of blindness in Uttar Pradesh is 1.0% (Survey-2004). Goal of the programme is to reduce prevalence rate of blindness to - **0.3% by the end of year 2020.**

Activities to achieve goal:

I. Main Activities

a. Cataract Surgery.
b. School Eye Screening.
c. Eye banking for keratoplasty to treat Corneal Blindness.
d. Management of diseases other than Cataract (Diabetic Retinopathy, Glaucoma management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery and treatment of Childhood blindness)

Situational Analysis

1. Infrastructure-

Sl	Items	No.
1	Eye Surgeon in District	All
2	Blocks with inadequate eye care services	Nil
3	Block PHC/CHC equipments (NPCB GOI norms)	820
4	Upgraded block PHC/CHC equipments(i.e refraction Services available) (NPCB GOI norms)	Operative equipments at 187 CHC (IOL Centres) and refractive services at 735 PHC/CHC.
5	Vision Centres	305 established in Govt. sector. at PHCs/CHCs
6	District Hospital- facilities for eye surgery available	75
7	No. of District Hospitals with dedicated Eye O.T.	47
8	Sub District Hospitals	15
9	No of Sub District Hospitals where Cataract Surgeries undertaken	15
10	Medical Colleges	23(14 Govt.+ 9 Pvt.)
11	Central Ophthalmic Mobile Unit	9 (Not Working)
12	District Ophthalmic Mobile Unit	60(Not Working)
11	Eye Bank	23
12	Eye Donation Centres	1
13	PMOA(Para medical ophthalmic assistant) Training Schools	3 at Govt. Medical colleges and 86 in Pvt Sector.
14	PMOA Posts/Posted	942/938
15	Eye Surgeon	350 (in Govt. Sector)
16	Blind schools	4 (At Gorakhpur, Saharanpur, Lucknow and Banda)
17	NGO Associated with NPCB	26 recognized at state level and 106 at district level.
18	Number of Eye Surgeons Trained under NPCB (2013-14)	13

Activity wise situation of the programme

Cataract Surgery - As the survey conducted in 2004 by Govt. of India 62% of blindness is due to cataract. Estimated 3.5 cataract cases are added every year. So to reduce cataract blindness our targets and achievements for last 3 years are mentioned below :

Sl.	Year	Target (In Lakhs)	Cataract Surgical Rate Achieved per Lakh population	Achievements (in Lakhs)
1	2007-08	5.50	317	5.97
2	2008-09	7.14	371	6.81
3	2009-10	7.14	400	7.31
4	2010-11	7.14	400	7.67
5	2011-12	7.70	334	6.67
6	2012-13	10.26	378	7.54
7	2013-14	11.36	304	6.08

Strategies to Achieve the Targets

- Primary Screening by ASHA, MPW to identify with visual impediments.
- Case selection by eye surgeon at screening camps at PHC/CHC & Distt Hospitals.
- Transportation of Cataract Blind to base hospital for IOL Surgery, free for all.
- Follow up of operated cases carrying out refraction and providing best corrected glasses.
- Training of eye surgeons in IOL, SICS and Phaco.
- Promotion of NGO's those are good in technical skills
- Extended I.E.C. Programme by Electronic media, Print media and Local Agencies, AIR & National Channels to approach rural and remote area supported by local IEC.

School Eye Screening

It is estimated that 5-7% of School going children aged 8-14 yrs have problems with their eye sight effecting their participation and learning at school. This can be corrected by a pair of spectacles.

All school having children in the age group of 8 -14 years are expected to undertake eye screening activities. It is proposed that this activity will be under taken by ASHA/ MPW (Male) and primary school teachers trained for the purpose and Optometrists under school health programme under NRHM. These workers will be trained for under taking screening process and making referral for refraction to block PHCs. District Health Society will supply the refractive glass to needy students.

Strategies to Achieve the Targets

- Training of ASHA, MPWs and school teachers at primary level.
- Suspected refractive error children also screened by contractual PMOA's under school health programme of NRHM and referred to PHC/CHC/NGO Hospitals/trained Optometrist for proper refraction and will provide free spectacles to poor children.
- Suspected refractive error children referred to PHC/CHC/NGO Hospitals/trained Optometrist for proper refraction and will provide free spectacles to poor children.
- Involvement of NGO's in Screening of Children having low Vision for non school going children..
- Development of 75 vision centres at PHC/CHC level each in every 75 district and in NGO/PVT sector with the equipment & furniture and fixture in the year, so that in next 3 years all block health facility will have a vision centre. The concept of vision centre arises from fact that one time provision of equipments and supportive material hardly ever gets replaced resulting into non functional facility. It is proposed:
- School wise report will be generated by ASHA depicting name of school, no of children screened, No of children with defective vision referred to PHC.
- Through local IEC all schools will have wall painting/writing in relation to eye screening programme.

- The training of ASHA for eye screening is already included in regular ASHA training programme by NRHM.

Corneal blindness

The prevalence of corneal blindness is about 1% of total blindness. There are about 18000 people in need of corneal transplant. The lack of corneal donation and functional institutions are major bottlenecks to address corneal blindness.

Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aids, etc.)

About 16% of total blindness is due to diabetes, glaucoma and other above mentioned disease. Currently there is no mechanism to address this category of blind persons which is gradually increasing. It is proposed to setup screening clinic in every district hospital and treatment centre at every divisional hospital and medical colleges. Equipment for diagnosis diabetes related problem by Govt. of UP. Only indirect ophthalmoscopes are required to undertake screening process for both diseases diabetic retinopathy and other posterior segment disorders.

Strategies to achieve targets:

- All known diabetics to be examined by eye surgeon /ophthalmic assistant.
- Tonometry, fundoscopy and indirect ophthalmoscope will be done at weekly clinic at all district hospitals.
- Medical Management of diabetic retinopathy and surgical management of glaucoma at divisional level hospital.
- For surgical intervention patients referred to Tertiary centres (medical colleges and NGO hospitals) for diabetic retinopathy, Glaucoma and other eye diseases.
- For operation of equipments optometrist should trained at medical colleges by state govt.
- Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Trainings

- Training of PMOA (Paramedical Ophthalmic assistant/Optometrist) to be conducted by State in Refraction & instrumentation in training centres namely–Satguru Eye Hospital Chitrakoot, M.P/U.P. (Govt. of India Recognized Centre).
- Training of Staff Nurses in Ophthalmic O.T. and Ward Management at – Satguru Eye Hospital Chitrakoot, M.P/U.P.(Govt. of India Recognized Centre)**.**

Budget Summary of National Programme for Control of Blindness

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
I.1.1	Reimbursement for cataract operation for NGO and Private Practitioners as per NGO norms @Rs.1000/-	284000	2,840.00	950.00
I.1.1 A	Assistance for consumables/drugs/medicines to the Govt./District Hospital for Cat sx etc.@ Rs.450/- per case	284000	1,278.00	600.00
I.1.2	Other Eye Diseases		-	
	Diabetic Retinopathy @Rs.1500/-	5000	75.00	25.00
	childhood Blindness @Rs.1500/-	5000	75.00	25.00
	Glaucoma @Rs.1500/-	3000	45.00	25.00
	Keratoplastiy @Rs.5000/-	2000	100.00	25.00
	Vitreoretinal Surgery @Rs.5000/-	2000	100.00	25.00
I.1.3	Screening and free spectacles to school children @ Rs.275/- per case	200000	550.00	100.00
I.1.4	Screening and free spectacles for near work to Old Person (New component) @Rs.100/- per case	100000	200.00	50.00
I.1.5	Recurring GIA to Eye Bank @ Rs.2000/- per pair(Eye Bank will reimburse to	1500	30.00	20.00

