National Health Mission

State Programme Implementation Plan

(Supplementary)

Year 2015-16

Uttar Pradesh

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

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Chapter-1: Maternal Health

1 - Budget for honorarium of contractual Staff Nurses at delivery points -(FMR- A.8.1.1.2)

- Contractual SNs- A total number of 4030 Staff nurses have been approved in the year 2015-16 including 2225 existing positions & 1805 vacant positions.
- Budget has been approved for honorarium of existing 2225 positions @ Rs. 19060.00 pm for 12 months and for 1805 vacant positions @ Rs.18150.00 pm for 6 months. Thus a total budget of Rs.7054.67 was approved in 1st ROP for 2015-16.
- Presently 3600 contractual SNs have been recruited and are working and the rest are being recruited. Therefore Budget of Rs 982.82 lakh for honorarium of new recruited 1805 SNs @ Rs 18150.00 pm is being proposed for remaining 3 months.

(Rs. in lakhs)

Position	Physical target (numbers)	Old @ pm 19060.00 for 12 months	New @ 18150.00 PM for 9 Months	Total Budget Required in year 2015-16	Budget Approved in Rop of 2015-16	Total Budget requested in SIP
Contractual Staff nurses	4030	2225	1805	8037.49	7054.67	982.82

Budget for honorarium of contractual ANMs at delivery points-(FMR- A.8.1.1.1.e)

- Contractual ANMs- A total numbers of 4418 ANMs have been approved in the year 2015-16 including 2166 existing positions & 2252 vacant positions.
- Budget has been approved for 12 months honorarium of existing 2166 positions @ Rs. 11500.00 pm for 12 months and for 2252 vacant positions @ Rs.110000.00 pm for 6 months. Thus a total budget of Rs. 4488.40 Lakhs was approved in 1st ROP for 2015-16 against required budget of Rs. 5399.96.
- Presently 3380 contractual ANMs have been recruited and working and rest are being recruited.
- As Rs.578.87 lakhs is still available with us therefore Rs 911.56 lakhs is being proposed in supplementary PIP. Details are as follows:-

Position	Physical target (numbers)	Total Budget Required in FY 2015-16 (Rs. lakhs)	Budget Approved in Rop of FY 2015-16 (Rs. lakhs)	Budget Released in nine months in FY 2015-16 (Rs. lakhs)	Fund still Available with us 2015-16 (Rs. lakhs)	Total Budget requested in SIP of FY 2015-16 (Rs. lakhs)
Contractual ANMs	4418	5399.96	4488.40	3909.53	578.87	911.56

Chapter-2: Child Health

▪ Proposal for Incentives to SNCU Paediatricians/Medical Officer-(FMR-A.8.1.10.6)

Establishment and ensuring optimum functioning of the SNCUs is a critical investment to curb NMR, and Government of U.P is committed to provide SNCU services at least at district level hospitals across the State by 2015-16. So far, 27 SNCUs have been made functional and another 43 facilities would be made operational by Dec 2015. Not only SNCU establishment but maintaining its functioning is equally challenging.

SCNU being a specialized unit, and having an optimal number of doctors and nurses form the cornerstone in its functioning. NHM has sanctioned 3 posts of contractual Paediatricians for the unit, at Rs 65000/month. The hiring as well as retaining skilled medical and para-medical professionals in these Units at this professional fee is one of the top challenges.

Thus, State is proposing to incentivize the Regular/Contractual Pediatricians / MOs working in the SNCUs (functional / to be established) at District Hospitals only. The enhanced remuneration will attract best and dedicated professionals and also bring them almost at par with public-private sector.

1. For Paediatrician- Rs. 25,000 per month over and above their monthly remuneration.
2. For Medical officers- Rs 15,000 per month over and above their monthly remuneration. It is to be emphasized that in case of non-availability of adequate number of Paediatricians, a maximum of 1-2 medical officers either from regular medical services or contractual may be posted in SNCUs.

Thus, the total budget required for incentive of Paediatrician/MOs@25000/PMis Rs. 137.25 lakhs for FY 2015-16.

▪ Proposal for Care and treatment of Severely Underweight Children-(FMR-B.18.2)

Efforts are being made under the National Health Mission flagship scheme to address high level of under nutrition amongst children. In addition to scaling up of IYCF programme across the health facilities, the state is also steadily increasing the number of Nutrition Rehabilitation Centres in the state. The state has at present 50 functional Nutrition Rehabilitation Centres in 44 districts. In addition, 18 more NRCs are in the process of getting operationalized by March 2016. National Iron Plus initiative, Vitamin A Supplementation and care of maternal and adolescent anaemia programme have also been scaled up under NHM. However much more need to be done as the Mission is committed to bring care and support closer to these children.

In September this year with support of State Nutrition Mission and ICDS, the state undertook a drive to measure weight of children in the state. As a result of this drive, 14 Lakhs children have been identified as severely underweight by the districts. These severely underweight children require care in terms of disease detection and food supplementation. The additional provision of Supplementary nutrition is being provided under the ICDS scheme. The Health department is committed to undertake health check-up of these children and treat them for any underlying morbid condition. Children who meet the criteria of NRC admission need to be referred to NRC for timely treatment.

Key intervention- Poor mobility is one of the key constraints leading to low rates of service utilization especially for children above one year for whom no dedicated ambulance services are available. Recognizing this fact, the health department proposes to organize fixed day fixed time screening and health checkup at nutrition clinics at the block PHC/CHC to reach these severely underweight children. These clinics can be organized on Saturdays as the RBSK team is based at the

health facility on Saturday for attending the referral cases being referred from the field. It is expected that each block will have 1500-1600 of these Severely Underweight Children. Each village is expected to have 10-12 SUW children and each gram sabha 30-40 SUW children. The numbers however can vary depending upon the monthly reporting by ICDS.

The key activities which will be undertaken by districts are as follows-:

- Jointly with ICDS mapping of the villages/gram sabhas where these children are located.
- Create geographical clusters of gram sabha for physical mobilization of children using dedicated vehicles. Two gram panchayat can be covered in one day. Thus a total of 60-80 children at the most can be provided services on one day. It will take five to six months to complete the health checkup of all identified children at CHC/Block PHC
- Ensure availability of drugs and other consumables (multivitamin, antibiotics, etc). Iron syrup will be provided under NIPI programme and Zn ORS under Diarrhoea Control programme.
- Prepare duty rosters to ensure presence of two medical officers on the clinic day
- Assuming that 60-80 children can be seen in one day by a team of two doctors (RBSK doctors who are based at facility on Saturday can be used for this purpose)
- Display and disseminate IEC
- Counsel parents on supervised feeding and care at home. Educate them on early danger signs.
- Referral of sick cases with bilateral pitting oedema/or complications to NRC. If NRC is not available then to nearest district hospital
- Data entry and reporting of weekly performance on a dedicated website at block district and state level

Budget				
Sl.	**Item**	**Unit cost**	**Total units**	**Total cost**
I	**Cost at block (for six months)**			
1	Cost of medicines (antibiotics, multivitamins)@Rs 50/child X 200 SUW children with complication. Only 10-15% may have subclinical infection. Rest can be provided routine medicines from CMSD	50	200	10000
2	Transportation cost@Rs100/child X 1500 SUW children	100	1500	150000
3	IEC@Rs 10/child X 1500 SUW children	10	1500	15000
4	Printing and referral @Rs 10/child X1500 SUW Children	10	1500	15000
5	Miscellaneous (weighing scale, banner, MUAC tape)			5000
6	Data entry, reporting and online tracking at block level for six months @Rs 15/childX 6 months	15	1500	135000
	Total budget for one block			**330000**
II	**Cost at district**			
1	Data entry, reporting and online tracking at district level X 6 months	10000	1	60000
2	Monitoring@ 20000/month X 6 months	20000	1	120000
3	IEC/Communication at district level	200000	1	200000
	Total budget for one district			**380000**
III	**Total budget**			
	Block level cost	330000	823	271590000
	District level cost for 6 months	380000	75	28500000
	State Level Data entry cost for six months	10000	2	120000
	State level IEC			1000000
	Total budget			301210000

Thus, the total budget required for Care and treatment of Severely Underweight Children is Rs. 3012.10 lakhs for FY 2015-16.

- **Proposal for Roll out Treatment and Follow-up Cards for Sepsis Management in Newborns aged 0-2 months-(FMR- B14.31).**

Following the Operational Guideline of Use of Gentamicin by ANMs for Management of Sepsis in Young Infants under specific situations, the use of Gentamicin by ANMs was adopted in the state of Uttar Pradesh and an integrated operational guideline for Pneumonia and Diarrhoea was released in August 2015 incorporating the use of inj. Gentamicin and Amoxicillin in specific situations according to the guidelines of Ministry of Health & Family Welfare, Govt. of India (MoHFW, GoI). Thus adhering to the guidelines being issued by MoHFW, GoI, the state of Uttar Pradesh proposes to roll out the treatment and follow-up cards for Sepsis Management among Newborns (0-2 months) across seventy-five districts of the state.

Programme Description

The treatment and Follow-up card for Sepsis Management is a documentation tool which facilitates recall massages of clinical guidance, recording of clinical findings and also support appropriate counselling for families of sick newborn who refuse referral to health facilities. The treatment and follow-up card also provides understanding about why families would refuse to avail of referral services, which opens dialogue about the issue and may help develop an appropriate follow-up plan. According to AHS 2012-13, care seeking for Acute Respiratory Infection (ARI) in the state of Uttar Pradesh is 97.8%, however, of these a mere 15-20% seek care from the public health facilities.

The treatment and follow-up card for sepsis management is already incorporated in the reporting format for 'Pneumonia and Diarrhoea' in which ANMs are required to document and report on the use of Inj. Gentamicin and Amoxicillin on a monthly basis. Pneumonia in 0 to 2 month age period is among the causes of PSBI and it is expected that infection greatly will be identified by ASHAs during HBNC and referral to sub centre and VHNDs will facilitate in increasing the coverage of appropriate sepsis management by 20% in the first year of implementation. Review of the Village Health & Nutrition Day (VHND) programme will include review of the management of newborn sepsis cases on a monthly basis at the district level and on a quarterly basis at the state level. A Government Order (GO) duly signed by the Principal Secretary - Health & Family Welfare, Govt. of Uttar Pradesh in this regard has already been issued to all the seventy-five districts.

As per the estimation, a maximum of 50% of the total sepsis cases are expected to seek care through the public health facilities and approximately 50% of these sepsis cases may refuse referral services (MoHFW, GoI). For the newborn sepsis cases where the family refuses referral, they will be managed by the ANM at the SC level and will continue the appropriate treatment thus ANM requires the Treatment and Follow-up card. Considering the state population and Crude Birth Rate, a total of 1,95,300 treatment and follow up cards would be required and the state proposes to get a total of 2,00,000 such cards printed for the financial year 2015-16 keeping in mind the wastage factor. The state will ensure timely printing and distribution of these cards up to the Sub-centre level as per quantity required by each district.

Deliverables/ Monitorable Indicators

ANMs will be responsible for rolling out the administration of treatment and follow-up cards for sepsis management in each of the seventy-five districts of the state. For this purpose, capacity building of all the ANMs will be conducted by the Medical Officer In-charge of respective block PHCs/ CHCs during monthly meetings. The effectiveness of the programme will be assessed on the following indicators:

- Number of sepsis cases detected by ANM against the total number of young infants in the age group 0-2 months;
- Number of sepsis cases referred by ANMs against the total number of young infants detected with sepsis in the age group 0-2 months;

- Number of sepsis cases managed by ANMs against the total number of young infants detected with sepsis in the age group 0-2 months.

Funding Proposed for FY 2015-16

As per the plan, rolling out administration of the treatment and follow-up cards for sepsis management in each of the seventy-five districts of the state will have the following budgetary implication:

Sl.	Budget head	No. of units	Unit cost (Rs.)	Total Budget (Rs. lakh)
1.	Printing of treatment and follow-up cards for sepsis management	2,00,000	3.00	6.00
2.	Contingencies @ 15% (Service taxes etc.)	-	-	0.90
	Total	**-**	**-**	**6.90**

Thus, the total budget required for rolling out administration of the treatment and follow-up cards for sepsis management is Rs. 6.90 Lakhs for FY 2015-16.

Chapter-3: Family Planning

▪ Family Planning Indemnity Scheme- (FMR-A.3.6)

As FPIS is in effect in the State since 01-04-2013 and till date total 656 Claims have been settled. In the approval of State PIP for Yr 2014-15 an amount of Rs. 100.00 lakhs was provisioned against which an amount of Rs. 102.00 lakhs had been disbursed to clients as settlement under this scheme. Districts have submitted more than 200 claim forms to State for settlement. In year 2014-15, total 293054 clients have undergone sterilization process. Details of claims under this scheme are given below:

Sl.	Year	Total Claims submitted by DQAC			Claim forms settled		
		Failure	Complication	Death	Failure	Complication	Death
1	2013-14	479	2	7	277	1	6
2	2014-15	547	1	4	314	1	4
3	2015-16	62	0	0	53	0	0

So, there is an urgent additional requirement of budget for settlement of claims. An amount of total Rs. 50.00 lakhs is required for this activity.

▪ Mobility Support for Family Planning Program (FMR -A.10.8.5)

On the basis of past experience of state it is clearly postulated that for betterment of different activities under family planning program ,supportive supervision visits by the state level authorities are effective. These visits allow a chance to evaluate the field situation and better analysis of the program. As, GoI is also committed to improve the uptake of qualitative Family Planning Services among the community, intensive supportive supervision related field visit is the requirement of time. This will facilitate the speed of intervention and may result in better uptake of services and improvement in the quality of services. A three level strategy is designed to address the issues by these supportive supervision visits.

- **State Level inspection by the Directorate Officials -** Higher Authorities from Directorate will visit the districts and division and conduct the field visit to review the situation at the service delivery points. This will help to analyze the performance in various FP Program. For this purpose two visits per month are proposed. Since only four months are left so total 8 tours are planned with approximate cost of Rs.15000 per tour. This cost will include the DA and lodging expenses of the authorities. For this activity a budget of Rs.1.20 lakhs is proposed.
- **Divisional Level Inspection by the AD Office Officials-**Family Planning is a community based activities and acceptance is dependent on trust between service providers and clients. This trust can only be gained by provision of quality services to clients, in turn quality services related issue can be addressed only with the supervision of the activities at field level. So for betterment of the family planning program mid/higher level supportive supervisory visits are the requisite. For this, Division level officials i.e., AD/JD'S visits are planned and POL is provisioned for these visits @ Rs.5000/month and total of Rs. 20000/Division for rest four months. Thus, a total of Rs. 3.60 lakhs is budgeted for this activity.
- **At SPMU Level**- For betterment of the program, various activities have to be monitored from the NHM SPMU Level also. For this, a lump sum amount of Rs. 5.00 lakhs is proposed that will include the TA/DA and Lodging expenses of the State Level Authorities of NHM along with the Lodging expenses of the visiting GoI Team.

So, for the above activities, a total budget of Rs.9.80 lakhs is proposed for Supportive Supervision Visit.

Chapter-4: Rashtriya Kishor Swasthya Karyakram (RKSK)

- **Honorarium of 272 Contractual AH Counselors at CHC level for 6 months-(FMR-A.8.1.7.5.2)**

In the ROP 2015-16 issued on 17-08-15 at FMR code A.8.1.7.5.2 fund for 294 Contractual Adolescent Health Counselors for CHC level in 25 HPDs has been approved @Rs 12,600 per AH Counsellors. However Honorarium has been sanctioned for these counselors only for 6 months. It is worthwhile to mention that at present 272 contractual AH Counsellors are already working at CHC level.

Thus fund required for Honorarium of existing 272 AH Counsellors @ Rs 12,600 per AH for remaining 6 months (October 2015 to March 2016) is Rs. 205.63 Lakhs.

- **Sanction of Post of 59 Contractual AH Counsellors at CHC Level along with the fund for their Honorarium for a period of 6 months-(FMR-A.8.1.7.5.2).**

It is to bring to your kind notice that at present 272 contractual AH Counsellors are already working at CHC level of HPD Districts against approved 294 Counsellors. It is worth mentioning that there are no AH Counsellors in 13 HPD Districts. There are a total of 155 blocks in these 13 HPD districts. Even if half of the blocks of these 13HPD districts are to be covered by establishment of AFHS Clinic and recruitment of AH Counsellors, 59 additional posts of Contractual AH Counsellors at CHC Level are required.

Thus, fund required for Honorarium of 59 AH counselors for a period of 3 months @ Rs 12600 per month is Rs. 22.30 Lakhs.

Thus, kindly give approval for honorarium of 272 AHC for 6 months and sanction of new 59 AHC along with honorarium for 6 months @ Rs. 12600/pm. A total approval of Rs. 227.93 Lakhs is required the for above proposals.

Chapter-5: Rashtriya Bal Swasthya Karyakram (RBSK)

Proposal for Establishment of One Model DEIC at Ghaziabad-(FMR-A.5.1.4)

Establishment of District Early Intervention Centre (DEIC) in each district for Management and Referral Linkages is envisaged under RBSK. Hindustan Latex Family Planning promotion Trust (HLFPPT) has submitted budget proposal for establishment and operationalization of one regional model DEIC for three years at Ghaziabad. This regional model DEIC would have state of art infrastructure facilities, equipments with specialized and trained human resource for standardized treatment, diagnosis and referral protocol to ensure delivery of child friendly services. This centre would act as regional centre of excellence for other upcoming DEICs in the country. Land for establishment of DEIC will be provided by the State Government.

HLFPPT has proposed budget of Rs 5.95 crores for establishment and management of one DEIC in first year, Rs. 2.12 crores and Rs. 2.30 crores for second and third year respectively for operationalization of DEIC.

Thus the total amount required for the DEIC at Ghaziabad in the first year would be Rs. 595.36 Lakhs.

Establishment of Nodal Centre at KGMU Lucknow for Surveillance of Birth Defects-(FMR-A.5.1.8)

King George's Medical University has been identified as Nodal Centre for Surveillance of Birth Defects. Two Faculty members from KGMU, one each from the department of Pediatrics and Obstetrics & Gynaecology have been trained at National level by Govt. of India. HOD of the Department of Obstetrics & Gynaecology, KGMU, Lucknow as been identified as nodal person.

HOD of the department of Obstetrics & Gynaecology & Department of Pediatrics KGMU, Lucknow have submitted a joint proposal regarding funds required for manpower & logistics etc for establishment of Nodal Centre for Surveillance of Birth Defects at KGMU, Lucknow. Item wise detail is given below:

Sl.	Item	Amount per month (Rs.)	(Rs.)
1	Data Entry Operator	12000 x 3 months	36000.00
2	Contingency for stationary	1000 x 3 months	3000.00
3	Posters (onetime expense)		5000.00
4	Computer system with printer (onetime expense)		50000.00
5	Table and Chair (one time expense)		15000.00
	Total		**109000.00**

Thus, the total amount required by KGMU for establishment & running of Nodal centre for Surveillance of Birth Defects is Rs. 1.09 Lakhs.

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

Awareness generation in the community through IEC activities and Strengthening of PCPNDT Act 1994 – It is a well known truth that Indian society is structured around the patriarchal system. Female feticide is the inevitable fall-out of the small family which comes at the cost of the girl child. The disturbing factor is the extent and reach of the practice of sex selection & female feticide, which has now spread even to areas where it was previously unknown. Also there is the lack of awareness among the community about the importance of Female Child. IEC is an effective proven tool to strengthen the activity in the community. So for active implementation of PC-PNDT Act 1994, State proposes an IEC intensive activity for awareness generation in the community regarding sex selection prohibition. This activity is structured on two pronged strategy-At State Level and District Level. State Level activities will be completed by State IEC Beauro at DAVP and other approved rates. **So, for the above State Level Activities, a total Rs. 400.00 lakhs is proposed (FMR-B.10.3.5), as per following details:**

Sl.	Name of Activity	Proposed Amount (In Lakhs)
1	IEC through LED Mobile Van	35.00
2	IEC through Close Circuit TV (Lucknow NER Junction)	10.00
3	Installation of Flex Hoarding	200.00
4	Advertisement in News Paper	25.00
5	Back Bus Panel	15.00
6	Advertisement on Doordarshan	50.00
7	Advertisement on AIR	30.00
8	Advertisement on Private TV Channels	25.00
9	Advertisement on Private Radio Channels	10.00
	Total	**400.00**

At District Level Wall Writing/Hoarding/Handbills/Pamphlets etc activities will be completed. Distribution of the budget among the districts is based on the demographic profile. So, total amount of Rs. 100.00 lakhs is proposed for completion of the activities as follows:

Sl.	Name of District	Amount Proposed (In Lakhs)
1	Agra	3.00
2	Aligarh	2.00
3	Allahabad	3.00
4	Ambd. Nagar	3.00
5	Amethi	1.00
6	Amorha	1.00
7	Auriaya	1.00
8	Azamgarh	2.00
9	Baghpat	1.00
10	Bahrich	1.00
11	Ballia	1.00
12	Balrampur	1.00
13	Banda	1.00
14	Barabanki	1.00
15	Bareilly	2.00
16	Basti	1.00
17	Baudan	1.00
18	Bhadoi	1.00
19	Bijnor	1.00
20	Bulandshare	1.00
21	Chandoli	1.00
22	Chitrakoot	1.00
23	Deoria	1.00

24	Etah	1.00
25	Etawh	1.00
26	Faizabad	1.00
27	Farrukhabad	1.00
28	Fathepur	1.00
29	Firozabad	1.00
30	Gaziabad	3.00
31	GB Nagar	3.00
32	Ghazipur	1.00
33	Gonda	1.00
34	Gorakhpur	3.00
35	Hamirpur	1.00
36	Hapur	1.00
37	Hardoi	1.00
38	Hathras	1.00
39	Jalaun	1.00
40	Jaunpur	1.00
41	Jhansi	2.00
42	Kannauj	1.00
43	Kashganj	1.00
44	Kaushambi	1.00
45	Kheri	1.00
46	Knp. Dehat	1.00
47	Knp. Nagar	3.00
48	Kushinagar	1.00
49	Lalitpur	1.00
50	Lucknow	3.00
51	Maharajganj	1.00
52	Mahoba	1.00
53	Mainpuri	1.00
54	Mathura	2.00
55	Mau	1.00
56	Meerut	3.00
57	Mirzapur	1.00
58	Moradabad	2.00
59	Muzaffarngr	1.00
60	Pilibhit	1.00
61	Pratapgarh	1.00
62	Raebareli	1.00
63	Rampur	1.00
64	Saharanpur	2.00
65	Sant Kab. Ngr	1.00
66	Shajhanpur	1.00
67	Shamli	1.00
68	Shmbhal	1.00
69	Shrawasti	1.00
70	Siddarth Ngr	1.00
71	Sitapur	1.00
72	Sonebhadra	1.00
73	Sultanpur	1.00
74	Unnao	1.00
75	Varanasi	3.00
	Total	**100.00**

Thus, a total amount of Rs. 500.00 lakhs is proposed for completion of both State and District Level activity.

Chapter-7: Training

- **Strengthening of training Capacity of the SIHFW- U.P. : Furnishing of Classrooms, Hostel Rooms, Installation of Computers in Lab, Renovation of Mess etc.**

Background - The SIHFW (CTI) was sanctioned Rs. 100.00 lakh in 2007-08, Rs. 50.00 lakh in 2008-09 & Rs. 450.00 lakh in 2010-11 (A total of Rs. 600.00 lakh) for Training infrastructure Renovation & Up gradation of Class Rooms, Hostels and mess etc under NHM. The work was started by the agency PACCFED but in mid way the work was stopped due to CBI enquiry. Ultimately in 2014 the institute was given clearance for the completion of the remaining work. With this amount the following work is going on :-

1. Two existing class rooms were extended, thus increasing there capacity from 30 to 50 trainees per class room.
2. There were 15 old hostel rooms which did not have attached toilet & were non AC rooms. Attached toilets cum Bathrooms were constructed in these rooms and AC & LED TV were installed in all rooms which are functional now.
3. 27 new rooms are being constructed in the hostel which is almost complete. After furnishing, this will increase the accommodation facility for the trainees.
4. The mess of the institute is also being expanded thus increasing its capacity by increasing furniture & mess equipment etc.
5. A new tube well was installed to strengthen the water supply of the institute.

The proposal was submitted in the PIP 2015-16 but in the ROP page no. 127 at FMR Code B.5.10.2 this part has been kept as 'Pended' with the comment that " the proposal lacks clarity on its status; whether it is ongoing or new proposal. State to submit details".

In context of above query, there is a proposal of Rs. 9.49 lakhs for covering of Hall & furnishing of waiting lounge, etc. There is a space above the tea lounge which will be divided by a slab in to two parts thus creating two more class rooms on the first floor. For this an amount of Rs. 73.46 lakhs has been demanded. There is a proposal for Rs. 210.14 lakhs for interior furnishing & 75 computers for creation of a very spacious computer Lab for giving training to a large number of participants. Like other training institutions of repute Rs 37.35 Lakhs has been demanded for installation of 25 kw solar power plant. The institute has one old conference hall in which minor civil work was carried out. Now, new furniture, sound system & AV Aids are to be installed in this conference hall with the amount Rs. 30.16 lakhs. Besides this civil work in class room on the first floor is complete however furniture, sound system & audio visual equipments etc would be required for it. For new 27 rooms of the hostel rooms the civil work is almost complete but furniture etc would be required. For these on going work in management training cell of SIHFW an amount of Rs 139.53 lakhs is required. Thus the total of Rs. 500.13 lakhs is requested in the proposal; this estimate has been prepared by the executive agency (Karyadayi Sanstha) PACCFED. The budget summary is given below:

Sl.	Work / Description	Proposed Amount (Rs. in Lakhs)
1	Covering of Hall & Finishing Works	Rs. 9.49
2	2 Class Rooms Above Tea Lounge (For Casting of RCC slab & Furnishing)	Rs. 73.46
3	Interior, Furnishing & Equipments of Computer Lab	Rs. 210.14
4	Installation of 25 KW Solar Power Plant	Rs. 37.35
5	Furnishing of Conference Hall (Furniture, Sound System, AV Aids, AC etc.)	Rs. 30.16
6	Furnishing of New Hostel Rooms (27) & other remaining work	Rs. 139.53
	Total	Rs. 500.13

- **Proposal for Consultants & Office assistants at SHIFW (FMR -A.8.1.7.8)**

Background -Six medical consultants to support training & monitoring works have been approved but support staff is required for which an amount of Rs. 5.40 Lakh is being proposed as follows.

Sl..	Description	Proposed Amount in Lakhs
1	Accountant (1) @ Rs. 20000 p.m	Rs. 240000
2	Data Entry Operator (1) @ Rs. 10000 p.m	Rs. 120000
3	Assistant (2) @ Rs. 7500 p.m	Rs. 180000

- **Strengthening of Existing Regional Health & Family Welfare Training Centre (RHFWTC)-FMR - A.9.10.1)**

Background - The department of Medical Health and Family Welfare has three tear training structure in UP where SIHFW is at the State level, Regional Health & Family Welfare Training Centre (RHFWTC) at the divisional level and ANMTC and DPTT at district level. RHFWTC provides training at the divisional level to MOs and other paramedical workers. It is involved in training programme like ASHA, RI etc.

RHFWTC has vast potential for providing training but its capacity is not optimally utilized due to lack of residential and other training facilities. The present proposal is to fulfill this deficiency.

There is proposal of Rs. 43.00 lakhs of each of the 11 RHFWTCs situated in Lucknow, Kanpur,Varanasi, Faizabad, Jhansi, Moradabad, Allahabad, Meerut, Gorakhpur Agra and Bareilly (A total of Rs.473.00 lakhs), as per details provided in table.

Summary

Sl.	Task	Amount Required (In Lakhs)
1	20 rooms of new hostel with single bed and mattresses blanket, dressing table, chairs, geyser, AC, etc.	16.00
2	For Existing hostel-Pets control, and change of window frames with glasses and furnishing of beds, mattresses, blankets, dressing tables, chairs, geysers, ACs, etc.	16.00
3	Four rooms would be converted in to guest rooms (two AC and two Non AC) : Bed, chair, table, mattresses, toilet, AC, Freeze, TV and tiling of bathroom etc	10.00
4	fuel for generator	0.50
5	potable water supply machine	0.50
	Total For 1 RHFWTC	43.00
	For 11 RHFWTCs	473.00

With an amount of 16.00 Lakhs, the new hostel of 20 rooms will be furnished with bed and mattresses, blankets, dressing tables, chairs, geysers, AC and etc.

With 16.00 Lakhs, the existing old hostels would have pest control and change of window frames along with glasses. These hostels would also require furnishing of beds and mattresses, blankets, dressing tables, chairs, geysers, ACs, etc. Four rooms would be converted in to guest rooms for staying guest faculties (two AC and two Non AC) with facilities like: Bed, chair, table, mattresses, toilet, AC, Freeze, TV and tiling of bathroom etc with 10.00 lakhs. An amount of Rs. 50,000 each has been demanded for fuel for generator and potable water supply. Thus for 1 centre Rs 43.00 lakhs and For 11 Centres a total of Rs.473.00 lakhs is needed.

- **Pre Service Education in Uttar Pradesh**

Skill lab Training - 6 Days Daksh Training at planned at TNAI, New Delhi for Nursing faculties of CoN and GNM Schools for 3 batch covering 46 participants. The cost includes Institutional cost @Rs 2200/- TA, @ Rs. 2500/-(to & fro), DA @ Rs 1800/- (for 6 days), Accommodation @ Rs 6000 (for 6 days). Total cost per participant will be Rs. 12,500/- for 6 days. Total proposed cost will be Rs. 5.75 Lakhs at FMR Code- A.9.1.5.

Strengthening of existing training institutions/Nursing schools:

- Partitioning of skills lab, electric work, with power back-up, seminar hall set-up, establishment, furniture, cabinets, 3 AC, Laptop etc. The cost includes For 2 SNC (CoN, Varanasi &CoN, Meerut) @ Rs. 15,00,000 for 2 institutions total of Rs. 30,00,000. As per Skill Lab Operational Guidelines for State Nodal Centre (Meerut &Varanasi) and budget will be utilized as per State Norms.

- Establishment, Furniture, cabinets, 1 AC, Laptop etc.& curtains for skills lab. The cost includes for 7 GNM Schools (Allahabad, Gorakhpur, Bareilly, Meerut, Agra & Kanpur) @Rs.3,00,000 per institution for 7 total of Rs. 21,00,000.As per Operational Guidelines for skill Lab and budget will be utilized as per State Norms. **This cost is budgeted under FMR Code: A.9.10.1.**

Additional building/Major up-gradation of existing structure (For Model GNM School Balrampur and ANMTC -Azamgarh:

- Furniture for the Hostel @ 3.00 Lakhs for two institutions total of 6.00 Lakhs. Hostel furniture is very old and needs replacement.
- Furniture & Audio Visual aid for school (Tables, chairs, desks, cabinets, blackboard/whiteboard, other furniture for classrooms, Library, Labs, office, LCD Projector) @ 4.00 Lakhs for 2 institutions total of Rs. 8,00,000. Tables and Chair for Library, Book Cabinets (3), blackboard/whiteboard, other furniture for classrooms, LCD Projector (4) and Table & Chair for class rooms.
- 7.5 KVA Generator for Classroom and Skills Lab and Invertors for GNM Balrampur Hostel: @Rs. 2,25,000 for 1 institution total of Rs. 2,25,000. This cost is budgeted under **FMR Code: B.5.10.1.1.**

Equipment for training institutions - Equipment for the Community lab, community bag, Nutrition lab, Fundamental lab, Pre-clinical lab and AV Aids lab for Model GNM School (GNMTC, Balrampur, Lucknow) @Rs. 13,50,000 for one institution total of Rs. 13,50,000. There is no community Lab in GNMTC, therefore new community lab is to be established. Nutrition and Fundamental Lab is present with few equipment and models, so need to purchase more equipment and articles. The tentative cost proposed as: Fundamental lab: Rs.8,00,000(including items like manikins, needles & syringes, suture, rubber goods, glassware material, linen etc.), Community lab: Rs. 2,00,000(including items like community bags, steriliser, infant weighing scale, spring balance, stethoscope, salter scale,)Nutrition lab: Rs.1,50,000 (including items like gas stoves, cutlery sets, ladles, water reservoir, tongs, spoons, measuring scoops etc.), Pre-clinical lab: Rs. 1,50,000 and AV Aids Lab:Rs. 50,000/- (including items like Projector, Xerox machine etc.). this cost is budgeted in **FMR Code:B.16.1.7.**

Additional building/Major upgradation of existing structure (For Model ANMTC –Azamgarh) - Establishment, Furniture, cabinets, 1 AC, Laptop Audio/Video Aids, LCD projector, white/black board & curtains for skills labs etc.For Model ANM School-Azamgarh@Rs.3,00,000for 1 institution total of Rs. 3,00,000. (As per Operational Guidelines for skill Lab and budget will be utilized as per State Norms. This cost is budgeted in **FMR Code:B.5.10.1.1.**

PSE-Budget for Supplementary PIP 2015-16

FMR code	Activity	Unit of Measure	Unit Cost (Rs. Thousands)	Quantity / Target	Budget (Rs. Lakhs)	New/ old	Remarks
A.9.1.5	Other Skill lab training- 6 Days Daksh Training at TNAI, New Delhi for Nursing faculties of CoN and GNM Schools	For GNM and CoNs	12,500	46	5.75	New	3 batches covering 46 participants. The cost includes Institutional cost @ Rs 2200/- TA @ Rs. 2500/-(to & fro), DA @ Rs 1800/- (for 6 days), Accommodation @ Rs 6000 (for 6 days). Total cost per participant will be Rs. 12,500/- for 6 days.
A.9.10.1	**Strengthening of existing training institutions/Nursing schools**						
	Partitioning of skills lab , electric work, with power back-up, seminar hall set-up, establishment, furniture, cabinets, 3 AC, Laptop etc.	For 2 SNC	15,00,000	2	30.00	New	As per Skill Lab Operational Guidelines for State Nodal Center (Meerut &Vanarasi) and budget will be utilized as per State Norms.
	Establishment, Furniture, cabinets, 1 AC, Laptop etc & curtains for skills lab	For 7 GNM Schools	3,00,000	7	21.00	New	As per Operational Guidelines for skill Lab and budget will be utilized as per State Norms.
B.5.10.1.1	**Additional building/Major upgradation of existing structure (For Model GNM school Balrampur and ANMTC -Azamgarh)**						
B.5.10.1.1	Furniture for the Hostel	For Model GNM School Balram-pur and National Nodal Center Kanpur	3,00,000	2	6.00	New	Hostel furniture is very old and needs replacement.
	Furniture & Audio Visual aid for school (Tables, chairs, desks, cabinets, blackboard/whiteboard, other furniture for classrooms, Library, Labs, office, LCD Projector)		4,00,000	2	8.00	New	Tables and Chair for Library, Book Cabinets (3), blackboard/whiteboard, other furniture for classrooms, LCD Projector (4) and Table & Chair for class rooms.
	7.5 KVA Generator for Classroom and Skills Lab and Invertors for GNM Balrampur Hostel		2,25,000	1	2.25	New	-
B.16.1.7	**Equipments for training institutions**						
	Equipment for the Community lab, community bag, Nutrition lab, Fundamental lab, Pre-clinical lab and AV Aids lab	For Model GNM School	13,50,000	1	13.50	New	-There is no community Lab in GNMTC, therefore new community lab is to be established. -Nutrition and Fundamental Lab is present with few equipments and models, so need to purchase more equipments and articles. The tentative cost proposed as:

FMR code	Activity	Unit of Measure	Unit Cost (Rs. Thousands)	Quantity / Target	Budget (Rs. Lakhs)	New/ old	Remarks
							Fundamental lab: 8 lakhs, community lab including community bags: 2 lakhs, Nutrition lab: 1.5 lakhs, Pre-clinical lab: 1.5 lakhs and AV Aids lab Rs 50,000/-
B.5.10.1.1	**Additional building/Major upgradation of existing structure (For Model ANMTC -Azamgarh)**						
	Establishment, Furniture, cabinets, 1 AC, Laptop audio/video aid LCD projector, white/black board & curtains for skills labs etc.	For Model ANM School-Azamgarh	3,00,000	1	3.00	New	As per Operational Guidelines for skill Lab and budget will be utilized as per State Norms.
TOTAL					89.50		

- **IMNCI Training**

As per the FMR Code A.9.5.1.1 and A.9.5.1.2 GoI has approved funds for 25 high priorities Districts, a sum of Rs.488.26 Lakhs for IMNCI training (CCSP Training in U.P.) for 2015-16 of ANM & LHV. But the funds proposed for printing of module has not been approved by GoI on FMR Code A.9.5.5.2e, mentioning that in the state CCSP have been completed and it may be approved in SPIP. Considering the fact and ground reality of training, there are many ANMs/LHVs are not trained in CCSP training and in absence of these modules, state is not able to complete the trainings of ANM/LHV in remaining districts. Further, this training is also important because GoI guidelines for management of sepsis in young infants and IAPPD programme is based on IMNCI protocols, therefore, it is again requested to approve Rs. 11.50 Lakhs under FMR Code A.9.5.5.2e for printing of modules, so that state can saturate the training programme in given time period.

As The training of IMNCI Needs strengthening of training site for which Charts, TV, VCR and other logistic are required. State has proposed Rs.447.06 Lakhs but GoI approved Rs. 365.22 Lakhs. GoI has not approved Rs. 81.84 Lakhs, with remark in FMR code A.9.5.1.2" Cost for strengthening of training site may be approved by Training Division." We again request for approval of funds Rs. 81.84 Lakhs for strengthening of training site of IMNCI (CCSP).

Chapter-8: Programme Managment

- **Proposal for Sanction of New Post of Senior Advisor at SPMU**

Uttar Pradesh is a large State having 75 districts. Under National Health Mission, immense programmes/schemes are being implemented in whole of the State of Uttar Pradesh with focus on 25 High Priority Districts (HPD).

Better coordination with various departments and sections is a key for success of all the programmes being run under National Health Mission. However, as plenty of activities are being executed in various programmes such as Maternal Health, Child Health, Family Planning, Rashtriya Bal Swasthya Karyakaram, Rashtriya Kishore Swasthya Karyakaram, National Communicable Disease Control Programmes and Non Communicable Disease Control Programme etc., coordination with concerned officers and management of such schemes, is a very complex and difficult task.

National Disease Control Programme is a vast programme of National Health Mission under which there are four Communicable Diseases Control Programmes and seven Non Communication Disease Control Programmes being implemented in the State.

Similarly, the scheme of Referral Transport Services has also been started in the State by rolling out 988 EMTS under the banner of 108 and 1972 ambulances under the banner of 102. The objective of EMTS is to provide immediate response during emergency with basic first aid and transport to the patient. The aim of 102 is to reduce delays in access to health care for Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) beneficiaries which are major programmes of Maternal Health.

As Uttar Pradesh is one of the least urbanized States in India, National Urban Health Mission (NUHM) has also been initiated in the State with the aims to improve the health status of the urban population, particularly of the poor and other disadvantaged sections by facilitating access to quality health care through public health system, partnerships and active involvement of the urban local bodies.

For successful and proper planning, implementation, monitoring and supervision of plenty of programmes being run under National Health Mission, a professional having skill/ability to build dialogue and coordination with the higher officials of GoI, GoUP and other health partners is required. It seems appropriate that retired personnel, not below the rank of Additional Director, having expertise/exposure in the field of medical & health, may be deputed at State Programme Management Unit (SPMU) level under National Health Mission.

Therefore, it is requested to kindly grant approval for creation of a new post of Senior Advisor at SPMU level @ Rs. 1, 25,000.00 per month and approve a budget of Rs. 5.00 Lakhs for four months at FMR code A.10-Programme Management the year 2015-2016.

- **Proposal for Honorarium of Programme Assistants working at SPMU, NHM**

This is to bring to your kind notice that in the State ROP of 2015-2016 dated August 17, 2015, consolidated salary of Rs. 28,875/- per month has been approved by Govt. of India for 11 Programme Assistants, working in various programme management cells at State Programme Management Unit (SPMU) and Directorate of Family Welfare, Lucknow under FMR Code A.10-Programme Management, B1.15-ASHA Resource Centre/ASHA Mentoring Group and 2.1-NUHM Flexipool. For remaining 3 Programme Assistants under FMR Code A.10 - Programme Management, GoI has accorded approval for consolidated salary of only Rs. 23,800/pm.