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
I.1.6	Training of PMOA @Rs.2 lakh per states	200	10.00	2.00
I.1.7	State level IEC @Rs.5 lakh for Minor State and Rs.10 lakh for Major States	1	10.00	10.00
I.1.8	Maintenance of Ophthalmic Equipments @Rs.5 lakh per unit	93	116.25	10.00
I.1.9	Management of Health Society			20.00
I.2	**Non Recurring Grant -in-Aid**			
I.2.3	For Vision Centre (PHC) (Govt. + NGO) @ Rs.1 lakh	75	75.00	25.00
I.2.4	For Eye Bank Rs.25 lakh	3	75.00	-
I.2.6	For GIA to NGOs for setting up/expanding eye care unit in semi-urban/ rural area @ Rs.40 lakh	2	80.00	-
I.2.8	For Mobile Ophthalmic Units (renamed as Multipurpose distt. Mobile ophthalmic unit @ Rs.30 lakh	6	180.00	-
I.3	**Contractual Man Power**			
I.3.1	Ophthalmic Surgeon@ Rs.60,000/- p.m.*	28	201.60	155.88
I.3.2	Ophthalmic Assistant @ Rs.12,000/- p.m.*	28	40.32	40.32
I.3.3	Eye Donation Counsellors @ Rs.15000/- p.m.*	9	16.20	16.20
I.3.4	Data Entry Operator @Rs.8,000/- p.m. for district level	75	108.00	75.60
I.4	**Other activities (if any, pls. specify)**			
	Other state and district level activities	76	283.50	
	Sub Total		**6,488.87**	**2,200.00**

Thus, for the above purpose, an amount of Rs.6488.87 Lakhs was proposed, out of which Rs.2200.00 Lakhs was approved by GOI(FMR Code- I and its sub heads).

Chapter-36: National Mental Health Programme(NMHP)

Introduction

It is estimated that 6-7 % of general population suffers from mental disorders. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (World Health Report, 2001). Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

Apart from a large population suffering from mental illnesses the well being of rest of the population also needs to be ensured by increasing their resilience through mental health promotive components like life skills training & counselling services in schools, college counselling services, workplace stress management and suicide prevention services. However, most of the mental illnesses do not require hospitalization and are manageable by OPD treatment and follow up care. Such community-based services are cost-effective, accessible, help to ensure respect for human rights, limit stigma and lead to early treatment and recovery.

The Government of India has launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.

Aims

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

Objectives

- 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.
- To encourage mental health knowledge and skills in general health care and social development.
- To promote community participation in mental health service development and to stimulate self-help in the community.
- To increase awareness about mental illness through change of attitude and public education.

Strategies

- Integration of mental health with primary health care through the NMHP.
- Provision of tertiary care institutions for treatment of mental disorders.
- 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

- The mental morbidity requires priority in mental health treatment
- Primary health care at village and sub-centre level
- At Primary Health Centre level
- At the District Hospital level
- 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

- Training programmes of all workers in the mental health team at the identified Nodal Institute in the State.
- Public education in the mental health to increase awareness and reduce stigma.
- For early detection and treatment, the OPD and indoor services are provided.
- Providing valuable data and experience at the level of community to the state and Centre for future planning, improvement in service and research

Budget Summary of National Mental Health Programme

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
J	**National Mental Health programme (NMHP)**			
J.1	**District Mental Health Programme**			
J.1.1	Salary	16	520.80	369.60
J.1.2	(Non Recurring)		-	
	a) Infrastructure for District DMHP Centre, Counseling Centre under psychology deptt. In a selected college including crisis helpline : setting up the centre, furniture, computer facilities, telephone etc.	16	48.00	-
J.1.3	Training of PHC Medical Officers, Nurses, Paramedical Workers & Other Health Staff working under the DMHP	16	64.00	56.00
J.1.4	IEC and community mobilization activities	16	64.00	56.00
J.1.5	Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums and suicide prevention.	16	192.00	168.00
J.1.6	Drugs	16	160.00	140.00
J.1.7	Equipments	16	96.00	-
J.1.8	Operational expenses of the district centre : rent, telephone expenses, website etc.	16	1.60	1.40
J.1.9	Ambulatory Services	16	38.40	33.60
J.1.10	Miscellaneous/ Travel/ Contingency	16	72.00	63.00
	Sub Total		**1,256.80**	**887.60**

Thus, for the above purpose, an amount of Rs.1256.80 Lakhs was proposed, out of which Rs.887.60 Lakhs was approved by GOI(FMR Code- J and its sub heads) with the remarks that" budget is being approved for release of funds for implementation of programme in 14 existing districts. In principle approval for implementation of DMHP in 2 new districts subject to availability of funds."

Chapter-37: National Programme for the Health Care of the Elderly (NPHCE)

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities **(UNCRPD),** National Policy on Older Persons **(NPOP)** adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

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.

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

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.

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.

Expected Outcomes of NPHCE

- Regional Geriatric Centre (RGC) in one Medical Institution by setting up Regional Geriatric Centre with a dedicated Geriatric OPD and 30-bedded Geriatric ward for management of specific diseases of the elderly, training of health personnel in geriatric health care and conducting research;
- Post-graduates in Geriatric Medicine (2) from the 1 regional medical institution;
- Video Conferencing Units in the Regional Medical Institutions to be utilized for capacity building and mentoring;

- District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward in District Hospitals;
- Geriatric Clinics/Rehabilitation unit**s** set up for domiciliary visits in Community/Primary Health Centres in the selected districts;
- Sub-centres provided with equipment for community outreach services;
- Training of Human Resources in the Public Health Care System in Geriatric Care.
- Coverage of District:

In Uttar Pradesh, 9 existing districts are being proposed for the programme in 2015-16. The budgetary requirement is as follows:-