All three Programme Assistants are working at State level for more than 03 years and have equal skill, expertise and work efficiency. These incumbents are discharging their duties with full dedication and devotion. Looking at their experience, long years of service in NHM and loyalty & commitment towards organization, it is proposed that consolidated monthly salary of Rs. 28875/- is accorded to them too, so that they are at par with the 11 other Programme Assistants for whom GoI has approved a consolidated salary of Rs. 28875/- per month in the ROP dated August 17, 2015.

Therefore, it is requested to kindly sanction consolidated salary of Rs. 28875/- per month, alike others, for remaining 3 sanctioned positions of Programme Assistants for the year 2015-2016. No additional budget is required for this.

- **Proposal for Honorarium of Data Entry Operators (DEOs)**

This is to bring to your kind notice that in the State ROP of 2015-2016 dated August 17, 2015, under FMR Code A.10.2.6 – Programme Management - Data Entry Operators, consolidated salary of Rs. 17,000/- per month inclusive of all taxes have been approved by Govt. of India for 135 positions of Data Entry Operators for HMIS, by sanctioning a total budget of Rs. 275.40 Lakhs.

Under FMR Code A.10.1.8 – Programme Management – Data Entry Operators, GoI has accorded approval of lump-sum amount of Rs. 40.00 Lakhs only for 38 positions of Data Entry Operators for State Level. However, per month consolidated salary approved against such positions has not been defined by GoI.

Based on the approval of Govt. of India, all DEOs approved under various programmes at State Level are working on outsourcing basis. All DEOs working at State Level have equal skills & work efficiency and performing their duties with full honesty and sincerity. Thus, it is proposed that consolidated monthly salary of Rs. 17000/- per month inclusive of all taxes is approved for all State level positions of DEOs.

Therefore, it is requested to kindly accord in principal approval for sanction of consolidated monthly salary of Rs. 17000/- per month inclusive of all taxes for all State Level positions of DEO for the year 2015-2016. For this, no additional budget is required for the financial year 2015-2016.

- **Recruitment and Training Cost – SPMU/DPMU/BPMU and NUHM – FMR No. A.10.1.11.5**

Approval was given in the PIP in FY 2014-15 for Recruitment and Training Cost – SPMU/DPMU/BPMU and NUHM of Rs. 1,60,00,000/-. The recruitment for 91 vacant positions under SPMU, DPMU etc was conducted by NHSRC in the year of 2014-15 for which payment of Rs. 22.48 Lakhs was made to NHSRC, New Delhi for the expense incurred by them.

Subsequently, recruitment of 1070 vacant positions of BCPM, RSKM & RSKO was conducted by State Health Society, UP, through an agency with the support of TSU on which expense of approx. Rs. 95 Lakhs was incurred.

It is proposed that recruitment of more than 800 positions lying vacant at State, Division and District level which needs to be filled up on priority basis in the F.Y. 2015-16 through State Health Society, UP and for which Rs. 200 Lakhs is required for hiring of agency for recruitment and orientation training purposes.

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

- In the FY 2015-16 Rs. 88000/- per month per person was approved by GB but in the PIP of FY 2015-16 personnel cost has been approved @ Rs. 75000/- per month per Divisional PM. The difference of additional budget amounting to Rs. 2808000/- is required.

- In the FY 2015-16 personnel cost of Rs. 71500/- per month per person was approved by GB but in the PIP of FY 2015-16 personnel cost has been approved @ Rs. 56000/- per month per Divisional Accounts Officer. The difference of additional budget amounting to Rs. 3348000/- is required.
- Approval was given on the second supplementary PIP in FY 2014-15 for Operational cost for Divisional PMU @ Rs. 137500/- per month for each Divisional PMU. However, in the FY 2015-16 approval has been provided @ Rs. 75000/- per month per Divisional PMU. The difference of additional budget amounting to Rs. 1,35,00,000/- is required.

- **Data Entry Operators- FMR Code No. A.8.1.9 – Annexure C**

There are 154 District Hospitals in UP for which approval of 154 DEOs was given on second supplementary PIP in FY 2014-15. In the FY 2015-16 approvals has been given for 150 DEOs only**. The difference of 04 positions along with additional budget of Rs. 488880/- is required.**

- **District Account Manager for DPMU units- FMR Code No. A.10.2.2 – Annexure D**

In FY 2015-16, 75 DAMs are approved for 75 DPMUs and approval for honoraria is given for 57 positions for 12 months and 18 positions for 06 months @ Rs. 30765/- pm. There are 65 DAMs in position and for remaining 10 positions recruitment is being done. **Thus, the difference of additional budget amounting to Rs. 861420.00 is required.**

- **Proposal regarding Salary of Block Account Manager & Sr. Manager Finance**

Block Programme Manager (BPM), Block Account Manager (BAM) and Block Community Process Manager (BCPM) are working at at BPMU. Approved budget for salary of BPM is Rs. 23100/- p.m. while BAM is Rs. 11550/- p.m., i.e. difference is about 100%. This huge difference in salary creates dissatisfaction between the staff. Rationalization of salary is of utmost importance to cope with the present situation. Therefore, state is proposing salary of Block Account Manager @ Rs. 16500/- p.m., hence the difference amount of Rs. 4950.00 per BAM for 820 blocks for 12 months is required. **Thus, the additional fund of Rs. 487.08 lakh is being proposed.**

Enhancement in Salary of Sr. Manager Finance was not provided in the financial year 2015-16. Therefore, the State is proposing 10% increment in salary of Sr. Manager Finance for which the additional funds of Rs. 0.96 lakh is being proposed.

- **Operational Expenses:**

A. **Proposal for New SPMU meeting Hall -** NHM-UP proposes to establish a new meeting hall for approximate 250 persons in the nearby locations of existing SPMU building in the FY 2015-16, so that the various GOI, state & District level review meetings may be smoothly conducted in the same. This is to bring to your kind attention that an existing SPMU meeting hall has maximum occupancy of 65 persons. As you are aware that Uttar Pradesh is a big state and in case of any GOI, state & District level review meetings, about 200-250 officers participate. It is also necessary to mention that at present, SPMU is running in 2 separate private buildings / 5 floors, where a single floor of 6,000 sq. ft. space is not available.

   Hence, a new meeting hall of the size of approx. 6,000 sq ft needs to be hired. Rental is expected to be Rs 100/ sq. Ft (as per the existing rates) in the nearby building on monthly rental basis. i.e. Rs 72.00 Lakhs for year. Also in order to furnish/ develop the space for SPMU meeting hall i.e. furniture, fixtures, equipments & audio visual equipments etc an amount of Rs 220.00 Lakhs is additionally required. The details are given below –

SubHeads	Amount (Rs. in Lakhs)
Rent for office space	72.00
Audio Visual equipments	30.00
Telephones/Fax/EPBX etc and recurring expenditure	5.00
Electricity Bill and New Connection /AC and New ACs/ Electrical equipments /New gensets / POL for Genset etc. for New	50.00
Photo Copier Machine/ Bills etc.	5.00
Computer/ Printer/ UPS and Computer Consumables etc.	5.00
Office Establishment / office equipments / furniture/ fixtures etc	100.00
Advertisement	5.00
Office Maintenance/ repairs etc	20.00
Sub Total	**292.00**

Thus, an amount of Rs. 292.00 Lakhs required for establishment of New SPMU meeting hall

B. **Proposal for Operational Expenses for Family Welfare Directorate -** Implementation of various RMNCH+A schemes under National Health Mission i.e. MH, CH, RBSK, FP/PNDT, RI, Training, etc. and NUHM is being been done by FW Directorate. For these activities upto year 2011-12, operational expenses of Rs 100.00 Lakhs was approved by GOI under NRHM but since year 2012-13, no such budget has been approved by GOI. In absence of this kind of support implementation, reporting and monitoring of RMNCH+A schemes becomes really difficult. Also, as NUHM has come-up in a big way in the state, leading to immense workload at the directorate level, for which also additional support has to be ensured.

Therefore, an amount of Rs 20.00 lakhs is being proposed for year 2015-16 (January to March, 2016), as per the following details :

Expenditure Head	Amount (Rs. In Lakhs)
Computer, UPS, Printer Purchase/AMC/Internet etc.	10.00
Stationary and Consumables.	3.00
Meetings/Workshops/field visit etc.	1.00
Telephones/Fax/Postage/Courier/Other communication	2.00
Office maintenance/Housekeeping/Security/Gen set Fuel/ Gardening etc.	1.00
Photocopier/Office equipments/Furniture etc.	3.00
Total	**20.00**

It is requested to approve an amount of Rs.20.00 Lakhs for the last quarter of 2015-16 for the directorate of family welfare.

C. **Proposal for legal expenses -** It is apprised that under the "National Health Mission" in the state more than 50,000 contractual workers are working in different programme (such as Doctors/Paramedical Staff/ Computer Operator/ NHM Staff/ Staff Nurse etc.) and from time to time, due to various reasons, writ petitions are being instituted in the courts. Most of the court cases belong to the Districts, but Mission Director/ Principle Secretary/ Chair person are made the main party in the writ petitions, and so cases have to be contested accordingly.

The State Health Society is a Non State body (Society Registration Act) so that Govt. Counsel dose not contest the cases on behalf of Mission Director/Principle Secretary/Chairperson of State Health Society. Thereafter Special Senior counsel has to be hired by the State Health Society and according for which required fee has to be paid.

Therefore, an amount of Rs. 30.00 Lakhs as legal expanses is being proposed for the year 2015-16.

Chapter-9: ASHA/Community Process

▪ Cycles for ASHA Sanginis

ASHA Sanginis (ASHA Facilitator) are the first level of support to ASHAs. In State of Uttar Pradesh ASHA Sanginis were selected for supportive supervision and performance monitoring of about 20 ASHAs in their area. As per GoI guideline ASHA Sangini has to visit each ASHAs area at least once in a month. This requires proper conveyance, but poor transportation facilities in rural areas hamper their regular visits. Thus we need to strengthen Sanginis by providing them Cycle for their day to day work.

Thus, State proposes Rs. 3000 for each cycle for 6815 ASHA Sanginies amounting to Rs. 204.45 Laks as a non monetary incentive under **FMR Code B1.1.3.7.6.**

▪ Training of ASHA Sangini (5 days)

ASHA Sanginis are first level supervisors of ASHA support system. Presently 5130 ASHA Sanginis are working in the State. The dropout rate of ASHA Sanginis is about 5%, due to various reasons. Presently, ASHA Sanigis are also working as ASHAs, it is decided by the State Executive Committee that an ASHA Sangini can work either as ASHA or as ASHA Sangini. Thus, some Sanginis may choose to work as an ASHA. In this context, State proposes 5 days induction training of 300 ASHA Sanginis (10 batches).

The training volume at district level may be very low therefore, the State is planning to conduct trainings at division or State level, hence TA/DA is on a higher side. Hence a proposal of Rs. 13.31 Lakh is being submitted for conducting 10 batches at **FMR Code B1.1.1.5.1.** The details are given in the annexure B1 and B2.

Annex-B1

Particulars	Cost of Training
No. of Sanginis to be trained	300
No. of batches	10
Boarding & Lodging of Sangini for 5 days @ Rs.200/- per person per day	300,000.00
Food during training per day @ Rs. 100/-	15,000.00
Per diem of Sangini for 5 days @ Rs.150/- per day)	225,000.00
TA to Sangini (One time @ Rs. 500/-) for out station	150,000.00
Honoraria to 2 out station Trainers. Rs.2100/- per trainer (Rs. 1500/- boarding & lodging +Rs. Rs. 600/- honoraria)	210,000.00
TA including local conveyance for 2 out station trainers @ Rs1000/ per trainer	20,000.00
Training Hall charges including Gen. set & POL etc. @Rs.1500/- per day	75,000.00
Contingency (Stationary, Banner, X-erox, photographs etc. @ Rs.2000/- per batch	20,000.00
Printing of module @ Rs. 250/module	75,000.00
Mentoring and Monitoring Cost	**120,000.00**
10% Institutional Charges	**121,000.00**
Total (In Rs.)	**1,331,000.00**

Mentoring and Monitoring Cost	Annex-B2	
Particular	**Rate (Rs)**	**Cost for 10 batches**
Honorarium (2days @ rate of Rs.3000/- per day)	6000	
TA(rate increased distance being more in most of the district)	2000	
Boarding & Lodging	4000	
Sub Total	**12000**	**120000**

- **Modules for Induction Training of ASHA**

In the FY 2014-15, 300 batches of ASHA Induction training was approved under FMR Code B1.1.1.1 amounting to Rs. 402.15 Lakhs. The amount is revalidated by State for current financial year, but the cost of Induction training module was not included in the training cost at the time of proposal. Therefore, State proposes 8800 modules (10% extra) at the rate of Rs. 100 /module. Hence Rs. 8.80 Lakhs will be required for 8800 modules at **FMR Code B1.1.1.1**

- **Registers for ASHA Saniginis**

Village Health Index Register is a tool for ASHAs, in which she compiles all her work in a single register. GoI has already approved VHIR (Village Health Index Register) under FMR Code B1.1.3.7.2 in the FY 2015-16. Seeing the role of ASHA Sangini they would also require a register. ASHA Sangini which will include all the guidelines, performance monitoring format, visit report, payment status, grievances redressal and drug kit status of all the ASHAs in her cluster.

Hence, State propose ASHA Sangini Register for 6815 ASHA Sanginis at the rate of Rs. 150 amounting to Rs. 10.22 Lakhs at **FMR Code B1.1.3.7.2**

- **ASHA Newsletter "AASHAYEIN"**

''AASHAYEIN'' is a ASHA newsletter for which approval by GoI was granted in the FY 2010-11, 2012-13 and in 2013-14. But due to some reasons the proposal could not be included in the PIP 2014-15 and FY 2015-16.

Looking at the popularity of AASHAYEIN amongst the ASHAs, we would like to revive this initiative with support of SIFPSA. The budget proposed is as follows:

Sl.	Particular	Rate (Rs)	Unit	Quantity	Amount (Rs)
1	Designing	14000	4	0	56000
2	Copy writer	8000	4	0	32000
3	Printing of 4 issues and distribution @ Rs. 20.00 per issue	20.00	4	136500	10920000
4	6 Prizes per issue to ASHAs	1500	4	6	36000
5	Contingency LS	5000	4	0	20000
	Sub Total				**11064000**
	10% Institutional charges to SIFPSA				**1106400**
	Grand Total				**12170400**

Thus, grant approval as the proposal of Rs. 121.70 Lakhs for **ASHA Newsletter "AASHAYEIN" under FMR Code B.1.1.3.7.5**

Chapter-10: Hospital Strengthening

- **Establishment of CCU/ICU –** In the year 2015-16, new 5 CCU/ICU are being proposed in district Raebareli, Jhansi, Lakhimpur Kheri, Etawah, Lalitpur with a cost of Rs.150.00 Lakhs each. In these districts, human resource is already in place. Thus, a total cost of Rs.750.00 Lakhs is being proposed for this purpose.

- **Repair/ Renovation in SNCUs –** In the year 2015-16, renovation/repair is being proposed for existing 4 SNCUs@Rs.5.00 Lakhs each.

- **Repair/ Renovation in of Sub Centres-** In the year 2015-16, an amount of 411.44 Lakhs is beign proposed for repair/renovation of 103 sub centres in following districts, as per table below:

Sl.	Name of District	No. of Sub Centres	Amount Proposed (Rs. In Lakhs)
1.	Barabanki	7	11.66
2.	Lucknow	5	17.14
3.	Faizabad	23	62.41
4.	Deoria	8	24.96
5.	Kushinagar	14	48.99
6.	Sant Kabir Nagar	26	142.97
7.	Basti	20	103.31
	Sub Total	103	411.44

- **Construction of MCH Wing –** In the year 2015-16, for 100 Bed one MCH Wing at BRD Medical College, Gorakhapur is being proposed with the total Project cost of Rs. 4207.00 Lakhs (which includes Equipments & HR). GOI is requested to approve 40% Cost of the Civil works project to initiate the project in the first phase i.e.Rs.1600.00 Lakhs.

- **Additional Funds for construction works –** Due to change in in tax policies (service tax), additional requirement of funds of Rs.8575.00 Lakhs is being proposed in 2015-16, for following ongoing construction works, as per following table:

FMR Code		**No. of Works**	**Total amount approved till date**	**Exp. up to 31.03.2015**	**Balance cost of Project**	**Additional Cost as Service Tax @5.8% (Rs. In Crores)**
B4.1.5.3	100 Bed MCH Wing	50	1000.00	127.74	872.26	**50.59**
B4.1.5.3	50 Bed MCH Wing	12	60.00	15.00	45.00	**2.61**
B4.1.5.3	30 Bed MCH Wing	78	234.00	73.08	160.92	**9.33**
B5.1	Community Health Centres	15	75.00	15.70	59.30	**3.44**
B5.1.1	Community Health Centres (New)	17	38.28	0.00	38.28	**2.22**
B5.2	Primary Health Centres	28	42.00	22.04	19.96	**1.16**
B5.12	200 Bed State Referral Centre for Maternal & Child Health	1	51.63	31.00	20.63	**1.20**
B4.1.5.3	100 Bed MCH Wing (KGMU, Lucknow)	1	25.24	0.07	25.17	**1.46**
B5.10	Centre for Nursing (KGMU, Lucknow)	1	20.00	0.07	19.93	**1.16**
B4.1.5.3	100 Bed MCH Wing at S.N.Medical College, Agra	1	22.32	4.96	17.36	**1.01**
B5.12	200 Bed Maternal & Child	5	180.00	0.00	180.00	**10.44**

FMR Code		No. of Works	Total amount approved till date	Exp. up to 31.03.2015	Balance cost of Project	Additional Cost as Service Tax @5.8% (Rs. In Crores)
	Hospitals (Ambedkarnagar, Chitrakoot, Etah, Lakhimpur Kheri, Sonbhadra)					
B4.1	Trauma Wing	10	9.80	0.00	9.80	**0.57**
B5.5	District Drugware House	2	5.41	0.00	5.41	**0.31**
B5.13	District Early Intervention Centre	18	4.50	0.00	4.50	**0.26**
Total			**1768.18**	**289.66**	**1478.52**	**85.75**

Other proposals and summary of hospital strengthening works is as follows:

FMR	Activities	No.	Budget (Rs. In Lakhs)	Remarks
B4.1.1	**District Hospitals**			
B4.1.1.1	Additional Building/ Major Upgradation of existing Structure	5	750.00	Proposed 5 CCU/ICU in district Raebareli, Jhansi, Lakhimpur Kheri, Etawah, Lalitpur. HR already in place.
B4.1.1.2	Repair/ Renovation	5	20.00	Minor Repair/ Renovation at SNCUs
B4.1.4	**Sub Centres**			
B4.1.4.2	Repair/ Renovation	93	411.44	Repair/renovation prepare based on detailed estimate for 93 units.
B4.1.5	**MCH Wings**			
B4.1.5.1	New wings (to be initiated this year)	1	1,600.00	(A)- For 100 Bed MCH Wing at BRD Medical College, Gorakhapur, The total Project cost is Rs. 4207.00 Lakhs (including Equipments & HR). GOI is requested to approve 40% Cost of the Civil works project to initiate the project in the first phase i.e.Rs.1600.00 Lakhs.
B4.1.5.2	Additional requirement from previous work		8,575.00	Additional requirement of funds for construction of hospitals due to change in tax policies (service tax). Annexure Enclosed
B4.1.5.4.1	Carry forward /Spillover of Ongoing Works (100 bedded Maternity wing in Queen Merry Hospital, KGMU, Lucknow)	1	1,524.47	Balance amount proposed for completing the ongoing works
B4.1.5.4.3	Center for excellence nursing & midwifery center at KGMU, Lucknow	1	1,000.00	Balance amount proposed for completing the ongoing works
	Sub Total		**13,880.91**	

Chapter-11: New Construction

In the year 2015-16, following new constructions are being proposed in the State

FMR	Activities	No.	Budget (Rs. In Lakhs)	Remarks
B5.6	**Construction of BEmONC and CEmONC centres**			
B.5.6.1	new SNCU/ NBSU/ NBCC to be initiated this year	1	59.50	Civil work for establishing 10 bedded paediatric ICU in District - Mau, as the district is badly affected with AES& JE Disease.
B.5.10	**Infrastructure of Training Institutions**			
B.5.10.1.1	Additional Building/ Major Upgradation of existing Structure	2	19.25	A)-Furniture & Audio Visual aids for CoNs (Tables, chairs, desks, cabinets, blackboard/whiteboard, other furniture for classrooms, Library, Labs, office, LCD Projector) For Model GNM School Balram pur and National Nodal Center Kanpur (B)- 7.5 KVA Generator for Classroom and Skills Lab and Invertors for GNM Balrampur Hostel, (C)- Establishment, Furniture, cabinets, 1 AC, Laptop audio/video aid LCD projector, white/black board & curtains for skills labs etc. for Model ANM School -Azamgarh - Annexure enclosed
B.5.10.1.2	Repair/ Renovation	1	500.00	SIHFW, Lucknow - Annexure Enclosed
B.5.12	**DH**			
B5.12.1	New construction (to be initiated this year)	2	7,600.00	200- Bed 2 MCH Hospitals at Loni (District - Ghaziabad) and District -Bareilly. Total Project cost is Rs. 19000.00 Lakhs (excluding Equipments & HR). District Bareilly is HPD. GOI is requested to approve 40% Cost of the project to initiate the project in the first phase. Land available in both of the places.
	Sub Total		**8,178.75**	

- **Rogi Kalyan Samiti Register**

State has distributed RKS register with the help of UP-TSU for the uniformity in recording of RKS meeting minutes. It provides all the GOs and guidelines related to RKS and information to RKS members about its physical and financial position. Rogi Kalyan Samiti Registers are greatly appreciated at different platforms and also by CRM team (2015-16). Seeing the success of RKS register, the State would like to propose the same for every RKS in the State.

Hence, amount of Rs. 2.25 Lakhs is needed for 1123 RKS Registers at the rate of 150/register under **FMR Code B8.3.3**

- **2 Days Village Health Sanitation & Nutrition Committee (VHSNC) members Training of 25 High Priority District (HPD)**

Background: It is the duty of the government to provide food, safe drinking water, employment, leisure and basic health services to all people. But this is not possible without collective action. People need to organize together in order to ensure 'health for all'. This is the right and duty of every person living in this country.

Village Health Sanitation and Nutrition Committees (VHSNCs), is a vehicle for such collective action. VHSNC one of the key interventions introduced by National Health Mission, is an important mechanism to ensure community participation at all levels, which include participation as beneficiaries, in supporting health activities, in implementing, and even in monitoring and action based planning for health programmes. The VHSNC can work along with the rest of the community to improve the health status of the village.

Introduction: Currently, Panchayat elections are in progress in Uttar Pradesh. The entire process of Panchayat elections will be over by end of December 2015. The new Pradhan's and elected members of the Panchayat will be on board in the beginning of January 2016.

The VHSNCs will have to be re-constituted and all the key members need to be trained. UP-NHM proposes to train all the VHSNCs in 25 High Priority Districts (HPDs). The training will be based on national module of training the VHSNCs.

Training of Master Trainers (MTOT)at State Level: At state level five batches of MTOT for two days duration would be conducted and ACMO (RCH), District Panchayati Raj Officer (DPRO), District Community Process Manager (DCPM) and District health and Information officer (DHEIO) of 25 districts (with one additional batch if required) would be trained who will further organize TOT at the district level. Total 125 participants from 25 districts would be trained in 5 batches. At state level training would be imparted by SPMU-NHM, SIFPSA & Panchayati Raj Officials.

Training of Trainers (TOT) at District level: At the district level TOT (2 Days) would be organized by these trained master trainers who will train the block level trainers i.e. ADO (Panchayat), Block Community Process Manager (BCPM) and NGO trainers. These trained trainers of the block will train the VHSNC members at the block level. Thus 1176 block trainers would be trained of 294 blocks in 42 batches at the district level.

VHSNC members training at Block Level: Two Gram panchayats would be clubbed covering 30 members i.e. 15 members from each VHSNC would be trained by the trainers. Thus around 340635

VHSNC members of 22709 GPs would be trained in 11355 batches. The duration of this training would be two days and conducted at block level.

Training Module: The training module and handbook made available by NHSRC New Delhi would be reviewed and amended as per need in the context of state and would be utilized in this training.

Quality Control of Training: To ensure quality, coordination would be established from village to district to state level among different departments i.e. Health, Panchayati Raj, ICDS and officials of these departments will provide support and ensure quality training at every step.

Monitoring: The officials of health department, SPMU NHM & SIFPSA will monitor the training programme to ensure that the objective of the training percolates down the line.

State likes to propose Rs. 3226.90 Lakhs for VHSNC members training at **FMR Code B8.2**

This training will conduct through SIFPSA, CTP enclosed

Budget summary of VHSNC Training		
Sl.	**Particulars**	**Amount (Rs.)**
1	Cost of State TOT for 125 Master trainer	615000
2	Cost of District Training for 1176 Trainers	2436000
	Sub Total	3051000
	10 % administrative cost to the agency	305100
3	Cost for 340635 VHSNC Members Training at Block Level	319336450
	Grand Total	**322692550**

State TOT for Master trainers (Two Days)						
Sl.	**Particulars**	**Unit Description**	**Unit**	**Days**	**Rate**	**Total (Rs.)**
1	Honorarium for 2 Resource Person	Batches/Day	5	2	1000	20000
2	Cost for participants - Fooding & Lodging & venue (25 participants per batch)	Participants/Day	125	2	1000	250000
3	Cost for participants - Travel	Participants/Day	125	0	1500	187500
4	Cost for participants - Perdiem	Participants/Day	125	2	400	100000
5	Contingency for participants (video, photography, stationary, photocopy, genset, printing of handouts, vehicle etc.)	Participants/ Lump sum	125	0	400	50000
6	Printing cost of modules	Participants+ others/Module	150	0	50	7500
	Total cost for State TOT of Master trainer					**615000**

Budget For VHSNC Members Training for two days at Block Level

Sl.	Name of High Priority District (HPD)	No. of blocks	No. of VHSNCs	VHSNC Members (15 members per VHSNC)	No. of Batches(30 Participants per batch)	Honorarium for 2 Master Trainers to facilitate VHSNC training @ Rs. 500 per trainer per day	Fooding for 2 Master Trainers during training @ Rs.150/ Trainer/ day	Cost for participants - Fooding @ Rs. 150/ participant /per day	Cost for participants - Travel @100 per participant/ per day	Cost for participants - Perdiem @ 100 per participant/ per day	Contingency per participants (chairs, video, photography, stationary, photocopy, genset, printing of handouts, vehical POL etc.) @ Rs. 100	Printing cost of Modules @Rs. 50 per module	200 modules per dist. Rs. 50 per module	**Total**
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
1	Allahabad	20	1637	24555	819	1637000	491100	7366500	4911000	4911000	2455500	1227750	10000	23009850
2	Bahraich	14	1053	15795	527	1053000	315900	4738500	3159000	3159000	1579500	789750	10000	14804650
3	Balrampur	9	801	12015	401	801000	240300	3604500	2403000	2403000	1201500	600750	10000	11264050
4	Barabanki	15	1169	17535	585	1169000	350700	5260500	3507000	3507000	1753500	876750	10000	16434450
5	Bareilly	15	1193	17895	597	1193000	357900	5368500	3579000	3579000	1789500	894750	10000	16771650
6	Budaun	15	1038	15570	519	1038000	311400	4671000	3114000	3114000	1557000	778500	10000	14593900
7	Etah	8	576	8640	288	576000	172800	2592000	1728000	1728000	864000	432000	10000	8102800
8	Faizabad	11	835	12525	418	835000	250500	3757500	2505000	2505000	1252500	626250	10000	11741750
9	Farrukhabad	7	603	9045	302	603000	180900	2713500	1809000	1809000	904500	452250	10000	8482150
10	Gonda	16	1054	15810	527	1054000	316200	4743000	3162000	3162000	1581000	790500	10000	14818700
11	Hardoi	19	1308	19620	654	1308000	392400	5886000	3924000	3924000	1962000	981000	10000	18387400
12	Kannauj	8	504	7560	252	504000	151200	2268000	1512000	1512000	756000	378000	10000	7091200
13	Kasganj	7	423	6345	212	423000	126900	1903500	1269000	1269000	634500	317250	10000	5953150
14	Kaushambhi	8	498	7470	249	498000	149400	2241000	1494000	1494000	747000	373500	10000	7006900
15	Lakhimpur Khiri	15	1167	17505	584	1167000	350100	5251500	3501000	3501000	1750500	875250	10000	16406350
16	Maharajganj	12	929	13935	465	929000	278700	4180500	2787000	2787000	1393500	696750	10000	13062450
17	Mirzapur	12	809	12135	405	809000	242700	3640500	2427000	2427000	1213500	606750	10000	11376450
18	Pilibhit	7	721	10815	361	721000	216300	3244500	2163000	2163000	1081500	540750	10000	10140050
19	Rampur	6	684	10260	342	684000	205200	3078000	2052000	2052000	1026000	513000	10000	9620200
20	Sant Kabir Nagar	9	794	11910	397	794000	238200	3573000	2382000	2382000	1191000	595500	10000	11165700
21	Shahjahanpur	15	1077	16155	539	1077000	323100	4846500	3231000	3231000	1615500	807750	10000	15141850
22	Siddharth Nagar	14	1199	17985	600	1199000	359700	5395500	3597000	3597000	1798500	899250	10000	16855950
23	Sitapur	19	1600	24000	800	1600000	480000	7200000	4800000	4800000	2400000	1200000	10000	22490000
24	Sonbhadra	8	637	9555	319	637000	191100	2866500	1911000	1911000	955500	477750	10000	8959850
25	Srawasti	5	400	6000	200	400000	120000	1800000	1200000	1200000	600000	300000	10000	5630000
Total		**294**	**22709**	**340635**	**11355**	**22709000**	**6812700**	**102190500**	**68127000**	**68127000**	**34063500**	**17031750**	**250000**	**319311450**
500 Extra modules for State and others 500*50														**25000**
GRAND TOTAL														**319336450**

Budget for District Training Of Trainers for 2 days

S.no.	Districts (HPD)	No. of blocks	4 Trainers/blocks	No. of Batches	Honorarium for 2 Master Trainers to facilitate VHSNC training @ Rs. 600/- per trainers per day	Fooding for 2 Master Trainers during training @Rs.250/- per participant per day	Cost for participants - Fooding @Rs.250/- per participant per day	Cost for participants - Travel @ Rs.200/- per participant per day	Cost for participants - Perdiem @Rs.300/ participant per day	Contingency for participants (venue, video, photography, stationary, chairs, photocopy, genset, printing of handouts, vehicle POL etc.) @ Rs.400/ Per participant	Printing cost of modules @ Rs.50/ per module	Total
	1	2	3	4	5	6	7	8	9	10	11	12
1	Allahabad	20	80	3	7200	3000	40000	32000	48000	32000	4000	166200
2	Bahraich	14	56	2	4800	2000	28000	22400	33600	22400	2800	116000
3	Balrampur	9	36	1	2400	1000	18000	14400	21600	14400	1800	73600
4	Barabanki	15	60	2	4800	2000	30000	24000	36000	24000	3000	123800
5	Bareilly	15	60	2	4800	2000	30000	24000	36000	24000	3000	123800
6	Budaun	15	60	2	4800	2000	30000	24000	36000	24000	3000	123800
7	Etah	8	32	1	2400	1000	16000	12800	19200	12800	1600	65800
8	Faizabad	11	44	2	4800	2000	22000	17600	26400	17600	2200	92600
9	Farrukhabad	7	28	1	2400	1000	14000	11200	16800	11200	1400	58000
10	Gonda	16	64	2	4800	2000	32000	25600	38400	25600	3200	131600
11	Hardoi	19	76	3	7200	3000	38000	30400	45600	30400	3800	158400
12	Kannauj	8	32	1	2400	1000	16000	12800	19200	12800	1600	65800
13	Kasganj	7	28	1	2400	1000	14000	11200	16800	11200	1400	58000
14	Kaushambhi	8	32	1	2400	1000	16000	12800	19200	12800	1600	65800
15	Lakhimpur Khiri	15	60	2	4800	2000	30000	24000	36000	24000	3000	123800
16	Maharajganj	12	48	2	4800	2000	24000	19200	28800	19200	2400	100400
17	Mirzapur	12	48	2	4800	2000	24000	19200	28800	19200	2400	100400
18	Pilibhit	7	28	1	2400	1000	14000	11200	16800	11200	1400	58000
19	Rampur	6	24	1	2400	1000	12000	9600	14400	9600	1200	50200
20	Sant Kabir Nagar	9	36	1	2400	1000	18000	14400	21600	14400	1800	73600
21	Shahjahanpur	15	60	2	4800	2000	30000	24000	36000	24000	3000	123800
22	Siddharth Nagar	14	56	2	4800	2000	28000	22400	33600	22400	2800	116000
23	Sitapur	19	76	3	7200	3000	38000	30400	45600	30400	3800	158400
24	Sonbhadra	8	32	1	2400	1000	16000	12800	19200	12800	1600	65800
25	Srawasti	5	20	1	2400	1000	10000	8000	12000	8000	1000	42400
	Total	**294**	**1176**	**42**	**100800**	**42000**	**588000**	**470400**	**705600**	**470400**	**58800**	**2436000**

State likes to propose Rs. 3226.90 Lakhs for VHSNC members training at **FMR Code B8.2**

B.10.6.1 Innovative IEC/ BCC Strategies

FMR	Activity	Amount (Rs. in Lakh)	Remarks
B.10.6.1	Communication Branding of Health Facilities	2,198.51	NHM has economically calculated the rate of Rs 3.50 Lakhs for L-3 facilities and Rs 2.50 Lakhs for L-2 facilities after taking into consideration the bulk rates of development & installation of communication materials. This is also because this communication branding task needs a customized plan and design for each facility. Also, as per the UNICEF experience of developing 2 model facilities in Lucknow (L2-CHC Chinhat and L3-Virangana Avantibai DWH) the installation cost incurred at these facilities was also approximately Rs 4.5 lakh for L3 facility and Rs 3.25 for L2 facility. Since NHM has received only a total budget of Rs 1686.02 Lakhs for overall FB task, It is requested that for successful implementation of branding task for all 1093 L-2 and 192 L-3 level facilities, NHM be given additional funds @ the proposed rate of Rs 3.50 Lakhs for L-3 facilities and Rs 2.50 Lakhs for L-2 facilities.
	Behaviour Change Communication Support to Left Wing Extremists (LWE) areas of Mirzapur, Sonbhadra and Chandauli districts for promotion of NHM schemes	101.82	New Proposal
B.10.3.1	Mass Media Campaign of Display/Telecast of Video Spots on LED Screens placed at Charbagh Railway Station, Lucknow.	3.73	New Proposal
B.10.3.2	Miission Indradhanush IEC Campaign	38.45	New Proposal
	Total Cost Proposal	**2,342.50**	

Communication Branding in Health Facilities

Under FMR-10.6.1 NHM has received the budget of Rs 1686.06 Lakhs in RoP 2015-16 for communication branding task of a total of 1093 L2 and 193 L3 health facilities at the rate of Rs. 2 Lakhs/facility for 193 L3 facilities and Rs 1 Lakhs/facility for 1093 L2 facilities.

	Budget in Lakhs /facility	No. Of facility	Budget (Rs.in Lakh)	Total budget with 14%tax (Rs.in Lakh)
Facility branding for 193 L3 facilities	2.00	193	386	386.00
Facility branding for 1093 L2 facilities	1.00	1093	1093	1093.00
			1479	1479+207.06 = 1686.06

However, NHM had earlier estimated and proposed the cost of the entire task of Facility Branding at **Rs.3881.13 Lakhs.**

- Rs 3404.50 for a combined total for 1093 L2 facilities @ Rs. 2.50 Lakhs and 192 L3 health facilities @Rs 3.50 Lakhs.
- Total Cost Rs.3404.50 Lakhs+14% service tax Rs.476.63 Lakhs = Rs.3881.13 Lakhs.

Since NHM has received only a total budget of Rs 1686.02 Lakhs for overall FB task, It is requested that for successful implementation of branding task for all 1093 L-2 and 193 L-3 level facilities, **NHM be given additional funds at the proposed rate of Rs 3.50 Lakhs for L-3 facilities and Rs 2.50 Lakhs for L-2 facilities.**

NHM has economically calculated the rate of Rs 3.50 Lakhs for L-3 facilities and Rs 2.50 Lakhs for L-2 facilities after taking into consideration the bulk rates of development & installation of communication materials. This is also because this communication branding task needs a customized plan and design for each facility. Also, as per the UNICEF experience of developing 2 model facilities in Lucknow (L2-CHC Chinhat and L3-Virangana Avantibai DWH) the installation cost incurred at these facilities was also approximately Rs 4.5 lakh for L3 facility and Rs 3.25 for L2 facility.

Thus, we request for additional budget of Rs 2198.57 Lakhs for successful and effective implementation of Facility Branding task for a total of 1286 (L-3 & L-2) Health facilities in UP.

- **Behaviour Change Communication Support to Left Wing Extremists (LWE) areas of Mirzapur, Sonbhadra and Chandauli districts for promotion of NHM schemes**

Information and education are indispensable for socializing the young/couples/families and put them into health promoting norms and behavior. To promote appropriate healthy behavior more focused and effective approach should be adopted. Education with entertainment program with decentralized planning is always effective to generate awareness and mobilize the community for change in health seeking behaviour.

In this project we visualize to promote health behaviour by generating awareness among rural community through folk performances in media dark villages and video van shows focusing on NRHM services and facilities meant for rural people under different schemes. There are total 29 blocks in Mirzapur, Chandauli and Sonbhadra districts These are the districts where LWE are concentrating and in order to make people aware about their health needs, health services provision made and facilities provided by govt under National Health Mission, UP, folk performances and Sehat Sandeshwahini shows would be organized.

Census 2011, Rural Population of selected districts and villages			
District	No of blocks	No. of Villages	Rural Pop.
Chandauli	9	1629	1763974
Sonbhadra	8	1429	1665365
Mirzapur	12	1961	2067769
Total	**29**	**5019**	**5497108**

Strategy

A) **- Folk Performances -** Five styles of folk i e Nautanki, quwalli, Birha/ Lokgeet, Magic and puppet are available for show. SIFPSA has already trained troupes which are already registered under information department. Minimum 29 troupes of those areas would be engaged for performances.

It is proposed that per block 20 media dark villages with poor road connectivity having LWE concentrated areas would be selected. In each block 20 villages would be selected for folk performances. Thus in all three districts having 29 blocks, a total of 580 villages would be covered for folk performances. One day orientation is proposed for troupes. Contents to be covered by troupes would be maternal and child health, institutional delivery, immunization, female feoticide, Ambulance services, other national programs and focus would be on family planning and services and facilities being provided under NHM schemes.

B) **- Sehat Sandeshwahini video van shows - In every block 40 villages would be covered for Sehat** Sandeshwahini Show. Thus in all 2 cycles per block would be implemented and in total 1160 villages video van shows would be shown. Film would be based on Maternal and child health, institutional delivery, immunization, female feoticide, other national programs and focus would be on family planning. Preference would be given to those LWE areas which were never covered under any other health related entertainment program. Selection of villages/ hamlets would be given to those LWE concentrated areas which are having poor health indicators, less JSY beneficiaries and resistance to adopt spacing or limiting methods for family planning.

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.

C) **- Publicity** - Publicity would be done 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. Atleast per ASHA 100 people should be ensured to view the show. Only one show would be scheduled in a day which would be of two hours duration held in the evening between 5.00 pm -7.00 pm or show may be started earlier for half an hour depending upon season. Shows would be monitored by PHC/CHC staff/ ANM of the area and district level officers.

D) **-Documents to be submitted for payment -** Agency/ troupes would submit the verification report alongwith two photographs of the show, or as per SIFPSA norms set for these activities. Based on it payment would be released to the agency after recommendation from Div. PMUs, NHM/SIFPSA.

Estimated budget for BCC support in LWE districts

Sl.	Activity	Unit	Rate	Total Amount(Rs)
A	**Folk Performances**			
1	one day orientation of 29 troupes29*2 artists(includes venue & musical instruments, mike etc, TA/DA, honorarium of artists)	58	1500	87000
2	Folk show(inclusive of travel, light, sound system, banner etc)	580	4000	2320000
3	Monitoring cost at district level	580	200	116000
4	at block level	580	200	116000
5	Printing of handbills on different NHM schemes	200000	0.5	100000
B	**Sehat Sandeshwahini(video van shows)**			**0**
6	rent of the van including driver, operator and counsellor, fuel, equipment for show, fabrication of vehicle, quiz, prizes, honorarium to ASHA for publicity etc@ 95000/-*58 cycles	58	95000	5510000
7	Revision & addition of new contents in audio/video CDs	1	250000	250000
8	Designing/ development of prototype for video van	1	25000	25000

Sl.	Activity	Unit	Rate	Total Amount(Rs)
9	Mobility to PHC level monitoring officers@ 200/- *20shows *58 cycles	58	4000	232000
10	program support cost ie advertisement, publicity, printing of handbills, orientation to van staff, contingency etc.	1	500000	500000
11	Technical support, monitoring etc by SIFPSA @ 10% of the project budget	1		925600
	Total			**101,81,600**

Total estimated budget is Rs. 10181600- (Rs. one crore, one Lakh, eighty one thousand and six hundred only) to implement this project.

Expected Outcome - The audience would be fully aware about NRHM schemes, its health services and facilities meant for rural people and come forward to avail those services. Decentralized activity would help media dark villages to mobilize themselves for changing health behavior.

This is being submitted for your kind perusal and approval please. If approved, may be sent to SPMU, NHM-UP for inclusion in LWE proposals.

- **Mass Media Campaign of Display/Telecast of Video Spots on LED Screens placed at Charbagh Railway Station, Lucknow.**

For awareness generation of the mass on health issues on RMNCH+A Programmes of National Health Mission, Telecast/ Display of video spots on LED Screens of Northern Railway station of Charbagh, Lucknow is proposed. For Telecast/Display of 56 spots per day on LED Screen placed at Charbagh Railway Station a total budget of Rs.3,72,315.00 is proposed. The detail proposal is given below:-

Proposed Media Plan for Video Spots Telecast on LCD/LED Screen at NER Junction Station Charbagh, Lko.								
Period: 180 Days								
Name of Activity: Video Spots On RMNCH+A								
Media./ Loction	Time Of Telecast (Total 14 Hours)	No. Of Screens	Spot Duration In Sec	Rate per 10 Sec.(In Rs. Per Screen)	Rate per 60 Sec.(In Rs.)per Screen	Rate per 60 Sec.(In Rs.)for 12 Screen	Proposed No. Of Spots Per Day@ 4 Spots per Hour	Total Cost Amt.(In Rs.)per Day
LCD/LED Screens at NER Junction Charbagh, Lucknow.	6:00 AM to 02:00 PM.&4:30 PM to 10:30 PM	12	60	0.45	2.70	32.40	56	1814.40
Expense of 1 Day (In Rs.)								1814.40
Expense of 180 Day (In Rs.)								326592.00
Service Tax @ 14%								45722.88
Net Payable Amt.(In Rs.)								372314.88

Total Rs. Three Lakhs Seventy Two Thousand Three Hundred Fifteen Only.

B.10.3.2 Mix Media Activities of Mission Indradhanush

- **One Round IEC Acivities of Mission Indradhanush Campaign-Phase-II**

For awareness on Complete Immunization through Mission Indradhanush Campaign of Phase II the budget was approved by Govt. of India in RoP 2015-16. The approved budget of Rs.533.50 Lakh has been released for carrying out four rounds of IEC Activities of Phase-II MI Districts and three rounds of activities of Phase I poor performing 18 Districts . The fourth round budget is short which is being proposed as below:

Sl.	District	Blocks	ANM	Sessions	Budget for District level activities @ Rs.5500.00 per District	Budget for Block level activities @ Rs. 800 .00 for 1 rounds /- per Block (in Rs.)	Budget for Session level activities 124 Rs. Per session for 1 rounds(in Rs.)	Total Budget in Rs.
1	Agra	16	442	3033	0.055	0.13	3.76	3.94
2	Aligarh	13	371	2445	0.055	0.10	3.03	3.19
3	Auraiya	7	192	1034	0.055	0.06	1.28	1.39
4	Badaun	16	286	2021	0.055	0.13	2.51	2.69
5	Bulandshahar	15	397	2593	0.055	0.12	3.22	3.39
6	Chitrakoot	6	166	821	0.055	0.05	1.02	1.12
7	Etawah	8	182	1165	0.055	0.06	1.44	1.56
8	Ghaziabad	5	180	1698	0.055	0.04	2.11	2.20
9	Hapur	4	191	897	0.055	0.03	1.11	1.20
10	Hathras	8	185	924	0.055	0.06	1.15	1.26
11	Kannauj	8	213	1122	0.055	0.06	1.39	1.51
12	Kasganj	7	110	880	0.055	0.06	1.09	1.20
13	Mathura	10	265	1669	0.055	0.08	2.07	2.20
14	Meerut	12	340	1930	0.055	0.10	2.39	2.54
15	Muzaffarnagar	10	324	1934	0.055	0.08	2.40	2.53
16	Pilibhit	9	213	1334	0.055	0.07	1.65	1.78
17	Sambhal	8	215	1114	0.055	0.06	1.38	1.50
18	Shahjhanpur	15	309	2530	0.055	0.12	3.14	3.31
Total		**177**	**4581**	**29144**	**0.99**	**1.42**	**36.14**	**38.54**

Annexure-1

The communication branding package for L3-Virangana Avantibai DWH and L 2 CHC Chinhat is as Follows:

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
1.a	Hoarding 1	1	Good Doctor - Sahi Ilaaj ke liye zaroori hai Yogya Doctor ki salah	**Size:** 20 x 10 feet **Material:** black back flex media **Mounting:** on Iron girders and frame (Minimum 10 feet from ground level), Girder Base to be cemented	Strategic location within the catchment with high population visibility, preferably government building. Corner area of the hospital compound
1.b	Hoarding 2	1	Immunization - Teekakaran se mera bachcha swastha hai aur main bhi khush	**Size:** 20 x 10 feet **Material:** black back flex media **Mounting:**on Iron girders and frame (Minimum 10 feet from ground level), Girder Base to be cemented	Strategic location within the catchment with high population visibility, preferably governemnt building.

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
			hu		Opposite the bus stand, At the red cross building
1.c	Hoarding 3	1	Institutional Delivery - Jab ye haath sparsh karte hain jeevan khilkhila uthta hai	**Size:** 20 x 10 feet **Material:** black back flex media **Mounting:**on Iron girders and frame (Minimum 10 feet from ground level), Girder Base to be cemented	Strategic location within the catchment with high population visibility, preferably governemnt building, At the crossing of Swaasthya Bhavan building
2.a	Highway/Mainroadjunction Directional Board on unipole	2	Hospital with location and direction arrow	**Size of board: 4 f**eet x 3 feet **Material:** 3M reflective film, mounted on 3mm ACP sheet **Mounting:** suitable scaffolding, Bipole of height of 5 feet on 4 inch thickness **Placement:** placed on highway /junction	CMO office crossing and Shaheed Smarak Crossing
2.b	Hospital Front Road, Median Indicator Board	1	Hospital here	**Size of board:** 12 feet x 2 feet **Material:** 3M reflective film, mounted on 3mm ACP sheet with pole **Mounting:** 2 inch thickness pipe for frame **Placement:** fixed onmedian/road side	Opposite the hospital gate
2.c	Small radium sign boards	5	Hospital with location and direction arrow	Size of board: 3 feet x 2 feet Material: 3M reflective film, mounted on 3mm ACP sheet Mounting: 2 inch thickness pipe for frame Placement: fixed on road side	at christian college crossing, and other 4 locations
2.d	Sign board on top of the main gate of hospital	1	Reflective board for over head gate of the hospital	**Size of board: 1**2 feet x 3 feet **Material:** GLOW SIGN BOARD **Mounting: 2 inch** thickness pipe for frame **Placement:** fixed over main gate using Iron Pipe	over hospital entrance gate
2.e	Sign board on top of the hospital building	1	Sign board for hospital building	**Size of board: 1**2 feet x 3 feet **Material:** GLOW SIGN BOARD **Mounting: 2 inch** thickness pipe for frame **Placement:** fixed on building.	over hospital entrance gate
3	Citiizen Charter - Schemes	1	All schemes running in hospital with features	**Size of board: 8** feet x 12 feet **Material: acrylic board laminated** with aluminium border frame **Mounting: 2 inch** thickness pipe for frame with appropriate scaffolding **Placement:** fixed in ground within hospital compound	Left side of entrance
	Grievance Board	2	Any compliant against doctor or anything in hospital	Material: Sunboards with vinyl pasting , 4x3 feet Mounting: Screw mounting on wall	Outer compound Walls , Inside walls
	Registration Board	1	Registration	**Size of board: 2x1 feet** **Material: 2-3 mm Imported** Acrylic sheet with vinyl pasting OR 2-3 mm Printed Imported Acrylic sheet **Mounting:** Screw mounting on wall **Placement:** Above registration counter	Registration Window
	Registration Sub plates	2	Maa ke liye, bachche ke liye	**Size of board:** 12 inch x 6 inch **Material: 2-3 mm Imported** Acrylic sheet with vinyl pasting OR 2-3 mm Printed Imported Acrylic sheet **Mounting:** Screw mounting on wall **Placement:** Next to registration counter signage	Below thee registration window
4	Citizen Charter -	1	All services in the hospital with	**Size of board: 8** feet x 4 feet **Material:** acrylic board laminated with	on the front side of the wall adjacnt of OPD

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
	Services		timing, Doctor name, room no etc	aluminium border frame **Placement:**Affixed on the wall **Mounting:** Screw mounting on wall	entrance
	Doctors Board - OPD	2	Doctor Board of all OPD doctors, Designation, Room No, Name etc	**Size of board:** 5 ft x 3 ft (with 4 columns and rows of slide in slots of size 2 inch x 10 inch) **Material:** 5 mm Imported Acrylic sheet for backing + 3 mm acrylic pockets for doctor's details. Printed vinyl band at top for branding + Doctor's details printed on simple black and white office laser printer on copier paper **Mounting:**4 stud mounting on wall **Placement:** Next to registration counter signage	existing place in reception and OPD
	Name Board - OPD	6	OPD (Bilingual), OPD Female, Ayush, Bal Rog, Pathology, Dept of Radio Diagnosis, Wards	**Size of board:** 4 ft x 2 feet **Material: 2-3 mm Imported** Acrylic sheet with vinyl pasting OR 2-3 mm Printed Imported Acrylic sheet **Placement:** Above door entrance to OPD section	above OPD entrance
	Glow Sign Board - Emergency	1	Emergency	**Size of board: 4**feet x 2 feet **Material:** Glow sign board **Placement:** At emergency door inside hospital	above the inside emergency entrance
	Glow Sign Board - Emergency	1	Emergency	**Size of board: 4** feet x 2 feet **Material:** Glow sign board **Placement:** At emergency door inside hospital	above the inside emergency entrance
	Board - Floor Plan	4	Direction of key departmensts	**Size of board:5** feet x 3 feet **Material:** Sun board with aluminium frame **Placement:** near emergency /opd entrance/ junctions	adjacent to both sides of emergency entrance,
	Notice Board (Fixed Place for IEC/BCC materials)	1	Fixed location Notice Board for IEC Activities	**Size of board:6** feet x 3 feet **Material:** soft/pin board	over the window paine left side in reception
	Standee - 102/108	1	Content on 102/108 provision	**Size :6** feet x 3 feet **Material:** star flex with colour printing **Mounting:** self standing pullout with carrying case **Placement:**	1 in reception area next to 102/108 counter
	Pamphlets - 102/108	10000	Content on 102/108 provision	**Size :A 5** **Material:** 90 gsm offset paper with single colour printing	to be kept at registration and at 102/108 counter
5	Direction Acrylic Signage	10	within the hospital to go to key departments	**Size :3.75 inch x 11 inch** **Material:** 3 mm acrylic cutout with printed vinyl pasted on top **Mounting:** Screw mounted on wall	pathways
6	Standee on ANC	3	ANC Contents - bahu ke paanv bhaari hain	**Size :6** feet x 3 feet **Material:** star flex with colour printing **Mounting:** self standing pullout with carrying case **Placement:**	Anc room
	Pamphlet on ANC Care Focus	10000	Husband Role in taking care of Wife during pregnancy	**Size :A 5** **Material:** 90 gsm offset paper with single side, single colour printing	Anc room
	Flyer on ANC	10	ANC Contents - things to remember for	**Size :9.5 inch x 14 inch** **Material:** 90 gsm imported art paper with both sides 4 colour printing & 2 folds	Anc room

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
			ANC		
7	**Poster -** Exclusive Breastfeeding	2	Exclusive Breastfeeding	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Paediatrician room , Close to where patient can see while sitting in the doctors room
	Poster - Complementa ry Feeding	2	Complementary Feeding (What, how when, how much)	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Paediatrician room, Close to where patient can see while sitting in the doctors room
	Leaflet. Complementa ry Feeding	5000	Complementary Feeding (What, how when, how much)	**Size :9.5 inch x 21 inch** **Material:** 90 gsm imported art paper with both sides 4 colour printing &3 folds	
	Poster on diarrhoea	1	ORS and ZINC Poster	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Paediatrician room
8	Number Plate	60	Name of the Room (Dept includes registration, pharmacy, labs, rooms etc)	**Size : 6** inch x6 inch square **Material:** 3 mm acrylic with vinyl pasting **Mounting:** screwed to wall	Standard Room communcation
	Name Plate	60	Including toiltes, drinking water, Store etc	**Size : 24 inch x 6 inch** **Material:** 3 mm acrylic with acylic pasting **Mounting:** screwed to wall	
	Angle Board	30	Doctors name, Chief Pharmacist, Chief Technician etc	**Size : 5 inch x 12 inch** **Material:** 3 mm acrylic sandwich board with 2 inch vinyl colour strip (both sides visible). Doctor's details printed on office laser printer in black on copier paper **Mounting:** Wall mounting bracket	
	Information board	10	Including timings, key info, fees and report or free service intimation etc	**Size : 2 Feet x 1.5 feet (As per content)** **Material:** sun board with printedUV printing **Mounting:4 stainless stell studs**	
9	LED Labour Room Board	2	Name Board / labour room	**Size of board: 1.5** x 2 feet **Material:** 3mm acryic board with digital translite non-adhesive film lit by LED strip with LED power adaptor **Mounting:**4 stainless stell studs **Placement:** At Labour room door inside hospital	outside labour room
	Doctor & Staff Board	2	Specific to maternity	**Size of board:** 6 ft x 4 ft (with 4 columns and xx rows of slide in slots of size 3 inch x 10 inch) **Material: 5 mm Imported** Acrylic sheet for backing + 3 mm acrylic pockets for doctor's details. Printed vinyl band at top for branding + Doctor's details printed on simple black and white office laser printer on copier paper **Mounting:**4 stud mounting on wall **Placement:** Next to registration counter signage	outside ladies opd
	Emergency Duty Board	4	Emergency duty roster	**Size of board:** 2.5 ft x 1.5 ft **Material:** White board with digital UV printing for colums and branding. Daily writing of duty roster done with white board marker pen	outside emergency window

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
				Mounting:4 stud mounting on wall **Placement:**	
10	Flipbook on ANC	3	ANC counselling and care	Size :Legal size (8.5x14Inches) Material: 170 gsm, termal mat lamination, with both sides 4 colour printing , wiro binding with stand Number of page including cover page :88	Anc /examination area
	IPC Folder	10	Explanation and diet, 4 checkups, etc	**Size :9.5 inch x 14 inch** **Material:** 90 gsm imported art paper with both sides 4 colour printing & 2 folds	Anc /examination area
	Pamphlet on ANC Care	10000	ANC Care, medications, diet, checkup	**Size :A 5** **Material:** 90 gsm offset paper with single side, single colour printing	Anc /examination area
	Poster on Quality Examination	3	Quality checks to be done at ANC	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Anc /examination area
	Poster on Referral Assesment	3	Referral assessment	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Anc /examination area
	Poster on Preparations	2	Preparing trays	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room
	Poster on PPH management	2	PPH Management	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room
	Poster on Golden Minute	2	Golden minute care for new born	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room at the inside room front wall near the Baby warmer.
	Poster on Handwash	2	Handwashing reminder for staff	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room on the left side wall near the wash basin at the eye level.
	Poster on Initiation of breastfeeding	2	Reminder to start breastfeeding immediately after delivery	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room on the right side wall at eye sight level
	Poster on Danger Signs after delivery	2	Danger signs for mother and baby	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Labour room on the right side wall at eye sight level towards the labour room gate.
10	Bed Number Plate	200	Beds number	**Size :**5 inch diameter round **Material:** 3 mm acrylic with UV printing **Mounting:** Screwed to wall	behind the bed locations in each ward
	Poster on Immunization	4	Immunization	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Inside the Ward, on the left inside wall of section 3, Close to where patient can see while resting.
	Poster ion JSY/JSSK info	4	Info on JSY and JSSK	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Inside the Ward, on the left inside wall of section 1, Close to where patient can see while resting.
	Poster on Triple care for baby	4	Immunization. Breastfeeding, skin to skin	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Inside the Ward, on the right inside wall of section 2, Close to where patient can see while resting.
11	Standee on RI	2	Baby age related	**Size :6** feet x 3 feet	Inside the

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
			immunization need	**Material:** star flex with colour printing **Mounting:** self standing pullout with carrying case **Placement:**	Immunization room, on the walls, Close to where patient can see while getting the immunization services
	Poster on RI	2	Teeka aur Beemari	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	
	IPC Folder on RI	10	Info on complications, Card	Size :9.5 inch x 14 inch Material: 90 gsm imported art paper with both sides 4 colour printing & 2 folds	
	Pamphlet on RI for giving to clients	10000	RI Info for clients	Size :A 5 Material: 90 gsm offset paper with single side, single colour printing	
12	Flipbook on MHM	1	MHM	Size : Letter Size - Paper : 90 gsm, royal art paper - No. of pages : 114 (including cover page) - Printing : 4 colour Offset -Hardbound, Spiral - Laminated	NR
	Pamphlet on MHM	5000	MHM	Size :11X8.5 Material:l, 90 gsm offset paper with single side, single colour printing	NR
	Poster on MHM	1	chhuppi todo	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Adolcent Clinic
13	Poster	3	All FP methods - materials demo (3 TYPE)	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	PNC Ward
	Job Aid	2	Family Planning Marerial kit	Size :A3 Material:150 gsm paper with single side, four colour printing (One side print and lamination of demo on the other side)	Couselling room
	Pamphlet/ipc	10	job aid for sevice provider n client	Size :A3 Material: Four colour printed vinyl Mounting: Cost not included. See suggestion at last row of document	Couselling room
	Poster Family Planning Methods	2	Family Planning Methods	Size: 3X 2 Feet Material: Sun board with UV printing Mounting: Using Screw and smaller studds	Couselling room
	Leaflet Family Planning Methods	10,000	Family Planning Methods	Size :8.5 inch x 11 inch Material: 90 gsm imported art paper with both sides 4 colour printing & 2 folds (Colour/BW)	Couselling room
16	Mission , Vision and Quality Policy	1	hospital mission vision and quality policy	Size of board: 3 ft x2 ft Material: 2-3 mm Imported Acrylic sheet with vinyl pasting	Reception area
	Roles and responsibilliti es of client/provide r	2	Details of roles and responsibilities of clients	Size of board: 3 ft x2 ft Material: 2-3 mm Imported Acrylic sheet with vinyl pasting	Reception area
17	Signages	6	No Smoking , No spitting, Mainatin cleanliness	Size of board: 20 inch x 8 inch Material: Sunboards with vinyl pasting Mounting: Screw mounting on wall	At approporiate area near the services/facility.
		6	Stand in queue, wait for your turn	As above	As above
		6	Parking, waiting area	As above	As above

Branding package with specifications _Avanti Bai Hospital-L3					
Sl.	**Material**	**No.**	**Content**	**Size/ Material/ Other Details**	**Strategic Sub Location**
		6	Drinking water and miscellanous	As above	As above
		6	Store - 1, 2, 3, 4, 5, 6	As above	As above
		6	Toilet - Male/ Female/Staff	As above	As above
18	ASHA K apitara	125	IPC Booklet	Size : Letter Size - cover page Paper : 250gsm, termal mat lamination, both side - Inner page 130 gsm, mat paper - No. of pages : 58+coverpage - Printing : 4 colour -Centre pin binding	NR
19	**Total Expenditure**				**Rs. 4,50,000**

Communication Branding Package for CHC-Chinhat-L2

Sl	**Material Type**	**No.**	**Detail**	**Sub Location**	**Size**
1	Hoarding	**1**	Catchment Area Hoarding on Quality Service theme	Corner area of the hospital compound	20X 10 feet
		1	Catchment Area Hoarding on Immunization Theme	Malhaur station Crossing	20X 10 feet
		1	Catchment Area Hoarding on Institutional Delivery theme	Main Road junction on Long Uni Pole	20X10 feet
2	**Signage/ Direction Indicators**	**2**	Highway/Main road signage	Chihnat tiraha, Surya Apartments corner,	Bipolar (as photograph shared with JMD
	Signage on Feeder Roads	**3**	Small Sign Boards along the feeder roads	Malhaur Crossing , rail tiraha crossing , Near Masjid Crossing	Unipolar
	Vertical Signage Opp main gate, Two sided	**1**	Median Road opposite the health facility	Opposite the hospital gate	12 X 2 FEET
	Main Gate Over head glow sign board	**1**	Main Gate over head glow sign board	over hospital entrance gate	12 X 3 FEET
	Main Building glow sign board	**1**	Main building over head glow sign board	over hospital building entrance	12X 3 FEET
3	Citizen Charters	**1**	Citizen charter - Services	on the front side of the wall between OPD and facility entrance	4 x 8 feet
		1	Citizen Charter - Schemes	Left side of entrance gate	8 x 12 feet
4	Common Areas/ Junctions	**o6**	**Big Department boards** - OPD , Emergency, Labour Room , DoTS, ICTC, Operation theatre	Above OPD, Above Labour Room, for emergency	Size - 4 x 2 feet
		2	Doctors Name Board - for OPD , for Maternity	Inside OPD area, outside labour room area	Size - 4 x 3 feet
		o3	Floor Plan, Combined Direction Boards	Near OPD and at steps to second floor area	font size 3 inch

Sl	Material Type	No.	Detail	Sub Location	Size
		1	Duty Board - Emergency Duty boards	Near OPD /Emergency	3 x 2 feet
5	Each Hospital Room	**40**	Number Plate	Outside Each room	6 x 6 inch
		40	Name Plate of the department/room		height - 9 inches
		15	Doctor Angle Board with name and designation	Outside Each doctor room	As in Avantibai
		10	Information Board/Poster with key information pertaining to the dept. Information here may range from tarrif, timings, hazards info, or any Govt notification, functioning details etc.	outside rooms	3 x 2 feet
6	Others	**5**	Signage/ Information board for outbreak surveillance control and Miscellanous	Hospital compound, corridore near exit gate	3 x 2 feet
RMNCH+A Theme wise Materials					
Maternal Health					
7	**ANC Room**	2	Posters on Quality Examination and Referral assessment	ANC Room	3x2 feet
		1	Flipbook for ANC Counselling		As in contract
		10	2 fold colour pamphlet (Job aid for service provider for discussion)/		As in contract
		1/ 10000	Standee and Take away pamphlet (b/w)		As in contract
8	**Labour Room**	5	SBA Posters on (i) Hand washing (II) Preparations before Delivery (III) PPH prevention poster (IV) New Born care poster (V) Danger Sign Poster	Labour room (Near Wash Bashin, near instrument tray area, near labour table, near new born care and near the labour area	3x2 feet
9	**Ward (2 wards)**	2 sets of posters	Posters on (i) Triple car (II) 102- info poster (III) Exclusive Breastfeeding (IV) Immunization schedule (v) Family planning basket of Choice, vi)	Female Ward	3x2 feet
		1	Poster / board on payment info on JSY		
	Child Health				
10	**Child Health - Immunization Room**	1	Poster on Immunization -Schedule	Immunization Room	3X2 feet-
		1	Posters on Immunization -Disease		3X2 feet
		1	Exclusive BF poster		3X2 feet
		1	ORS poster		3X2 feet
		1	Initiation of BF-poster		3X2 feet
		1	Complimentary feeding-Poster		3X2 feet
		1	Standee on Immunization need and importance		As in contract
		1	IPC folder on RI as job aid for provider		As in contract
		10000	Pamphlet on RI to be given to clients as takeaway		As in contract
11	**Paediatrician Room**	1	Poster on Immunization -Schedule	Pediatrician room	3X2 feet
		1	Posters on Immunization -Disease		3X2 feet
		1	Exclusive BF poster		3X2 feet
		1	ORS poster		3X2 feet

Sl	Material Type	No.	Detail	Sub Location	Size
		1	Initiation of BF-poster		3X2 feet
		1	Complimentary feeding-Poster		3X2 feet
		1	Standee on Immunization need and importance		As in contract
		1	IPC folder on RI as job aid for provider		As in contract
		10000	Pamphlet on RI to be given to clients as takeaway		As in contract
		20	IPC folder on Breast feeding		As in contract
		20	IPC folder on complementary feeding		As in contract
12					
		1	Poster on Immunization -Schedule		3X2 feet
		1	Posters on Immunization -Disease		3X2 feet
		1	Exclusive BF poster		3X2 feet
		1	ORS poster		3X2 feet
		1	Initiation of BF-poster		3X2 feet
		1	FP -Poster		3X2 feet
		10000	Pamphlet on 102		As in contract
		1	Standee on 102/108		As in contract
	Adolescent Health				
12	**Female OPD/ Counselling room (If available)**	1	Poster on Menstrual Hygiene(MHM)	Counselling room/ else with lady doctor	3X2 feet
		1	AV film on MHM		
		1	Flipbook for counselling aid		
		2000	Pamphlet on MHM to be given to clients as takeaway		
	Reprodcutive health (Family Planning)				
13	**FP Counselling Room (if available) or with counselling staff**	1	Poster on Basket of Choice	Counselling room/ else with staff Nurse	3X2 feet
		1	Demo kit on all methods		As in contract
		3	Family Planning posters (3 type)		3X2 feet
		10/ .4000	Leaflet on FP methods for provider/clients		As in contract
14	**Non Clinical Signages for the health facility**		**Some Examples are given below**		
		3	Maintain Silence , Stand in queue, No smoking	OPD area	As in Avantibai
		3	Drinking water, Display Board, No Spitting	Near the facilities	As in Avantibai
		3	Dust bin, Parking, Waiting Area,		As in Avantibai
		2	Toilet - for Ladies and Gents separately		As in Avantibai
		5	Miscellanous		
15	**for ASHA**	125	Asha ka Pitara	to be given to ASHA	As in contract
	Total Expenditure				**Rs 3,50,000**

Chapter-14: Referral Transport/Patient Transport System

'102' National Ambulance Service

The target for JSY for year 2015-16 in 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 are also 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 are approximately 70.00 lakhs. The trip cost for second year as per agreement between GVK-EMRI Janani Shishu Suraksha and State of UP is Rs 396.00 per trip. Accordingly the financial approval of Rs 277.20 crores as operational cost was proposed in PIP 2015-16.

Through RoP 2015-16 approval of operational cost of Rs. 18931.20 Lakhs has been provided @ Rs. 80,000.00 per ambulance per month. The funds will not be sufficient for operations of 102 for FY 2015-16. 102 Ambulances are already doing about 18000 trips per day (@more than 10 trips/ambulance /day). At this rate the approved amount will be exhausted in first 9 months of FY 2015-16. Therefore State needs additional budget of Rs. 8788.80 Lakhs as operational cost for 102 NAS for FY 2015-16.

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. 300 ambulances have been approved in RoP 2015-16. The State is proposing Rs. 15.80 Crores (@ Rs 7.9 Lakhs per ambulance, 10% above last years DGS&D rate Rs 717695.00 Rs) as Capital cost of additional 200 ambulances.

ALS ambulance

GoI approved Rs. 12.00 crores (75 ambulances) in RoP 2014-15 and Rs. 12.00 crores (75 ambulances) in RoP 2015-16 as capital cost of ALS ambulances. The approvals were given @ Rs. 16.00 Lakhs per ambulance against the demand of tentative capital cost of Rs. 24.00 Lakhs per ambulance. GoUP has worked out the specifications and capital cost of ALS ambulances and arrived capital cost is Rs.25.17 Lakhs per ambulance.

The proposal of additional amount of Rs.1376.31 Lakhs (@Rs. 9,17,539.00 per ambulance) against capital cost of 150 ALS ambulances is submitted for approval in supplementary PIP 2015-16.

Monitoring cell for Ambulance Services

GoI approved 2 IT consultants for monitoring of ambulance services through RoP 2015-16 @ Rs. 36,750.00 per IT consultant per month, which is not comparable with consultant salary of other divisions of SPMU i.e.Rs. 50,000 per month. The state is proposing the approval of IT consultants @ Rs. 50,000 per month and sanctioning of additional amount of Rs. 3,18,000 (@ Rs.13250 per consultant per month)

(amount in Lakhs)

FMR code	Activity	Unit cost	Quantity	Proposed budget
B12.1.	State basic ambulance/ 102 Capex	Rs 7.9 Lakhs	200	1580.00
B12.1.2	Advanced life support Capex	Rs. 9.17 Lakhs	150	1376.31
B12.2.1	State Basic ambulance/ 102 Opex for total anticipatory trips of 70.00 Lakhs	Rs 396.00 (per trip cost)		8788.80
B12.2.9.2	Monitoring cell for 102 & 108 for 5 IT consultants	Rs. 50000.00/ Month/consultant	2	3.18

Chapter-15: National Mobile Medical Unit

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 is 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 proposed for approval of Rs 1050.00 Lakhs (at unit cost of second vehicle Rs 7.00 Lakhs as per NMMU guidelines) for 150 second vehicle (transport vehicle) for 150 MMUs in PIP 2015-16 was pended by GoI.

The proposal is resubmitted in supplementary PIP 2015-16 for approval.

Chapter-16: Public Private Partnerships/NGOs

SMNet Transition Plan

As you are aware the Social Mobilization Network (SMNet) was 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 has 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 9 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 provide supportive supervision to 10 to 15 CMCs, and each DMC to 12 BMCs in a district.A group of few districts constitutes one sub-region, which is being headed by the (State Regional Coordinators) SRCs. In the last 10 years, SMNet has done commendable work to eradicate polio in the state.

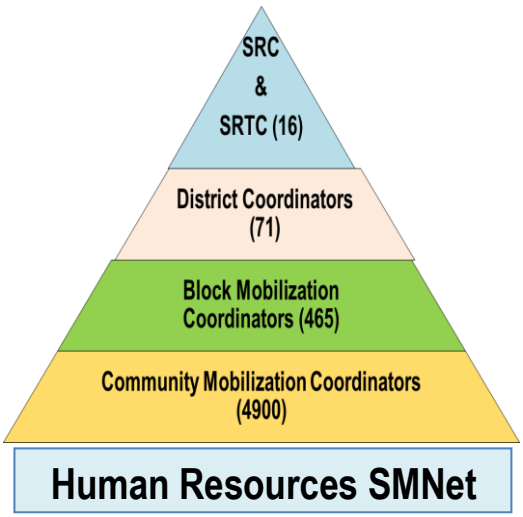
To sustain polio free status, and to prevent other vaccine preventable diseases in children, strengthening of routine immunization is top priority of State Government. SM Net will be helpful in this programme also, as this manpower is specially trained for mobilizing and generating awareness in the public. Currently, only 69% of 12 to 23 months old children (according to WHO/NPSP monitoring data) in the state are fully immunized while 25% children are partially immunized and 5% are unimmunized due to lack of awareness and misconceptions amongst families.

As India has been certified polio-free in March 2014, 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, Pentavalent vaccine and other new vaccines as priority areas. These will be essential steps in the transition plan.

SMNet Transition - Legacy in Action:

SMNet Structure in UP: In UP currently, the **program is transitioning and applying the learnings from polio to Polio+ (legacy in action)**with lifesaving practices for children of UP including support to RMNCH+ RI (Mission Indradhanush), use of ORS/Zinc for diarrheal management (CMCs as depot holders), Nutrition Mission (VHND monitoring), early and exclusive breastfeeding and WASH (hand-washing and hygiene and stopping open defecation).

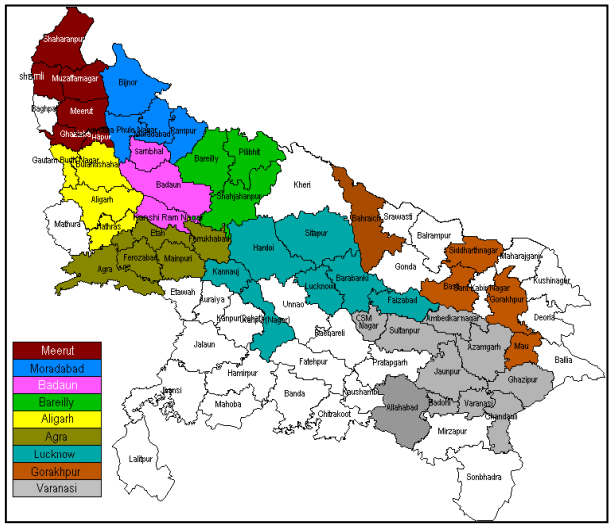


SM Net sustainability:

In order to maintain/sustain the SM Net workforce in UP, GOI had asked GOUP its views and opinion on SMNet 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 recommending to sustain SMNet with different programmatic scenarios to be discussed with GOI.

Currently, UNICEF is spending Rs. 38 crores on SM Net in UP per year.

Figure 1: Districts Covered by SMNet in Uttar Pradesh (Sub-regions have been colour coded)



Source: SMNet MIS

Transition Strategy:

- Programmatic transition –from Polio to Polio+ Routine immunization/ORS+Zinc and convergent issues (WASH – Nutrition)
- Infrastructure (support Block Level mobilizers). The remaining SMNet consultants will be covered by GAVI (CMCs) and other donors progressively. SMNet cost 2016-17 and 2017-18 will be included in the state UP NHM PIP.
- Legacy: Learning/knowledge management -sharing best practices for other health areas and global learning

In order to maintain/sustain the SMNet workforce in UP, GOI called for a meeting on 16th November with senior officials in MOH GOI and Mission directors of UP and Bihar under the chairmanship of ASMD – Mr. C.K. Mishra. This meeting was organized to conclude the series of discussions held with government at various levels over the last two years on the critical issue of sustaining SMNet in the long run.

On 16th November meeting, the Ministry of Health and Family Welfare agreed to provide support for SMNet through National Health Mission till 31st March 2018. As agreed SMNet funding will be included every year in the state PIPs as "*SMNet Support Arrangement*" to UNICEF. The funds will go into UNICEF pools of funds through state NHM and will not be restricted by category of SMNet worker and can be used to support any of the layers.

It was requested by GOI to submit fund request for the period Dec, 2015 to March 2016. As provided by UNICEF Lucknow, Rs. 6,02,,51,195/- will be required for this activity for four months, i.e. for Dec 2015 to March 2016.

Sl.	**SMNet Positions**	**No.**	**Total cost**
1	Block Mobilization Coordinators	465	40,207,388
2	District Mobilization Coordinators	50	16,703,173
3	District underserved Coordinators	10	3,340,635
Total			**6,02,51,195**

The proposal for "SM Net support arrangement" to UNICEF is being submitted here. Kindly approved Rs. 6,02,51,195/- for the activity for four months.

Chapter-17: Innovations

- **Improving Primary Health Care - A Pilot Programme in Select Blocks of the District of Lakhimpur Kheri and Sitapur, 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. It is proposed that the program be piloted in two blocks of Lakhimpur Kheri district and one block in Sitaput district in financial year 2016 – 2017. Two more blocks would 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 about 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 approximately Rs. 9.64 Crore in Phardan, Nakaha and Mehmudabad blocks.[1] As detailed in Tables 1 and 2, the Year One cost of the program for Phardan, Nakaha and Mehmudabad blocks is estimated at Rs. 42.18 Crore, including one time infrastructure & equipment cost. The GoUP currently spends Rs. 16.53 Crore in Phardhan, Nakaha and Mehmudabad blocks combined. The additional expenditure requested from the GoUP is Rs. 19.31 Crore, for a combined total contribution of Rs. 35.84 Crore for the first year. The Gates Foundation will finance Rs. 6.34 Crore in the first year. In per capita terms, the pilot program will increase spending from Rs. 191 to Rs. 406.

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.[2]

India faces major shortfalls in ensuring access to high quality primary healthcare for its population.[3] According to the Draft National Health Policy 2015, Government funded primary healthcare is

[1] This is based on an assumption that 70 percent of expenditure is out of pocket; however, this data point will need to be verified over the course of the pilot program. The aim of the pilot program is to generate more accurate data on current out of pocket expenditure and the projected out of pocket savings that can be expected with a comprehensive primary care platform.
[2] 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.
[3] 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

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.

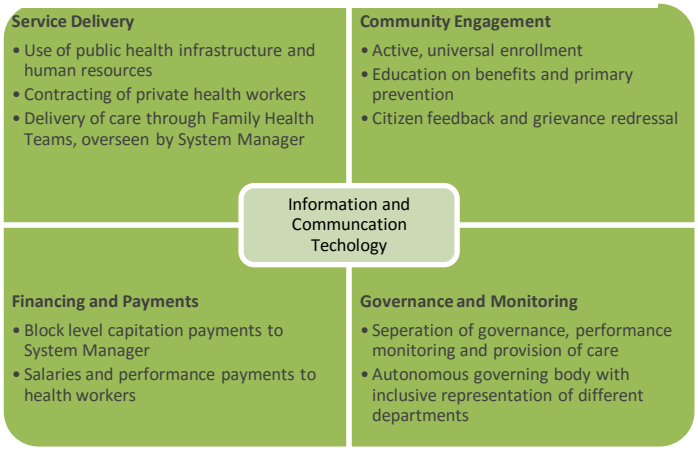
<u>The specific objectives of the pilot are to:</u>

- 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;
- 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).

Figure 1: Approach Across Four Pillars



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, infrastructure and capacity. 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, paramedics and AYUSH doctors.

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.[4] The pilot program will also ensure continuous provision of public health functions, including vector borne disease control and immunization rounds, by coordinating with relevant personnel under the District Health Society (See Annex 2 for an organogram). In terms of training, the pilot program will ensure continuity of routine training and capacity building as spelled out in the National Health Mission and District Health plans; the pilot program will include *additional* training in team engagement, use of information technology, and screening for primary care, including in non-communicable diseases. Training that is offered to ensure broader public health functions, such as preparation for Vitamin A and Polio rounds, Japanese Encephalitis and epidemic

[4] 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.

outbreaks, will continue to be provided by development partners and GoUP officials, in coordination with the System Manager.

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, overseeing fifteen teams each. An Auxiliary Nurse Midwife will provide closer clinical supervision of the field staff. The core team will be jointly accountable and recognized for meeting enrolment and performance targets. The System Manager will bring an additional layer of supervisory staff, including a nurse superintendent for each block, and one coordinator and two field officers at every primary health center who will ensure that operations are on track, information technology processes adhered to, and reporting requirements met (See Annex 2 for an organogram of the pilot program).

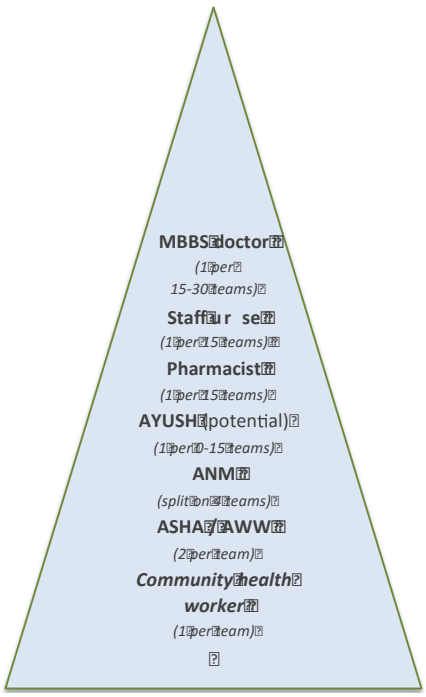


Figure 2: Family Health Team Structure

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, including existing staff and new hires. 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. At the district and sub-district level, the District Health Society will govern the System Manager and ensure coordination with relevant departments and programs. 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 launched in Phardan and Nakaha blocks of the district of Lakhimpur Kheri, and in Mehmudabad block in Sitapur district in financial year 2016 – 17. In subsequent financial years the pilot will also be implemented in Nighasan and Behjam blocks in Lakhimpur Kheri district. Lakhimpur Kheri and Sitapur districts are classified as High Priority Districts by the MoHFW, GoI and Department of Health, GoUP, given their poor health outcomes and high proportion of rural population.