Budget Summary of National Programme for the Health Care for the Elderly

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
K.1	**Recurring Grant-in-Aid**			
K.1.1	**District Hospital**			
K.1.1.1	Machinery & Equipment @ Rs.3.00 lakh per unit	9	27.00	27.00
K.1.1.2	Drugs and Consumable @ Rs.10 lakh per unit	9	90.00	90.00
K.1.1.3	Training of doctors and staff from CHCs and PHCs @ Rs.0.80 lakh per unit	9	7.20	7.20
K.1.1.4	Public Awareness & IEC @ Rs.2 lakh per unit	9	18.00	9.00
K.1.1.6	Consultant Medicine 2 @ Rs.50,000 p.m.	18	108.00	108.00
K.1.1.7	Nurses 6 @ Rs.20,000 p.m.	54	129.60	129.60
K.1.1.8	Physiotherapist 1 @ Rs.20,000 p.m.	9	21.60	21.60
K.1.1.9	Hospital Attendants 2@ Rs.7500 p.m.	18	16.20	16.20
K.1.1.10	Sanitary Attendants 2 @ Rs.7500 p.m.	18	16.20	16.20
K.1.2	**CHC**			
K.1.2.1	Training @ Rs.1.20 lakh per CHC	90	108.00	108.00
K.1.2.3	Rehabilitation Worker 1 @ Rs.18,000 p. m.	90	194.40	194.40
K.1.3	**PHC**			
K.1.3.1.	Training & IEC @ Rs.0.30 lakh per PHC	337	101.10	101.10
K.1.4	**Sub-Centre**			
K.1.4.1	Aids and Appliances @ Rs.0.30 lakh per Sub-Centre	2350	705.00	705.00
K.2	**Non-Recurring Grant-in-Aid**			
K.2.1	**District Hospital**			
K.2.1.1	Construction/renovation/extension of the existing building and Furniture of Geriatrics Unit with 10 beds and OPD facilities @ Rs.80 lakh per unit	9	720.00	360.00
K.2.1.2	Machinery & Equipment @ Rs.7.00 lakh per unit	9	63.00	18.00
K.2.2	**CHC**			**-**
	Machinery & Equipment @ Rs.1.00 lakh per unit	90	90.00	-
K.2.3	**PHC**			**-**
	Machinery & Equipment @ 0.50 lakh per unit	337	168.50	-
	Sub Total		**2,583.80**	**1,911.30**

Thus, for the above purpose, an amount of Rs.2583.80 Lakhs was proposed, out of which Rs.1911.30 Lakhs is approved by GOI(FMR Code- K and its sub heads).

Chapter-38: National Programme for Prevention and Control of Deafness (NPPCD)

Programme Execution and Expansion

The burden of deafness is relatively high in India with respect to world scenario. As per NSSO,2001 prevalence of severe to profound hearing loss is 291 per Lakh population in india thus 5.8 lakh people are estimated to be suffering from profound to severe deafness among 19.96 crore population (census 2011) of Uttar Pradesh , adversely affecting their educational and social performance. Over 50 % causes of hearing impairment are preventable and 80 % of all deafness is avoidable by medical or surgical method.

Presently National Programme for Prevention and Control of Deafness is being implemented in **20 d**istricts of the state (Uttar Pradesh).

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.
- 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.
- Monitoring and auditing of the programme would be done periodically and review shall be done.

Budget Summary of National Programme for Prevention and Control of Deafness

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
L	**National Programme for Prevention and Control of Deafness**			
L.1	**Recurring Grant-in-aid**			
L.1.1	Manpower at State Level			
L.1.1.a	Consultant @Rs.50,000/- pm		-	
L.1.1.b	Programme Assistant @ Rs.15,000/-pm	1	2.00	2.00
L.1.1.c	Data Entry Operator @Rs.15,000/-pm	1	1.20	1.20
L.1.2	Public Private Partnership			
L.1.3	Manpower at District level			
L.1.3.a	ENT Surgeon @Rs.60,000/-pm	5	18.00	18.00
L.1.3.b	Audiologist@Rs.30,000/-pm	20	50.40	39.60
L.1.3.c	Audiometric Assistant@Rs.15,000/-pm	20	25.20	19.80
L.1.3.d	Instructor for Hearing Impaired Children @Rs.15,000/-pm	20	25.20	18.90
L.1.4	IEC			
L.1.4.a	State Level @Rs.20 lakh	1	7.28	7.28
L.1.4.b	District level @Rs.2 lakh		-	
L.2	**Non recurring Grant-in-aid**			
L.2.1	**Training@Rs.10 lakh/ Distt. for 7 level training**	20	40.00	40.00
L.2.1.a	Procurement of Equipment		-	
L.2.1.b	District Hospital @Rs.20 lakh/ Distt.	20	100.00	100.00
L.2.1.c	CHC/Sub-Divisional Hospital @Rs.50,000/- Kit	250	37.50	37.50
L.2.1.d	PHC@RS.15,000/- kit	864	129.60	114.03
	Sub Total		**436.38**	**398.31**

Thus, for the above purpose, an amount of Rs.436.38 Lakhs was proposed, out of which Rs.398.31 Lakhs is approved by GOI(FMR Code- L and its sub heads).

Chapter-39: National Tobacco Control Programme (NTCP)

Background

Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it. Globally, it kills nearly 6 million people, of these 0.6 million premature deaths can be attributed to exposure to second hand smoke (SHS). As per WHO, if current trends continue, by 2030 tobacco use will kill more than 8 million people worldwide each year. It is estimated that 80% of these premature deaths will occur among people living in low-and middle-income countries.

As per report of the Tobacco Control of India 2004, more than 0.8 million people die due to tobacco consumption every year in India. There are studies to indicate that approximately 40% of the disease burden in the country is associated with some form of tobacco or other. Approximately 50% of all cancers in males and 20% cancers in females can be attributed to tobacco use. As per studies carried out by ICMR in 1998-99 (extrapolated in 2002-03), the burden to the economy for treating just 3 major diseases (cancer, cardio-vascular diseases and lung disorders) attributable to tobacco use was more than Rs. 30,800 crore.

Globally approx. 5.4 million people die each year as result of diseases resulting from tobacco consumption. More than 80% of these deaths occur in the developing countries. Tobacco is a risk factor for six of the eight leading causes of death. India's Tobacco problem is more complex than probably any other country in the world; in the late 1980's the number of tobacco attributable deaths in India was estimated at 630,000. Conservative estimates reveal that the deaths attributable to tobacco currently range between eight to nine Lakhs people per year. The financial burden attributable to tobacco related morbidity and mortality was estimated to be Rs.308.33 billion in 2002-03.

A Survey conducted by the Indian Council of Medical Research in 2001 to measure the prevalence of tobacco use revealed that the overall prevalence of tobacco use in any form was 34.4% in Uttar Pradesh. The observed prevalence was higher than the national Bidi was observed to be the commonest smoking material in both the States.

Males were the predominant users; and the prevalence was higher in rural areas as compared to the urban areas. Persons with education in college had a lower prevalence of tobacco use. Although the prevalence of tobacco use was less in the secondary school educated children also (as compared to illiterates and less educated), the differences were not sharp. This suggests an important role of education in tobacco usage.

Prevalence of tobacco use increased with age. Tobacco use prevalence crossed 50% level among men in the age group of 25-29 years suggesting the early initiation of the habit.

The survey revealed that a very small proportion (3.5% males and 1.4% females) of tobacco users contemplated quitting their habit. A high percentage (90%) of tobacco users knew about at least one harmful effect of tobacco.

Considering that the public health implications of tobacco consumption and the preventable nature of tobacco related morbidity and mortality the Government of Uttar Pradesh has issued notifications to enforce the **cigarettes and other tobacco products (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) act 2003**. The state proposes the strategies to reduce the demand as well as supply of tobacco so as to decrease the disease/disability and deaths associated with tobacco use.