Key Policy Changes Needed - The following policy changes are requested to effectively implement the proposed program:

1. 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 (through the governance mechanism), 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 (See Annex 3 for a discussion on the rationale for engaging a System Manager).
2. 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.
3. 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.
4. 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.
5. 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 Crore and Rs. 4.07 Crore annually on Phardan and Nakaha blocks respectively and an estimated Rs. 3.97 Crore on Mehmudabad block[5]. 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, Nakaha and Mehmudabad blocks, including the System Manager costs, are estimated at Rs. 42.18 Crore.[6] This includes a one-time infrastructure and equipment upgrade of Rs. 7.12 Crore for all the three blocks. The GoUP currently spends Rs. 16.53 Crore in all the three blocks combined. The additional expenditure requested from the GoUP is Rs. 19.31 Crore with includes one time infrastructure upgrade of Rs. 7.12 Crore, for a combined total contribution of Rs. 35.84 Crore for the first year. This additional amount represents a per capita expenditure of Rs. 395[7] compared with the current per capita spend of Rs. 406.[8]

The current per capita expenditure assumes at most twenty percent population coverage. As indicated in Table 2 below, the pilot will increase population coverage to forty percent (to serve over 345712 lives in Phardan, Nakaha and Mehmudabad blocks) and result in a reduction in out of pocket payments by Rs. 9.64 Crore for all the three blocks.[9] 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. 6.34 Crore for Phardan, Nakaha and Mehmudabad 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) enhance supervision and training through a team structure, 4) introduce independent performance monitoring, 5) engage community groups, 6) offer performance based incentives (including for Anganwadi workers), and 6) brand the program.

[5] 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.
[6] The block level data analysis was only undertaken in Phardan and Nighasan blocks, and not in Mehmudabad. The analysis presented for Mehmudabad is thus provisional and the numbers provided will be confirmed upon a thorough *'as is'* analyses of the blocks.
[7] Per capita calculated without one time infrastructure & equipment cost
[8] The per capita estimate of Rs. 395 is for all three blocks of the pilot in year 1, calculated based on current expenditure in Phardan and Nighasan block.
[9] The out of pocket estimate is based on increased coverage at current Phardan and Nighasan block expenditures, rather than the proposed pilot expenditure. The pilot program will generate more accurate data on current out of pocket expenditure and the projected out of pocket savings for the subsequent years of the pilot. The 2011 census population figures are considered for calculation.

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).[10] The estimated cost of the pilot program, by line item, is added to the current expenditure. (See Annex 4a. & 4b. for a detailed breakdown of current expenditure and proposed costs for Phardan and Nighasan blocks).

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 One Costs

Year 1 Pilot: Summary				
Geographic Scope - District	**Lakimpur Kheri**		**Sitapur**	
Geographic Scope - Block	**Phardan**	**Nakaha**	**Mehmudabad***	**3 Blocks (Phardan+Nakaha+ Mehmudabad)**
Population *(2011 Census)*	489797	144007	230475	864279
Current Expenditure	**8.49**	**4.07**	**3.97**	**16.53**
Current Expenditure *(per capita based on Phardan & Nighasan, Rs.)*	**173**	**283**	**172**	**191**
Total Pilot Expenditure (Govt. Contribution without one time upgrade + BMGF)	**18.35**	**7.61**	**9.10**	**35.06**
Total Per Capita for Pilot	**375**	**528**	**395**	**406**
Government Per Capita in Pilot *(Rs.)*	**314**	**398**	**331**	**332**
Government Contribution in Pilot *(Rs. Cr)*	**15.36**	**5.74**	**7.62**	**28.72**
Running Cost (Rs. Cr)	13.92	5.05	6.88	25.85
Training Cost Govt. (Rs. Cr)	0.15	0.03	0.07	0.25
Incentives (Rs. Cr)	1.29	0.66	0.67	2.62
BMGF per capita in Pilot (Rs)	**61**	**130**	**64**	**73**
BMGF Contribution in Pilot (Rs. Cr)	**2.99**	**1.87**	**1.48**	**6.34**
System Manager (except IT, Rs. Cr)	1.16	0.51	0.49	2.16
Information Technology (IT)(Rs. Cr)	0.3	0.29	0.18	0.77
Trainings provided by System Manager (Rs.Cr)	0.35	0.12	0.16	0.63
Performance Monitoring (Rs.Cr)	0.53	0.28	0.27	1.07
Community Engagement (Rs.Cr)	0.58	0.64	0.34	1.57
Branding (Rs. Cr)	0.07	0.03	0.04	0.14
One Time Infrastructure/Equipment Cost *(Rs. Cr)*	3.09	2.15	1.88	7.12
Total Pilot Cost *(with one time upgrades, Rs. Cr)*	21.44	9.76	10.98	42.18
Total Pilot Per Capita *(with one time upgrades, Rs)*	**438**	**678**	**476**	**488**
Total Government Contribution in Pilot *(with one time upgrades, Rs. Cr)*	**18.45**	**7.89**	**9.50**	**35.84**
Total *Additional* Fund Requirement from Government (with one time upgrades, Rs. Cr)	9.96	3.82	5.53	19.31
Total BGMF Contribution in Pilot *(with one time upgrades, Rs. Cr)*	2.99	1.87	1.48	6.34

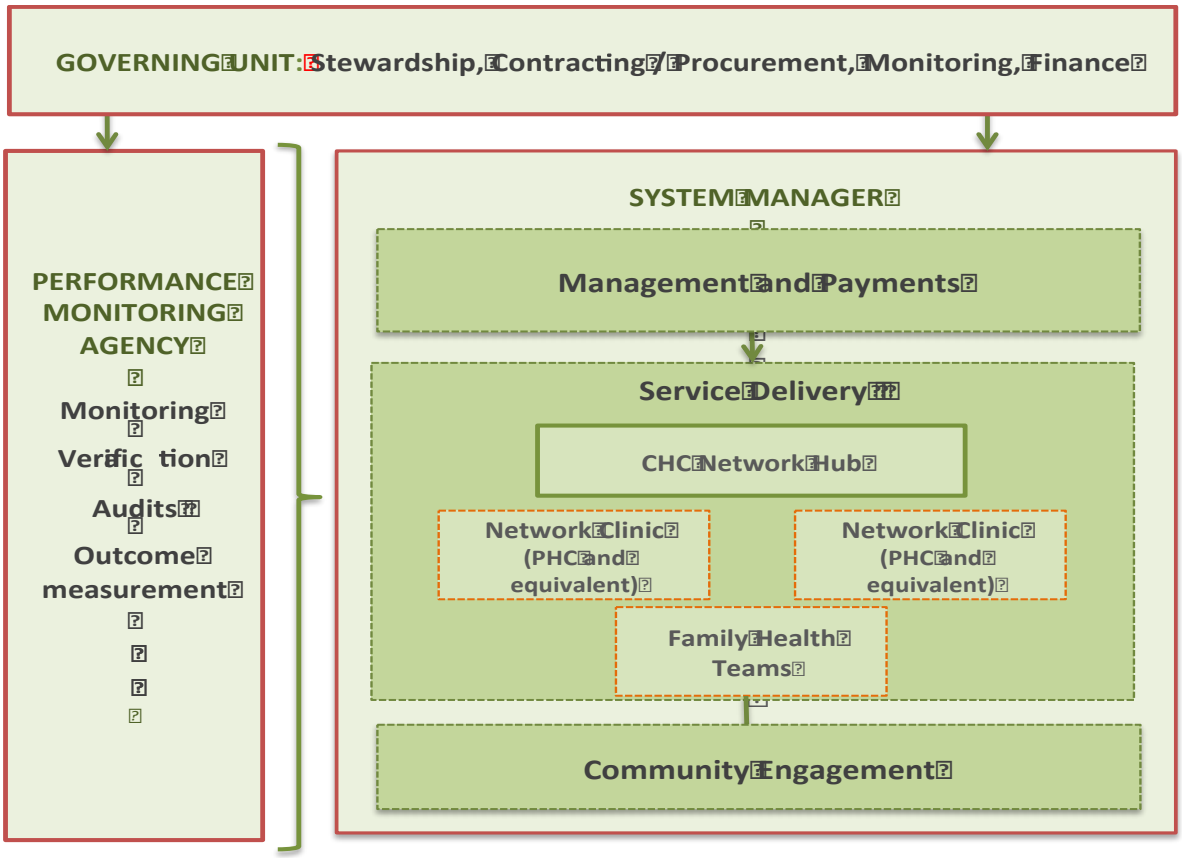
*Calculated as per Phardhan and Nighasan Blocks.

[10] The State Treasury data for the district was rebased for the population of Phardan and Nighasan block.

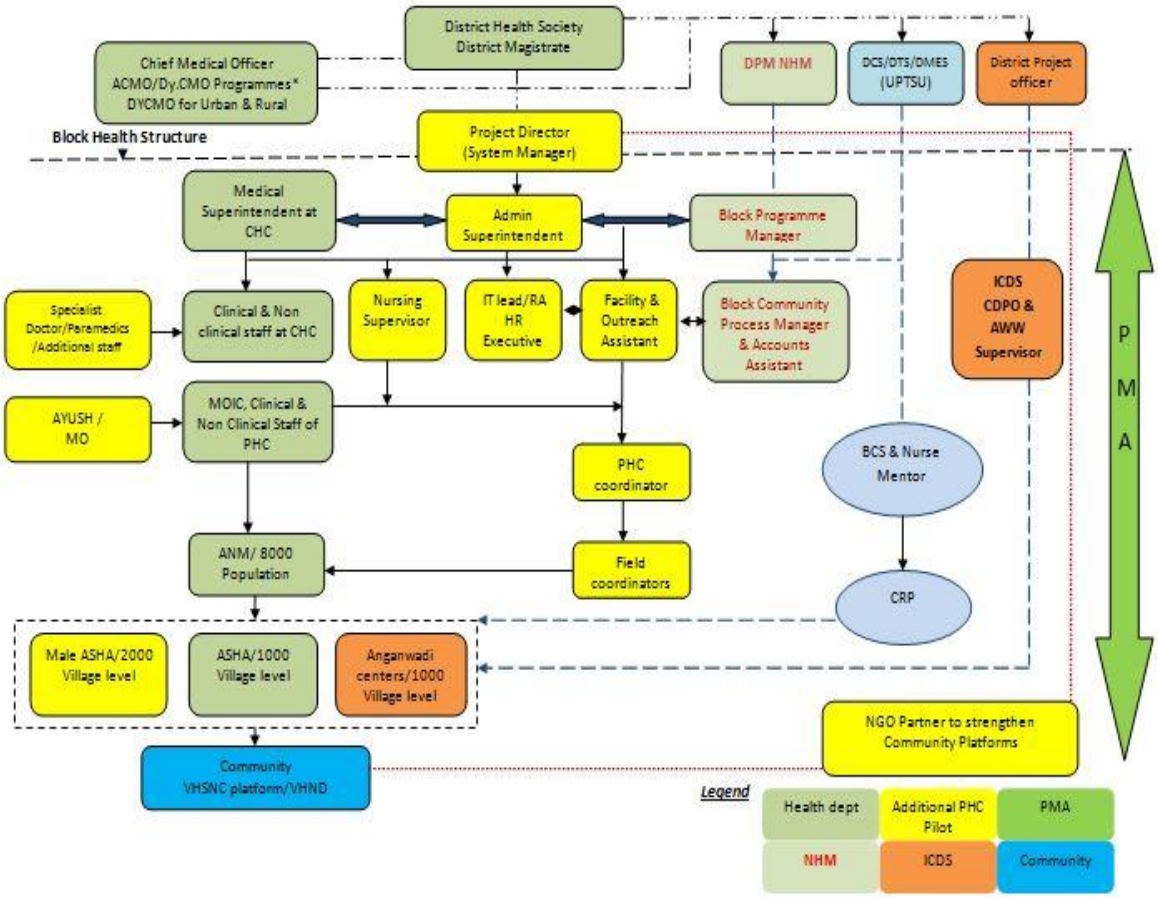
Table 2: Reduction in Out of Pocket Expenditure

Out of Pocket Expenditure Impact				
Geographic Scope	**Phardan**	**Nakaha**	**Mehmudabad**	**3 Blocks** (Phardan+Nighasan + Mehmudabad)
Population *(2011 Census)*	489797	144007	230475	864279
Current Expenditure	8.49	4.07	3.97	16.53
Current Out of Pocket (assuming 30% covered under Government system and 70% out of pocket, Rs. Cr)	19.81	9.49	9.27	38.57
Out of Pocket in Pilot Scenario (assuming 40% coverage,Rs. Cr)	14.86	7.12	6.95	28.93
Out of Pocket Savings[1] (Rs. Cr)	4.95	2.37	2.32	9.64

Annex 1: Overview of the Program Structure and Functions



Annex 2: Organogram of the Pilot Program in Relation to Existing Structure



Annex 3: Rationale for Engaging a System Manager

The primary healthcare pilot program has chosen to engage with a non-governmental System Manager to ensure autonomy, accountability and professional management of services. The Government of Uttar Pradesh has expressed interest to improve the performance of primary healthcare services, given the current challenges related to ensuring accountability of health personnel. As outlined in the body of this concept note, health workers are not motivated by the system for meeting quality standards and outputs; and the current system is unable to reward good performance or sanction poor behaviour, which leads to low productivity and service quality.

The two key ingredients that are needed to significantly improve performance of the current system are 1) new structures for accountability that will ensure a focus on outcomes, and 2) strong stewardship and oversight by the GoUP. The system as it is currently structured will not provide the required autonomy or flexibility to create a new accountability framework in the short term. Therefore, it is recommended that an independent System Manager be engaged to enable new systems for accountability, whereby there is clear alignment of incentives, terms of reference, and checks and balances to optimize system performance and achievement of health outcomes. In such a structure, the stewardship and governance role of the GoUP will take center stage.

Through this pilot initiative, the GoUP will be able to assess the impact of new accountability systems in achieving outcomes, evaluate the cost and benefit of engaging with a specialized agency, and determine an optimal and scalable structure for the future. As outlined in the body of the concept note, in the future the GoUP may consider creating an autonomous Government owned trust that is charged with a mandate to deliver high quality primary health services, for which it will be held accountable. Such a trust may outsource certain functions, including the provisioning of care, or manage these functions in house. This pilot program will thus offer a critical opportunity for evaluating new structures and systems that have the potential to significantly improve the delivery of primary health services and population health outcomes in Uttar Pradesh.

Annex 4a: Breakdown of Current and Proposed Expenditure for Phardan block and Funding Distribution

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data	Assumptions	
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
Manpower	4.67	2.87	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	0.92	1.71	1.85	2.00	2.16	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.	35[11]	Rs. per capita, based on costing data from Maharashtra
Central Medical Stores Department (CMSD) Branded/Emergency drugs provided by State	0.10	0.01	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	0.32	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	2.27	1.4	3.67	3.96	4.28	4.62	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

[11] The disease profile can have a significant impact on the costs of drugs and diagnostics for the pilot; this estimate will be re-evaluated after Year 1.

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data	Assumptions	
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
												current budget
Training	0.09	0.06	0.15	0.16	0.17	0.19	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.		Training costs increase proportionate to manpower expenditure
Vaccination*	0.40	0	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***	***5.58***	***14.07***	***15.19***	***16.41***	***17.72***	***X***	***X***			**10000000**	**Rs. per Crore**
One time Infrastructure & Equipment cost (one time)	**0**	**3.09**	**3.09**	**0**	**0**	**0**	**X**	**X**		**One time cost**		
Incentive	*0*	*1.13*	*1.13*	*1.22*	*1.32*	*1.43*		*X*			15%	Manpower expenditure
Anganwadi Incentive	*0*	*0.16*	*0.16*	*0.17*	*0.18*	*0.20*		*X*				Budget for Anganwadi not included; only incentive shown here.
Subtotal	***0***	***1.29***	***1.29***	***1.39***	***1.50***	***1.62***		***X***				
Subtotal Govt. Contribution	***8.49***	***9.96***	***18.45***	***16.58***	***17.91***	***19.34***	***X***	***X***				
System Manager												

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data	Assumptions	
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
Human Resources		0.87	0.87	0.94	1.01	1.10			X			
Information Technology Fixed Costs		0.23	0.23	0.00	0.00	0.00						
Information Technology Variable Costs		0.07	0.07	0.08	0.08	0.09						
Office Expenditure		0.12	0.12	0.13	0.14	0.15			X			
Incentive		0.17	0.17	0.19	0.20	0.22			X		20%	of System Manager Human Resource cost
Training		0.35	0.35	0.30	0.15	0.17			X			
Subtotal	**0**	***1.81***	***1.81***	***1.64***	***1.58***	***1.73***			***X***			
Community Engagement												
Fixed Cost		0.26	0.26	0.00	0.00	0.00			X			
Variable Cost		0.32	0.32	0.34	0.37	0.40			X			
Subtotal	**0**	***0.58***	***0.58***	***0.34***	***0.37***	***0.40***			***X***			
Performance Monitoring		0.53	0.53	0.58	0.62	0.67			*X*		6%	Human Resource cost
Subtotal	**0**	***0.53***	***0.53***	***0.58***	***0.62***	***0.67***			***X***			
Branding		0.07	0.07	0.15	0.33	0.35			*X*			
Subtotal	**0**	***0.07***	***0.07***	***0.15***	***0.33***	***0.35***			***X***			
Subtotal BMGF contribution	**0**	***3.00***	***3.00***	***2.70***	***2.91***	***3.15***			***X***			
Total Pilot cost	**8.49**	**12.96**	**21.45**	**19.28**	**20.82**	**22.49**	**X**	**X**	***X***			

Annex 4b: Breakdown of Current and Proposed Expenditure for Nakaha block and Funding Distribution

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data		Assumptions
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
Manpower	3.35	0.56	3.92	4.23	4.57	4.93	X	X		Detailed facility audits conducted by ACCESS Health and Indian School of Business.	0.08	Inflation/ Appraisal
Drugs	0.23	0.27	0.50	0.54	0.59	0.63	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	0.03	0.00	0.03	0.03	0.04	0.04		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	0.03	0.12	0.14	0.16	0.17	0.18	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) disaggregated analysis.	10	Rs. per capita, could increase upon further surveys

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data		Assumptions
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
Operating Expenditure	0.29	0.05	0.34	0.37	0.40	0.43	X	X		State Treasury District Budget (2013-14) and NHM PIP (2014-15) dissagregated analysis.	2.5	Multiple by which opex relates to human capital in current budget
Training	0.03	0.00	0.03	0.03	0.04	0.04	X	X				
Vaccination*	0.11	0.00	0.11	0.12	0.13	0.14		X				
Subtotal	4.07	1.01	5.08	5.48	5.92	6.40	X	X				
One time Infrastructure & Equipment cost (one time)	0.00	2.15	2.15	0.00	0.00	0.00		X				
Incentive	0.00	0.59	0.59	0.63	0.69	0.74		X			0.15	of Manpower expenditure
Anganwadi Incentive	0.00	0.07	0.07	0.08	0.08	0.09		X				Note: Budget for Anganwadi not included; only incentive shown here.
Subtotal	0.00	0.66	0.66	0.71	0.77	0.83		X				
Subtotal Govt. Contribution	4.07	3.82	7.89	6.20	6.69	7.23	X	X				
System Manager												
Human Resources	0.00	0.33	0.33	0.35	0.38	0.41			X			
Information Technology Fixed Costs	0.00	0.22	0.22	0.00	0.00	0.00			X			
Information Technology Variable Costs	0.00	0.07	0.07	0.08	0.08	0.09			X			

Rs. (Cr)	Year 1 Requirement			Total Fund Required in Y2	Total Fund Required in Y3	Total Fund Required in Y4	Source of Funds			Source of Data		Assumptions
	Existing	Additional Funds	Total Fund Required in Y1				NHM	State Budget	BMGF			
Office Expenditure	0.00	0.12	0.12	0.13	0.14	0.15			X			
Incentive	0.00	0.07	0.07	0.07	0.08	0.08			X		0.2	of System Manager Human Resource cost
Training	0.00	0.12	0.12	0.09	0.06	0.03			X			
Subtotal	0.00	0.92	0.92	0.72	0.74	0.77			X			
Community Engagement												
Fixed Cost	0.00	0.26	0.26	0.00	0.00	0.00			X			
Variable Cost	0.00	0.38	0.38	0.41	0.44	0.48			X			
Subtotal	0.00	0.64	0.64	0.41	0.44	0.48			X			
Performance Monitoring	0.00	0.28	0.28	0.30	0.32	0.35			X		0.06	Human Resource cost
Subtotal	0.00	0.28	0.28	0.30	0.32	0.35			X			
Branding	0.00	0.03	0.03	0.06	0.10	0.14			X			
Subtotal	0.00	0.03	0.03	0.06	0.10	0.14			X			
Subtotal BMGF contribution	0.00	1.87	1.87	1.49	1.61	1.73			X			
Total Pilot cost	4.07	5.69	9.76	7.68	8.30	8.96	X	X	X			

Annex 5: Breakdown of Proposed Expenditure for Phardhan, Nakaha & Mehmudabad Blocks in FY 2015-16 and five Blocks in Subsequent Years

	Existing Funds	Additional Fund Requirement Year 1	Total Fund Requirement							
			Year 1	Year 2	Year 3	Year 4	NHM	State Budget	BMGF	Blocks
Running Cost of Proposed Pilot (GoI contribution)	16.53	12.19	28.72	_	_	_	X	X		**Phardan, Nakaha & Mehmudabad**
Infrastructure/Equipment Cost for 3 Blocks (One-time)	0.00	7.12	7.12	_	_	_		X		**Phardan, Nakaha & Mehmudabad**
Required funding from GoI for 2015 -16	16.53	19.31	35.84	_	_	_	X	X		**Phardan, Nakaha & Mehmudabad**
Management, progress monitoring & branding (BMGF contribution)	0	6.34	6.34	_	_	_			X	**Phardan, Nakaha & Mehmudabad**
Total Cost of Pilot for FY 2015-16 (GoI + BMGF)	**16.53**	**25.64**	**42.18**	**_**	**0**	**_**	**X**	**X**	**X**	**Phardan, Nakaha & Mehmudabad**
Running Cost of Proposed Pilot (GoI contribution)			**_**	**51.70**	**55.84**	**60.30**	X	X		**Phardhan, Nakaha, Nighasan, Bejam & Mehmudabad**
Infrastructure/Equipment Cost for 2 Blocks (One-time)			**_**	**5.77**	**0**	**0**		X		**Nighasan & Behjam**
Required funding from GoI for subsequent years			**_**	**57.47**	**55.84**	**60.30**	X	X		**Phardhan, Nakaha, Nighasan, Bejam & Mehmudabad**
Management, progress monitoring & branding (BMGF contribution)			**_**	**9.61**	**9.24**	**10.00**			X	**Phardhan, Nakaha, Nighasan, Bejam & Mehmudabad**
Total Cost of Pilot for Subsequent Years (GoI + BMGF)			**_**	**67.08**	**65.08**	**70.30**	**X**	**X**	**X**	**Phardhan, Nakaha, Nighasan, Bejam & Mehmudabad**

Disclaimer: The Cost of the pilot is calculated for the FY 2015 – 16, change in execution of project to next FY would increase the cost by government decided inflation rate.

- **Proposal for Day care Centre and management of Thalassemic patients at Medical Colleges / Institutes**

Thalassemia is a form of inherited autosomal recessive blood disorder characterized by abnormal formation of hemoglobin. The abnormal hemoglobin formed results in improper oxygen transport and destruction of red blood cells. Thalassemia is caused by variant or missing genes that affect how the body makes hemoglobin, the protein in red blood cells that carries oxygen. People with thalassemia make less hemoglobin and have fewer circulating red blood cells than normal, which results in mild or severe microcytic anemia.

Thalassemia can cause complications, including iron overload, bone deformities, and cardiovascular illness. In Uttar Pradesh approx 1038 thalassemic patients are registered in different districts and it is perceived that large numbers of thalassemic patients are not properly managed. The strengthening of already existing diagnostic and treatment facilities of Medical Colleges / Institutes will help in providing prompt, comprehensive and specialized management of patients. Following fund will be required for providing adequate services to thalassemic patients –

Sl.	Name of Medical College	No. of Patient	Budget for establishment of Day Care Center @ Rs.5,00,000/ Unit	Budget for Iron chelation @ Rs. 24000/ pt./year for 50% cases	Budget for Investigation @ Rs. 5000/ pt./year	Budget for Leuko filtration @ Rs. 40000/ pt./year for 50% cases	Total required Budget
1	Agra Medical College	**92**	500000	1104000	460000	1840000	3904000
2	Aligarh Medical College	**9**	500000	108000	45000	180000	833000
3	Allahabad Medical College	**45**	500000	540000	225000	900000	2165000
4	RIMS,R Saifai	**170**	500000	2040000	850000	3400000	6790000
5	Gorakhpur Medical College	**44**	500000	528000	220000	880000	2128000
6	Jhansi Medical College	**7**	500000	84000	35000	140000	759000
7	Kanpur Medical College	**92**	500000	1104000	460000	1840000	3904000
8	Lucknow KGMU*****	**92**	500000	1104000	460000	1840000	3904000
9	Lucknow SGPGIMS*****	**167**	500000	2004000	835000	3340000	6679000
10	Meerut Medical College	**192**	500000	2304000	960000	3840000	7604000
11	Varanasi Medical College	**128**	500000	1536000	640000	2560000	5236000
Total		**1038**	**5500000**	**12456000**	**5190000**	**20760000**	**43906000**

Thus, for this purpose, an amount of Rs. 439.06 Lakhs is being proposed under FMR code no. B14.23 for the year 2015-16

- **National Programme for Prevention and Control of Fluorosis (NPPCF)**

Introduction - Fluorosis, a public health problem is caused by excess intake of fluoride through drinking water/food products/industrial pollutants over a long period. The duration for the clinical manifestation to appear varies depending on various factors like age, nutritional status, quantity of fluoride ingested, efficiency of kidney to excrete fluoride, etc. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis.

There is no treatment for severe cases of skeletal fluorosis, only efforts can be made towards reducing the disability which has occurred. However, the disease is easily preventable if diagnosed early and steps are taken to prevent intake of excess fluorosis through provision of safe drinking water, promote nutrition and avoid foods with high fluoride content.

Goal and Objectives:- The NPPCF aims to prevent and control Fluorosis disease in the country.

(1) The Objectives of the National Programme for Prevention & Control of Fluorosis are as follows:To collect, assess and use the baseline survey data of fluorosis of Ministry of Drinking Water Supply for starting the project;
(2) Comprehensive management of fluorosis in the selected areas;
(3) Capacity building for prevention, diagnosis and management of fluorosis cases.

Strategy:-

1. **Capacity building (Human Resource)** at different level of health care delivery system for early detection, management and rehabilitation of fluorosis cases.
   Various types of training, advocacy and sensitization for various categories of health professionals /personnel at different levels of health care facilities such as Health workers, ASHA, Anganwadi Workers, Policy Makers, PRI's, VHSC & Teachers will be undertaken at district level.
   There will be Trainers Training for State Nodal Officer, District Nodal Officers, District Consultants at Head Quarter of any endemic State/any recognized Reference Laboratory by National experts. Besides, Laboratory monitoring/techniques (estimation of fluoride in urine) Training for Laboratory Technicians at any recognized National Reference Laboratory will be undertaken.
2. **Manpower Support:** In order to implement the activities under the Programme manpower support at National level and district level, one National Consultant and one DEO at Central level and one District Consultant, one Lab Technician and three Field Investigators (for six months) on contractual basis in the district are provided.
3. **Surveillance of fluorosis in the community including school children:-** Survey will be conducted by the district contractual staff in association with district health officials as per surveillance guidelines for assessment and diagnosis of fluorosis cases including dental fluorosis in children in the age group of 6-11 years, skeletal and non-skeletal fluorosis at community level.
4. **Establishment of diagnostic facilities in the district/ medical hospitals:-** It is proposed to strengthen the laboratory diagnostic facilities in district/ hospitals/ medical college for early detection and confirmation of fluorosis cases.
5. **Management of fluorosis cases including treatment, surgery, rehabilitation:- A. Early Detection:-** The identified cases shall be confirmed by (i)physical examination i.e dental changes, pain and stiffness of peripheral joints, skeletal deformities (ii) laboratory tests i.e. urine,and drinking water analysis for fluoride level and where possible (iii) radiological examination i.e. X-ray of forearm, X-ray of most affected part.

B. Prompt Intervention:- The prompt intervention is planned in the following manner

Health Education:- is very important aspect of management. Creating awareness about fluorosis disease, drinking water (safe/unsafe), diet editing and diet counselling through interpersonal communication, group discussions, media, posters, wall paintings etc.

Fluorosis is mainly caused due to excess intake of fluoride through drinking water/food products/industrial pollutants over a long period. Fluorosis is not diagnosed as fluorosis even by several of the medical professionals. This is because there is not much awareness of the problem from the health point of view. There is need to create awareness and skills among the medical as well as paramedical health workers to detect the disease in the community.

Provision of safe drinking water, water harvesting (rain water), other measures in collaboration with Public Health Engineering Department.

Referral effective linkages would be developed from village level to district with the help of functionaries and personnel from grass root level (AWW, ASHA, PRIs etc.) PHC/CHC level Medical Officers, Health personnel School teachers and District level Officers.

Activities required to initiate the NPPCF are as follows:-

1. Procurement of Ion Meter and other items for Fluoride testing.
2. Training of Laboratory Technicians for 5 days in a reputed institution, where fluoride testing is a regular activity.
3. Training of Consultants on all aspects of Fluorosis – 2 days.

Programme activities

1. Community Diagnosis of Fluorosis village/block/cluster wise.
2. Facility mapping from prevention, health promotion, diagnostic facilities, reconstructive surgery and medical rehabilitation point of view – village/block/district wise.
3. Gap analysis in facilities and organization of physical and financial support for bridging the gaps, as per strategies listed above.
4. Behavioral changes through appropriate IEC strategy.
5. All members having Fluorosis should be introduced to interventions and monitored to improve health. 3 months later, health complaints and UFL to be re-assessed.
6. Referrals for severe cases and their follow up

The Activities Proposed at 5 levels: - Community (Village), Community Health Centres (CHCs)/ FRU, District, State and National level.

All the above mentioned activities will be carried out in six districts of the State which have major problems of Fluorosis which leads to dental, skeletal & orthopedic problems. These districts are Unnao, Raebareli, Mathura, Pratapgarh, Firozabad & Sonbhadra.

Budgetary requirements:
To carry out the above mentioned activities Rs **4,54,80,000**/- (Four Crore Fifty Four Lakh Eighty Thousand Only) is proposed in Action Plan 2015-16.

1. For Sanctioned Contractual Human Resource under the programme:-

SN	Sanctioned Position (As per GoI Norms)	No. of District	Remuneration (As per GoI Norms)	Total cost (Rs. in Lakhs)
1	01 District Consultant	6	Rs. 45000 / Mth	32.40
2	01 Lab. Technician	6	Rs. 11000 / Mth	7.92
3	03 Field Investigators (for six months)	6	Rs. 11000 / Mth	11.88
Total				**52.20**

2. Monitoring and Supervision:-

SN	Activity Proposed	No. of District	Rate	Total cost (Rs. in Lakhs)
1	MOBILITY: Travel Cost, POL, vehicle etc.	6	Rs. 30000 / Mth	21.60
2	Office expenses on telephone, Broadband Expenses, Annual Disease Surveillance report, Meetings and other miscellaneous expenditures etc.	6	Rs. 3,00,000 / annum	18.00
Total				**39.60**

3. Training, IEC / BCC and Mobile Dental Clinic:-

SN	Activity Proposed	No. of District	Rate	Total cost (Rs. in Lakhs)
1	Training	6	Rs. 50,000 / Batch / district	3.00
2	IEC / BCC & other activities	6	Rs. 5,00,000 / annum / district	30.00
3	Mobile Dental Clinic	6	Rs. 46,00,000 / annum / district	276.00
Total				**309.00**

4. Establishment of Orthopaedic unit including physiotherapy:-

SN	Activity Proposed	No. of District	Rate	Total cost (Rs. in Lakhs)
1	Establishment of Orthopedic unit including physiotherapy (instruments, machines, furniture, computer & AC)	6	Rs. 5,00,000 / annum / district	30.00
2	01 Specialists at District HQ (MDS/MS Ortho)	6	Rs. 60,000 / Month / district for 3 Months	10.80
3	Technical Staff (paramedical- 01 dental hygienist & 01 physiotherapist)	6	Rs. 15,000 / Month / district for 3 Months	5.40
4	01 Support staff (cleaning/plastering etc.)	6	Rs. 10,000 / Month / district for 3 Months	1.80
5	Operation cost	6	Rs. 1,00,000 / annum / district	6.00
Total				**54.00**

- **Detection and treatment of High Risk Pregnant Women due to anaemia using True Hb auto-analyser in VHND sessions in 25 HPDs**

Background - Evidence based high impact RMNCH+A strategies emphasize on detection of high risk pregnancies and line list including severely anaemic mothers and its appropriate management as part of the maternal health interventions which has a long term impact on reduction of Maternal Mortality Rate (MMR) estimated as 258 as per AHS 2012-13. In other words, anaemia in pregnant women is one of the indirect leading causes of maternal mortality and low birth weight babies, and due the cause of anaemia women also become prone to post-partum haemorrhage.

A significant proportion of women in the state do suffer from anaemia during pregnancy in the state leading to increased maternal and foetal morbidity and mortality. This corroborates with the findings of AHS 2012-13 which suggests that 37.8% of mothers had received 3 or more antenatal care during pregnancy while a mere 6.8% had undergone full antenatal check-up during pregnancy. AHS survey results also suggest that only 27.2% mothers had undergone blood for Hb and a dismal 9.7% women had consumed IFA for 100 days or more during the antenatal period despite adequacy of distribution and availability of IFA in the districts.

As part of the initiative of observing year 2015 as the Year of Mother and Child Health, the state has prioritised management of anaemia during pregnancy, thus endeavoured to streamline several initiatives and issued consecutive government orders strengthening Village Health & Nutrition Days (VHND). These initiatives include emphasize and monitor timely registration and updation of pregnant women and children in Maternal and Child Tracking System (MCTS), generation and updation of due lists, streamlining organization of Village Health & Nutrition Days (VHND), record keeping and monitoring progress. The state is striving hard to ensure increase in the coverage of registration of pregnant women and children and its regular updation in the MCTS portal.

Rationale - Improving the level of haemoglobin in antenatal and postnatal women is the most important measure required to curb down high MMR in the state apart from emergency obstetric care interventions. Measuring haemoglobin (Hb) as one of the key activities for antenatal check-ups and to identify high risk pregnancies due to anaemia, the state currently adopts two methods viz. Blotting method and Sahli's method. Of these, the Blotting method of measuring Hb is commonly used in the outreach areas of the state. However, there are several disadvantages of using these methods. The Blotting method takes longer time to get the blood dried up for result, the efficacy and level of accuracy is quite low and the method is used for screening of anaemic women. As far as Sahli's method is concerned, the efficacy and level of accuracy is good, however it takes about 10 minutes to get the result. The device is not user-friendly, breakable and not handy to carry which poses problem for the ANMs to measure Hb in VHND sessions.

As compared to these two methods, a Haemoglobinometer with the brand name of True Hb is available in the open market which has multiple advantages to ensure measuring Hb with accuracy and efficacy in village settings. The True Hb Haemoglobinometer is an auto-analyser operates along with a drop of blood sample taken from the ring finger of the women, put in the test strip and then the test strip is inserted into the Haemoglobinometer which gives the result after a waiting time of 1 minute. The device produces result in g/dL in three categories, i.e. Hb <7 gm/dL (severely anaemic), Hb 7 - 9 gm/dL (moderately anaemic) and Hb 9-11 gm/dL (mildly anaemic). The device is very handy, weights about 60 gms, like a mobile phone in shape, facilitates to carry out 300 tests. This requires a chargeable battery which can give a stand-by period of 120 days. Most importantly, the device is very user-friendly, provides results with high level of accuracy and efficacy (possibility of error 0.005) within 1 minute time.

Considering the accuracy and efficacy, its cost effectiveness, device being user-friendly, handy to carry, the state proposes to procure and implement use of the True Hb Haemoglobinometer along with a test strip by ANMs during VHND sessions in all 294 blocks of 25 HPDs.

Programme Description - The proposed intervention will be piloted in twenty-five HPDs covering all the 294 blocks and Sub-centre areas during the initial one year period and later on will be scaled up to all seventy-five districts of the state in a phased manner. The geographical coverage, estimated pregnancies, 3 or more antenatal check-up and resources required for the proposed intervention are given in the table below:

Table 1: Programme coverage and estimation

No. of districts to be covered	25 HPDs	Projection is based on 12 months' estimated pregnancies and Estimated 3 or more antenatal check-up
No. of blocks to be covered	294	
No. of Sub-centers to be covered		
No. of ANMs to provide VHND services	6937	
Estimated pregnancies in 12 months	2245464	
Estimated 3 or more antenatal check-up	645832	
No. of Auto-analyser required for testing of Hb	6937	
No. of Hb test strips required for testing of Hb	645832	

District & Block Level Orientation - Once the procurement of True Hb Haemoglobinometer along with test strips in required quantity is completed and supplies are ensured, each district will organize one-day district level orientation of MO I/cs & BPMs in all the twenty-five HPDs. The District Technical Specialists (DTS) supported by UP-TSU will provide their technical support in organizing and conducting these orientations under the overall guidance of Chief Medical Officers and Addnl. Chief Medical Officers (NHM).

On completion of the district level orientation, MO I/cs with support of Nurse Mentors (NHM+UP-TSU) in respective blocks will hold one-day orientation of BPM, HEO, BCPM, LHVs, SNs & ANMs on high risk pregnancy, detection and treatment of high risk pregnant women due to anaemia using True Hb Haemoglobinometer and test strip.

Device Compatibility and Use of Data - As per the specifications and features, the True Hb Haemoglobinometer can record a maximum of 1000 test results at a time with autogenerated code, date and time. The state is desirous of using these data on Hb level tested among pregnant women registered in the VHND sessions. Hence, the supplier of this device will ensure that the device is compatible to Android based mobile phones and tablets so that the data generated out of this device can be used for the purpose of following-up with anaemic women and analyzing data for corrective actions.

Compliance to Device Related Calls/ Complaints - As part of the warranty condition, the state will negotiate with the supplier to ensure compliance to all device related calls and/ complaints by the users (ANMs) to the helpline number of the manufacturer within a maximum time period of 3 days. Based on the performance of attending to the device related calls and/ complaints by the manufacturer/ supplier during the initial one year, the state will further decide on the extended warranty or annual maintenance contract for the devices.

Timeline - With the assumption that the state would receive the required approval for the proposed pilot from the Ministry of Health & Family Welfare, Govt. of India by end of December 2015, the state would ensure completion of one-time procurement of True Hb Auto-analyser and Hb Test Strips in

required quantity within a period of 2 months and would also complete orientation of state, district and block level functionaries on the new device and test method within a month period. Hence, it is expected that ANMs in all 294 blocks of 25 HPDs would start measuring Hb using the new device and test method by 1st week of April, 2016. It is also expected that the pilot would be fully operational in 25 HPDs within a time period of one year.

Deliverables/ Monitorable Indicators - The effectiveness of the programme on identification, treatment, referral and follow-up of high risk pregnant women will be assessed on the following indicators:

- Number of pregnant women tested Hb <7 gm/dL (severely anaemic) against total number of pregnant women tested for Hb;
- Number of pregnant women tested Hb 7 - 9 gm/dL (moderately anaemic) against total number of pregnant women tested for Hb;
- Number of pregnant women tested Hb 9-11 gm/dL (mildly anaemic) against total number of pregnant women tested for Hb;
- Number of pregnant women given treatment against total number of pregnant women tested for Hb;
- Number of pregnant women referred for higher level of services against total number of pregnant women tested for Hb;
- Number of pregnant women availed referral services against total number of pregnant women referred for higher level of services;
- Number of pregnant women followed-up for availing services against total number of pregnant women tested for Hb;

Funding Proposed for FY 2015-16 - As per the plan, the intervention on identification, treatment, referral and follow-up of high risk pregnant women will have the following budgetary implication, detailed in the table below:

Sl.	Budget head	Nos	Unit cost (Rs.)	Total Budget (Rs. lakh)	Remarks
1	Procurement of Auto-analyser for testing of Hb (each pack of 1 device inclusive of service tax etc.)	6937	1955.00	135.62	Projection based on an estimated 645832 three+ ANC visits by pregnant women during the pilot intervention period in 25 HPDs.
2	Procurement of Hb test strip (each pack of 50 strips inclusive of service tax etc.)	13000	948.75	123.34	
3	One-day district level orientation of MO I/cs & BPMs	25	15000	3.75	Cost estimated on approx. participation of 60 persons. The orientation may be clubbed with the district level monthly RMNCH+A review meeting.
4	One-day block level orientation of HEOs, BCPMs, LHVs, SNs & ANMs	294	4000	11.76	Cost estimated on approx. participation of 40 persons. The orientation may be clubbed with the block level monthly RMNCH+A review meeting.
	TOTAL	**-**	**-**	**274.47**	

Thus, the total budget required for the intervention on identification and treatment of high risk pregnant women is Rs. 274.47 lakh for FY 2015-16.

- **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 year 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 who 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 and supported by 2 Statistician, one survey expert and 3 analyst. The initial setup will be funded by the NHM and technical support will be provided by TSU.

1. Team leader - Demographer, statistician, economist with experience of managing large scale system as well as survey data system
2. Statistician - two positions
3. Survey specialist- one position
4. Analyst -three position, one of them should be GIS Analyst

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:

- Preparation of State level HMIS bulletin and review of divisional/district level HMIS bulletin on monthly basis.
- 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 ensure 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.
- Organizing training and hand holding session at divisional training site.
- 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 implication, detailed in the table below:

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.	Survey Specialist	1	50000.00	600000.00
4.	Analyst	2	30000.00	720000.00
5.	Analyst- GIS mapping	1	30000.00	720000.00
	Total Section A	**-**	**-**	**2040000.00**
	Section B - Infrastructure			
1.	Laptops for Team leader, Statistician and Survey Specialist	4	50000.00	200000.00
2.	Computer for Analyst	3	35000.00	105000.00
3.	Laser Printer	2	12000.00	24000.00
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	**-**	**-**	**539000.00**
	Section C			
	Induction Training for newly Selected staff for 3 days (45 Participants X Rs 2000 X3 Days) to be conducted through SIFPSA	45	270000	270000
	Total Section C			**270000**
	Grand Total (Sec A + Sec B+ Sec C)		**-**	**2849000.00**

Thus, the total budget required for establishment of the proposed Data Management and Analysis Unitis Rs. 28.49 lakhs for FY 2015-16.

- **Establishment of Training Lab at each of the Eighteen Divisional Monitoring & Evaluation Hubs (M&E Hubs)**

Background - State has proposed establishment of Divisional M&E Hub in the State PIP 2015-16 under FMR code B.14.10 with budget requirement of Rs. 282.60 lakh. As per the Administrative Approval 2015-16 received by the state from Ministry of Health & Family Welfare, Govt. of India (MoHFW, GoI), an amount of Rs. 153.36 lakh have been for the said intervention for hiring of human resources and required hardware. The proposal of establishing training labs in each of the eighteen divisional M&E Hubs with an estimated budget of Rs. 129.24 lakh were not approved.

As monitoring and evaluation (M&E) is one of the essential components of any department or programme, especially for improving the programme management capacity using quality data. Monitoring progress and evaluating results are the key functions for the Programme Managers to improve the performance of implementing various health services. With the launch of National Health Mission (NHM), monitoring and evaluation activities emerge as one of the priority area for gap analysis and performance assessment. M&E activities are now supported by the much equipped IT tools like HMIS portal, MCTS and various survey reports. The state of Uttar Pradesh has taken up various initiatives for establishing an effective monitoring mechanism towards improving the quality of data which shall facilitate in evidence based decision making.

These initiatives include monthly HMIS bulletin, HMIS/ MCTS supportive supervision, facility based HMIS data analysis, USSD application, monthly district performance ranking, data triangulation and validation and several IT interventions like HMIS (Health Management Information System), MCTS/ RCH (Mother and Child tracking system), TMIS, Human Resource Information System (HRIS), Logistics Management Information System (LMIS) for improving the quality and use of data.

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 with training site and their functions and the possible outcomes.

Rationale

- The state of Uttar Pradesh having 75 districts and 820 blocks with more than 25000 households, which makes it difficult to organise practical training, orientation and hand-holding support to block officials like Block Programme Managers, MCTS Operators and Block Community Process Managers on different IT interventions, data analysis and its usage.
- The state of Uttar Pradesh has 18 divisions and each division on an average covers 5 districts, 45 blocks and 1500 households.
- Each of the divisions already have an existing divisional office headed by Additional Director, Family Welfare under the Department of Health and Family Welfare, being supported by Divisional Programme Manager (NHM). In addition, one position each of Divisional M&E Officer and Divisional M&E Assistant, as approved in the Administrative Approval 2015-16, are expected to be in place by January 2016.
- Considering the high volume of training of M&E personnel and other functionaries in the state, it is not possible for the State Programme Management Unit to organise centralised trainings and handholding sessions on HMIS/ MCTS for BPMs, BCPMs, AROs and Data Entry Operators and such training plan may not be cost effective and a wise training strategy. Thus, all concurrent trainings for these functionaries on HMIS/ MCTS are being planned at the divisional level in which the Divisional M&E Hub will play a pivotal role.
- Dedicated M&E Officers in each of these Divisional M&E Hubs are expected to manage and maintain the training labs under the Divisional M&E Hubs and are also expected to facilitate on-line training of M&E and other functionaries on HMIS/ MCTS and other IT interventions like TMIS, LMIS and HRIS. These training labs will also facilitate other M&E/ ICT activities like mapping

of facility masters, village masters on various IT interventions by the district and/ block M&E and other functionaries.

- Considering the volume of work and training needs for M&E and other functionaries in each of the eighteen divisions, as discussed in the above paragraphs, it is estimated that each of these proposed training labs will required to be engaged in training and other related activities for approx. 20-25 days in a month round the year in areas like HMIS/ MCTS and other IT interventions like TMIS, LMIS, HRIS, mapping of facility masters, village masters etc.

Thus from the points mentioned above, it is justified to have Divisional M&E Hub with functional training labs in each of the eighteen divisions of the state which may provide concurrent training and hand-holding of M&E and other health functionaries and also support in micro level programme monitoring on regular basis. These M&E Hubs and training labs are also expected to provide feedback for effective programme management and judicious utilization of resources.

Proposed functions of M&E Hub through Training Lab - Each Divisional M&E Hub with training lab equipped with 10 computer systems and high speed broadband internet will facilitate training and hand-holding of Block Data Entry Operators.

Timeline - It is expected that the proposed activities will be completed by Mar 2016.

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

- To organise quality and practical training on HMIS, MCTS and other IT interventions like TMIS, LMIS, HRIS etc.;
- Mapping and updation of facility, village and health providers' master database on MCTS, HMIS portal and other IT software;
- Tracking of timely and complete reporting from all the facilities in HMIS and MCTS;
- Increase use of HMIS and MCTS data in all the review meetings and planning;
- Regular preparation of monthly 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 training labs in each of the eighteen M&E Hubs in eighteen divisional headquarters will have the following additional budgetary implication, though proposed in the State PIP 2015-16, could not be approved, detailed in the table below:

Sl.	Budget head	No. of units	Basis of computation	Total Budget (Rs. lakh)	Remarks
1.	Computers	10x18=	@50000*10*18	90.00	10 desktop in 18 div.
2.	High speed broadband	18	@2000*18*12	4.32	One in each division
3.	Furniture (tables, chairs etc.)	18	@50000*18	5.40	-
4.	Space for establishing M&E Hub	18	@12000*18*12	25.92	Rent
	TOTAL			**125.64**	

Thus, the additional budget required for establishment of training labs in each of the eighteen Divisional M&E Hubs is Rs. 125.64 lakh for FY 2015-16.

- **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) by introducing case sheet to improve the knowledge 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 Nurse Mentors 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 have started the NM program in 6 blocks of 25 HPDs. To implement RMNCH+A technical intervention in 25 HPDs of Uttar Pradesh the 100 TSU supported Nurse Mentors are posted in 100 TSU focus blocks and 50 NHM-supported Nurse Mentors 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. of units	Unit cost (Rs.)	Break up of cost per unit	Basis of computation	Total cost (Rs.)	Remarks
Recruitment of NM	170	-	-	-	100,000	Prevailing recruitment process for SN would be adopted by concerned districts
Salary of NM	170	40000	37,750 750 500 2000	170*40000*6	408,00,000	Budget reflected under technical HR head (FMR A8.1.2)
TOT at state	1	51000	Refreshments @ 400 and Stationary @ 100 Perdiem @ 400 Honararium 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	Refershment @200 stationary @100 perdiem @200 Honararium 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- • manne quin • others	170 170	30084 11869	Mama nat-@15,700 Neonat-@7,328 Mama u-@5,325 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 lakh for FY 2015-16.

- **Contact Centre for Performance Management and 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. ASHAs and ANMs 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 named as Uttar Pradesh Health Help Line (UPHHL), operational on a 24x7, 365 days basis, be set up for the following key activities:

- Out-bound calls by contact center agents and text messages for quality assessment, educational messages and to monitor the performance of field workers (ASHAs, AWWs, ANMs)
  - *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.

- In-bound 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

*The services provided by 'Hello doctor' will be subsumed under the new integrated contact centre

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, Paediatric, 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.

► In-bound 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 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.

► In-bound calls by field health workers (ASHAs, AWWs, ANMs) and Doctors at the DHs/ CHCs/ PHCs to seek specific specialist advice.

Key Features of UPHHL

► The UPHHL would allow in-bound 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 short code 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, SLAs 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 SLAs.

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 short code 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;
- 24x7 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; and (ii) operational expenditure budgeted for 1 year.

- Total number of ASHA = Approx *1.5 lakhs*, total number of ANM = Approx *23,000*, *one* out-bound call per ASHA and ANM per month, lasting for an average duration of *5* minutes.
- The number of resident calls (In-bound) 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 in-bound 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 in-bound 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.	Budget head	Description	Number of Units	Unit Cost (Rs.)	Total Cost (Rs. lakh)
1.	Application development	Man month effort for application development across 6 months with 8 resources	48	2,50,000	120.00
2.	One-time hosting cost including IVRS gateway		1	25,00,000	25.00
3.	Short code set up		1	10,00,000	10.00
4.	Database digitization	For all personnel, facilities, schemes, programs etc.	-	20,00,000	20.00
5.	Seat setup including all hardware, software, equipment	Cost of setting up a contact center seat	50	50,000	25.00
6.	Creation of agent workbook		-	5,00,000	5.00
7.	Training of Doctors and Counsellors		24	20,000	4.80
8.	Agent training		150	20,000	30.00
9.	IEC costs	Cost per district	70	30,000	21.00
10.	One team PMO cost for setup	Man month effort for 8 months with 2 resources	16	3,50,000	56.00
TOTAL					**316.80**

Operations Expenditure (for 1 year after roll-out)

Sl.	Budget head	Description	Number of Units	Unit Cost (Rs.)	Total Cost (Rs. lakh)
1.	Application development AMC (including technical support)	20% of capital expenditure	1	24,00,000	24.00
2.	Hosting	25% of capital expenditure	1	8,75,000	8.75
3.	Database digitization maintenance	20% of capital expenditure	1	4,00,000	4.00
4.	Doctors cost	3 contractual Doctors per shift @ Rs. 40, 000 per month	9	4,80,000	43.20
5.	Counsellors cost	4 Counsellors per shift @ Rs. 20, 000 per month	12	2,40,000	28.80
4.	Agent seat costs	Per agent seat cost for 3 shifts (@ Rs. 50,000 per shift) and 50 seats considering the call volumes	600	1,50,000	900.00
5.	Maintenance of agent workbook	50% of capital expenditure	-	2,50,000	2.50
6.	New agent training @ 10% attrition		15	20,000	3.00
7.	Call costs @ Re. 1 per call per minute for all in-bound and out-bound calls	15 lakh call minutes per month for in-bound and out-bound calls	1,80,00,000	1	180.00
8.	Text message costs @ Rs.	1 lakh text messages per	12,00,000	0.25	3.00

Sl.	Budget head	Description	Number of Units	Unit Cost (Rs.)	Total Cost (Rs. lakh)
	0.25 per text	month			
9.	PMO costs	Man month effort for 12 months with 1 resource	12	3,50,000	42.00
TOTAL					**1239.25**
TOTAL (Capital expenditure + Operational Expenditure)					**1556.05**

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

- **RMNCH+A state level quarterly review meetings for 25 HPDs**

Background - The state of Uttar Pradesh has made strides to reduce maternal mortality ratio (MMR) and infant mortality rate (IMR), nevertheless 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 Ministry of Health & Family Welfare, Govt. of India's (MoHFW, GoI) directives, has allocated more resources to High Priority Districts (HPDs) under National Health Mission (NHM) and prioritised to put in place additional review and monitoring mechanism to track the progress of health outcomes in these twenty-five select districts in order to identify the key areas of improvement and initiate action for achieving such objectives.

In addition to the government resources in HPDs, GoUP in pursuance of a Memorandum of Cooperation 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, Aanganwari Centres etc.), Front Line Workers (FLWs) and other service delivery points. Currently, its set up structure spreads across 25 HPDs focussing 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 Resource Unit for 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 check-up (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 organise 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 meetings.

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 organise 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 6-8 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 organised during Jan - Jun 2016.

Required budget for the period Jan-Jun 2016 - As per the plan, organisation 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
	Budget per quarter	-	-	-	**2.25**
	Budget for 2 quarters	-	-	-	**4.50**
	Contingency charges @ 10%	-	-	-	**0.45**
	Total budget for 2 quarters	-	-	-	**4.95**

Thus, the total budget required for organising state level quarterly review meetings for all 25 districts during the period Jan-Jun 2016 is Rs. 4.95 lakh.

- **Roll out Treatment and Follow-up Cards for Sepsis Management in Newborns aged 0-2 months**

Background - Decreasing child death towards globally set target is a priority for Government of India. Nearly 27% of all newborn deaths in the world occur in India. The sample Registration Survey 2013 confirms that neonatal mortality is an enormous challenge in India as it accounts for 69% of all infant deaths and 56% of all deaths in U5 children. Rural areas bear higher burden of child deaths.

In Uttar Pradesh, about 51 lakh children are born every year and about 2.5 lakh children die before reaching the end of their first birthday. Bacterial infection are an important cause of death in neonatal period. Sepsis alone accounts for 38,000 neonatal deaths annually in the state.

Since more than half of all child deaths occur within the first month of the life, providing skilled care for mothers and babies during pregnancy, birth and after birth can greatly improve child survival.

Rationale - For the management of systemic infection in a young infants (0-2 months), there are challenges in care-seeking, referral and management of such cases at health facilities leading to inappropriate care and/ or delay in care considering. The following are important factors:

1. Delay in care seeking
2. Limited access to health facilities
3. Long duration of treatment
4. Gender inequity in care

Following the **Operational Guideline of Use of Gentamicin by ANMs for Management of Sepsis in Young Infants under specific situations,** the use of Gentamicin by ANMs was adopted in the state of Uttar Pradesh and an integrated operational guideline for Pneumonia and Diarrhoea was released in August 2015 incorporating the use of inj. Gentamicin and Amoxicillin in specific situations according to the guidelines of Ministry of Health & Family Welfare, Govt. of India (MoHFW, GoI). Thus adhering to the guidelines being issued by MoHFW, GoI, the state of Uttar Pradesh proposes to roll out the treatment and follow-up cards for Sepsis Management among Newborns (0-2 months) across seventy-five districts of the state.

Programme Description - The treatment and Follow-up card for Sepsis Management is a documentation tool which facilitates recall massages of clinical guidance, recording of clinical findings and also support appropriate counselling for families of sick newborn who refuse referral to health facilities. The treatment and follow-up card also provides understanding about why families would refuse to avail of referral services, which opens dialogue about the issue and may help develop an appropriate follow-up plan. According to AHS 2012-13, care seeking for Acute Respiratory Infection (ARI) in the state of Uttar Pradesh is 97.8%, however, of these a mere 15-20% seek care from the public health facilities.

The treatment and follow-up card for sepsis management is already incorporated in the reporting format for 'Pneumonia and Diarrhoea' in which ANMs are required to document and report on the use of Inj. Gentamicin and Amoxicillin on a monthly basis. Pneumonia in 0 to 2 month age period is among the causes of PSBI and it is expected that infection greatly will be identified by ASHAs during HBNC and referral to sub centre and VHNDs will facilitate in increasing the coverage of appropriate sepsis management by 20% in the first year of implementation. Review of the Village Health & Nutrition Day (VHND) programme will include review of the management of newborn sepsis cases on a monthly basis at the district level and on a quarterly basis at the state level. A Government Order (GO) duly signed by the Principal Secretary - Health & Family Welfare, Govt. of Uttar Pradesh in this regard has already been issued to all the seventy-five districts.

As per the estimation, a maximum of 50% of the total sepsis cases are expected to seek care

through the public health facilities and approximately 50% of these sepsis cases may refuse referral services (MoHFW, GoI). For the newborn sepsis cases where the family refuses referral, they will be managed by the ANM at the SC level and will continue the appropriate treatment thus ANM requires the Treatment and Follow-up card. Considering the state population and Crude Birth Rate, a total of 1,95,300 treatment and follow up cards would be required and the state proposes to get a total of 2,00,000 such cards printed for the financial year 2015-16 keeping in mind the wastage factor. The state will ensure timely printing and distribution of these cards up to the Sub-centre level as per quantity required by each district.

Timeline - The printing, distribution and rolling out administration of the treatment and follow-up cards for sepsis management in each of the seventy-five districts of the state would require a time frame of 3-6 months from the receipt of formal approval from the MoHFW, GoI.

Deliverables/ Monitorable Indicators - ANMs will be responsible for rolling out the administration of treatment and follow-up cards for sepsis management in each of the seventy-five districts of the state. For this purpose, capacity building of all the ANMs will be conducted by the Medical Officer In-charge of respective block PHCs/ CHCs during monthly meetings. The effectiveness of the programme will be assessed on the following indicators:

- Number of sepsis cases detected by ANMs against the total number of young infants in the age group 0-2 months;
- Number of sepsis cases referred by ANMs against the total number of young infants detected with sepsis in the age group 0-2 months;
- Number of sepsis cases managed by ANMs against the total number of young infants detected with sepsis in the age group 0-2 months.

Funding Proposed for FY 2015-16 - As per the plan, rolling out administration of the treatment and follow-up cards for sepsis management in each of the seventy-five districts of the state will have the following budgetary implication:

Sr. No.	Budget head	No. of units	Unit cost (Rs.)	Total Budget (Rs. lakh)	Remarks
1.	Printing of treatment and follow-up cards for sepsis management	2,00,000	3.00	6.00	
2.	Contingencies @ 15% (Service taxes etc.)	-	-	0.90	
	TOTAL	**-**	**-**	**6.90**	**-**

Thus, the total budget required for rolling out administration of the treatment and follow-up cards for sepsis management is Rs. 6.90 lakh for FY 2015-16.

- **A Pilot Intervention on Tablet Based RCH Application in 20 Blocks of 5 High Priority Districts of the State of Uttar Pradesh**

Background - In public health system the primary data are collected in registers with the objective to record services delivered, follow-up/ tracking of beneficiaries, compile monthly reports and analyze data for improving public health services at local levels.

At the Sub-centre level, Auxiliary Nurse Midwife (ANM), a frontline worker is keeping records on Reproductive and Child Health (RCH) services delivered in multiple large sized bulky registers and it is not feasible to carry those registers for outreach services. Therefore, ANM often does informal noting of services delivered in a rough notebook or unofficial diary, thereafter, transfer them to the main RCH register. In this process, some columns of data are forgotten or have to be recalled from memory, thus affecting the quality of data and consequently, the key functions of primary registers are seldom achieved. Keeping this in view, an integrated Reproductive and Child Health Register (RCH Register) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village/ field level. This register will replace four existing registers viz; (i) Eligible Couple Register; (ii) Family Welfare - Family Planning Register; (iii) MCH and Immunization Register; and (iv) MCTS Register at Sub-Centre level.

The usage of this RCH register will optimize the workload of ANM, remove the redundancy of duplication of records and registers and simplify business process at all the level. The state is in process to distribute required number of integrated RCH registers per thousand population to all the ANMs/ Health Providers. The training and orientation of ANMs/ Health Providers already given in districts and health providers have been started updating eligible couple, pregnant women and child services in the RCH registers. The main issues with the registers are mobilization of registers to block for data entry from VHND session and this will account for the incomplete registration and services updation on MCTS portal on timely basis.

The RCH application has been developed by Ministry of Health & Family Welfare, Govt. of India (MoHFW, GoI) and the state of Uttar Pradesh would like to be part of it from the beginning of the implementation. National Health Mission (NHM) with support from the Uttar Pradesh Technical Support Unit (UP-TSU) is having a rigorous implementation of RCH register (Developed by MoHFW, GoI) in 100 select blocks of twenty-five HPDs and also expediting the process of USSD. During the implementation an assessment will be done by AROs, BCPMs, BPMs and Data Entry Operators who will visit each of the ANMs to assess the performance with the help of TSU counterpart to identify 25% of ANMs who has demonstrated good performance in recording information and services in the RCH register and its compilation, USSD implementation, work plan etc. The performance will be measured on the basis of server data of MCTS and also personal interview and skill assessment. In the first stage, server data will be assessed to identify high performance/ poor performance ANMs. In the second stage, all high performance ANMs will be assed for their skill through a personal interview. A sample of poor performing ANMs will also be covered to understand the barriers in implementing RCH application.

The RCH tablet application will be implemented to among the good performing ANMs, which will be scaled up to other ANMs in a phased manner. Based on the learning from this low scale intervention, the state of Uttar Pradesh will scale up implementation of RCH application to 25 districts and thereafter to all 75 districts of the state in the coming years.

Rationale - Integrated RCH Register needs to be implemented in the proposed district (s) and blocks. All eligible couples, pregnant women and children are being registered and services provided to them are being entered in the RCH register uniformly across the district. Information of all the Eligible couples, pregnant women and children identified after April 2015 should be completely filled in the prescribed RCH register.

Uttar Pradesh is large state and there is a need of some IT intervention which will facilitate to the health providers to track the beneficiaries to provide services on timely basis. Therefore it is needed that RCH tablet based application to be implemented in 20 blocks of HPDs as pilot basis and it can be rolled out in 25 HPDs and then to 75 districts in the coming one-two years' time based on its progress and findings.

Programme Description

- Integrated RCH Register needs to be implemented in the proposed district (s) and all the blocks i.e. RCH registers should have been printed and distributed and all eligible couples, pregnant women and children are being registered and services provided to them are being entered in the RCH register uniformly across the district. Information of all the Eligible couples, pregnant women and children identified after April 2015 should be completely filled in the prescribed RCH register.

- All the Health workers, ASHA and other staff need to be trained/ oriented on all the indicators and the reporting of the services provided in the register.

- The Health Providers of 20 block of HPDs will be equipped with proper tablet application and orientation on the RCH application.

- Tracking eligible couples:
    - For family planning
    - Helps in delaying the first pregnancy
    - Motivate the couple for desired spacing between children

- Early registration of pregnant woman:
    - For follow up of maternal health services helps to have healthy baby

- Tracking of children:
    - For timely and full immunization services
    - Prevent vaccine-preventable diseases

Timeline - The proposed activities are expected to be accomplished by the end of March 2016 in 20 select blocks of 5 HPDs of the state.

Deliverables

- Uniform data collection in all the districts
- Real time data entry in the field will improve coverage and quality of services
- Early identification and management of basic complications of pregnancy, childbirth and post-partum period at field level
- Reduce IMR & MMR
- RCH Register will replace following existing registers at Sub-Centre level:
    (i) Eligible Couple Register
    (ii) Family Welfare–Family Planning Register
    (iii) MCH and Immunization Register
    (iv) MCTS Register
- Optimize the workload of ANM, remove the redundancy of duplication of records and registers

Proposed Funding for FY 2015-16

Sl.	Budget head	No. of units	Total Budget (Rs.)	Remark
1.	Assessment of ANMs	2075 (30% of 6919 ANM in 25 HPD)	@ 150 * 2075 =415000/-	1. Travel cost for AROs, BCPMs, BPM and data entry operator who will visit each of the ANMs to assess the performance. 2. Contingency cost for completing the assessment
2.	Tablet for ANMs	520 (total 6919 ANMs 30% and 25% proposed for phase one) 6919*30%*25%	@ 12000*520= 6240000/-	1. Approximate 6919 ANMs are positioned in 294 blocks of 25 HPDs 2. Approximately identified 30% skilled ANMs which RCH registers are complete considered as implementation of tablet based application 3. In phase one proposed for 5 districts to implement tablet based application and it can further extended for 25 HPDs
3.	Training of ANMs on tablet based application			Will utilize the already allotted fund FMR code- B15.3.1.4.2 and B15.3.1.4.3
TOTAL			**66,55,000/-**	

Thus, the budget required for the implementation of the pilot on tablet based RCH application in 20 select block of 5 HPDs is Rs. 66.55 lakh for FY 2015-16.

- **Tracking of Sepsis Cases among Newborns Aged 0-2 Months through Integrated Call Centre**

Background - Decreasing child death towards globally set target is a priority for Government of India. Nearly 27% of all newborn deaths in the world occur in India. The Sample Registration Survey 2013 confirms that neonatal mortality is an enormous challenge in the country as it accounts for 69% of all infant deaths and 56% of all deaths in U5 children. Rural areas bear higher burden of child deaths as compared to urban.

In the state of Uttar Pradesh, about 49.6 lakh children are born every year (AHS 2012-13: CBR 24.8) and about 2.5 lakh children die before reaching the end of their first birthday. Bacterial infection is an important cause of death in the neonatal period. Neonatal Sepsis alone accounts for 38,000 neonatal deaths annually in the state.

Since more than half of all child deaths occur within the first month of the life, providing skilled care for mothers and newborns during pregnancy, birth and after birth can greatly improve child survival.

Rationale - Neonatal Sepsis is one of the major causes of neonatal mortality. Neonatal complications are estimated at 15% of all live births of which Neonatal Sepsis is considered to be one of the important contributories. There are challenges in care-seeking, referral and management of neonatal complications including Neonatal Sepsis at health facilities leading to inappropriate and/or delay in care, caused due to (i) delay in care seeking; (2) limited access to public health facilities; (3) long duration of treatment; and (4) gender inequity in care. Besides these existing challenges, the overall management of neonatal complications/ sepsis in public health facilities in the state is poor indeed.

Adhering to the operational guidelines of Ministry of Health & Family Welfare, Govt. of India, the state of Uttar Pradesh implemented use of Inj. Gentamicin and Amoxicillin by ANMs for management of Sepsis in young infants in August 2015. Since the use of Inj. Gentamicin has been implemented in the state recently, data generated through the Community Based Tracking Survey being undertaken by the Uttar Pradesh Technical Support Unit also suggest that a mere 4% of total Sepsis cases have received treatment of Inj. Gentamicin.

With the backdrop of challenges and health care delivery in managing neonatal complications, it is imperative to educate and encourage the community to have better health seeking behaviour and to track mothers to facilitate them in timely health seeking, referral, treatment and follow-up of neonatal complications/ sepsis cases. Thus, the state proposes to track newborn complications including Sepsis in the age group of 0-2 months through an integrated Call Centre across seventy-five districts of the state.

Programme Description:

Objective - The state is committed to track newborn complications/ sepsis cases in the age group of 0-2 months, utilizing and integrating the services of the existing Call Centre – "104 Hello Doctor" being managed by Uttar Pradesh National Health Mission (UP-NHM). The tracking programme will be done with the following objective:

1. To identify newborn with sepsis in the community in the age group of 0-2 months, refer such cases to the appropriate facility for management and follow-up.

Proposed Model - Under the plan of managing newborn complications including sepsis, the state proposes to utilize and integrate the services of the existing Call Centre – "104 Hello Doctor" at state level where cases of newborn complications will be followed-up and referred to appropriate facility for management.

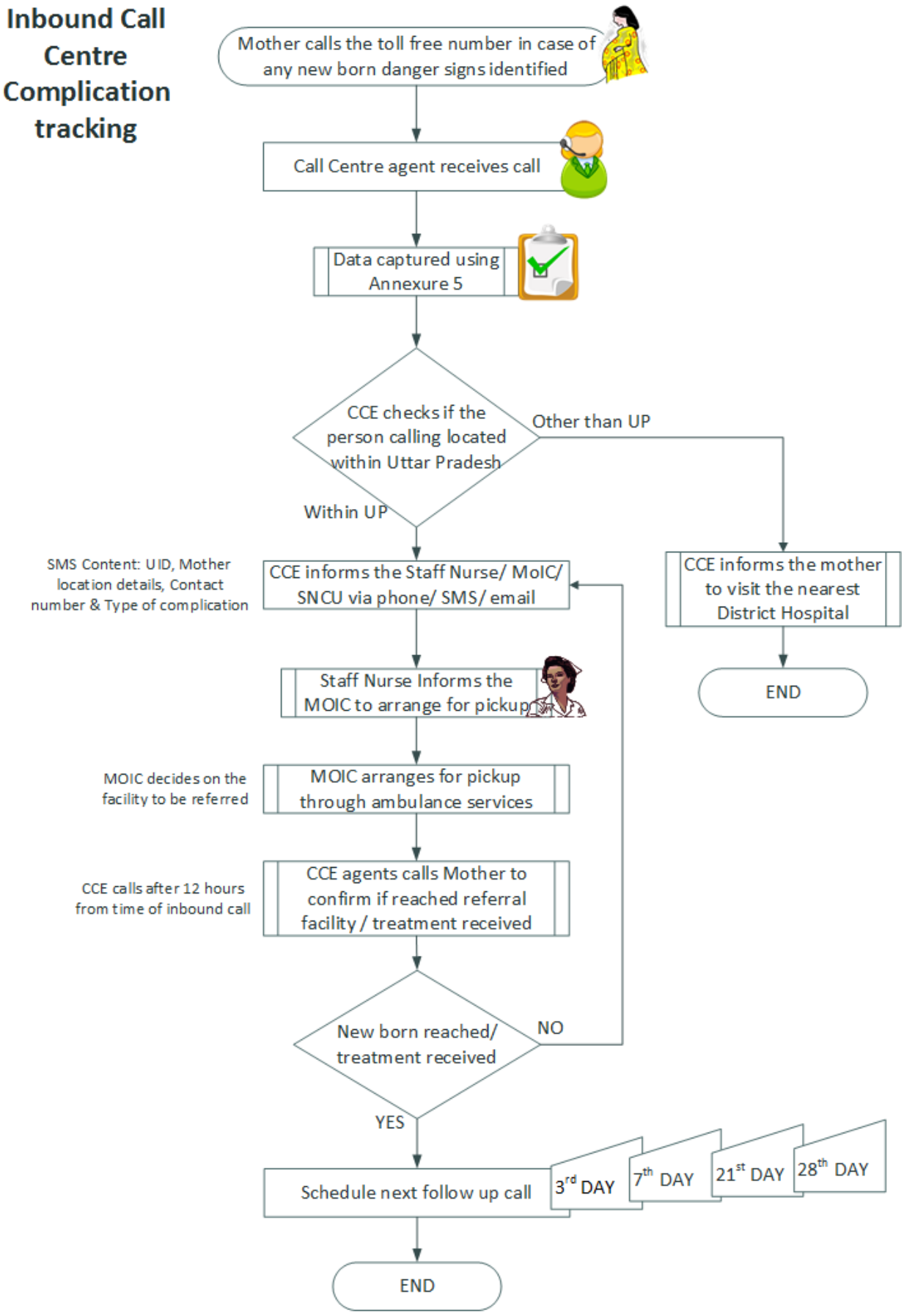
Newborn complications tracking through the Call Centre "104 Hello Doctor" starts with mother calls the toll-free number in case she finds any danger signs in the newborn. The Call Centre Executive (CEE) first checks with the mother whether she is calling from within the state or outside the state. If the mother is calling from outside the state, the CEE informs the mother to visit the nearest District Hospital/ Community Health Centre where neoborn complications are managed. If the mother is calling from within the state, the CCE informs the SN/ MO/c of the concerned health facility via phone or SMS and subsequently the SN/ MO I/c concerned arranges for an ambulance to transport the newborn to the appropriate facility for treatment. The CCE again calls the mother back and confirms whether treatment is received or not. If transportation and treatment for the newborn is not received, the CCE repeats the same process to ensure things happen without further delay. On ensuring that the newborn is transported to an appropriate facility and treatment is received, the CCE terminates the call.

The CCE thereafter, schedules for the follow-up calls on the 3rd, 7th, 21st and 28th day consecutively to ensure that the treatment of the newborn is continued and the mother follows the medical advices and/ instructions given for the new born. Based on the in-bound and out-bound voice calls, data will be recorded using specified data recording format.

As per the CBR (AHS 2012-13: 24.8), total live births are estimated to be 49.55 lakh in the state and based on live births, the estimated newborn complications is 7.43 lakh (15% of live births) including Sepsis. Assuming that 30% of these complications will contact the call centre, there would be a total of 222991 in-bound and out-bound calls in one year. With this estimation, the load of in-bound and out-bound calls per day will be 610.93 and the load of in-bound and out-bound calls per hour per CEE will be 8.49. It means that with an average talk time of 5 minutes per call, each CEE will be engaged for approx. 45 minutes per hour to discharge the tasks.

The tracking programme using the existing Call Centre "104 Hello Doctor" at state level with provision of additional three seats, will be implemented for all 75 districts of the state, will have the following additional features/ actionable points:

1. A customised software to track cases of complications including sepsis, to process data for referral, management and further follow-up will be developed;
2. Each of the mothers who deliver in public health facilities will be given education and counselling, using specifically designed IEC/BCC materials, on post-partum care, especially on the danger signs in newborns and publicity about the toll-free Call Centre Number – "104" at the time of discharge. In case of home deliveries, the family members will also be given education on the danger signs in newborns by ANMs/ ASHAs conducting home deliveries/ being present during home delivery;
3. ASHAs will also utilize the opportunity of home visits (preferably 3rd trimester of the ante-natal period and initial 30 days of the post-partum period) to educate and counsel women/ mothers about the danger signs in newborns. ANMs/ ASHAs will also educate and counsel mothers, using specifically designed IEC/BCC materials, about the danger signs in newborns during the Village Health and Nutrition Days organised in village settings;
4. Data recorded through in-bound and out-bound voice calls on complications, referral, management and follow-up, will further be analysed to improve tracking mechanism and take corrective actions at the level of facility and community;
5. The effectiveness of the model will be assessed through a mid-term evaluation after 6 months of its implementation and will be modified/ rectified as mid-course correction to further strengthening the model across the state. Based on its successful implementation and effectiveness, the state would further strategize to integrate the model with the state wide Contact Centre for Performance Management and Grievance Redressal - Uttar Pradesh Health Help Line 104.


Inbound Call Centre Complication tracking
Mother calls the toll free number in case of any new born danger signs identified
Call Centre agent receives call
Data captured using Annexure 5
CCE checks if the person calling located within Uttar Pradesh
Other than UP
Within UP
CCE informs the mother to visit the nearest District Hospital
END
SMS Content: UID, Mother location details, Contact number & Type of complication
CCE informs the Staff Nurse/ MoIC/ SNCU via phone/ SMS/ email
Staff Nurse Informs the MOIC to arrange for pickup
MOIC decides on the facility to be referred
MOIC arranges for pickup through ambulance services
CCE calls after 12 hours from time of inbound call
CCE agents calls Mother to confirm if reached referral facility / treatment received
New born reached/ treatment received
NO
YES
Schedule next follow up call
3rd DAY
7th DAY
21st DAY
28th DAY
END

Expected Outcome - The Call Centre based tracking mechanism across the state will facilitate capturing data pertaining to newborn complications/ Sepsis. With effective implementation of the tracking programme, it is expected that the mothers and/ community will have a better understanding in recognising the danger signs of newborn complications, hence their health seeking behaviour will improve. It is also expected that the public health delivery system will have timely referral, timely treatment and better management of newborn complications/ Sepsis. Thus, the improved proficiency of the health system will impact in reducing neonatal morbidity and mortality in the state.

Time Line - The tracking programme has been planned to be executed across the state (75 districts) during a span of 12 months commencing Jan 2016 till December 2016. Specific activity wise time lines have been given in the table below:

Sl	Activity	Time Line
1.	Establish Call Centre (3 seater) with computers, accessories, furniture, land line telephone etc. by integrating with the existing one	Jan-Feb 2016
2.	Develop customised software for tracking mechanism	Jan-Feb 2016
3.	Develop IEC/BCC materials to educate and counsell mothers on danger signs in newborns	Jan-Mar 2016
4.	Develop IEC/BCC materials for community health seeking behaviour, advocacy for popularising tracking mechanism	Jan-Mar 2016
5.	Hire Call Centre Executives (CEE)	Feb 2016
6.	Finalise standard check list for data collection (In-bound calls)	Feb 2016
7.	Develop call protocols in Hindi (Out-bound calls)	Feb 2016
8.	Orient state level officials of GoUP (NHM+Directorate), Health Partners & UP-TSU	Mar 2016
9.	Training of Call Centre Executives (CEE)	Mar 2016
10.	Mock call training using protocols	Mar 2016
11.	Data analysis for programme review (quarterly)	Mar, Jun, Sep & Dec 2016
12.	Review meeting on tracking mechanism (quarterly)	Mar, Jun, Sep & Dec 2016
13.	Mid-term programme evaluation (after 6 months of implementation)	Jun 2016

Funding Proposed for Year 1 (Jan-Dec 2016) - As per the plan, tracking of newborn complications/ Sepsis (0-2 months) through an integrated call centre will have the following budgetary implication, detailed in the table below:

Sl.	Budget head	No. of units	Unit cost (Rs.)	Total Budget (Rs. lakh)	Remarks
1	Establish Call Centre (3 seater) with computers, accessories, furniture, telephone etc.	3	125000.00	3.75	One-time procurement and establishment cost.
2	Procure customised software for tracking mechanism	1	500000.00	5.00	One-time procurement cost.
3	Procure IEC/BCC materials on danger signs in newborns for mothers	1935000	10.00	193.50	All mothers delivering at public health facilities (Inst. Del. 39%) will be given education during discharge.
4	Procure IEC/BCC materials on community behaviour and	75	100000.00	75.00	Provision of IEC/BCC materials @ Rs. 2.00 lakh per dist. for 75

Sl.	Budget head	No. of units	Unit cost (Rs.)	Total Budget (Rs. lakh)	Remarks
	advocacy on tracking mechanism				dists.
5	Honorarium to Call Centre Executive (CEE)	6	20000.00	14.40	Provision of monthly honorarium @ Rs. 20,000 pm for 12 months. CEEs are expected to provide services on 24x7 for 365 days in 3 shifts.
6	Orient state level officials of GoUP, Health Partners & UP-TSU	1	250.00	0.25	Approx. no. of participants will be 100.
7	Training of Call Centre Executives (CEE)	1	8700.00	0.09	Provision of lunch @ Rs. 200 each per day for 10 persons (6 CEEs + 4 trainers) and travel re-imbursement @ Rs. 150 each for 6 CEEs for 3 days.
8	Call charges (In-bound + Out-bound)	222991	6.00	13.38	Estimated on CBR of 24.8 with an estimated 15% newborn complications assuming 30% mothers having newborn complications will dial on the toll-free no. and will also be followed up 4 times for complication management.
9	Review meeting on tracking mechanism	4	40000.00	1.60	Provision of quarterly state level review meetings @ Rs. 40000 per meeting.
10	Mid-term programme evaluation	1	500000.00	5.00	To be undertaken after 6 months of implementation.
	TOTAL	**-**	**-**	**311.97**	

Thus, the total budget required for the intervention on tracking of newborn complications/ Sepsis (0-2 months) through an integrated call centre is Rs. 311.97 lakh for FY 2015-16.

- **Community Action for Health (CAH)**

Community Action for Health (Capacity building processes for strengthening of VHSNCs at the community level)

Background - Community Based Monitoring and Planning (CBMP) of health services, now known as Community Action for Health (CAH) is a key strategy under the National Health Mission (NHM). It ensures that people's health rights are being met through a process of active engagement of the community. The objectives of Community Action for Health are:

Rationale - The accountability framework proposed in the NRHM is a three-pronged process that includes internal monitoring, periodic surveys and studies, and community based monitoring. Community monitoring is also seen as an important aspect of promoting community led action in the field of health. The provision for Planning and Monitoring Committees has been made at PHC, Block, District and State levels. The adoption of a comprehensive framework for community-based monitoring and planning at various levels places people at the center of the process of regularly assessing whether the health needs and rights of the community are being fulfilled. It is envisaged as an important pillar of NHM's Accountability Framework in order to ensure that the services reach those for whom they are meant.