Goals and Objectives:

The goal of the National Tobacco Control Programme is to reduce the prevalence of the tobacco use by 5% at the end of the 12th FYP. The objectives of NTCP are as under:

- To build up capacity of the States / Districts to effectively implement the tobacco control initiatives;

- To train the health and social workers;
- To undertake appropriate IEC activities and mass awareness campaigns, including in schools, workplaces, etc.;
- To set up a regulatory mechanism to monitor/ implement the Tobacco Control Laws;
- To establish a system of tobacco product regulation.
- Provide facilities for treatment of tobacco dependence
- To conduct Adult Tobacco Survey/Youth Survey for surveillance, etc.
- To take necessary action, in co-ordination with other Ministries and stakeholders, to fulfill the obligations(s) under the WHO Framework convention on Tobacco Control.

Situation Analysis

National Family Health Survey-2005-06 - Over half of men (53%), but only 6% of women, use some form of tobacco. 3 to 4% of pregnant women and breastfeeding mothers also use tobacco. Among men, tobacco use is more common in rural areas (56%) than in urban areas (48%), while among women it is the same in urban and rural areas.

Global Youth Tobacco Survey (GYTS): 2002-The GYTS data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: Access/Availability and Price, Environmental tobacco smoke exposure, Cessation, Media and advertising and School Curriculum.

The GYTS was a school based survey of students in grades 8-10, conducted in 2002. A two-stage Cluster sample design was used to produce representation data for the of Uttarakhand. At the first stage, school were selected with probability proportional to environment size. At the second stage, classes were randomly selected and all students in selected classes were eleigible to participate.

The school response rate was 100% the students response rate was 83.6% and the overall response rate was 83.6%. A total of 2641 sutdents participated in GYTS.

Prevalence

- 13.6% of students had ever smoked cigarettes (Boys = 14.8%, Girls = 10.2%)
- 21.3% currently use any tobacco product (Boys = 23.2%, Girls =16.1%)
- 7.8% currently smoke cigarettes (Boys = 8.3%, Girls = 6.4%)
- 13.7% currently use other tobacco products (Boys = 15.0%, Girls = 9.8%)
- 12.0% of never smokers are likely to initiate smoking next year

Knowledge and Attitude

- 26.1% thins boys and 22.6% think girls who smoke or chew tobacco have more friends
- 32.7% thinks boys and 27.2% thinks who smoke or chew tobacco look more attractive

Access and Availability

- 16.7% who bought cigarettes in a store were NOT refused purchase because of their age

Environmental Tobacco Smoke

- 34.2% live in homes where others smoke
- 40.6% are around others who smoke in places outside their home
- 64.5% think smoking should be banned from public places
- 58.1% think smoke from others is harmful to them
- 35.8% have one or more parents who smoke, chew or apply tobacco
- 11.1% have most or all friends who smoke

Media and Advertising

- 83.9% saw anti-smoking media messages, in the past 30 days.
- 86.1% saw pro-cigarette ads on billboards, in the past 30days
- 69.8% saw pro-cigarette ads in newspapers and magazines, in the past 30days.
- 11.1% have an object with a cigarette brand logo

School

- 49.2% had been taught in class during the past year about the dangers of smoking
- 32.7% had been discussed in class during the past year reasons why people their age smoke
- 49.6% had been taught in class during the past year the effects of tobacco use.

HIGHLIGHTS

- ✓ **21% of students currently use any form of tobacco; 8% currently smoke cigarettes, 14% currently use some other form of tobacco.**
- ✓ **Environmental Tobacco Smoke exposure indicates – over 4 in 10 students live in homes where others smoke in their presence; over 5 in 10 are exposed to smoke in public places, over 4 in 10 have parents who smoke.**
- ✓ **Over half of students think smoke from others is harmful to them**
- ✓ **Over 6 in 10 students think smoking in public places should be banned.**
- ✓ **Over 8 in 10 students saw anti-smoking media messages in the past 30 days; roughly 7 in 10 students saw pro-cigarette ads in the past 30 days.**

Global Adult Tobacco Survey (GATS) – 2009-10

The Ministry of Health and Family Welfare conducted the Global Adult Tobacco Survey in 2009-10 as household survey of persons 15 years of age and above. The major objective of the survey were to obtain estimates of prevalence of tobacco use (smoking and smokeless tobacco), exposure to second-hand smoke, cessation, exposure to media message on tobacco use and knowledge, attitudes and perception towards tobacco use.

HIGHLIGHTS:

- ➢ **Current tobacco use in any form: 39.9% of Adult (Male – 48.8% and Female-16.9%)**
- ➢ **Current Cigarette smokers: 2.3% of Adults (Male – 4.1% and Female – 0.2%).**
- ➢ **Current Bidi Smokers: 12.4% of Adults (Male – 20.1% and Female – 3.5%)**
- ➢ **Current users of smokeless tobacco: 25.3% of Adults (Male – 35.4% and Female – 13.7%)**

Implementation Mechanism (along with key strategies/ activities):

The NTCP shall be implemented through a three tiered structure .i.e. National Tobacco Control Cell, State Tobacco control Cell & District Tobacco Control Cell. The National Tobacco Control Cell (NTCC) will be responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. Likewise the State Tobacco Control Cell (STCC) shall monitor and review all the activities under NTCP carried out in the state.

Sl	Strategy	Activities
1	Training	Training of Stakeholders- • Training of District Level Officials • Training of Block Level Officials • Training of Authorized Officers for Section 4, 5 and 6 under COTPA, 2003 • Training of Health Care personnel.
2	IEC	• Display Panels • Electronic / Print Media • Banners/Posters • Street plays • Handbills • Rally • Hoarding • Intensive Media Campaign – Radio, TV, puppet shows and road shows.
3	School Programmes	• Sensitization to Teachers and Students for create a tobacco free environment. • Slogan Competitions • Seminar in Schools • Sensitization to Parents Teachers Association. • Coordination among different departments (Education, PRI) and School Health Programme (NRHM). • Developed Study Materials for harmful effect of tobacco.

		• Develop Display Panels for School
4	Monitoring of Tobacco Control Laws	• Monitoring of Section 4, 5, 6 and 7 under COTPA, 2003 at the district and block level. • Monitoring of Tobacco Control programme Activities. • Monthly Crime Review Meeting • Monthly District Level Steering Committee / Task Force Meeting • Quarterly State Level Coordinating Committee meeting.
5	Intersectoral Co-ordination	• Convergence into all health programmes. • Coordination among different state and central government departments. • Co-ordination with Panchayati Raj Institutions for village level activities.
6	Setting-up and Strengthening of Tobacco Cessation Centre at District Hospital	• Setting-up and strengthening of cessation Centre at district hospital.
7	Setting-up and strengthening of District Tobacco Control Cell	• Setting-up and strengthening of district tobacco control cell.

Budget Summary of National Tobacco Control Programme

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
M	**National Tobacco Control Programme (NTCP)**			
M.1	**District Tobacco Control Cell (DTCC)**			
M.1.1	Training/ Sensitization Prog.			
M.1.1.1	Orientation of Stakeholder organizations	15	8.25	8.25
M.1.1.2	Training of Health Professionals	15	8.25	8.25
M.1.1.3	Orientation of Law Enforcers	15	10.50	10.50
M.1.1.4	Training of PRI's representatives/ Police personnel/ Teachers/ Transport personnel/ NGO personnel/ other stakeholders	15	12.68	12.68
M.1.1.5	Other Trainings/Orientations - sessions incorporated in other's training	15	8.33	8.33
M.1.2	**SBCC/IEC campaign**			
M.1.2.1	Development of posters/ stickers/ handouts/ wall paintings/ hoardings/ local advt/ etc.	15	45.00	45.00
M.1.2.2	Places covered with hoardings/ bill boards/ signages etc.	15	45.00	45.00
M.1.2.3	Usage of Folk media such as Nukkad Natak/ mobile audio visual services/ local radio etc.	15	15.00	15.00
M.1.3	**School Programme**			
M.1.3.1	Coverage of Public School	75	7.50	7.50
M.1.3.2	Coverage of Pvt. School	105	15.75	15.75
M.1.3.3	Coverage of Public School in other's school programme	105	15.75	15.75
M.1.3.4	Coverage of Pvt. School in other's school programme	90	13.50	13.50
M.1.3.5	Sensitization campaign for college students	105	52.50	52.50
M.1.4	**Pharmacological Treatment**			
M.1.4.1	Procurement of medicine & consumables for TCC	15	30.00	30.00
M.1.5	**Flexible pool**			
M.1.5.1	District level Coordination Committee	60	1.20	108.00
M.1.5.2	Monitoring Committee on Section 5	60	0.90	
M.1.5.3	Enforcement Squads	60	3.00	
M.1.5.4	Printing of Challan Books	62250	62.25	
M.1.5.5	Baseline/Endline surveys/ Research studies	30	6.00	

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
M.1.5.6	Misc./Office Expenses/DEO	15	72.00	
M.1.6	**Manpower Suppot**			
M.1.6.1	District Consultant	15	60.00	60.00
M.1.6.2	Social Worker	15	37.50	37.50
M.1.6.3	Mobility Support	15	45.00	45.00
M.1.7	Non-Recurring Grants			
M.1.7.1	Procurement of equipment	5	5.00	5.00
M.2	**Tobacco Cessation Centre (TCC)**			
M.2.1	Training & Outreach			
M.2.1.1	Weekly FGD with the tobacco users	780	5.85	15.00
M.2.1.2	Monthly meeting with the hospital staff	180	5.40	
M.2.1.3	IEC/SBCC material used for patients counselling	15	18.75	
M.2.2	Manpower Suppot			
M.2.2.1	Psychologist/Counselor	15	37.50	37.50
M.2.3	Contingency/ Misc.			
M.2.3.1	Mobility support	15	5.40	15.00
M.2.3.2	Office Expenses	15	9.00	
M.2.4	Non-Recurring Grants			
M.2.4.1	Procurement of equipment	5	12.50	12.50
	Sub Total		**675.26**	**623.51**

Thus, for National Tobacco Control Programme, an amount of Rs.675.26 Lakhs was proposed, out of which GOI approved Rs.623.51 Lakhs only (FMR Code- M and its sub heads).

Chapter-40: National Oral Health Programme (NOHP)

Burden of Oral Disease:

According to the World Health Report-2003, oral diseases qualify as major public health problems owing to their high prevalence and incidence in all regions of the world. The greatest burden of oral diseases is on disadvantaged and socially marginalized populations. Poor oral health may have a profound effect on general health. Oral diseases have been linked to bacterial endocarditis due to transient bacteremia from oral focus. Also, inflammatory mediators in periodontal disease are not only involved in local tissue destruction but have the potential to modulate the course of cardiovascular, chronic obstructive lung and autoimmune diseases, diabetes mellitus and preterm birth. In addition, major impact on people's daily lives in terms of pain and suffering, impairment of function and quality of life due to missing, discolored or damaged teeth must be considered.

The economic impact of oral disease is also significant. Traditional treatment of oral disease is costly. In developing countries, resources are primarily allocated to emergency oral care and pain relief; if treatment were available, the costs of dental caries in children alone would exceed the total health care budget for children. Furthermore, oral diseases restrict activities at school and work, causing millions of school and work hours to be lost each year throughout the world.
Oral disease burden in India is very high due to several reasons. Many oral health surveys have been done from time to time from different regions: the comprehensive data on oral health was cited in the report by National Commission on Macro-economics and Health and Oral Health in India: Report of multi-centric oral health survey (Shah et al, 2007). According to these reports, prevalence of various oral diseases in the population is as follows:

Sl.	Disease	Prevalence
1	Dental Caries	40-45%
2	Periodontal diseases	>90% (Advanced disease in 40%)
3	Malocclusion	30% of children
4	Cleft lip and palate	1.7 per 1000 live births
5	Oral cancer	12.6 per lakh population
6	Oral submucous fibrosis *(pre-malignant and crippling condition of mouth)*	4 per 1000 adults in rural India
7	Edentulousness (tooth loss)	19-32% of elderly population >65 years
8	Birth defects involving oro-facial Complex	0.82 to 3.36 per 1000 live births
9	Others: • Traumatic injuries • Mucosal lesions associated with radiation and chemotherapy • Morbidity and deformity following oral cancer surgery.	

Goals & Objectives: The Programme objectives of NOHP are the following:

1. Improvement in the determinants of oral health e.g. healthy dient, oral hygiene improvement etc. and to reduce disparity in oral health accessibility in rural and urban population.
2. Reduce morbidity from oral diseases by strengthening oral health service at district/sub district hospital to start with.
3. Integrate oral health promotion and preventive service with general health care system and other sectors.
4. Promotion of Public Private Partnerships for achieving public health goals.

Strategies: To set up a model dental clinic at least one in each district which would be strengthened by following support:

Sl.	Strategies	Activities
1	IEC and BCC	Rally Street Play Newspaper Pamphlets/Banner/Poster
2	Training	Training of Health care staff Training of Nodal Officers Training of Principals Training of all counselors of health programme (NTCP/NPCDCS/NPHCE/AIDS etc.)
3	Recruitment of Human Resource on contract basis	Dental Surgeon Dental Hygienist Dental Assistant
4	Logistical Support	One dental chair with supportive equipment's and materials
5	Monitoring, Supervision and Evaluation	All level
6	Public Private Partnerships	Strengthening one of the hospital /SDH/CHC or through PPP Mode

Structure of National Oral Health Programme:

1. **State Oral Health Cell**
    a. State Nodal Officer (Joint Director-Dental)
    b. State Programme Coordinator-1
    c. Administrative and Finance Assistant-1

    Above mentioned posts (b and c) are very important for effective implementation of the programme at state level. So we are proposing these posts for State Oral Health Cell.
2. **District Oral Health Cell**
    a. District Nodal Officer (Dy. CMO)
    b. District Programme Coordinator-1
    c. Administrative and Finance Assistant-1

    Above mentioned posts (b and c) are very important for effective implementation of the programme at district level. So we are proposing these posts for District Oral Health Cell.
3. **Dental Unit at District Level**
    a. Dental Surgeon-1
    b. Dental Hygienist-1
    c. Dental Assistant-1

Activities at various levels:

1. State Level
    a. Strengthening of dental units in the identified districts by release of funds and arrange funds for other logistic support required.
    b. Hiring of Manpower
    c. Monitoring and Evaluation
    d. Training
    e. IEC- Develop IEC material and supply of the same and also conduct IEC through mass media
2. District Level
    a. Purchase of equipments and arrange other logistics support
    b. Hiring of Manpower
    c. Conduct IEC on oral health by integrating it with school health, health mela, mobile health service and other programme activities.