Programme Description -

1.1 Outcomes: Through this programme, NHM envisages to achieve the following outcomes:

- Enhanced capacity of community groups working on health related issues to engage with local government finances and public service issues;
- Informed, motivated and mobilized communities, holding government to account for regular state finance and quality public health services;
- Cooperative partnerships between civil society organizations and Government to improve the allocation, spending and keeping record of finances to the benefit of citizens;
- Measurable improvements in public health service delivery and its use by communities.

1.2 Blocks selected: The project is being implemented in 18 High Priority Districts (HPDs) in the state of Uttar Pradesh

Sl.	District	Block 1	No. of VHSNCs	Block 2	No.of VHSNCs
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**

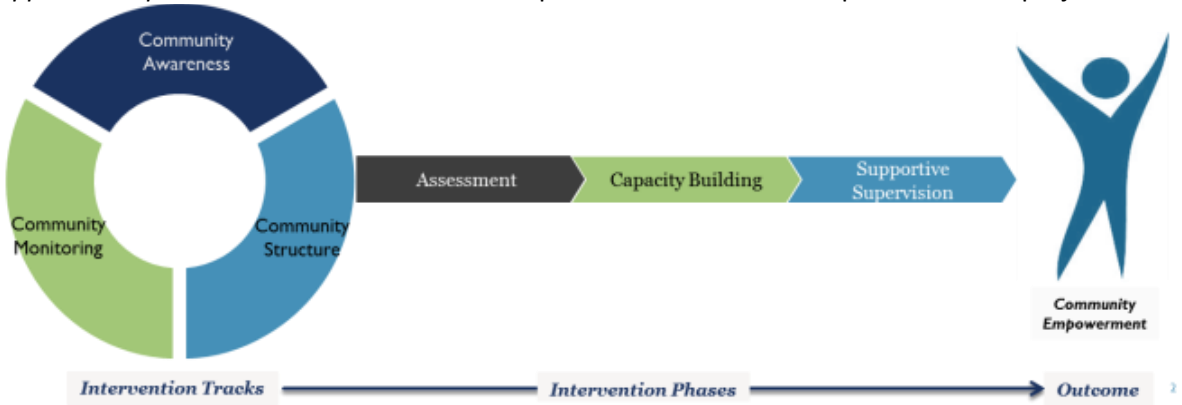
1.3 NGO engagement:

The programme is to be implemented in partnership with NGOs/ community based organizations. The programme is aimed at building the structure and process for implementation of CBMP/ CAH and undertaking specific capacity building processes for strengthening of VHSNC at the community level. During its tenure, the contracted NGOs are expected to *train the VHSNCs to e*ffectively dispense functions of Community Action for Health. An RFP to select NGOs has been developed in consultation with the technical agency of UP TSU. Key criteria's have been described in the RFP so that the best NGOs be selected to implement the CAH program. In the RFP proposed, the per capita cost for VHSNCs will be provided to NGOs and will be contracted on deliverables. An incentive component has also been added so that NGOs be motivated in achieving results.

1.4 Intervention design:

For the purpose of implementation, the six CAH objectives as mentioned above have been mapped to three intervention tracks for the NGO(s). These Intervention tracks are, along with the aspects that need to be covered, are depicted below:

They are expected to provide training to the VHSNCs in *Community Awareness, Community Structure and Community Monitoring* (intervention tracks) by doing *Assessment, Capacity Building and Supportive Supervision* which have been conceptualized as intervention phases for this project.



Under each intervention track, the NGO will carry out Assessment, Capacity Building and Supportive Supervision, so as to train the community and enable them to effectively administer that track. The end goal is to empower the community, and various committees at the district, block and community levels, to ensure that they are AWARE, able to take ACTION and can MONITOR the delivery of services that are due to it, as detailed below, on a continuous basis independently.

Community Awareness
Service guarantees under the National Health Mission as well as additional guarantees provided by the states are updated periodically. Since people's knowledge of entitlements enable their involvement in the monitoring, it is critical to identify and list all guarantees within the state and use the information to mobilize communities and adapt the tool for community and facility enquiry.

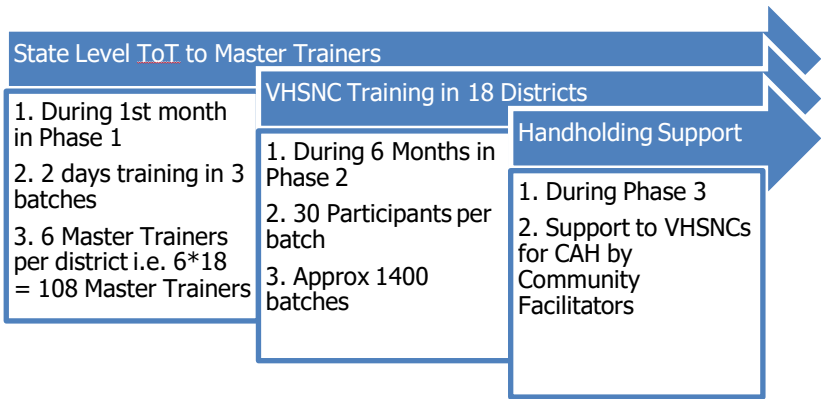
Community Structure
Community structure refers to setting up and strengthening grass root bodies like the VHSNCs that are essential for self-governance and management. These include Planning and Monitoring committees at the village, block and district level. In order for them to function suitably, it is necessary that their present situation be assessed and that their core teams are adequately trained to dispense the required functions.

Community Monitoring
Community members have to collect and collate data on a range of issues for community level enquiry, as per defined guidelines and tools. These will help maintain a record of assistance and interventions that might be required from different levels including at the state level. In order to collate and effectively use this data, resources i.e. VHSNC Members, along with members of all members of planning and monitoring committees have to be appropriately trained and required capacity must be efficiently built in. In addition, NGOs must facilitate forums for discussion that allows communities to voice their needs and issues, for example through Jan Samwads, and a grievance redressal mechanism/Action Taken Reports to address them.

Essentially all the above interventions should cover the following:

1. Facilitate the formation of Planning and Monitoring committees at the block and district level, and ascertain the status of village level Planning and Monitoring committees (VHSNCs);
2. Train (orientation, sensitization and capacity building) of the members of all these committees;
3. Coordination and follow up for regular meetings at all levels, and monitoring the efficacy and outcomes of these meetings;
4. Compilation of issues / grievances, as well as Action Taken Reports (ATRs), and ensuring regular follow-up for appropriate redressal.

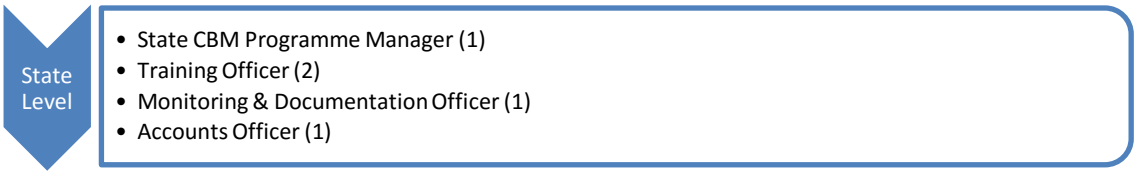
2. The Training Framework: The training framework for this project is described below for reference:



In addition to the above, the district and block level orientation to the district and block Committees are required to be done by the NGOs, in their respective districts and blocks during Phase 2 of the project.

Required Resources:

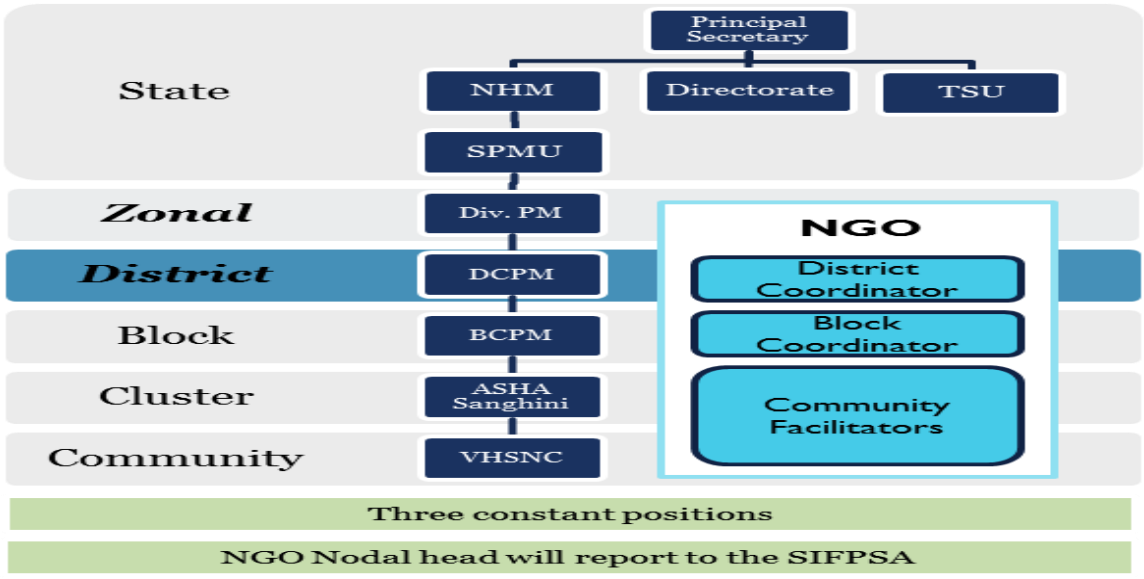
State Level -The SPMU has recruited a team of 5 professionals to manage the implementation of the CBMP programme. The team has been recruited through NHRC. The team will comprise of 1 State CBM Program Manager, 2 Training Officers, 1 Monitoring & Documentation Officer and 1 Account Officer. They will provide technical and managerial support to the CAH program and will be great assistance to NHM or the agency implementing the CAH program.



Support from AGCA – AGCA would provide technical support to the SPMU in the following areas:

1. Orient and organize the State Advisory Group on Community Action (S-AGCA) meetings;
2. Undertake assessments on the functioning of VHSNC and RKS;
3. Support in adaptation of a) guidelines, training modules for VHSNC and RKS and b) tools for community enquiry and facility surveys;
4. Support in adaptation guidelines, criteria and processes for selection of NGOs;
5. Co-facilitate state level trainings and orientation of implementing partners; and
6. Periodic review and guidance for implementation of the CAH programme.

District Level - UP NHM or an agency nominated by it, will empanel NGOs at the district level where their functioning will be monitored by the SPMU. The NGOs are expected to hire a team of trained resources per district and till community level that will fulfil the four critical roles described below. These positions shown under NGO will be recruited by NGO and they will be the key pillar in implementing the CAH program. Without these positions VHSNCs and other committees will not be ably supported to run an active program. These positions have be not approved in the second supplementary and hence requesting to approve the same. The positions hired will be the staff of NGOs and GoUP will be not responsible for hiring or continuing the positions.



District coordinator

Responsibility - The district coordinator will be responsible for undertaking the tasks of the NGO at the district level and ensure timely completion. The district coordinator will be the representative of the NGO at the district level and form the link between the NGO and the SPMU. He will be responsible for supervising the tasks of resources deployed at lower levels and ensuring that the NGO delivers timely on defined engagements. In case any NGO bids and wins more than one district, then an addition nodal head may be appointed to act as the representative of the NGO at the SPMU level, or one of the district coordinators may be asked to fill this role. They may be also required to coordinate with District Community Process Managers (DCPM). It is required that 1 dedicated resource should be deployed per district.

Minimum Qualification- Master Social Sciences (Sociology or Anthropology/ Master of Social Work), with experience in managing community based health programs for at least 4 years

Block coordinator

Responsibility- The block coordinators will be responsible for undertaking the tasks of the NGO at the block level and ensure their timely completion. They may be also required to coordinate with Block Community Process Managers (BCPM). It is required that 1 dedicated resource should be deployed per block.

Minimum Qualification- Graduate Social Sciences (Sociology or Anthropology/ Graduate Social Work, with experience in managing community based health programs for at least 2 years

Community facilitators

Responsibility- Each Community facilitators will be responsible for maximum of 20 VHSNCs and for undertaking tasks to empower them through Assessment, Capacity Building and Supportive Supervision activities. They would be directly engaged for capacity building and training of VHSNC members to develop the capacity of these committees to undertake community monitoring and social audits on a regular basis. NGOs could deploy additional human resources, if required. They are required to coordinate and interact with ASHA's and VHSNC members. It is required that 1 dedicated resource should be deployed for a group of 20 VHSNCs, and that resource would be responsible for carrying out tasks for that group of VHSNC.

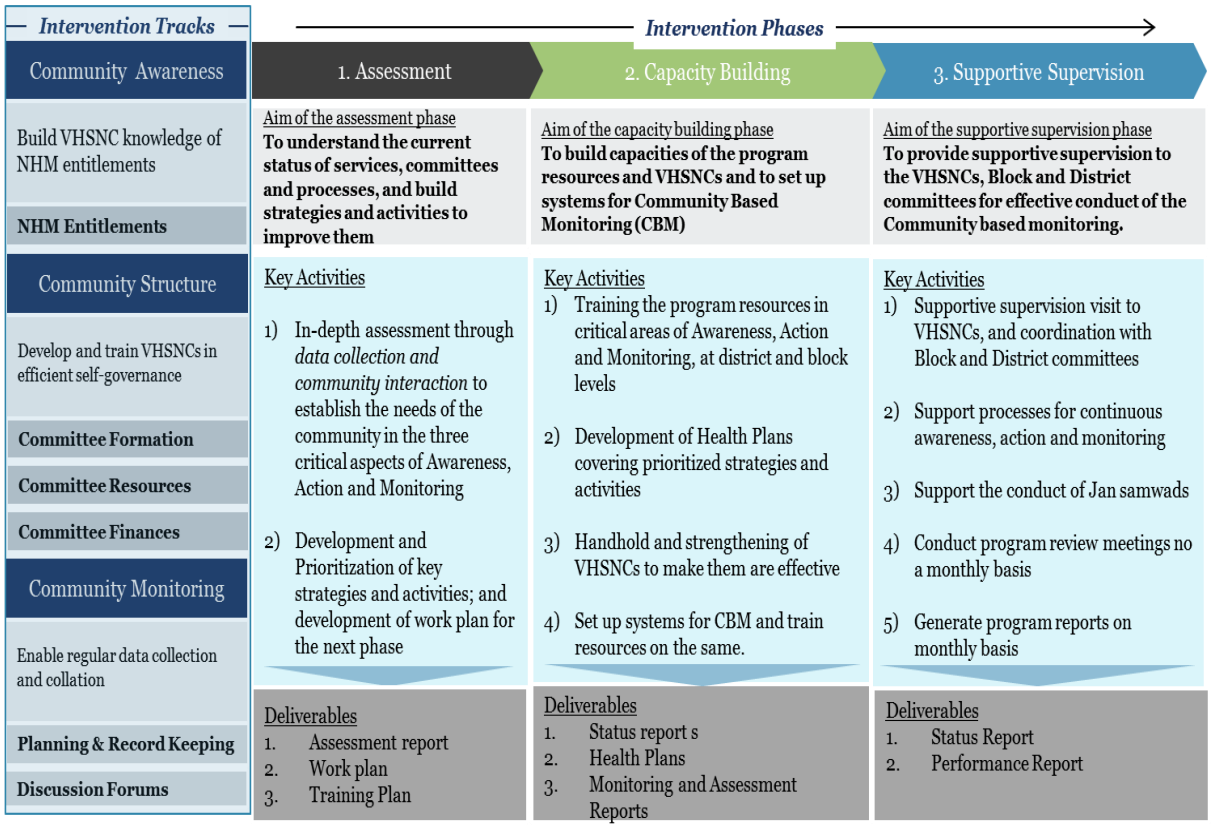
Minimum Qualification- Intermediate/ Graduate Social Sciences (Sociology or Anthropology)/ Graduate Social Work, with experience in training and monitoring of NGO, CBO and health functionaries, community health workers for at least a year. Preference will be given to Graduates during evaluation.

IEC materials for Health Entitlements- It is proposed that each VHSNC will develop an IEC of its own for health entitlements and branding of its own so that it will be able to reach its own community in an effective manner. It may with support of the NGOs adapt current IEC materials. This will not only build ownership of the VHSNCs towards the program but also will generate demand for services and also hence be able to ensure quality of services. Each VHSNCs will be provided a Lump sum amount of Rs. 10,000/- for developing IEC materials on their own. The NGOs and the NHM team will support the VHSNCs in developing the IEC materials for the same. The IEC can be wall writings, citizen charters, flip books, pamphlets, folk shows etc. The potential IEC budget is as below:

1	IEC budgets per VHSNCs	Unit Description	Units	Units	Unit cost	Total
1.1	Pamphlets per House hold describing Health and Sanitation messages and VHND services	Avg House hold/ pamphlets	500	1	0.75	375
1.2	VHSNC boards and Hoardings at Panchayat office and at village entrance (at two places)	Hoardings and boards	1	2	200	400
1.3	Wall writings at select prominent places at 4 places	wall painting	1	4	300	1,200
1.4	Printing of score cards for community monitoring	cards/month	1	12	20	240
1.5	Folk Shows - Kalajatha / Nukkad natak / promotional event two times a year	Events / Number	1	2	3000	6,000
1.6	Drum beating / Promotional event to generate demand for services every month	Events / Month	1	12	150	1,800
	Total for IEC Budgets for IEC					**10,015**
		Rounded off				**10,000**

Timeline - The current proposed period is for one year and with potential extension of one more year of implementation. The Budgets and the plans proposed here are for one year. The second year plans and budgets will be submitted in the PIP for 2016-17

Deliverables - The NGO is expected to carry out the Assessment, Capacity Building and Supportive Supervision for each of the three tracks i.e. Community Awareness, Community Action and Community Monitoring. The detailed activities under each phase for each track have been summarized in the figure given below and elaborated thereafter.



The training sensitization and orientation of the selected NGOs and their team shall be organized by NHM or an agency nominated by UP NHM. The selected NGOs are required to understand the exact requirements and expectations from this project as well as all the tasks and deliverable specified in

the RFP. The training plan and related materials shall be prepared in consultation with NHM and AGCA.

Funding Proposed - UP-NHM had submitted budgets as indicated in Annexure - 1 of the proposal. However in the RoP of 2015-16 the entire proposal was kept pended. In the second supplementary ROP 2015-16 GoI has approved only a part of the proposal. It has approved Rs. 300.79 Lakhs.

UP-NHM feels that this part approval of the CAH proposal will hinder that over all plans developed, hence re-submitting a revised proposal. Requesting the GoI to approve the other components in the budget so that a very effective capacity building of VHSNCs takes place and they play a good role in Community Action for Health (CAH).

The details of budget approved in the 2nd Suppl. Approval 2015-16 and additional budget required for FY 2015-16 are given in the table below:

Proposed budget for CAH in Supplementary Proposal			
Sheet / Heads		Approved Budget in Second supplementary	Proposed budget in Supplementary Proposal
A	**State Level Activities**		
1	State Level Meetings	1,30,000	
2	Review Meetings with NGO Staff (4 meetings in a year - 18 participants one participant per district)	3,60,000	
3	Communication Cost	1,44,000	
4	Exposure visit to demonstration sites (for 7 person- 5 members from CBMP team + 2 state nodal officer)	1,74,000	
5	Programme Support Cost for State Project Management Unit (SPMU)		24,30,000
	Grand Total for State level Activity	**8,08,000**	**24,30,000**
B	**District and Block activities - Trainings Meetings and IEC**		
1	VHSNCs Trainings in 18 Districts	288,02,900	
2	Meetings and Orientations	4,68,000	
3	IEC materials for Health Entitlements		266,70,000
	Grand Total District and Block activities - Trainings Meetings and IEC	**292,70,900**	**266,70,000**
C	**Management District Block cost**		
1	Salaries for different Positions		169,65,000
2	Travel Cost		47,74,500
3	Management and overhead costs		57,57,750
	Grand Total Management District Block cost	**-**	**274,97,250**
Total		**300,78,900**	**565,97,250**

Thus, the total additional budget required for implementing the intervention on Community Action for Health is Rs. 565.97 lakh for FY 2015-16.

State Level Activity
APPROVED BUDGET

Sl No	Activity	Unit Definition	Units	Units	Unit Cost	Total Cost
1	State Level Meetings		**6**	18		
1.1	State AGCA meeting (@ Rs 10000 X 4 meetings)	No of Meetings / days	4	1	10000	40,000
1.2	Working group meetings (@Rs 15000 X6 meetings)	No of Meetings / days	6	1	15000	90,000
	Sub Total For State level meetings					**1,30,000**
2	Review Meetings with NGO Staff (4 meetings in a year - 18 participants one participant per district)					
2.1	Boarding and Lodging (@Rs 2000 per person X 18 participants)	Participants / days	18	4	2000	1,44,000
2.2	Travel (@Rs2000 per person X 18 participants)	Participants / days	18	4	2000	1,44,000
2.3	Review Meetings with NGO Staff (4 meetings in a year - 18 participants one participant per district)	Meetings / Days	4	1	18000	72,000
	Sub Total for Review Meetings with NGO Staff					**3,60,000**
4	Communication Cost					
4.1	Communication Cost (Telephone/Internet/Cell phone/courier/etc.)	No / Month	1	12	8000	96,000
4.1	Stationary and other office supplies	No / Month	1	12	4000	48,000
	Sub Total for Communication cost					**1,44,000**
5	Exposure visit to demonstration sites (for 7 person- 5 members from CBMP team + 2 state nodal officer)					
5.1	Travel (Train AC 2-tier) (include state headquarter to field site and back)	No / Person	1	5	6000	30,000
5.1	Boarding and Lodging (Rs 3000 per day X 4 days X 7 persons)	Person / days	7	4	3000	84,000
5.1	Travel for two state Nodal officers (one from Directorate and one from Community Process by AIR) (state headquarter to field site and back)	No / Person	1	2	20000	40,000
5.1	Local Travel Cost (field visit for 4days @ Rs 5000)	No / Days	1	4	5000	20,000
	Sub Total for Exposure visit					**1,74,000**
	Grand Total for State level Activity					**8,08,000**

State Level Activity
PROPOSED BUDGET

3	**Programme Support Cost for State Project Management Unit (SPMU)**					
3.1	***Staff Salaries***					
3.1.1	State CBM Program Manager (1)	Position / Month	1	3	70000	2,10,000
3.1.2	Training Officers (2)	Position / Month	2	12	55000	13,20,000
3.1.3	Monitoring & Documentation Officer (1)	Position / Month	1	12	45000	5,40,000
3.1.4	Accounts Officer (1)	Position / Month	1	12	30000	3,60,000
	Sub Total for Staff Salaries					**24,30,000**

District and Block Activities - Trainings Meetings and IEC

APPROVED BUDGET

Sl.	Activity	Unit Definition	Units	Units	Unit Cost	Total Cost
1	VHSNC trainings in 18 Districts (30 participants per batch rounded off batches to 1400)					
1.1	Honorarium for Master Trainers to facilitate VHSNC training (1400 batches x 2 days, @ Rs 500 / day)	Batches/ days	1400	2	500	14,00,000
1.2	Cost for participants (2667 VHSNCs * 15 members per VHSNC=40,005 participants)	Participants / days	40005	2	275	220,02,750
1.3	Stationary for participants	Participants / lump sum	40005	1	30	12,00,150
1.4	Venue charges (@ Rs 1000/ day)	Batches/ days	1400	2	1000	28,00,000
1.5	Contingency (@ Rs 1000/ day)	Batches/ lump sum	1400	1	1000	14,00,000
	Sub Total for VHSNC Trainings					**288,02,900**
2	Meetings / Orientations					
2.1	Meetings of District Planning and Monitoring Committees (Two meetings in year)	Districts / no of meetings	18	2	4000	1,44,000
2.2	Orientation of Block Planning and Monitoring Committee (36 blocks)	Blocks / No of Orientation	36	1	3000	1,08,000
2.3	Block Planning and Monitoring Committee Meetings (2 meetings)	Blocks / no of meetings	36	2	3000	2,16,000
	Sub Total for Meeting / Orientations					**4,68,000**
	Grand Total Trainings meetings and IEC					**292,70,900**

District and Block Activities - Trainings Meetings and IEC

PROPOSED BUDGET

Sl.	Activity	Unit Definition	Units	Units	Unit Cost	Total Cost
3	**IEC Budgets per VHSNC**					
3.1	Pamphlets per House hold describing Health and Sanitation messages and VHND services	Avg House hold/ pamphlets	500	1	0.75	375
3.2	VHSNC boards and Hoardings at Panchayat office and at village entrance (at two places)	Hoardings and boards	1	2	200	400
3.3	Wall writings at select prominent places at 4 places	wall painting	1	4	300	1,200
3.4	Printing of score cards for community monitoring	cards/month	1	12	20	240
3.5	Folk Shows - Kalajatha / Nukkad natak / promotional event two times a year	Events / Number	1	2	3000	6,000
3.6	Drum beating / Promotional event to generate demand for services every month	Events / Month	1	12	150	1,800
	IEC Budgets per VHSNC					**10,015**
	IEC Budgets per VHSNC ROUNDED OFF					**10,000**
3	**IEC Materials on Health Entitlements @ Rs 10,000/ VHSNC**	**VHSNC / Lump sum**	**2667**	**1**	**10000**	**266,70,000**

District Block and Management cost						
PROPOSED BUDGET						
Sl No	**Activity**	**Unit**	**Units**	**Units**	**Unit Cost**	**Total Cost**
1	**Salary for different positions**		**6**	18		
1.1	District Coordinator	Position /Month	18	9	22000	35,64,000
1.2	Accountant -Part Time	Position /Month	18	9	7000	11,34,000
1.3	Block Coordinator	Position /Month	36	9	12000	38,88,000
1.4	Community Facilitator	Position /Month	133	9	7000	83,79,000
	Sub Total for Salaries					**169,65,000**
2	**Travel Cost**					
2.1	District Coordinator (Rs 250 X 20 days = 5000 per month per person)	Position /Month	18	9	5000	8,10,000
2.2	Block Coordinator (Rs 150 X 20 days = 3000 per month per person)	Position /Month	36	9	3000	9,72,000
2.3	Community Facilitator (Rs 125 X 20 days = 2500 per month per person)	Position /Month	133	9	2500	29,92,500
	Sub Total for Travel cost					**47,74,500**
3	Management and Overhead costs					
3.1	Office Rent (on Shared Cost)	Districts / months	18	9	5000	8,10,000
3.2	Communication (@ Rs 5000)	Districts / months	18	9	5000	8,10,000
3.3	Office supplies and Maintenance Rs 3000	Districts / months	18	9	3000	4,86,000
3.4	Audit Cost	Districts / One time	18	1	10000	1,80,000
3.5	Time cost for NGO Chief Functionary	Districts / months	18	9	6000	9,72,000
3.6	Overhead costs (10%)	10% of above	1	1	24,99,750	24,99,750
	Sub Total for Management and Overheads					**57,57,750**
	Grand Total District and Block and Management costs					**274,97,250**

	Sheet / Heads	FMR Code	Approved Budget in Second supplementary	Proposed budget in Supplementary Proposal	**Comments**
A	**State Level Activities**				
1	State Level Activities	B.15.1.1	8,08,000		Approved Budget in 2nd supplementary ROP
5	Programme Support Cost for State Project Management Unit (SPMU)	B.15.1.4.7		24,30,000	Recruitment of key staff to SPMU is completed by NHRC and staff have joined and have been working. The staff cost proposed here with needs approval. The details of the staff proposed is the section 4.6.1 of the proposal
	Grand Total - State level		**8,08,000**	**24,30,000**	
B	**District and Block activities - Trainings Meetings and IEC**				
1	VHSNCs Trainings in 18 Districts	B.15.1.2 & B.15.1.3	288,02,900		Approved Budget in 2nd supplementary ROP
2	Meetings and Orientations		4,68,000		
3	IEC materials for Health Entitlements			266,70,000	**Proposed budget in Supplementary Proposal:**

					IEC forms an important component in this intervention. Each VHSNC will develop an IEC of its own for health entitlements and branding of its own so that it will be able to reach its own community in an effective manner. The details are in the 4.6.3 section of the proposal
	Grand Total District and Block activities - Trainings Meetings and IEC		**292,70,900**	**266,70,000**	
C	**Management District Block cost**				
1	Salaries for different Positions	B.15.1.4.9		169,65,000	**<u>Proposed budget in Supplementary Proposal:</u>** Engaging NGOs is an important strategy in training and supporting VHSNCs and hence implementing CAH program. The RFP for selection of the NGOs is prepared. The details are in 4.3 section of the proposal. The district, block and community level positions will be hired by NGOs and they will be the key pillar of the program. The positions hired will be the staff of NGOs and NHM will be not responsible for hiring or continuing the positions. The details are in the 4.6.2 of the proposal.
2	Travel Cost			47,74,500	
3	Management and overhead costs			57,57,750	
	Grand Total Management District Block cost		**-**	**274,97,250**	
Total			**300,78,900**	**565,97,250**	

Thus, the total additional budget required for implementing the intervention on Community Action for Health (Capacitybuilding processes for strengthening of VHSNCs at the community level)is Rs. 565.97 lakh for FY 2015-16.

Monitoring and Evaluation (HMIS/MCTS)

- **Proposal of administrative cost to agency for training cum review meetings for HMIS and MCTS at State, District and Block Level(FMR- B15.3.1.4.1)** HMIS (Health Management Information System) & MCTS (Mother & Child Tracking System) have been among the major gateways of the wealth of information covering various parameters related to health services & related domains. These programs need to cater to the requirements of different users at various levels with the objective of increasing familiarity and their exposure to make more efficient use of the tools. Since HMIS and MCTS reporting is now facility-wise, to improve the quality of data, it is felt that there is need of regular review cum training at the level of State, district and block levels.

  In the FY 2014-15 an amount of Rs 1214.85 Lakhs was proposed for the Training cum Review Meeting of HMIS and MCTS as tabulated below:

Sl.	Level and FMR Code	Frequency of Review / Training per year	Number of Participants per batch	No. of Days.	Rate per participant per day (Rs.)	Total Amount	Total Amount in Lakhs
1	State B15.3.1.4.1	2	10 – State level 5 – per district (75 districts)	3	500/-	[{10+(75x5)}x500x3]x2 = 11,55,000	11.55
2	District B15.3.1.4.2	4	5 – per district 2 – per block (820 blocks)	3	500/-	[{(75x5)+(820x2)}x500x3]x4 = 1,20,90,000	120.90
3	Block B15.3.1.4.3	12	2 – per block 1 – from SC (Average 20 Subcentres per block)	1	500/-	[{(820x2)+(820x20)}x500]x12 = 10,82,40,000	1082.40
TOTAL							**1214.85**

As per the ROP FY 2014-15, the total training cost of Rs 1003.90 Lakhs was released to SIFPSA which is State Technical Support Unit of GoUP in the FY 2014-15. Vide letter no. 4978 dt 04.09.2015 received from Executive Director, SIFPSA, SIFPSA demanded a sum of Rs 100.39 Lakhs as 10% administrative charges for the Training cum Review Meeting of HMIS and MCTS conducted at state , district and block level in Yr 2014-15. **Hence, a sum of Rs 100.39 Lakhs as 10% administrative charges for SIFPSA is being proposed.**

- **Proposal for HMIS Operational Cost (FMR -B15.3.1.7.2) -** An amount of Rs. 51.45 Lakhs is being proposed for the FY 2015-16 as per the details given below -

Head	Amount (in Lakhs)	Remarks	Justifications
Procurement of Desktop / Laptop / Printer/UPS etc	30.00	To be procured for SPMU NRHM as per the requirement of various cells.	To be continued from previous year.
AMC/ Repair charges for hardware	3.00	For old desktop, Laptops, printers and online/ offline UPS.	To be continued from previous year.
GIS mapping in HMIS Facility Master (the detailed plan is pLakhed at Annexure- IA)	18.45	Latitude and Longitude of 24,597 Public, Physical & Active health facilities	As per instruction of Statistics Division of MOHFW(**Annexure - A**
Total	**51.45**		

- **Geographic Information System (GIS) -** The state has proposed an amount of Rs. 18.64 Lakhs in the PIP 2015-16 for GIS mapping of HMIS facilities through third party. This proposal has been examined by GOI and it has been remarked that *"Not approved for GIS mapping as no details have been provided in Annexure III A. Further, state is requested to provide detailed breakup/methodology for the same"* in the approved ROP 2015-16. Hence a detailed proposal incorporating necessary details is being submitted herewith.

  A **Geographic Information System** (**GIS**) is a computer system for capturing, storing, checking, and displaying data related to positions on Earth's surface. **GIS** can show many different kinds of data on one map. This enables people to more easily see, analyze, and understand patterns and relationships. The tremendous potential of GIS to benefit the health care industry is just now beginning to be realized. Both public and private sectors are developing innovative ways to harness the data integration and spatial visualization power of GIS.

  All levels in a health department, be it a Primary Health Centre or a District Hospital or the State or National Office, need information on regular basis not only to monitor the health status of the population they serve but also to track progress towards achievement of targets under different health programmes. Information needs, purpose, and use of information differs at each level in the hierarchy. Therefore, a robust information system which can provide accurate, up-to-date, and timely information to the health department is needed at every level.

  In addition to this, National Health Mission, Uttar Pradesh, adopting GIS to span the health care spectrum from public health facilities. Public health uses of GIS include tracking Maternal Health Services, child immunizations and monitoring other patient services. GIS provides a way to move data from the project level so that it can be used by the entire organization. Clinical and administrative information can be disseminated in a visual and geographic manner .This health data can be easily accessed using an Intranet.

  At ministry level, GIS enabled HMIS is under advance stages of development wherein it is necessary to provide GIS information for all the active and physical facilities; for representing the data on HMIS portal. For this purpose Longitude and Latitude need to be entered 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 07th August, 2015 HMIS review meeting.

Justification:

- 1. For 100% utilization of GIS enabled system which is developed by Ministry of Health & Family welfare it is mandatory to assign latitude and longitude to all the facilities.
- All the available data of Latitude and Longitude of Health facilities on the HMIS Portal are from Google maps and are not accurate.
- It is seen in the HMIS GIS that many of the facilities are beyond the country boundary.
- Even though geo-coordinates captured on the portal from the Google maps are not accurate. Majority of the health facilities are not available on the Google maps.

The details of facilities as per HMIS facility master is placed below:

Facility Type	Physical, Public & Active (as on 20/10/15)
SC	20762
PHC	3069
CHC	602
SDH	6
DH	158
Total	**24597**

GIS WORK DETAILS

S.N.	Details of work	Rates/health facility
25 Facilities covered in 1 Day		
1	Manpower (including fooding & lodging)	34
2	Vehicle charge	20
3	Gps rent	5
4	Mis feeding	2
5	Monitoring (qc)	5
	Total	66
	14% service tax	9
	Grand total	75
Rate for work is rs.75/-health facility (including 14% service tax)		

Expected Timeline:- There will be 06 teams for 18 divisions and one team will cover 03 divisions as follows:-

Team1: Saharanpur, Meerut and Moradabad.
Team-2: Aligarh, Agra and Bareilly .
Team-3: Kanpur, Lucknow and Faizabad.
Team-4: Jhansi, Chitrakootdham and Allahabad.
Team-5: Devipatan, Basti and Gorakhpur.
Team-6: Azamgarh, Varansi and Vindhyancal.

There will be six month period needed to complete the project.

Thus, for GIS mapping (Latitude and Longitude) of 24,597 health facilities (as per HMIS) @Rs 75/facilities, an amount of Rs 18.45 Lakhs is being proposed under the budget head B.15.3.1.7.2 HMIS Operational Cost (excluding HR and Training)

- **Proposal for 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 started 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 **Sep. 30 , 2015 is given below.**

24x7 HELPLINE Call Details (10 Feb 2014- 30 Sep 2015)

Sl.	Month	Total Incoming Calls on Helpline (Col 4+6)	Total Answered	Total Answered %	Abandoned	Abandoned %	Total Enquiry Calls	Total Complaints Received	Resolved Complaints	Resolved Complaints%
1	2	3	4	5	6	7	8	9	10	11
1	**Feb-14**	2645	2385	**90%**	260	**10%**	2280	105	105	**100%**
2	**Mar-14**	16964	13759	**81%**	3205	**19%**	13593	166	164	**99%**
3	**Apr-14**	21556	17807	**83%**	3749	**17%**	17651	156	150	**96%**
4	**May-14**	26330	22530	**86%**	3800	**14%**	22290	240	237	**98%**
5	**Jun-14**	13855	13004	**94%**	851	**6%**	12731	273	264	**96%**

Sl.	Month	Total Incoming Calls on Helpline (Col 4+6)	Total Answered	Total Answered %	Abandoned	Abandoned %	Total Enquiry Calls	Total Complaints Received	Resolved Complaints	Resolved Complaints%
6	**Jul-14**	9281	9192	**99%**	89	**1%**	8935	257	251	**96%**
7	**Aug-14**	8186	8078	**99%**	108	**1%**	7792	286	278	**97%**
8	**Sep-14**	7830	7754	**99%**	76	**1%**	7506	248	242	**97%**
9	**Oct-14**	7593	7490	**99%**	103	**1%**	7228	262	249	**95%**
10	**Nov-14**	12130	11761	**97%**	369	**3%**	11469	292	279	**93%**
10	**Dec-14**	10528	10246	**97%**	282	**3%**	10012	234	222	**94%**
11	**Jan-15**	15178	14706	**97%**	472	**3%**	13395	249	230	**91%**
12	**Feb-15**	18610	18031	**97%**	579	**3%**	16075	328	295	**88%**
13	**Mar-15**	25749	25007	**97%**	742	**3%**	22008	371	331	**85%**
14	**Apr-15**	16931	16491	**97%**	440	**3%**	15031	287	257	**88%**
15	**May-15**	16922	16636	**98%**	248	**1%**	13529	290	251	**83%**
16	**Jun-15**	14813	14544	**98%**	269	**2%**	13397	249	207	**80%**
17	**Jul-15**	9703	9510	**98%**	193	**2%**	8570	201	146	**67%**
18	**Aug-15**	9511	9409	**98%**	102	**2%**	8909	232	149	**67%**
19	**Sep-15**	9833	9742	**98%**	91	**2%**	9184	291	167	**67%**
Grand Total		**274148**	**258082**	**94%**	**16028**	**6%**	**241585**	**5017**	**4474**	**89%**

It is to be pointed out, that an amount of Rs 53.70 Lakhs was approved in the FY 2015-16 under **FMR code B15.3.2.11 Call centre (24X7 helpline integrated with Hello Doctors)** in Aug, 2015.

For 24X7 helpline integrated with Hello Doctors scheme working in SPMU NHM, an amount of Rs 10.71 Lakhs for 04 Voice logger user license, AMC charges as per the condition mentioned in MOU, operational expenses i.e. BSNL and Airtel connections charges, is being proposed for the FY 2015-16 as under – **Rs. in Lakhs**

SL	HEAD	AMOUNT (Rs.)	REMARKS
2	**B15.3.2.11 Call Centre (Opex)**	**10.71**	
2a	• For 2nd year Annual charges for Voice Logger user license fee for 4 user (1 Supervisor + 3 Call centre operators) @ Rs. 1.00 Lakh 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 14% service tax.
	• AMC of hardware @ 10% of Total Hardware cost i.e. 10,89,568.00	1.09	
	Service Tax @ 14%	0.72	As per revised service tax in FY 2015-16.
	Sub Total	**5.81**	
2b	For 24X7 helpline integrated with Hello Doctors scheme Monthly operational expenses(to be paid to M/s BSNL)	**0.40**	An amount of Rs 2.25 Lakhs / month proposed for BSNL as per MoU for FY 2015-16 including 12.36% service tax. An additional amount of Rs 40,000.00 is urgently required due to revised service tax i.e. 14%.
2c	For 24X7 helpline integrated with Hello Doctors scheme operational expenses.	**4.50**	Rs 4.50 Lakhs For telephone bills of incoming/ outgoing calls is urgently required due to increase in inbound calls at Helpline. Since last 04 months an avg bills Rs 40,000.00 per month for toll free no. 1800-180-1900 and for outbound calls an amount of Rs 35,000.00 per month required for LL no. 0522-2239860 alongwith Rs 70,000.00 per year for 01 BSNL and 01 Broad band connection. Hence an amount of Rs 9.70 Lakhs (Rs 75,000 X 12 month + 70,000.00) needed for smooth functioning of Toll free helpline.

Therefore, it is requested to consider the proposal of Rs 10.71 Lakhs and sanction the same at the earliest, so that the same can be utilized for 24x7 Helpline integrated with Hello Doctor for 2015-16.