    Eight districts have been proposed. These districts are:

Proposed Districts in FY 2015-16:

1. Kanpur
2. Jhansi

3. Firozabad
4. Allahabad
5. Agra
6. Mirzapur
7. Varanasi
8. Moradabad

The National Tobacco Control Programme has been implemented in these 8 districts.

Budget Summary of National Oral Health Programme

FMR Code	Budget Head	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
N	**National Oral health programme (NOHP)**		
N.1	**RECURRING GRANT-IN-AID**		
N.1.1	Contractual Manpower-HR		
N.1.1.1	Dental Surgeon @ Rs.40,000/- p.m.* for six months	19.20	18.20
N.1.1.2	Dental Hygenist@Rs.20,000/-p.m.* for six months	9.60	6.29
N.1.1.3	Dental Assistant @ Rs.10,000/- p.m.* for six months	4.80	4.80
N.1.2	Consumables @ Rs.5.00 lakh per year	40.00	20.00
N.2	**NON RECURRING GRANT-IN-AID**		
N.2.1	Grant-in-aid for strengthening of Disttt. Hospitals (Renovation, Dental Chair, Equipment) @ Rs.7 lakh	56.00	56.00
	Sub Total	**129.60**	**105.29**

Thus, for National Oral Health Programme, an amount of Rs.129.60 Lakhs was proposed, out of which GOI approved Rs.105.29 Lakhs only (FMR Code- N and its sub heads).

Chapter-41: 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.
Nine Districts of Uttar Pradesh are being supported by the Central Govt. to supplement their efforts by providing technical and financial support through National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS). The NPCDCS program has two components viz. (i) Cancer & (ii) Diabetes, CVDs & Stroke. These two components have been integrated at different levels as far as possible for optimal utilization of the resources. The activities at State, Districts, CHC and Sub Centre level have been planned under the programme and will be closely monitored at different levels.

Objectives of NPCDCS

- Prevent and control common NCDs through behaviour and life style changes,
- Provide early diagnosis and management of common NCDs.
- Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs.
- Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and
- Establish and develop capacity for palliative & rehabilitative care.

NPCDCS in Uttar Pradesh:

Coverage of District - Upto 50% of the total districts in the country are proposed to be taken up in 2014-15. In Uttar Pradesh, 28 existing districts and 12 new districts are being proposed for the programme. The list is as follows:-

Programme Districts:

SL.	Zone Wise Districts covered under NPCDCS					
	Name of District	CCU	No.of DH	No. of CHC's	No. of PHC's	No. of Sub Centres
	Zone	**Allahabad**				
1.	Allahabad	**Y**	1	20	60	551
	Zone	**Gorakhpur**				
2.	Gorakhpur	**Y**	1	15	11	529
	Zone	**Varanasi**				
3.	Varanasi	N	1	7	28	306
	Zone	**Faizabad**				
4.	Faizabad	**Y**	1	11	28	257
5.	Ambedkar Nagar	**Y**	1	10	43	390
6.	Barabanki	**Y**	1	17	53	353
7.	Sultanpur	**Y**	1	10	43	390
	Zone	**Agra**				
8.	Agra	**Y**	1	16	45	383
9.	Firozabad	**Y**	1	7	57	220
	Zone	**Aligarh**				
10.	Aligarh	N	1	13	35	333
	Zone	**Kanpur**				
11.	Etawah	**Y**	1	8	27	162

SL.	Zone Wise Districts covered under NPCDCS					
	Name of District	CCU	No.of DH	No. of	No. of PHC's	No. of Sub
12.	Farrukhabad	**Y**	1	10	26	192
13.	Kanpur Nagar	**Y**	1	10	35	391
14.	Kannauj	N	1	11	27	188
	Zone	**Bareilly**				
15.	Bareilly	**Y**	1	15	50	398
	Zone	**Meerut**				
16.	Meerut	N	1	12	31	315
	Zone	**Moradabad**				
17.	Moradabad	**Y**	1	3	5	271
	Zone	**Jhansi**				
18.	Jhansi	**Y**	1	6	38	326
19.	Jalaun	**Y**	1	6	36	277
20.	Lalitpur	**Y**	1	5	24	191
	Zone	**Lucknow**				
21.	Hardoi	N	1	19	57	432
22.	Lakhimpur Kheri	**Y**	1	11	54	386
23.	Raebareli	**Y**	1	13	42	268
24.	Lucknow	N	1	9	28	323
25.	Sitapur	N	1	14	66	468
	Zone	**Vindhyachal**				
26.	Mirzapur	N	1	16	35	251
	Zone	**Devipatan**				
27.	Bahraich	N	1	16	49	310
28.	Gonda	N	1	16	50	322
Total (28 Districts)		**18**	**28**	**326**	**1083**	**9183**

Broad strategies

Prevention through behavior change:

- Prevention of identified risk factors for NCDs by creating general awareness about the Non Communicable Diseases (NCD)

Screening/Early diagnosis

- Opportunistic screening of persons above the age of 30 years for diabetes and hypertension, at the point of primary contact with any health care facility.
- Providing support for strengthening screening services at sub centre, PHC, CHC and District Hospitals.

Treatment of NCDs

Appropriate treatment and management of various NCDs will be provided at PHC/CHC and district hospital level. The uncomplicated diabetes and hypertension can be treated up to district level. The cancer cases may require referral to higher facilities i.e medical colleges and Regional cancer centres. The follow up chemotherapy can be given in the district hospitals with advised from higher centres.

Linkages with Medical Colleges

Linkages with medical colleges, nursing colleges/ schools and Dental colleges had been made with the following Medical College and Intuitions:-

- B.R.D. Medical College, Gorakhpur, Uttar Pradesh
- Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh
- Sanjay Gandhi Post-Graduate Institute, Lucknow, Uttar Pradesh
- Banaras Hindu University, Varanasi
- J.N. Medical College Hospital, Aligarh Muslim University, Aligarh, U.P.

Capacity building of human resource

Training of medical and paramedical personnel, health workers in health promotion, prevention, early detection and management of cancer, diabetes, hypertension, cardiovascular diseases and stroke to be carried out by the states is nearby well established training center/institution.

Rehabilitation

Appropriate provisions for physiotherapy for patients suffering from various NCDs will be made at various levels of health care facilities.

Implementation of NPCDCS

The following package of services is to be provided for at various levels of health care delivery under the programme:

Sub Centre (SC)

- Health promotion for behaviour change and counseling
- 'Opportunistic' Screening using B.P measurement and blood glucose by glucostrip method
- Identification of early warning signals of common cancer
- Referral of suspected cases to CHC/ nearby health facility with referral card
- Designate one day for NCD clinic
- Screening of common cancers (oral, breast & cervical) if possible

Primary Health Centre (PHC)

- Health promotion for behaviour change and counseling
- 'Opportunistic' Screening using B.P measurement and blood by glucostrip
- Clinical diagnosis and treatment of simple cases of Hypertension and Diabetes
- Identification of early warning signals of common cancer
- Referral of suspected cases of NCDs to CHC
- Designate one day for NCD clinic

Community Health Centre (CHC/FRU)

- Prevention and health promotion including counseling
- Early diagnosis through clinical and laboratory investigations (Common lab investigations: Blood Sugar, lipid profile, ECG, ultrasound, X ray etc.,if not available, may be outsourced)
- Management of common CVD, diabetes and stroke cases
- 'Opportunistic' Screening of common cancers (Oral, Breast, Cervix and prostate)
- Referral of difficult cases to District Hospital/higher level of health care facility

District Hospital

- Early diagnosis of diabetes, CVDs and Cancer
- Investigations: Blood Sugar, lipid profile, Kidney Function Tests (KFT), Liver Function Tests (LFT), ECG, Ultrasound, X ray, mammography etc.
- Outsource investigations for poor and needy if not available.
- Medical management of cases (outpatient , inpatient and intensive Care)
- 'Opportunistic' Screening of common cancers
- Referral of difficult cases to higher level of health care facility
- Health promotion for behaviour change and counseling
- Follow up chemotherapy for cancer patients
- Rehabilitation and physiotherapy services

Screening, diagnosis and treatment

- The screening of target population (age 30 years and above, and pregnant women) shall be conducted either through opportunistic and/or camp approach at different levels of health facilities and also in urban slums of large cities.
- Screening of pregnant Women would be integrated and through Ante natal Clinic (ANC) under RCH program of NRHM. This is expected to be done for all pregnant women.
- The screening of school children shall be carried out during the routine school health check-up activity under the school health program.
- The suspected cases of diabetes and high blood pressure shall be referred to higher health facilities for further diagnosis and treatment/management.
- The ANMs shall be trained for conducting screening for NCDs at sub centre level.

- Each district shall be linked to nearby tertiary cancer care (TCC) facilities to provide referral and outreach services.
- The suspected cases of various cancers shall be referred to District Hospital and tertiary cancer care (TCC) facilities.
- For screening of diabetes, support for Glucometers, Glucostrips and lancets are provided to the state under NRHM.

Establishment/Strengthening of Health infrastructure at various levels

Community Health Centers (CHCs)

- Support is provided to the CHC/FRU to establish a 'NCD clinic' (NCD here refers to Cancer, Diabetes, Hypertension, cardiovascular diseases and stroke) where comprehensive examination of patients referred by the Health Worker as well as reporting directly will be conducted for early diagnosis and treatment.
- Each FRU/CHC needs to be supported with contractual staff (1Doctor, 1Nurse, 1 Technician, 1 Counselor and 1 Data Entry Operator).

District Hospital

- District hospital is to be strengthened /upgraded for management of Cancer, Diabetes, Cardiovascular Disease and Stroke.

NCD clinic:- All districts under the programme shall establish regular NCD clinic for screening, treatment/management of NCDs.

A. These clinics shall also provide for counseling services and undertake awareness generation activities regarding NCDs and associated risk factors.
B. The NCD clinic shall conduct comprehensive examination of patients referred by lower health facility /health workers as well as of those reporting directly to the clinic.
C. The clinics will advise laboratory investigations of the patients to rule out complications or advanced stages of common NCDs.

Cardiac Care unit: 6 to 10 bedded Cardiac Care Unit (CCU) can be established / strengthened at the district hospital (up to 25 % of districts taken).

A. Special skill based training shall be provided to health professionals and nurses in handling the patients in CCU/ ICU.

Support for cancer: District hospitals needs to be supported for diagnostic facilities for common cancers.

A. In case the facility is not available for diagnosis of common cancers in the district hospital, these investigations may be outsourced. District hospital can consider outsourcing certain laboratory investigations that are not available at the facility,
B. Support is also provided for chemotherapy drugs for cancer treatment (up to 25 % of districts taken under the program). All efforts should be made by State government to provide follow up chemotherapy at district level. Till such time, patients should be referred to designated Tertiary Cancer Centre (TCC) for treatment

Laboratory strengthening:

A. Laboratory services at district hospital are supported to provide necessary investigations for cancer, diabetes, hypertension and cardiovascular diseases.
B. District hospital can consider outsourcing certain laboratory investigations that are not available at the facility.

Manpower development

- Health professionals and health workers at various levels of health care delivery shall be trained for health promotion, NCD prevention, early detection and management of Cancer, Diabetes, CVDs and Stroke.
- The training shall include components of programme management and specialized training for diagnosis, treatment of cancer, diabetes, CVDs and strokes.

Drugs and consumable

- Financial support is provided to district and CHC/FRU/PHC for procurement of common essential drugs for treatment of Cancer, Diabetes, CVDs and Stroke.

The procurement is to be decentralized and to be done at the state level as per relevant norms/procedures in a transparent manner.

Public private partnership

- NGOs, civil society organizations and private sector can be involved in health promotion activities, early diagnosis and treatment of common NCDs at district levels and below level.

Surveillance

The surveillance for common NCDs and their risk factors needs to be done on a regular basis under guidance/collaboration with ICMR or any leading institution for uniformity and synergies in accordance with national priorities and needs.

Budget Summary for NPCDCS – 2015-16

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
O1.	**Non –Recurring:**			
O1.1.	**Infrastructure**			
O1.1.1	**Renovation and furnishing, furniture, computers, office equipments (fax, phone, photocopier etc.)**			
O1.1.1.1	State NCD Cell	1	5.00	5.00
O1.1.1.2	District NCD Cell	21	105.00	60.00
O1.1.2	**District CCU/ICU &Cancer Care**			
O1.1.2.1	Developing/strengthening and equipping Cardiac Care Unit (CCU)/ICU	5	750.00	-
O1.1.2.2	Cancer Care (for equipments)	5	25.00	25.00
O1.1.3	**District NCD Clinic**			
O1.1.3.1	Strengthening of laboratory	21	210.00	120.00
O1.1.3.2	Furniture, Equipment, Computer etc	21	21.00	12.00
	Recurring grant:			
O1.2.1	**Human Resources**			
O1.2.1.1	**State NCD Cell**			
O1.2.1.1.1	Epidemiologist/ Public Health specialist	1	7.20	19.80
O1.2.1.1.2	State Programme coordinator	1	5.40	
O1.2.1.1.3	Finance cum logistics consultant	1	6.60	
O1.2.1.1.4	Data entry operator	1	1.80	
O1.2.1.2	**District NCD Cell:**			
O1.2.1.2.1	Epidemiologist/ Public Health specialist	40	326.40	460.20
O1.2.1.2.2	District Programme coordinator	40	163.20	
O1.2.1.2.3	Finance cum logistics consultant	40	163.20	
O1.2.1.2.4	Data entry operator	40	48.96	
O1.2.1.3	**District CCU/ICU &Cancer Care**			
O1.2.1.3.1	Specialist (Cardiology/M.D. General Medicine) or General physician	5	54.00	45.60
O1.2.1.3.2	4 GNMs	20	48.00	
O1.2.1.4	**District NCD Clinic**			
O1.2.1.4.1	1 Doctor (General physician)	40	285.60	545.16
O1.2.1.4.2	2 GNMs	80	163.20	
O1.2.1.4.3	1 Technician	40	81.60	
O1.2.1.4.4	1 Physiotherapist	40	102.00	
O1.2.1.4.5	1 Counsellor	40	48.96	
O1.2.1.4.6	1 Data Entry Operator	40	48.96	
O1.2.1.5	**CHC N C D Clinic**			
O1.2.1.5.1	1 Doctor	90	540.00	961.92
O1.2.1.5.2	1 Nurse	90	216.00	
O1.2.1.5.3	1 Technician	90	216.00	
O1.2.1.5.4	1 counsellor	90	129.60	
O1.2.1.5.5	Data entry operator	90	129.60	