- **PFMS Help desk and Tally implementation at State/district/block level -**As per the GOI guidelines a Tally software implemented at the State, District and Block units as per the details given–

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 Single -user's @ Rs 2500/unit	**1.88**	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
	3. Tally Single -user's @ Rs 2500/unit 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	**22.40**	

Thus, an amount of Rs 22.40 Lakhs is being proposed in the FY 2015-16 for Tally implementation at State/district/block level

- **Proposal for training of Block Level Officer, ASHA and Distribution of IEC material for Kilkari programme (FMR- B15.3.2.14.3)**

To create proper awareness among pregnant women, parents of children and field workers about the importance of Ante Natal Care (ANC), institutional delivery, Post Natal Care (PNC) and immunization, MoHFW is launching Kilkari application. Kilkari is a mobile based application in which beneficiaries can hear telephonic messages relevant to their stage of pregnancy or childhood.

Success of this application will depend on the publicity given to it. The artwork for Kilkari poster, Kilkari leaflet and Kilkari dangler has been designed and is available at MCTS portal. Hence, budget for training of Block level officers, ASHA and distribution of IEC is being proposed as per the details given below –

A. Training of Master trainers					
SL.	**Item**	**Rate**	**Units**	**Days**	**Total**
1	Per diem to participants (BHEO; ARO; BPM; BCPM; MCTS Operator; CRP, BCS)	300	120	1	36000
2	Food for participants	200	120	1	24000
3	Contingency (Pad; pen; bag; banner; group photo, etc)	200	120	1	24000
4	POL, Generators	100	120	1	12000
5	TA to participants (actual as per Govt Norms)	200	120	1	24000
6	**Total cost**				**120000**
7	**Institutional cost @15%**				**18000**
8	**Grand Total**				**138,000**

B. ASHA Training				
	Budget Head	Cost	Units	**Total Cost**
1	Training of ASHAs at block level @ Rs 100 per ASHA	100	150000	**1,50,00,000**

C. ASHA Training				
	Budget Head	Cost	Units	**Total Cost**
1	Cost for courier from Lucknow to districts @ Rs 1000	1000	75	**75,000**

Thus, a budget of Rs 152.13 Lakhs is being proposed in the SPIP of FY 2015-16

- **Proposal for a Pilot Intervention on Tablet Based RCH Application in 20 Blocks of 5 High Priority Districts of the State of Uttar Pradesh(FMR:B.15.3.2.14.1)**

Background - In public health system the primary data are collected in registers with the objective to record services delivered, follow-up/ tracking of beneficiaries, compile monthly reports and analyze data for improving public health services at local levels.

At the Sub-centre level, Auxiliary Nurse Midwife (ANM), a frontline worker is keeping records on Reproductive and Child Health (RCH) services delivered in multiple large sized bulky registers and it is not feasible to carry those registers for outreach services. Therefore, ANM often does informal noting of services delivered in a rough notebook or unofficial diary, thereafter, transfer them to the main RCH register. In this process, some columns of data are forgotten or have to be recalled from memory, thus affecting the quality of data and consequently, the key functions of primary registers are seldom achieved. Keeping this in view, an integrated Reproductive and Child Health Register (RCH Register) has been developed as a service delivery recording tool for eligible couples, pregnant women and children at village/ field level. This register will replace four existing registers viz; (i) Eligible Couple Register; (ii) Family Welfare - Family Planning Register; (iii) MCH and Immunization Register; and (iv) MCTS Register at Sub-Centre level.

The usage of this RCH register will optimize the workload of ANM, remove the redundancy of duplication of records and registers and simplify business process at all the level. The state is in process to distribute required number of integrated RCH registers per thousand population to all the ANMs/ Health Providers. The training and orientation of ANMs/ Health Providers already given in districts and health providers have been started updating eligible couple, pregnant women and child services in the RCH registers. The main issues with the registers are mobilization of registers to block for data entry from VHND session and this will account for the incomplete registration and services updation on MCTS portal on timely basis.

The RCH application has been developed by Ministry of Health & Family Welfare, Govt. of India (MoHFW, GoI) and the state of Uttar Pradesh would like to be part of it from the beginning of the implementation. National Health Mission (NHM) with support from the Uttar Pradesh Technical Support Unit (UP-TSU) is having a rigorous implementation of RCH register (Developed by MoHFW, GoI) in 100 select blocks of twenty-five HPDs and also expediting the process of USSD. During the implementation an assessment will be done by AROs, BCPMs, BPMs and Data Entry Operators who will visit each of the ANMs to assess the performance with the help of TSU counterpart to identify 25% of ANMs who has demonstrated good performance in recording information and services in the RCH register and its compilation, USSD implementation, work plan etc. The performance will be measured on the basis of server data of MCTS and also personal interview and skill assessment. In the first stage, server data will be assessed to identify high performance/ poor performance ANMs. In the second stage, all high performance ANMs will be assed for their skill through a personal interview. A sample of poor performing ANMs will also be covered to understand the barriers in implementing RCH application.

The RCH tablet application will be implemented to among the good performing ANMs, which will be scaled up to other ANMs in a phased manner. Based on the learning from this low scale intervention, the state of Uttar Pradesh will scale up implementation of RCH application to 25 districts and thereafter to all 75 districts of the state in the coming years.

Rationale - Integrated RCH Register needs to be implemented in the proposed district (s) and blocks. All eligible couples, pregnant women and children are being registered and services provided to them are being entered in the RCH register uniformly across the district. Information of all the Eligible couples, pregnant women and children identified after April 2015 should be completely filled in the prescribed RCH register.

Uttar Pradesh is large state and there is a need of some IT intervention which will facilitate to the health providers to track the beneficiaries to provide services on timely basis. Therefore it is needed that RCH tablet based application to be implemented in 20 blocks of HPDs as pilot basis and it can be rolled out in 25 HPDs and then to 75 districts in the coming one-two years' time based on its progress and findings.

Programme Description

- Integrated RCH Register needs to be implemented in the proposed district (s) and all the blocks i.e. RCH registers should have been printed and distributed and all eligible couples, pregnant women and children are being registered and services provided to them are being entered in the RCH register uniformly across the district. Information of all the Eligible couples, pregnant women and children identified after April 2015 should be completely filled in the prescribed RCH register.
- All the Health workers, ASHA and other staff need to be trained/ oriented on all the indicators and the reporting of the services provided in the register.
- The Health Providers of 20 block of HPDs will be equipped with proper tablet application and orientation on the RCH application.
- Tracking eligible couples:
    - For family planning
    - Helps in delaying the first pregnancy
    - Motivate the couple for desired spacing between children
- Early registration of pregnant woman:
    - For follow up of maternal health services helps to have healthy baby
- Tracking of children:
    - For timely and full immunization services
    - Prevent vaccine-preventable diseases

Timeline - The proposed activities are expected to be accomplished by the end of March 2016 in 20 select blocks of 5 HPDs of the state.

Deliverables

- Uniform data collection in all the districts
- Real time data entry in the field will improve coverage and quality of services
- Early identification and management of basic complications of pregnancy, childbirth and post-partum period at field level
- Reduce IMR & MMR
- RCH Register will replace following existing registers at Sub-Centre level:
    (i) Eligible Couple Register
    (ii) Family Welfare–Family Planning Register
    (iii) MCH and Immunization Register
    (iv) MCTS Register
- Optimize the workload of ANM, remove the redundancy of duplication of records and registers

Proposed Funding for FY 2015-16

Sl.	Budget head	No. of units	Total Budget (Rs.)	Remark
1.	Assessment of ANMs	2075 (30% of 6919 ANM in 25 HPD)	@ 150 * 2075 =415000/-	3. Travel cost for AROs, BCPMs, BPM and data entry operator who will visit each of the ANMs to assess the performance. 4. Contingency cost for completing the assessment
2.	Tablet for ANMs	520 (total 6919 ANMs 30% and 25% proposed for phase one) 6919*30%*25%	@ 12000*520= 6240000/-	4. Approximate 6919 ANMs are positioned in 294 blocks of 25 HPDs 5. Approximately identified 30% skilled ANMs which RCH registers are complete considered as implementation of tablet based application 6. In phase one proposed for 5 districts to implement tablet based application and it can further extended for 25 HPDs
3.	Training of ANMs on tablet based application			Will utilize the already allotted fund FMR code- B15.3.1.4.2 and B15.3.1.4.3
TOTAL			**66,55,000/-**	

Thus, the budget required for the implementation of the pilot on tablet based RCH application in 20 select block of 5 HPDs is Rs. 66.55 lakh for FY 2015-16.

Chapter-19: Procurement

Procurement of Equipments

- **Medical Waste Disinfection System to be implemented in 50 CHCs in Uttar Pradesh (FMR-B16.1.5.1)**

The Background: The present system of Bio-Medical Waste Management was studied in the state of Uttar Pradesh and it is found that at present no uniform system is being followed to manage the bio-medical waste generated through the health care institutions. Some hospitals/institutions have outsourced the waste management by outsourcing to agencies while some are following the deep burial system and some are using the incinerators. It was also found that some hospitals are flouting the norms and the waste is not properly disposed off and is going along with municipal waste. The Government of Uttar Pradesh, through NHM, UP conducted a Pilot Program at Balrampur Hospital, Lucknow for the period of 50 days to find an Effective Way for Predisposal Disinfection & Sterilization of Potentially Reusable medical waste which may have epidemic impact, on the public health at large.

The aim of this Pilot Program was to:

- Evaluate the new technology - Microwave Medical Waste Disinfection & Sterilization System
- Eliminate the chances of hospital acquired infection due to improper management of biomedical waste.
- Eliminate the chances of secondary infection (HIV, AIDS, Tuberculosis, Hepatitis etc.) caused during storage and transport.
- Ensure zero misuse/reuse of infected plastics and syringes in Hospital waste.
- To ethically comply with Bio Medical Waste Management Rules
- Sell potentially reusable medical plastic which can generate income for itself.

The pilot programme conducted on 9th October, 2014 at Balrampur Hospital was an initiative of NHM, UP to evaluate the efficacy & performance of the MMDS which has been developed & patented by Society for Applied Microwave Electronics Engineering & Research & Govt. of India through Dept. of Electronics & Information Technology (DeitY). There are three models of MMDS of 10,30 & 60 l which has been developed. Based on the evaluation of the MMDS in disinfecting BMW, it is proposed that this can be an ideal solution for providing end to end solution at Rural Health Care Institutions. It was found that the Mobile Microwave Medical Waste Disinfection System" (MMDS), can be utilized for **360 degree disinfection & sterilization** in such medical establishments. This technology is "non contact" and is scientifically based on "molecular inactivation of cells" which has no emission and is quite different from the prevalent technologies currently used for Bio Medical Waste Management.

Outcomes of the pilot study at Balrampur District Hospital, Lucknow:

- The effectiveness of Mobile Microwave Medical Waste Disinfection System was established as a non burn alternate technology for the onsite disinfection of biomedical waste.
- It meets all the criteria set for microwaving under the Central Pollution Control Board (CPCB) rules 1998 under Environment Protection Act (EPA) and is capable of treating categories (3,4,6,7) of biomedical waste with high level of disinfection.
- It ensured high level of disinfection ranging from 10^5- 10^7 log and killed all virulent micro organisms including (bacterial spores, viruses of HIV, Hepatitis, AIDS, vegetative germs, fungi, parasites etc.,) within a cycle time of 45 minutes at 100° C.
- At Balrampur hospital, the process of disinfection required minimal resources, less water (1 kg/cm^2 (g)) and electricity (1-3 KWH) and a single power line for operation with a power switch of 15 Amp.

- The machine used for disinfecting liquid , blood bags etc was non-contact technology which was also used for dialysis tubing, catheters etc.
- The machine safely disinfected metallic needles, syringes, plastics, blood bags etc. It required no skilled manpower. The super safety interlocks and negligible emission ensured occupational safety.
- The inbuilt E-cloud based system helped in concurrent & daily centralized monitoring of waste treatment in the hospital area.
- It was also found that the machine can be used as a source of revenue generation for the hospital. The disinfected and segregated medical plastic was safely recycled. The 840 kg of disinfected plastic generated Rs. 13,440/- in 34 days.

The Proposal - The proposed project of "Predisposal Disinfection & Sterilization of potentially reusable medical waste" is proposed to be implemented initially in 50 Community Health Centers of Uttar Pradesh. A gap analysis and need assessment and geographical mapping of the sites shall be done where at present no process of Predisposal Disinfection & Sterilization of bio-medical waste is being followed.

The proposal suggests the following treatment and disposal methods to be carried out for the various waste categories which are as follows:

1[Waste Category No.]	**Waste Category 1[Type]**	**Treatment and Disposal**
Category No.1	**Human Anatomical Waste** (human tissues, organs, body parts)	Deep burial*
Category No.2	**Animal Waste** (animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals, colleges, discharge from hospitals, animal houses)	Incineration@/deep burial* This type of waste is not applicable to any Health Care Facilities
Category No.3	**Microbiology & Biotechnology Wastes** (Wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biological, toxins, dishes and devices used for transfer of cultures)	Microwaving/Shredder
Category No.4	**Waste sharps** (Needles, syringes, scalpels, blades, glass etc. that may cause puncture and cuts. This includes both used and unused sharps)	Microwaving /shredding ##
Category No.5	**Discarded Medicines and Cytotoxic drugs** (wastes comprising of outdated, contaminated and discarded medicines)	Secured landfills
Category No.6	**1Soiled] Waste** (Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines beddings, other material contaminated with blood)	Microwaving
Category No.7	**Solid Waste** (Wastes generated from disposable items other than the waste 1[sharps] such as tubing's, catheters, intravenous sets etc.)	disinfection by chemical treatment@@ by microwaving /shredding##
Category No.8	**Liquid Waste** (waste generated from laboratory and washing, cleaning, house-keeping and disinfecting activities)	Disinfection by chemical treatment @@ and discharge into drains.

1[Waste Category No.]	Waste Category 1[Type]	Treatment and Disposal
Category No.9	**Incineration Ash** (ash from incineration of any bio-medical waste)	Disposal in municipal landfill
Category No.10	**Chemical Waste** (Chemicals used in production of biological, chemicals used in disinfection, as insecticides etc.)	Chemical treatment @@ and discharge into drains for liquids and secured landfill for solids

Notes:

@@ Chemicals treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It shall be ensured that chemical treatment ensures disinfection.

Mutilation/shredding must be such so as to prevent unauthorized reuse.

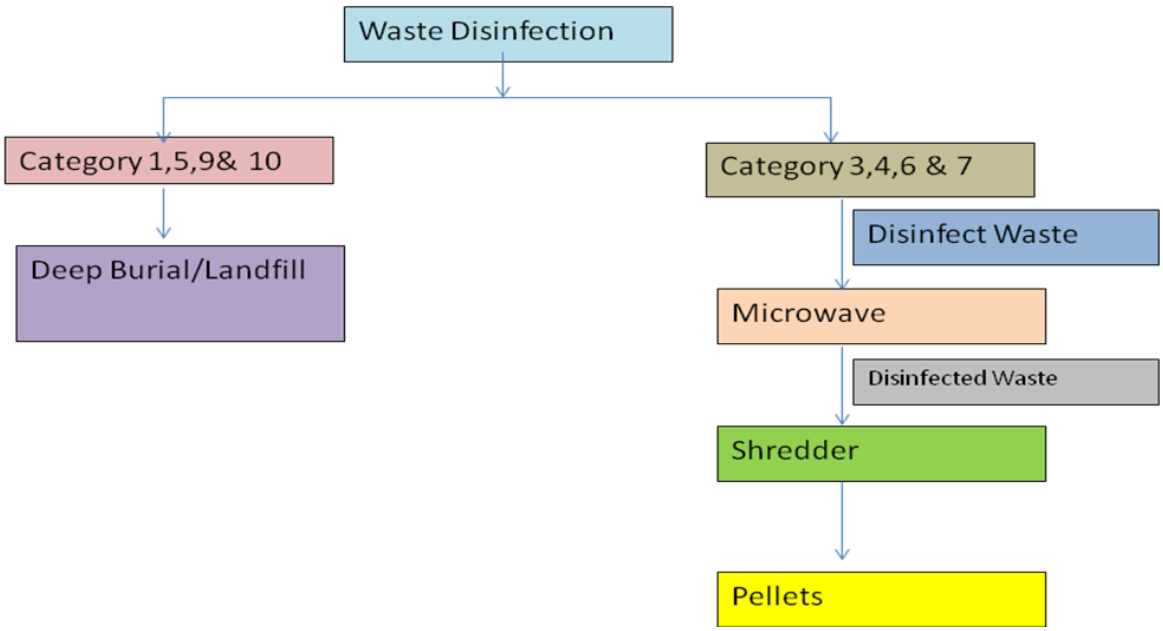
@ There will be no chemical pre-treatment before incineration. Chlorinated plastics shall not be incinerated.

** Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas.*

The project also intends to propose the following at each identified and assigned CHC:

- Deployment of one manpower staff.
- Deep burial site at each site.
- Installation of Microwave Unit
- Installation of a shredder
- E – Cloud based hub connectivity for Audits
- Sale of disinfected Potential Reusable Medical Waste Items
- Sterilization of Equipments

The process for disposal of waste is depicted in the following chart:



Methodology proposed for Waste Disposal - The above systems shall comply the norms and standards of Central Pollution Control Board (CPCB) rules 1998 under Environment Protection Act (EPA) for which the following standards designed shall be followed:

I. **For Waste Category 1, 5, 9 & 10** - A Deep Burial/ secured landfill will be made available at the site by the Service Provider as mentioned below:

- A pit or trench shall be dug about 2 meters deep. It shall be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.

- It shall be ensured that animals do not have any access to burial sites. Covers of galvanised iron/wire meshes shall be used.
- On each occasion, when wastes are added to the pit, a layer of 10 mm of soil shall be added to cover the wastes.
- Burial shall be performed under close and dedicated supervision.
- The deep burial site shall be relatively impermeable and no shallow well will be close to the site.
- The pits will be distant from habitation, and sited so as to ensure that no contamination occurs on any surface water or ground water. The area shall not be prone to flooding or erosion.
- The location of the deep burial site will be authorized by the prescribed authority.

II. **For Waste Category 3, 4, 6 & 7** - A Predisposal disinfection and sterilization system shall be prepared at the site by the deployed resource as mentioned below:

- Microwave treatment shall not be used for cytotoxic, hazardous or radioactive wastes, contaminated animal car cases, body parts and large metal items.
- The microwave system shall comply with the efficacy test/routine tests and a performance guarantee shall be provided by the supplier before operation of the limit.
- The microwave shall completely and consistently kill the bacteria and other pathogenic organisms that shall be ensured by approved biological indicator at the maximum design capacity of each microwave unit. Biological indicators for microwave shall be Bacillus Subtilis spores using vials or spore strips with at least 1 x 101 spores per milliliter.
- The Microwave Unit will be subsequently used for sterilization of OT instruments, linen and medical consumables.

Project strengths

- The technology is indigenous and patented by GoI. The technology has been invented by Society of Microwave Engineering & Research (SAMEER) and funded by Department of Electronics & IT (DietY).
- Point of Generation disinfection of Bio Medical Waste
- The proposed project is an effort to control illegitimate selling of infected plastics and syringes
- The proposed project provides a holistic solution to the waste management for Community Health Centers and Public Health facilities in the state.
- The proposed project complies to the standards and norms of Central Pollution Control Board in line with Environment Protection Act 1998 for activities related to Bio Medical Waste Management
- The proposed project allows concurrent waste audits through E-cloud – Hub connectivity System
- The proposed project shall act as a potential source of revenue generation for the hospital.
- The project contributes to the 'Swachh Bharat' & 'Kaya Kalp' endeavor of GoI.
- The proposed project is resource efficient with minimum carbon footprint technology. It does not require skilled manpower.
- The technology requires less space, single manpower and can be shifted to any facility.
- Apart for its usage for bio-medical waste the machine can also be used to sterilize equipments, linen, dialyzers and medical consumables.
- It is in compliance with international conventions on medical waste management-**Basel & Stockholm.**

System Technology

The machine has a disinfection system. The waste is charged in a waste container 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 Emission process:-
Steam generated during heating escapes through opening provided in the lid of the container and through an exhaust hood. The exhaust piping is connected to a water circulating system consisting of tank and pump. Steam in exhaust is condensed by direct contact with the circulating water and returned back to the tank. Thus there is negligible discharge of emission from the system.

Water level in the tank is maintained automatically by a float valve if hot water is drawn out for usage. Fixed quantity of water is admitted to the container at start of each batch to ensure proper wetting of the waste materials.

1.3 Germs Destroyed (As per Efficacy Report)

S. No.	Test Organism	Viability of organism after exposure for 30 minutes
1.	E. coli (ATCC-10148)	Killed
2.	S. typhi (NCTC-786)	Killed
3.	P.aeruginosa (Immunotype IV)	Killed
4.	S. aureus (NCTC-3750)	Killed
5.	P. vulgaris (Clinical Isolate)	Killed
6.	V. Cholerae (569 Inaba)	Killed
7.	S. flexneri (Clinical Isolate)	Killed
8.	K. aerogenes (Clinical Isolate)	Killed
9.	S. pyogenes (Clinical Isolate)	Killed
10.	N. Tuberculosis H 37 RV	Killed
11.	B. subtilis ATCC 9372 (Spores)	Killed
12.	B. cereus (Spores)	Killed
13.	A. niger (ATCC 16404)	Killed
14.	C. albicans (ATCC 10231)	Killed

Budget Estimation: Medical Waste Disinfection System to be implemented in 50 CHCs in Uttar Pradesh

Sl.	Particulars	Amount in (Rs.)	Remarks
One time Expenditure (for one CHC)			
a.	Microwave Medical Waste Disinfection & Sterilisation System 10 L	12,96,000.00	GoI Patent Product
b.	Shredder 10 Kg/hr	1,60,000.00	
Recurring Expenditure: per year			
c.	Manpower cost for one Year for deep burial of Category 1, 5, 9 & 10 category of waste.	1,70,000.00	Includes cost building deep burial pits & manpower cost deployed for Collection, Treatment & Disposal of waste on site.
Sub Total (Cost proposed for one CHC)		16,26,000.00	
	Less :Revenue generated by sale of disinfected plastics for 1 year period at an average selling cost @ Rs. 3000/= per month	36,000.00	
Effective Cost for one CHC		15,90,000.00	
Cost for 50 CHCs		7,95,00,000.00	

Thus, total cost Proposed for 50 CHCs is 7.95 Crores (Rupees Seven Corers Ninety Five Lakhs only)

- **Proposal of Ophthalmic Equipments and Pathological Equipments -** Please refer to letters of Special Secretary, Section-6, Department of MH&FW letter nos. 30F/RC/UPKARAN MANG-2015-16/7817 and letter no. 11f/ 2107 dated 24-11-2015 through which it has been directed to include proposal of Pathological Equipments and Ophthalmic Equipments in Supplementary PIP 2015-16.

Proposal of Pathological Equipments (FMR-B16.1.5.3) - For Pathological Equipments, the List is given below:

Sl.	Name of Equipment	Quantity	Estimated amount per equipment	Total Required amount (Rs. in Lakhs)
1.	Binocular Microscope	136	50000.00	6800000.00
2.	Semi-Auto Analyser	136	200000.00	27200000.00
3.	Haematology Analyser 20 Parameter	136	450000.00	61200000.00
4.	Fully Computerized Biochemistry Analyser	136	2000000.00	272000000.00
5.	Electrolyte Analyser	83	200000.00	16600000.00
6.	HBAIC Analyser by HPLC method	83	800000.00	66400000.00
7.	ESR Analyser (Zeeta)	83	150000.00	12450000.00
8.	Hormonal Analyser	21	1500000.00	31500000.00
9.	ELISA reader cum washer	20	400000.00	8000000.00
10.	Blood Gas Analyser	19	350000.00	6650000.00
11.	Trinocular Microscope with Photographic Camera Attachment and LED.	2	150000.00	300000.00
12.	High Speed Fully Computrized Biochemistry Analyser	2	3500000.00	7000000.00
13.	Histopathology Equipments:- Microtome Histokinate Digital Hot Plate Digital water bath Digital wax bath	1 set	800000.00	800000.00
Total				**5169.00 Lakhs**

In compliance of above the following proposal is to be included: The total budget for Pathological equipment is Rs.51.69 crore, 50% of the total cost (Rs. 25.85 crore) will be managed by State Budget 2015-16 and rest amount of **Rs.2585.00 Lakhs** is proposed to be sanction in Supplementary PIP 2015-16.

1. Proposal of CT Scan machines for management of Stroke in Uttar Pradesh(FMR-B16.1.5.4)

Introduction - Stroke is the second most important cause of cardiovascular mortality today. Every other second, someone gets affected by stroke and every 6 seconds stroke kills someone. About 33 million people are left with residual disabilities after an episode of acute stroke. In India, we see about between 14.4 lakh to 16.4 lakh new cases of acute strokes annually. Acute stroke can affect anyone regardless of gender, race, age or socioeconomic status. Timely and appropriate treatment can reduce the mortality and morbidity.

CT scan is usually one of the first tests done in a stroke evaluation, particularly during an acute stroke in the emergency room. This test can show areas of abnormalities in the brain, and can help to determine if these areas are caused by insufficient blood flow (ischemic stroke), a ruptured blood

vessel (hemorrhage), or a different kind of a problem. CT scans can be obtained on any part of the body, but the information here applies only to CT scans of the head.

CT scans can often show the size and locations of brain abnormalities caused by tumors, blood vessel defects, blood clots, and other problems. CT scans are a primary method of determining whether a stroke is ischemic or hemorrhagic.

Stroke is one of component of NPCDCS programme and there are 18 CT Scan machine available in 17 districts of state of Uttar Pradesh and 12 additional CT scan machine required so that stroke could be managed at the earliest and deaths could be reduced.

Thus, a proposal is being submitted for 12 CT scan mechines @ Rs. 250.00 Lakhs, the total budget being proposed is Rs. 3000.00 Lakhs.

2. Proposal of Ophthalmic Equipments (FMR-B16.1.5.5) –

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.**

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)

Proposal - The total budget required on the basis of State Gap Analysis for strengthening of Eye OT Ophthalmic equipment is Rs.39.46 Crore, to upgrade/strengthen Eye OT. 50% of the total cost Rs.1972.90 Lakhs has been managed by State Budget 2015-16 and rest amount of **Rs.1972.90 Lakhs** is proposed to be sanction in Supplementary PIP 2015-16 equipments are listed below : -

Sl.	Machines/Equipments
1	Faco Machine
2	Operating Microscope
3	A-Scan
4	Yag-Laser
5	Keirotometer
6	Slit-Lamp
7	Autorefectometer with Keirotometer
8	Non-cantact Tonometer
9	Direct Auptholmoscope
10	Shiatz Tonometer
11	Streak Retinoscope
12	Ultrasonic B-scan

The above list includes 103 Hospital units for upgradation/strengthens of equipments & machines under State Govt. Hospitals. **The budget of Rs. 1972.90 crore is being proposed under FMR CODE b15.6 to be sanction in Supplementary PIP 2015-16.**

3. Proposal for Tablets for State level SPMU Officers for effective Monitoring and Evaluation of the NHM activities for the State of Uttar Pradesh(FMR-B16.1.5.6)

Background - In NHM the primary data are collected in files, e-mails, reports and presentation with the objective to compile monthly reports and analyze data for improving health services at state levels.

The usage of the Tablet at state level, reduces the workload of senior Officers, improve the effectiveness of the programme and simplify the process at all the level. The state is in process to distribute 70 Tablets to SPMU-NHM employees. The training and orientation of the Tablet for officials, if required, will be provided with the support of MIS Division and UPTSU.

The Tablet will be used by state PMU officers for various GOI and State level ICT interventions such as m-swasthya, Mobile Kunji, USSD, MCTS portal, RCH tab based application etc as well as for implementation, monitoring and evaluation of various NHM activities. Based on the learning and experiences from State level officers, the state of Uttar Pradesh will scale up distribution of Tablet to all 75 Districts Programme Managers of the state in the coming years.

Timeline - The proposed activities are expected to be accomplished by the end of March 2016 in the state.

Sl.	Budget head	No. of units	Total Budget (Rs.)	Remark
1.	3 G Calling Tablet for SPMU Managers, officers & Consultants	70	@ Rs 20,000.00 X 70 = 14,00,000.00	• Min. 5MP primary camera and min 2MP front facing camera • Min 9.6-inch (24.34 centimeters) TFT capacitive touchscreen with min 1280 x 800 pixels resolution and 16M color support • Android operating system with min 1.3GHz quad core processor, min 1.5 GB RAM, min 8GB internal memory expandable up to 128GB and single sim/ micro SIM • min 5000mAH lithium-ion battery providing talk-time of 26 hours • min 1 year manufacturer warranty.
2.	For Calling and Internet pack for tablet	70	@ Rs 2000.00 X 12 X 70 = 16,80,000.00	For the purpose of calling, internet, SMS and CUG purposes.
TOTAL			**30,80,000.00**	

Thus, the budget required for the procurement and implementation of the tablet for NHM State level officers is Rs. 30.80 lakh for FY 2015-16.

Chapter-20: New Initiatives/ Strategic Interventions

Proposal for Care and treatment of Severely Underweight Children-(FMR- B.18.2)

Efforts are being made under the National Health Mission flagship scheme to address high level of under nutrition amongst children. In addition to scaling up of IYCF programme across the health facilities, the state is also steadily increasing the number of Nutrition Rehabilitation Centres in the state. The state has at present 50 functional Nutrition Rehabilitation Centres in 44 districts. In addition, 18 more NRCs are in the process of getting operationalized by March 2016. National Iron Plus initiative, Vitamin A Supplementation and care of maternal and adolescent anaemia programme have also been scaled up under NHM. However much more need to be done as the Mission is committed to bring care and support closer to these children.

In September this year with support of State Nutrition Mission and ICDS, the state undertook a weighing drive to measure weight of children in the state. As a result of this drive, 14 Lakhs children have been identified as severely underweight by the districts. These severely underweight children require care in terms of disease detection and food supplementation. The additional provision of Supplementray nutrition is being provided under the ICDS scheme. The Health department is committed to undertake health check-up of these children and treat them for any underlying morbid condition. Children who meet the criteria of NRC admission need to be referred to NRC for timely treatment.

Key intervention- Poor mobility is one of the key constraints leading to low rates of service utilization especially for children above one year for whom no dedicated ambulance services are available. Recognizing this fact, the health department proposes to organize fixed day fixed time screening and health checkup at nutrition clinics at the block PHC/CHC to reach these severely underweight children. These clinics can be organized on Saturdays as the RBSK team is based at the health facility on Saturday for attending the referral cases being referred from the field.

It is expected that each block will have 1500-1600 of these severely underweight children. Each village is expected to have 10-12 SUW children and each gram sabha 30-40 SUW children. The numbers however can vary depending upon the monthly reporting by ICDS.

The key activities which will be undertaken by districts are as follows-:

- Jointly with ICDS mapping of the villages/gram sabhas where these children are located.
- Create geographical clusters of gram sabha for physical mobilization of children using dedicated vehicles. Two gram panchayat can be covered in one day. Thus a total of 60-80 children at the most can be provided services on one day. It will take five to six months to complete the health checkup of all identified children at CHC/Block PHC
- Ensure availability of drugs and other consumables (multivitamin, antibiotics, etc). Iron syrup will be provided under NIPI programme and Zn ORS under Diarrhoea Control programme.
- Prepare duty rosters to ensure presence of two medical officers on the clinic day
- Assuming that 60-80 children can be seen in one day by a team of two doctors (RBSK doctors who are based at facility on Saturday can be used for this purpose)
- Display and disseminate IEC
- Counsel parents on supervised feeding and care at home. Educate them on early danger signs.
- Referral of sick cases with bilateral pitting oedema/or complications to NRC. If NRC is not available then to nearest district hospital
- Data entry and reporting of weekly performance on a dedicated website at block district and state level

Budget				
Sl.	**Item**	**Unit cost**	**Total units**	**Total cost**
I	**Cost at block (for six months)**			
1	Cost of medicines(antibiotics, multivitamins)@Rs 50/child X 200 SUW children with complication. Only 10-15% may have subclinical infection. Rest can be provided routine medicines from CMSD	50	200	10000
2	Transportation cost@Rs100/child X 1500 SUW children	100	1500	150000
3	IEC@Rs 10/child X 1500 SUW children	10	1500	15000
4	Printing and referral @Rs 10/child X1500 SUW Children	10	1500	15000
5	Miscellaneous (weighing scale, banner, MUAC tape)			5000
6	Data entry,reporting and online tracking at block level for six months @Rs 15/childX 6 months	15	1500	135000
	Total budget for one block			**330000**
II	**Cost at district**			
1	Data entry, reporting and online tracking at district level X 6 months	10000	1	60000
2	Monitoring@ 20000/month X 6 months	20000	1	120000
3	IEC/Communication at district level	200000	1	200000
	Total budget for one district			**380000**
III	**Total budget**			
	Block level cost	330000	823	271590000
	District level cost for 6 months	380000	75	28500000
	State Level Data entry cost for six months	10000	2	120000
	State level IEC			1000000
	Total budget			301210000

Thus, the total budget required for Care and treatment of Severely Underweight Children is Rs. 3012.10 lakhs for FY 2015-16.

Concept note on Creation of State Policy Unit in Uttar Pradesh

A **policy** is a deliberate system of principles to guide decisions and achieve rational outcomes. It is a statement of intent, and is implemented as a procedure or protocol. Policies are the basis of success or failure of a programme. Making, modifying or even rejecting a policy needs evidence. In the health sector, these evidences are crucial, because of its direct link to development and need to be scientifically researched. The Government of India is committed to increase its expenditure on health and simultaneously the state share and is also evolving the most effective strategies including National Health Assurance Scheme , Universal Health Coverage and setting up Health Technology Assessment System, that ensure better health outcomes for the investments made. The need for an appropriate policy direction, along with strategies for policy implementation is paramount. It is well established that health is dependent on and influenced by various factors of which population and nutrition are most crucial and closely interlinked, and thus need to be integrated.

Uttar Pradesh (UP) is the most populous state in India. At the turn of the 20th century the state was home to around 4.6 crore (46 million) people, a number which has more than quadrupled today and stands at around 20 crore (200 million) (Census, 2011). The annual population growth rate of UP is 1.83. Since independence, UP's population has increased by almost 10 million per decade between 1951 and 1971, by 20 million per decade between 1971 and 1991, and by 30 million between 1991 and 2011, which clearly shows that decadal population growth in number is more or less following decadal doubling trend in UP

With a total fertility rate of 3.3, low contraceptive prevalence of 32 percent and an unmet need of contraceptive of 30 percent (Annual Health Survey 2012) Uttar Pradesh is at a crucial juncture and

will have to play a decisive role in achievement of the national fertility goals and also ensuring meeting the unmet need for family planning for the people of Uttar Pradesh. Similarly the national health indicators shall also be impacted adversely, making development an unfinished agenda for government. Increase in population is a cumulative effect of fertility and mortality indicators, along with socioeconomic determinants. With the current rate of growth, the population of UP will cross 300 million (30 crore) by 2051. The rapidly growing population will affect UP's economic growth and commitment to improving the living standards of its citizens. Roti, Bijli, Kapda, Makkan, Paani, Saddak, toilet, education, health etc will all remain a far dream for UP. Governance will face challenge every time, in spite best investment, planning and programme implementation in these sectors. In spite of having largest young population, an enviable economic growth, huge land mass, UP may fail to showcase itself as secure, self-sufficient and efficient state amongst Indian States, thus not capitalizing its demographic dividend for state development.

In summary, meeting the unmet need for family planning reduces fertility rates, leading to improvements in women's and children's health. UP has a large unmet need for FP, an area requiring unprecedented focus in the state. Challenges of human resources, availability and access of contraceptives exist, and the state has to gear up to address these challenges on an immediate basis. Thus, UP will need to ensure additional focus on:

- Increasing access to a wide range of quality contraceptive products and services.
- Placing increased importance on limiting methods and encouraging spacing between children among couples and giving prime importance to improved counselling so clients can make informed and voluntary choice.
- Encouraging increased participation of men in family planning.
- Improving human resources and health facilities to address the unmet need for family planning.
- Accelerating efforts towards addressing the socioeconomic factors that impact fertility. These include: increasing the age of marriage for girls and education levels among girls and women; and creating more employment opportunities for women.
- Engage the large private sector in FP service delivery through improved systems for public-private partnership.

With MDG coming to an end and unfolding of SDG in 2016, there is further emphasis on cross cutting issues of Population & Development and thus the goals and targets are fixed where family planning and population issues are integral component at many places. The future National programmes in health and development will keep population issues in the centre so that development can be actualized.

Policy Unit at National Institute of Health and Family Welfare (NIHFW) interacted with senior officials of Government of Uttar Pradesh since its inception. During its project mode, it has conducted 3 large scace meeting in the state between 2012-14 on the issue of Family Planning and Population Stabilization, besides many one to one meeting with official in state government and institutions. During these meetings officials have shown interest in establishing similar Policy Unit in the State. The final meeting was held on October 5, 2015 where draft copy of MoU and proposed work plan of State Policy Unit in UP along with the budget were shared with MD, NHM; ED, TSU, Sr. Consultant and former DG Health UP, Addll Commissioner, SIFPSA and therein the state commitment for establishing the state Policy Unit was reiterated.

The State Policy Unit can work on the following objectives and Staff:-

OBJECTIVES:

- To steer evidence-based policy analysis, advocacy, and multi-sectoral coordination
- To engage and strengthen the capacity of selected State Institute of Health and Family Welfare
- To develop advocacy materials and sensitize key stakeholders

PROPOSED STAFF COMPOSITION:

- Senior Policy Analyst
- Public Health Expert
- Sr. Demographer
- Program Officer
- Technical Assistant
- Multi-tasking staff

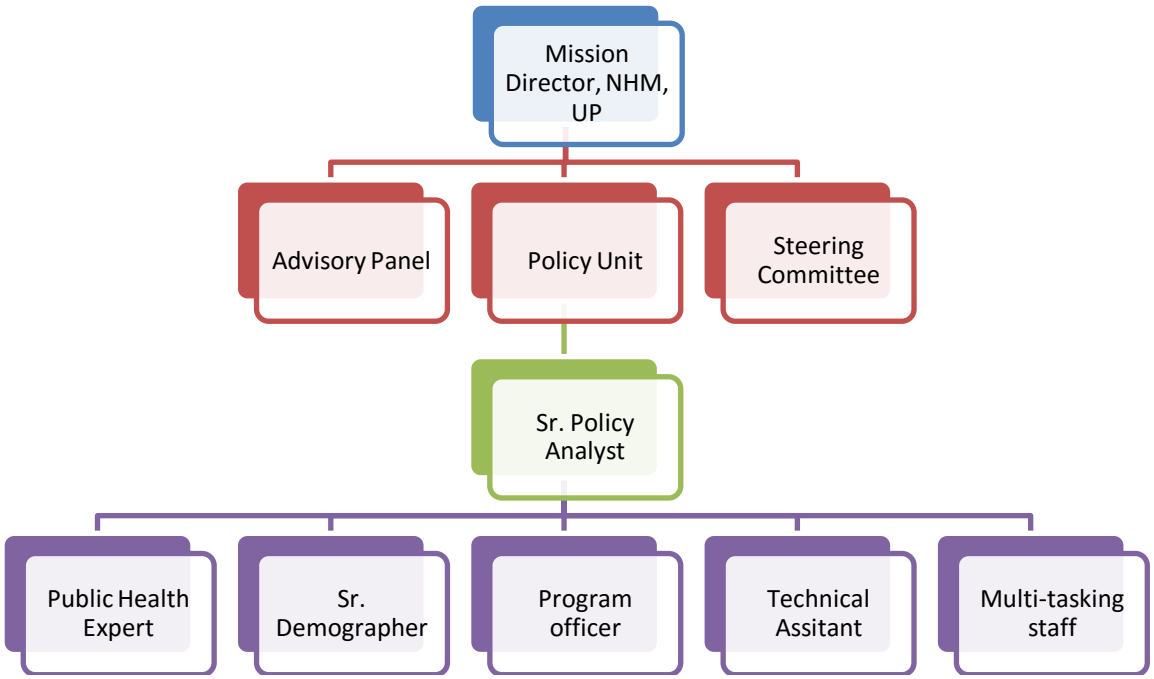
ADMINISTRATIVE ARRANGEMENT OF POLICY UNIT – UTTAR PRADESH

The Policy Unit, U.P will function under administrative control of **M.D. NHM, UP.**Its activities will be steered by DG (F.W.) with the technical support of six(6) regular members from SIFPSA, TSU(BMJF), State Population Research Centre, UP; Head of Department (PSM) - KGMU, Head of Department (OBG) - KGMU and Deputy Director General (Family Planning) - UP, who will also act as member secretary. There will be two (2) co-opted members, one will be from NIHFW and another will be from ICMR. This committee will be known as **Steering Committee**. Its members shall be by designation and not by name. Mission Director, NHM/ Director General (Family Welfare) will chair it. Steering Committee will meet at 3 monthly intervals. Its area of operation shall be population and family planning in UP. It will be responsible to approve annual work plan, review progress and suggest ways and means for solution of operational problem

The Policy Unit - UP will be advised by an **Advisory Panel** of eminent experts. It can be chaired by some committed expert on Population and F.P. He/She may belong to Medical/ Social/Demography/ Population background. Its members will include public health experts, social scientist, retired civil servant with health and FP experience, population experts, member from civil society and 2 members from NIHFW (Prof. J K Das, Director, NIHFW and Dr. R K Srivastava, Sr. Policy Analyst). Members will be by name for ensuring advisory harmony and continuity. They will be 6 in number. Expert panel will meet twice and advice State Policy Unit from time to time

Administrative Model of State Policy Unit – Uttar Pradesh

Its operation will be carried by Senior Policy Analyst under the administrative control of Mission Director, NHM, UP. The State Policy Unit may be located in NIHFW, New Delhi / Noida in the initial phase if possible as an extended arm of SIHFW in order to have frequent interaction and technical support from Policy Unit at NIHFW, New Delhi. Later on it should be shifted to the SIHFW. Its organogram is as follows:



Scope of Work of State Policy Unit:

- During 12th plan period, the state can focus on Family Planning and Population Stabilization issue and following *can* be the key tasks
    1. Implement capacity building training activities for the State Policy Unit Staff
    2. Consultative Meetings with key stakeholders and develop Policy Advocacy plan for state
    3. Conduct a research and data analysis for policy and advocacy for State
        - The effect of family planning method mix use on maternal and neonatal outcomes
        - Status reports: Status of family planning program in the state
    4. Develop State specific advocacy materials
    5. Facilitate dialogue among a variety of stakeholders

Role of Policy Unit, NIHFW - Policy Unit, NIHFW shall provide handholding during 2015-16 so that state Policy Unit - UP can recruit its staff to develop a work plan and start its operations. The technical assistance will be accomplished in two phases by undertaking the following activities:

Preparatory Phase - The emphasis of the work in early period would be for Policy Unit, NIHFW to provide technical assistance to MD NHM to strengthen the family planning component by setting up a state policy unit in SIHFW, UP.During preparatory phase, the PU, Nihfw will assist in following activities

1. The Policy Unit will provide technical assistance to UP SIHFW to set up a Policy Unit. The technical assistance will include developing a concept note; organizational structure; staffing structure; Terms of Reference; defining roles and responsibilities of the proposed staff members, development of annual work plan and development of M&E System.
2. The NIHFW Policy Unit will assist the state during this period, by sending its staff for short period to Lucknow.