FMR Code	Budget Head	Target	Budget Proposed (Rs. Lakhs)	Budget Approved (Rs. Lakhs)
O1.3	**Laboratories , Drugs & Consumables**			
O1.3.1	District NCD Clinic	40	240.00	240.00
O1.3.2	District CCU/ICU &Cancer Care	5	26.20	26.20
O1.3.3	CHC N C D Clinic	90	180.00	180.00
O1.3.4	PHC level	692	173.00	500.00
O1.3.5	Sub-Centre level	6817	1,022.55	
O1.4	**Mobilty , Miscellaneous & Contigencies**			
O1.4.1	**Miscellaneous (communication, monitoring, TA,DA, POL, contingency etc.)**			
O1.4.1.1	State NCD Cell	1	10.00	10.00
O1.4.1.2	District NCD Cell	40	240.00	120.00
O1.4.1.3	District NCD Clinic	40	40.00	40.00
O1.4.1.4	CHC NCD Clinic	90	90.00	45.00
O1.4.1.5	PHC level	337	101.10	
O1.4.1.6	Transport of referred cases including home based care	90	28.80	28.80
O1.4.1.7	Sub-Centre level		-	
O1.4.1.8	**Patient reffral cards**			
O1.4.1.8.1	PHC Level	692	17.30	
O1.4.1.8.2	Sub-centre level	6817	102.26	
O1.5	**Information, Education & Communication&Training**			
O1.5.1	State NCD Cell	1	10.00	10.00
O1.5.2	District NCD Cell	40	200.00	120.00
O 1.5.3	Others, If any			5.00
O1.6	**Outreach activities**		**-**	
O1.6.1	State NCD Cell		-	
O1.6.2	District NCD Cell		-	
O 1.7	**Other activities, If any**			
O 1.7.1	Transport of referred/serious patient-DNCD	40	100.00	40.00
O 1.7.2	RHD/RF intervention at Firozabad		-	25.00
O 1.7.3	Trg. of all contractual staff under NPCDCS			50.00
	Sub Total		**6,483.49**	**3,694.68**

Thus, for NPCDCS Programme, an amount of Rs.6483.49 Lakhs was proposed, out of which GOI approved Rs.3694.68 Lakhs only (FMR Code- O and its sub heads).

Programmewise Budget Summary – National Health Mission (NHM)
- Uttar Pradesh-
2015-16

FMR Code	Budget Head	Budget Proposed 2015-16 (Rs. In Lakhs)	Budget Approved 2015-16 (Rs. In Lakhs)
A	**REPRODUCTIVE AND CHILD HEALTH**		
A.1	Maternal Health	70329.11	69881.88
A.2	Child Health	2381.71	2070.88
A.3	Family Planning	8752.88	11774.83
A.4	Adolescent Health/ RKSK	367.75	107.65
A.5	RBSK	6271.52	6141.42
A.7	PNDT Activities	234.74	203.36
A.8	Human Resources	52403.12	42258.86
A.9	Training	4760.08	2927.28
A.10	Programme Management	14218.78	11109.55
	Sub Total – RCH Flexible Pool	**159719.69**	**146475.71**
B	**NRHM Initiatives(Mission Flexible Pool)**		
B.1	ASHA	39438.35	36012.79
B.2	Untied Funds	16855.08	10341.22
B.4	Hospital Strengthening (including MCH wings)	56361.33	48299.33
B.5	New Constructions	10049.65	5095.62
B.6	Implementation of Clinical Establishment Act	659.70	-
B.9	Mainstreaming of AYUSH	8505.45	7834.64
B.10	IEC-BCC NRHM	13006.71	8404.34
B.11	National Mobile Medical Units	6239.35	27.54
B.12	National Ambulance Service	38878.63	22962.12
B.13	PPP/ NGOs	7740.80	1314.95
B.14	Innovations	10832.58	3999.25
B.15	Planning, Implementation and Monitoring	7770.06	6266.04
B.16	Procurement	21552.51	19631.15
B.17	Drug Ware Housing	441.17	339.83
B.18	New Initiatives/ Strategic Interventions	350.00	350.00

FMR Code	Budget Head	Budget Proposed 2015-16 (Rs. In Lakhs)	Budget Approved 2015-16 (Rs. In Lakhs)
B.20	Research, Studies, Analysis	126.21	-
B.22	Support Services	3150.41	1475.74
B.23	Other Expenditures (Power Backup, Convergence etc)	2835.36	2404.20
C	**IMMUNISATION**	**23770.72**	**22853.28**
D	**National Iodine Deficiency Disorders Control Programme (NIDDCP)**	**445.43**	**121.00**
PART I	**GRAND TOTAL RMNCHA + (A+B+C+D)**	**428729.19**	**344208.74**
	National Urban Health Mission		
PART II	**GRAND TOTAL URBAN HEALTH**	**35273.91**	**23293.37**
	Communicable diseases		
E	**IDSP**	**1419.29**	**654.94**
F	**NVBDCP**	**8598.68**	**5441.60**
G	**NLEP**	**2029.39**	**1887.43**
I	**RNTCP**	**20827.06**	**15853.93**
PART III	**GRAND TOTAL COMMUNICABLE DISEASES**	**32874.42**	**23837.90**
	Non-Communicable diseases	**18054.19**	**9820.68**
I	National Programme for Control of Blindness (NPCB)	6488.87	2200.00
J	National Mental Health programme (NMHP)	1256.80	887.60
K	National Programme for the Healthcare of the Elderly (NPHCE)	2583.80	1911.30
L	National Programme for Prevention and control of deafness	436.38	398.31
M	National Tobacco Control Programme (NTCP)	675.25	623.50
N	National Oral health programme (NOHP)	129.60	105.29
O	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	6483.49	3694.68
PART IV	**GRAND TOTAL NON COMMUNICABLE DISEASES**	**18054.19**	**9820.68**
PART V	**INFRASTRUCTURE MAINTENANCE**	**47041.00**	**-**
	Calculation Error in Approval (Mission Flexible pool-Rs.451.00 Lakhs & RNTCP-Rs.880.00 Lakhs)		**1331.00**
	GRAND TOTAL NHM	**561972.70**	**402491.70**