State Policy Unit (Operational Phase) - From 2016, the Policy Unit, NIHFW would be provide handholding support to operationalize state policy unit in SIHFW, Lucknow - UP by maintaining on-line communication, exchange of document and visit. In case, operational phase last beyond the timeline (31st March2016) of Policy Unit, NIHFW, State Policy Unit shall take care of basic minimum financial requirement of Policy Unit, NIHFW for period, as deemed fit and on terms and condition as

mutually agreed to. During the period till December 2015, Policy Unit,Nihfw will help State Policy Unit in:

- Identification of a feasible location of state Policy Unit
- Developing work plan for state Policy Unit
- Listing and recruiting staff for Policy Unit
- Training of the staff of Policy Unit
- Assisting state Policy Unit to develop its state work plan
- Providing supportive supervision to state PU in its first 90 days of operation

Budget - Initially, State Policy Unit will be supported from extra-budgetary resources of state government, but later on it may be brought under regular budget of Health and Family Welfare, Department of Uttar Pradesh either through NHM or regular State health budget.

The state Policy Unit work for donor support for 2 years at least from date of its operation.. Later on, its usefulness should be evaluated and it should fund from state heath budget under NHM or state government. The detailed budget, which has been developed on available GoI norms and as per personal experience of P.U, Nihfw, is as follows:

Government Funded

	Approved Budget head	Indicative Budget Line Items^	Unit Cost	Units	
A		Human Resource Cost (SALARY)			
1		Senior Policy Analyst*	200,000	12	2400000
2	Core Staff on Contract	Senior Demographer	150,000	12	1800000
3		Program Officer	60,000	12	720000
4		Technical Assistant	20000	12	240000
5		Multi Tasking Staff*	10,000	12	120000
		Sub Total			5280000
B	Consultants	Consultants @ 4000/day			1000000
C	Other Program Cost	Outstation Travel for Staff (6 Trips each for Senior and Junior Staff)			
		Airfare + local travel	15,000	12	180,000
		Accommodation for senior staff	4,500	12	54,000
		Accommodation for Junior Staff	2,250	12	27,000
		Food Expenses for senior staff	450	12	5,400
		Food Expenses for junior staff	300	12	3,600
		Local Travel (per staff)	3000	12	36,000
		Sub Total			306,000
E		Program Cost			
1		Steering Committee Meetings (4 meetings)			
		Refreshments (15) per meeting	100	60	6000
		Stationery Material	1000	4	4000
		Airfare + local travel (For NIHFW Staff)	15,000	8	120,000
		Accommodation for NIHFW staff	4,500	8	36,000
		Food Expenses for NIHFW staff	450	8	3,600
		Sub Total			169,600
2		Advisory Group Meeting (2 meetings)			
		Airfare + local travel (For NIHFW Staff)	15,000	4	60,000
		Accommodation for NIHFW staff	4,500	4	18,000
		Food Expenses for NIHFW staff	450	4	1,800
		Resource Fee to Advisory panel members 6 each	1,500	12	18,000
		Refreshments (Approximate 12 persons per	350	24	8,400

		meeting)			
		Stationery /other material	1,500	2	3,000
		Sub Total			109,200
		Sub Total (program Cost)			278,800
G		Dialogue and Dissemination Events			
		State Level – 6 (no) (30 Participants each)			
		Outstation travel for participants	18000	18	324,000
		Outstation travel for staff	18000	12	216,000
		Food and Refreshments	500	180	90,000
		Resource Fee	1,500	180	270,000
		Stationery /other material	5,000	6	30,000
		Printing Cost	10000	6	60,000
		Accommodation Charges + Food Charges	5000	30	150,000
		Local Travel for local participants (10) – non government	1,000	80	80,000
		Sub Total			1,220,000
H		Other Direct Cost			
		Venue Charges for Meetings/ Policy Dialogues at State level & National Level	50,000	6	300,000
		Office Cost	100,000	12	1,200,000
		Accommodation Charges Meetings/ Policy Dialogues for members/ participants	20,000	6	120,000
		Local Travel for staff	10000	12	120,000
		Postage etc	1000	12	12,000
		Internet Charges	1000	12	12,000
		Printing Cost	50000	1	50,000
		Office supplies, Printing, Data Card etc	5000	12	60,000
		Sub Total			1,874,000
I	Contingency	Contingency	200,000	1	200000
		Total			10,328,400

Budget (Donor Agency Funded)

	Indicative Budget Line Items^	**Unit Cost**	**Units**	**Total cost**
A	Labor Cost			
1	Senior Policy Analyst	300,000	12	3,600,000
2	Public Health Expert	200,000	12	2,400,000
3	Demographer	160,000	12	1,920,000
4	Program Officer	100,000	12	1,200,000
6	Technical Assistant	20,000	12	240,000
7	Attendant	10,000	12	120,000
	Sub Total			9,480,000
B	Consultants (110 work days)			
	Consultant-(obs/gyn, biostate, advocacy, communication, national programme, report writing, etc as per need)	1,000,000	1	1,000,000
	Sub Total			1,000,000
C	Other Direct Cost			
	Office Space	100,000	12	1,200,000
	Accommodation Charges Meetings/ Policy Dialogues	50,000	6	300,000
	Office supplies	10,000	12	120,000
	Local Travel (For in station meetings for the staff)	10,000	12	120,000
	Communication (Phones/Postage)	1,000	12	12,000
	Printing cost (including printing of Policy Unit stationary, brochures, etc.)	50,000	1	50,000
	Post paid Broadband with Fixed line	1,000	12	12,000

	Indicative Budget Line Items^	Unit Cost	Units	Total cost
	On time registration fee for India state website to access the state level data for health	50,000	12	600,000
	Registration fees for generals/ papers/ publications websites	50,000	1	50,000
	Sub Total			2,464,000
D	Outstation Travel for Staff (8 trips for 2 days each)			
	Airfare + local travel	18,000	8	144,000
	Accommodation	5,000	16	80,000
	Per Diem (Meals and Miscelleous Expenses)	4,000	16	64,000
	Sub Total			288,000
E	Program Cost			
	Steering Committee Meetings (4 meetings)			
	Refreshments (15) per meeting	100	60	6000
	Stationery Material	1000	4	4000
	Airfare + local travel (For NIHFW Staff)	15,000	8	120,000
	Accommodation for NIHFW staff	4,500	8	36,000
	Food Expenses for NIHFW staff	450	8	3,600
	Sub Total			169,600
	Advisory Group Meeting (2 meetings)			
	Airfare + local travel (For NIHFW Staff)	15,000	4	60,000
	Accommodation for NIHFW staff	4,500	4	18,000
	Food Expenses for NIHFW staff	450	4	1,800
	Resource Fee to Advisory panel members 6 each	1,500	12	18,000
	Refreshments (Approximate 12 persons per meeting)	350	24	8,400
	Stationery /other material	1,500	2	3,000
	Sub Total			109,200
	Sub Total (program Cost)			278,800
G	Dialogue and Dissemination Events			
	State Level Policy Dialogue (6 nos.)			
	Air fare Travel + Air port Transfer	18,000	12	216,000
	Accommodation	5,000	24	120,000
	Food and Refreshments	500	180	90,000
	Resource Fee	1,500	180	270,000
	Stationery /other material	5,000	6	30,000
	Printing Cost	10000	6	60,000
	Local Travel for local participants (10) – non government	1,000	80	80,000
	Sub Total			866,000
I	Small Group Meeting ***	50,000	4	200,000
	Sub Total			200,000
J	Contingency	500,000	1	500,000
	Total			15,076,800

Memorandum of Understanding

Between
Policy Unit, National Institute of Health and Family Welfare
and
State Innovations in Family Planning Services Agency
and
State Institute of Health and Family Welfare, Uttar Pradesh

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the Policy Unit, National Institute of Health and Family (NIHFW), State Institute of Health and Family Welfare (SIHFW),and the State Innovations in Family Planning Services Agency (SIFPSA) of State of Uttar Pradesh (UP),to provide technical assistance to set up a Policy Unit in UP.

Background

Policy Unit: The Policy Unit for population, health, nutrition and development was established under the Department of Planning and Evaluation, NIHFW with technical and financial support from United States Agency for International Development (USAID) supported Health Policy Project (HPP). HPP is a global project that aims to strengthen developing countries' national and subnational policies, advocacy, and governance for strategic, equitable and sustainable health programming. HPP focuses on key health issues—namely, family planning/reproductive health, HIV, maternal health—while also promoting health systems strengthening and program integration.
Established in 2011 at NIHFW, the Policy Unit has the mission to advance policy analysis and evidence informed policy making. Within this mandate the specific objectives of the Unit are:

- To steer evidence-based policy analysis, advocacy, and multi-sectoral coordination
- To create a network of informed champions at national- and state-level
- To engage and strengthen the capacity of select State Institutes of Health and Family Welfare
- To develop evidence-based advocacy materials and sensitize key stakeholders through various fora
- To organize policy dialogue with decision makers & inform policy decisions

In May, 2015 MoHFW, GoI after review of the project phase outcome of Policy Unit decided to convert it into government funded activity in NIHFW.

SIFPSA is a joint endeavor of the Government of India, USAID and Government of Uttar Pradesh. The organization became operational to implement USAID-funded Innovations in Family Planning Services Project (IFPS) with the objective to increase access, improve demand and expand choices of family planning services in UP. Later, reproductive and child health services were added to its mandate as per the outcomes of the International Conference on Population and Development (ICPD) declaration. Technical Support Unit, BMGF is associated with SIFPSA.

SIHFWUP is actively involved in training of health functionaries along with research, and monitoring and evaluation related activities and is under the administrative control of Directorate of Health, UP.

UP is the most populated state in the country. Being a high-focus state with high total fertility rate (TFR), maternal mortality ratio and infant mortality rate, UP is committed to strengthen the focus on family planning and improve TFR and maternal and child health indicators.

Purpose - The Government of UP has expressed its keenness to collaborate with the Policy Unit, NIHFW to strengthen the policy planning and evidence-based decision making process through enhancing the capacities of UP SIHFW and has sought technical assistance from the Policy Unit,

NIHFW in setting up aState Policy Unit at UP. The purpose of this MOU is to detail out the modalities of the technical assistance which will be provided by the Policy Unit, NIHFW to UP SIHFW to set up and sustain its State Policy Unit.

Details of the Proposed Assistance - The technical assistance will be accomplished in two phases by undertaking the following activities:

Preparatory Phase - The emphasis of the work in early period would be for Policy Unit, NIHFW to provide technical assistance to MD NHM to strengthen the family planning component by setting up a state policy unit in SIHFW, UP.Following areas are identified

- The Policy Unit,Nihfw will provide technical assistance to UP SIHFW to set up a Policy Unit. The technical assistance will include developing a concept note; organizational structure; staffing structure; Terms of Reference; defining roles and responsibilities of the proposed staff members.
- The NIHFW Policy Unit will assist the state during this period, by sending its staff for short period to Lucknow.

State Policy Unit (Operational Phase) - From 2016, the Policy Unit, NIHFW would be provide handholding support to operationalize state policy unit in SIHFW, Lucknow - UP by maintaining on-line communication, exchange of document and visit. In case, operational phase last beyond the timeline (31st March2016) of Policy Unit,NIHFW, State Policy Unit shall take care of basic minimum financial requirement of Policy Unit, NIHFW for period, as deemed fit and on terms and condition as mutually agreed to.

Objectives of State Policy Unit:
- To steer evidence-based policy analysis, advocacy, and multi-sectoral coordination
- To engage and strengthen the capacity of selected State Institute of Health and Family Welfare
- To generate evidences of link of population, family planning measures and development in UP

Scope of Work of State Policy Unit:
- During 12th plan period, the state can focus on Family Planning , Population Stabilization, health and developmental issues and following *can* be the key tasks
    1. Implement capacity building training activities for the State Policy Unit Staff
    2. Consultative Meetings with key stakeholders and develop Policy Advocacy plan for state
    3. Conduct a research and data analysis for policy and advocacy for State
        - The effect of family planning method mix use on maternal and neonatal outcomes
        - Status reports: Status of family planning program in the state
    4. Develop State specific advocacy materials, based on analysed population and developmental indicators
    5. Facilitate dialogue among a variety of stakeholders

Administration of State Policy Unit - The State Policy Unit shall be administered by a Steering committee and mentored by an Advisory Panel, which shall be notified by State Govt.

Reporting
- The Steering Committee will be held on quarterly basis to monitor the progress of work of Policy Unit
- The Advisory Panel will be held twice a year to guide the Policy Unit on the course of its work.
- Along-with Policy Unit will send a monthly report to all the members of Steering Committee

Duration - It is intended to be a permanent structure in SIHFW, Lucknow to act as an extended arm of Mohfw, UP, which will operate to generate evidences for family planning, population stabilization,

health and development in State of UP, BUT for initial period, it will operate for 2 years on project mode

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

Contact Information

Partner name (Fill in SIHFW details)
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name(Fill in SIFPSA detail)
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name Prof J K Das, ,
Partner representative
Position Director
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Telephone 011-26105743
Fax 011-26101623
E-mail director@nihfw.org, info@nihfw.org

_____ Date:
(Partner signature)
(Partner name, organization, position)

_____ Date:
(Partner signature)
(Partner name, organization, position)

_____Date:
(Partner signature)
(Partner name, organization, position)

Minutes of the Meeting
October 5, 2015
Lucknow, Uttar Pradesh

Purpose of the Meeting

- To discuss the proposal of establishment of State Policy Unit in Uttar Pradesh via a MoU between NIHFW, SIFPSA and SIHFW, UP from donor or government funding.

Members Present

1. Shri Amit Ghosh, MD NHM, UP
2. Dr.Baljit Singh Arora, Sr. Consultant and former DG health UP
3. Mr RigzinSamphel, IAS, Addl. Commissioner, SIFPSA
4. Mr. VikasGothwal, ED, TSU
5. Dr. R.K. Srivastava, Senior Policy Analyst, Policy Unit, NIHFW

Proceedings

- Sr. Policy Analyst met with Mr. Amit Ghosh, MD NHM, UP on October 5, 2015 in Lucknow, UP and presented the proposed State Policy Unit, Tripartite Agreement, and budget both from donor agency and government funding. Thereafter, he gave details briefing to Dr Arora and Mr Rigzinin separate meetings.

Key decisions

- **The earlier decision for establishment of State Policy Unit, UP was reiterated**
- The following key points were agreed to:
    - PU to send a concept note for development of state PU to Dr.baljitsingharora@gmail.com (mob918005192521).
    - Proposal for funding from NHM shall be send as supplementary demand from NHM to MOHFW, GoI by MD,NHM,UP
    - Proposal for funding from BMGF shall be examined by Mr Vikas and subsequently, it will be followed by a meeting in Delhi, possibly on 10th of this month between MD, NHM, UP and BMGF to explore its funding support from BMGF
    - Suggested budget of 1.5 crore/annum (donor Support) and 1.00 Crore/ annum was agreed to
    - State PU shall be in project mode from donor support for 2 years

The meeting concluded with thanks to MD NHM and his officials for positive response

National Deworming Day - February 2016

On April 30, 2015 State Program Management Unit (SPMU) -State Health Society (NHM), State Innovations Family Planning Services Project Agency (SIFPSA), and Evidence Action's has signed a memorandum of understanding (MOU) for implementation of the A*nganwadi* and School-based de-worming program in Uttar Pradesh.

The program aims to reach out to all children aged 1-19 age for treatment of soil-transmitted helminths (STH), or parasitic worms as they are commonly known. The de-worming program in the State will be conducted under the aegis of the National De-worming Day on 10th February 2016 as directed by Government of India and implemented by state governments under the National Health Mission.

State will organize NDD in 42 Districts (75 Distt.- 33 MDA Distt.) as integrated de-worming activity. As per GoI guidelines we propose various activities which is to be done on and before the event. Evidence Action will support the Progarmme In our State.
The proposed activities and funds required is given in table below.

State level Activity for NDD for 2015-16 (Sup. PIP) Summary				
Sl.	**Activity**	**Level**	**FMR Code**	**Amount Rs.**
1	Dissemination of IEC: Radio jingles, Newspaper appeals and TV spots/scrolls etc in local language	State Level	B.10.3.5	390000.00
	Sub Total			**390000.00**
2	ASHA incentive for Rs. 50 for mobilizing and ensuring every eligible child (1-19 years out of school and non-enrolled) is administered Albendazole (conditionally = at least 90% coverage for 42 Distt.	Distt. Level	B.1.1.3.5	3398700.00
3	Printing of (a)training material (Rs. 1762650) (b) IEC material: Banners/ hoardings/pamphlets (Rs. 7584690) (c) Reporting format of all levels (Rs. 840000)	Distt. Level	B.10.7	10187340.00
4	Media activities for awareness generation Cable TV/Miking/Wall writing/Inauguration event and other informative activities as appropriate	Distt. Level	B.10.6	26674200.00
5	Half day orientation at PHC/ Block level for approximately 300 Participants / Block participants @ Rs 50 per participants(apart from printing of training material)	Distt. Level	A.9.11.3	3292500.00
	Sub Total			**43552740.00**
	Grand Total			**43942740.00**
			OR	**439.43 Lakhs**

Chapter-21: National Urban Health Mission

The following activities and budget have been proposed in supplementary PIP

FMR 2.1.1 Human Resource:

New activity: Budget was proposed in PIP 2015-16 but not approved
UP is a big State having 75 Districts hence as per need of the work following HR have been proposed to strengthen Urban Health Cell at DG FW to carry out NUHM related activities-

a). 2 Consultant @ Rs. 50000.00 p.m. for 3 Months.
b) 4 Programme Coordinator @ Rs. 30000.00 p.m for 3 Months.
c) 3 Steno @ Rs. 20000.00 p.m for Rs. 3 Months.
d) 1 Account Officer @ Rs. 40000.00 p.m for 3 Months.
e). 2 Accountant @ Rs. 30000.00 p.m for 3 Months.
f). 3 Programme Assistant @ Rs. 30000.00 p.m for 3 Months.
g). 4 Data Entry Operator @ Rs. 12000.00 p.m for 3 Months.
h). 5 Office Assistant @ Rs. 7500.00 p.m for 3 Months.

Budget for Human Resource for Urban Health Cell at SPMU level :1 Data Assistant is already working at Urban Health Cell at SPMU so approval is needed for the same .
a) 1 Data Assistant @ Rs 28875.00pm for 12 months

FMR 2.1.3 Office Expenses:

New activity: budget was proposed in PIP 2015-16 but not approved Budget for Other Operational Expense for Urban Health Cell at DG(FW) Level is being proposed for the following activities :
a) 1 Photocopier Machine @ Rs. 100000.00.
b) 6 Computers with Printers @ Rs. 70000.00.
c) 4 Laptops @ Rs. 70000.00.
d) 1 Colour Printer with Scanner @ Rs. 45000.00.
e) 1 Net USB @ Rs. 5000.00.
f) 6 CUG Mobile @ Rs. 2500.00

FMR 4.2 ANM/LHV:

413 Additional ANMs were approved with the salary of Rs 9900/-per month for 8 months in ROP 2015-16. These ANMs were also approved in year 2014-15 also so salary of remaining 4 months is being proposed for these ANMs.

FMR 4.3 Urban PHC

- **Building of New UPHC -** This activity was proposed in PIP of 2015-16 with a cost of Rs.97.30 Lakhs for New UPHC, Jaheedpur but approval pended with the comments "Approval pended. State to specify status of land identification & specific DPRs for these UPHCs." so this activity has again being proposed fulfilling the requirement of GoI.

FMR 4.3.3.1 Human Resource :

- **FMR 4.3.3.1.1 MO salary -** Salary of 80 additional Full time and Part time MO was approved only for 8 months. These MOs were also approved in year 2014-15 also so salary of remaining 4 months is being proposed for these MOs.
- **FMR 4.3.3.1.2 Salary of Paramedical &Nursing Staff -** These all position were also approved in 2014-15 so salary of 12 months is being proposed for all positions. The detail difference of their is given below

FMR 4.3.3.1.2 : SALARY OF PARAMEDICAL & NURSING STAFF

Sl.	Particulars	Target	Unit Cost (in Rs.)	Frequency (in Months)	Amount (in Lakhs)
a	SN	231	19060	12	528.34
b	SN	315	17325	12	654.89
c	Add. SN	160	16500	12	316.80
	Add. SN	32	16500	12	63.36
d	Pharmacist	478	17325	12	993.76
e	Pharmacist	80	16500	12	158.40
f	LT	478	12400	12	711.26
g	LT	80	11800	12	113.28
TOTAL					**3540.09**
Already approved amount					**2825.93**
Amount Proposed (after adjusting the amount approved already)					**714.16**

- **FMR 4.3.3.1.3 Salary of Support staff -** The Salary of support staff has been approved in ROP at @ Rs 14000/- per UPHC per month. 3 Support staff (1 Ward boy, 1 Ward Aaya and 1 Sweeper cum chowkidar) are necessary to run the UPHC in 2 shift so the same approval has been given from State level. According to minimum wedge Rs 7000/-per month per person total Rs 21000/- per month per UPHC has been proposed.

FMR 4.3.3.1.3 : SALARY OF SUPPORT STAFF (Non Clinical Staff)

Target	Unit Cost (in Rs.)	Frequency (in Months)	Amount (in Lakhs)
231	21000	12	582.12
327	21000	12	824.04
TOTAL			**1406.16**
Already approved amount			**662.76**
The difference of Amount			**743.40**

- **FMR 4.3.3.2 Office Expenses -** The Office Expenses of 80 UPHCs was approved only for 8 months. This activity was also approved in year 2014-15, so office expenses of remaining 4 months is being proposed for UPHCs

- **FMR 4.4.1 Capital cost support for new UCHC -** This is a new activity. Detail DPR report is attached on annexure 1 with a proposed cost of Rs.700.13 Lakhs.

- **FMR 4.4.2.2 Security guard for 8 BMCs -** New activity. 1 Security guard @Rs 7000/- pm per Security Guard, 4 Security Guards per BMC for 08 BMC of Lucknow.

- **FMR 4.6 IEC/BCC:-** Detailed IEC/BCC plan is attached in annexure 2

- **FMR 7 Innovative Actions & PPP :-**

Sl.	Particulars		Amount (in Lakhs)
1	Staff VAN @ 7 Lakhs/ VAN * 20 VAN		140.00
2	Difference of Capital Cost of Mobile Medical Unit as approved by GOI for EMTS Unit & NUHM		109.92
TOTAL			**249.92**
Approved to EMTS Unit @ 23.746 / Unit *20 MMU		**474.92**	
Approved under NUHM @ 18.25 Lakhs / Units * 20 MMU		**365.00**	**109.92**
The difference of Amount			**249.92**

- **FMR 8 Monitoring & Evaluation -** 100 CUG @ Rs 5000/- per set and Rs 200/- per month per CUG mobile for 03 month for nodal officers, 16 Laptops (14 for nodal officers of 14 MC cities & 2 for State Level Nodal persons) @ Rs 65000/- per Laptop, 04 Desktops (for contractual Consultants, Accountant, PCs diploid under NUHM) @ Rs 60000/- per desktop.

Annexure-2

IEC/BCC Proposal of NUHM for Supplementary PIP 2015-16

Mass Media Campaign through DoorDarshan,Lucknow
Through Doordarshan Kendra Lucknow
PERIOD : 25 Weeks
(As Per Prasar Bharti Rate Card)

S. No.	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 6:00 pm.	60	2000.00	4	240	48000.00
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 25 Weeks								19500000.00
Less 25% Discount								4875000.00
Balance								14625000.00
Service Tax @14% :								2047500.00
Payable amt. (in Rs.) :								**166,72,500.00**

Media Plan for Private F.M. Channels.
Activity Period : 90 Days
(As Per D.A. V.P. Rate)

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

S. No.	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,)

S. No.	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)

S. No.	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)

S. No.	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)

S. No.	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 90 days (in Rs.):54,00,000.00
Service Tax @14% : Rs.7,56,000.00
Payable amt. (in Rs.) : 61,56,000.00

Total Mass Media Campaign for NUHM:

AIR all primary channel- Rs.110,00,772.00
Pvt. Radio FM Channels-Rs.61,56,000.0
Doordarshan-Rs.166,72,500.00

- **Development and production of two video spots on Urban ASHA and Urban PHC-Rs. 6.00 Lakhs@ Rs. 3.00 Lakhs for each spot.**

Thus, total budget for mass media campaign- Rs.344,29,272.00

Folk Media Campaign in Urban Slums.

Total Cities taken for folk show- 20

Sl.	Cities	Slum Population	Show @10000 pop.	No. of shows per year	No. Folk Show@1 show per slum in 3 months for 12 months@ Rs. 5000/- (Rs. In Lakhs)
1	Lucknow	1097710	110	439	21.95
2	Kanpur Nagar	637000	64	255	12.74
3	Agra	1250000	125	500	25.00
4	Allahabad	680000	68	272	13.60
5	Varanasi	569740	57	228	11.39
6	Gaziabad	403045	40	161	8.06
7	Meerut	1150000	115	460	23.00
8	Moradabad	432500	43	173	8.65
9	Aligarh	780000	78	312	15.60
10	Bareilly	338000	34	135	6.76
11	Saharanpur	302500	30	121	6.05
12	Jhansi	211550	21	85	4.23
13	Shahjahanpur	218460	22	87	4.37
14	Gorakhpur	450000	45	180	9.00
15	Etawah	49,000	5	20	0.98
16	Balrampur	36,000	4	14	0.72
17	Kannauj	15,300	2	6	0.31
18	Ambedkar Ngr	15000	2	6	0.30
19	Unnao	43,500	4	17	0.87
20	Sonbhadra	32,000	3	13	0.64
	Total		871	3485	174.23

Total Budget for Folk Media Campaign – Rs.174,22,610.00

IEC through Print Media

Sl.	4 News Paper Advt.in a year @Rs.6.50 Lakhs	Total Budget for Advt.
1	Rs.6.50*4 advt.	Rs. 26.00 Lakhs

TOTAL IEC BUDGET FOR NUHM- Rs.545.00 Lakhs

National Communicable Disease Control Programmes

1. **FMR Code- E.1.5 (State Entomologist)**:-. The sanctioned amount for salary in RoP 2015-16 is Rs. 1.20 Lakhs @ Rs. 40,000/- per month. The state Entomologist is working since Sept, 2015 and with this amount his salary can be paid till November, 2015 only. For further salary payment upto March, 2016, a total of Rs. 1.60 Lakhs (@Rs. 40,000/month) is required and so proposed.

2. **FMR Code- E.1.11 (District Data Managers)**:- The total amount approved in RoP was 146.81 Lakhs (for filled and vacant positions). From the sanctioned amount, for 45 person working for more than one year a total amount of Rs. 115.13 Lakhs (@ Rs. 21320/month) and for 12 new appointed district Data Managers a total amount of Rs. 29.23 Lakhs (@ Rs. 20300/month) was released to districts.

   Among 18 vacant positions out of 75 sanctioned positions, 01 position has already been filled in district Bulandshar (Date of joining in month August, 2015), But intimated very late to State HQ (in the month of November, 2015), because of which his salary could not be allocated to the district & therefore for district Bulandshahr 08 Months salary is being proposed. The total of Rs. 16.04 Lakhs (@ Rs. 20300 per month for 4 months) will be required for their salary payments and so proposed.

3. **FMR Code- E.1.12 (District Data Entry Operator)**:- The total amount approved in RoP was 97.42 Lakhs (for filled and vacant positions). From the sanctioned amount, for 44 person working for more than one year a total amount of Rs. 66.59 Lakhs (@ Rs. 12600/month) and for 15 new appointed district Data Managers a total amount of Rs. 27.00 Lakhs (@ Rs. 12000/month) was released to districts.

   Out of 85 sanctioned positions, 18 were vacant at the time of budget allocation, but later on 03 more position were filled and now only 15 positions are vacant. Therefore calculation from their month of joining, the total amount of Rs. 11.04 Lakhs (@ Rs. 12000 per month) will be required for their payment of their salary payments and so proposed.

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)
E.1.5	State Entomologist	1.60	1	1.60
E.1.11	District Data Manager	-	18	16.04
E.1.12	Data Entry Operator*	-	20	11.04
	Sub total			**28.68**

Chapter-23: National Vector Borne Disease Control Programme (NVBDCP)

Under National Vector Borne Disease Control Programme, various activities are proposed in Supplementary PIP of 2015-16, as follows:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	Justifications
F.1.1	**Malaria**				
F.1.1.c.ii	Operational cost for IRS	1.00	16	16.00	Procurement & maintenance of portable Fogging Machines, Cost of buckets and mugs for districts, transportation of insecticides, mobility of spray squads, capacity building of sprayers. Further, DDT has been provided to districts and operational costs need to be met at district level
F.1.1.l.a i	Stationery for State level reporting, recording, internet facilities etc.	1.00	1	1.00	State HQ activities are being hampered due to lack of computers, data entry operators and internet facilities for reporting, recording, monitoring and supervision of programme activities.
F.1.1.l.a ii	Procurement of two computers with all accessories including printer, UPS etc. for state HQ (Rs 1.4 Lakhs @ Rs 70,000 per computer with accessories)	0.70	2	1.40	
F.1.1.l.a iii	Procurement of Photocopier for State HQ and offices of District Malaria Officers	0.50	76	38.00	
F.1.1.l.a iv	Internet facility for state HQ and 75 Offices of District Malaria Officer-installation and services for 4 months	0.08	76	6.08	
F.1.1.l.b	State level Secretarial Assistance cum data entry operator @ Rs 15000 per month for 4 months	0.60	2	1.20	
F.1.2	**Total Malaria (DBS) Dengue & Chikungunya**			**63.68**	
F.1.2.a(ii)	Sentinel surveillance Hospital recurrent	-		30.00	As per the demand of Principal, GSVM Medical College, Kanpur, total amount Rs. 30.00 Lakhs (Rs. 10.00 Lakhs for stengthening of lab, Rs. 15.00 Lakhs for equipements etc. and Rs. 5.00 for Consumables) proposed
F.1.2.a(iii)	ELISA facility to Sentinel Surv Labs	4.00	50	200.00	Elisa Reader with Washer 2 Set for 50 SSHs, as the whole state has to be provided coverage by Sentinel Surveillance Hospital Labs
F.1.2.f	Vector Control,	0.50	150	75.00	Two fogging machine for each district

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)	Justifications
	environmental management & fogging machine				
	Total Dengue/ Chikungunya			**305.00**	
F.1.3	**AES/JE**			**235.70**	
F.1.3.b	IEC/BCC specific to J.E. in endemic areas	-	13	141.70	
F.1.3.e	Procurement of Insecticides (Technical Malathion)	2.75	8	22.00	
F.1.3.g	Operational costs for malathion fogging	9.00	8	72.00	
	Total AES/JE			**235.70**	
F.1.4	**Lymphatic Filariasis**				
F.1.4.b	Microfilaria Survey	0.50	13	6.50	For 33 districts proceeding for MDA in December 2015 Microfilaria survey @ Rs 50000 per district Rs 16.5 Lakhs is required however only Rs10 Lakhs has been approved in ROP. Hence additional Rs 6.5 Lakhs are required for the activity.
F.1.4.f	Honorarium for Drug Distribution including ASHAs and supervisors involved in MDA	-		152.80	Rs 744.6 Lakhs was required as honourarium for drug distributors for coverage of entire targetted population @ Rs 600 for activity of 3 days covering 750 population to each Drug Distributor and for Health Supervisors who will supervise every 10 Drug Distributors.
	Total Lymphatic Filariasis			**159.30**	
	Total (DBS)			**763.68**	
F.6	**Cash grant for decentralized commodities**				
F.6.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)	0.01	1,000.00	5.00	
F.6.j	Pyrethrum extract 2% for spare spray	0.01	1,000.00	5.00	
F.6.m.i.	Malathion Technical for Dengue @ one drum(250 kg) per district	**0.52**	75.00	38.71	
F.6.m.ii.	Diesel/KOL @ 3800 litres per district	**2.13**	75.00	159.60	
F.6.m.v.	Malathion 25% wdp	**1.00**	75.00	75.00	
	Total NVBDCP Cash + Commodity			**1046.99**	

Support to strengthening BRD Medical College, Gorkhapur

Background - Viral encephalitis is a pressing health problem in India, especially Eastern U.P and contributes to about 60% of the total AES cases` all over the country. Nehru Hospital of Baba Raghav Das Medical College is the most approachable tertiary care hospital for a population of 50 million of eastern UP, parts of Bihar and adjoining Nepal, and has witnessed all epidemics right from 1978. Encephalitis is reported mainly from eight districts of Eastern UP with the highest number of cases occurring in Gorakhpur, Kushinagar, Maharajganj, &Deoria and two adjoining districts of Bihar (Gopalganj and West Champaran). In 2005, a large and severe epidemic of viral encephalitis was seen. During this period, a total of 6097 JE cases with 1,398 deaths were reported. Since then, more than 2000 AES cases per year are admitted in pediatric wards of B.R.D Medical College, Gorakhpur with about 20% mortality.

Patients coming to BRD travel long distances with an average commuting time of 3-6 hrs and most of these patients are critically ill by the time they reach our facility. Out of the total admissions approximately of 40-50% patients are critically ill require specialized ICU care . Over the years, facilities have improved in the institution in view of the large number of patients being admitted. ICU facilities have increased from 6 to 50 ventilated beds. Aid in terms of manpower and infrastructure has also improved with two new wards(100+108 bedded) dedicated to deal with the huge load during the peak season.

Running a 50 bed ICU , however incurs huge running cost . In a study conducted in an apex institute in Indiaan average estimated cost of a patient in a specialized ICU is approx Rs 14,976 /day. ***(Kumar P, Jithesh V,Gupta SK,Does a single speciality intensive care Unit make better business sense than a multi specialy Intensive Care Unit?A costing study in a trauma center in India. Saudi J Anaesth 2015;9:189-94)***

In our set up approximately 2000 pt AES are admitted annually and all patients labeled as AES have to be treated free of and cost. Aapprox 40% of these admissions require ICU care. The total expenditure for investigation, disposables. Consumables and oxygen supply is met from the total hospital budget. This strains the budget a lot. Minimum approximate cost of medications and disposables for patients needing ICU care is aprox Rs 3000* per patient/day (Annexure-I). Most ventilated patients spend 10 days in the ICU & HDU. Some patients need longer duration ICU care and cannot be fed internally. These patients have to be given total parental nutrition. At least 5 of these ptts require TPN and the annual cost incurred in such patient would amount to approx. Rs16640000. (Anexxure-I) Patients who are stable enough to be managed in wards spend approx.10days in the ward and treatment cost / patient is approx Rs 1500per patient per day (annex-I)

Budget Required for AES Patient(Drug)

MEDICINE				
S.N	DETAIL	Budget required	Total Budget in Rs	Justificación:
1	IV Fluid etc	42000000	58640000	On a average total 20-25 AES patients have been admitted in Department of Pediatrics in those about 50% were admitted in ward & 50% admitted in ICU. Hospital stay in ward is about 7-10 days & in ICU is about 10-15 days. In ICU 4-5 patients needs to be admitted more than 15 days and required TPN.
2	Antibiotic/Antifungal etc			
3	Anticonvulsant			
4	Ionotropes			
5	Disposable			
6	Supporting Medicine (kcl,cacl2,atropine,pcm,rantac,sodabicarb)			
7	TPN (Central Venous line , Amino Infusion, Intra Lipid , Dextrose)(On an avg 5 patient per day requires such therapy avg weighing 20 kgs)	16640000		
TOTAL			**58640000**	

**Rate calculated on purchase cost to the hospital*

ICU & Ward : Estimated cost of Medicine per day

S.N.	Items Name	Ward	Ward	ICU	
		Day 1 (Rs)	Rest day (10Days) (Rs)	Day 1	Rest day (9 Days)
1	IV Fluid etc	100	80	300	300
2	Antibiotic/Antifungal etc	300	300	500	500
3	Anticonvulsant	100	100	300	300
4	Ionotrops	300	200	300	300
5	Disposable	1600	1000	3100	1500
6	Supporting Medicine (kcl,cacl2,atropine,pcm,rantac,sodabicarb)	300	200	500	200
		2700	1880	5000	3100
		Rs 1962.00 per day = 1500		Rs 3290.00=3000.00 per day	
		Rs 1500 X 10 day X 1200 pt = Rs18000000		Rs3000 X 10daysX800pt= 24000000	
	Total(1-6)	Rs 42000000 per Year			

7- TPN					
	Items Name	Required No.	Estimated cost (Per item per patient)	Total Estimated cost	Justificación:
1	Central Venous line	200	1,800/-	360000	TPN (Total Parental Nutrición) is required for AES patients who can not be given enteral feeds in the PICU (Paediatric Intensive Care Unit). Calculations are based on an average of five patients requiring TPN per diem. Calculations are for an average weight of 20 Kg per child. Averge 5 Pataent per day needs TPN
2	Amino Infusion	1000	6,000/-	6000000	
3	Intra Lipid	1000	10,000/-	10000000	
4	Dextrose	1000	200/-	200000	
5	Refrigerater/ Bio Safety Cabinet	02	40,000/-	80000	
	Total			16640000	-

Annexure-2

Budget Required for CMC of equipment's in Paediatric ICU
(Miscellaneous budget for instruments CMC of equipment's in Paediatric ICU) –A

Sr No	Equipment	Model/ make	quantity	Installation date	Warranty/ CMC	CMC cost
1	ventilator	Intensive care ventilator dragersavina	1	27-04-10	No	75,000
		Intensive care ventilator dragersavina	8	2-8-10	No	600000
		Intensive care ventilator drager savina-300	10	2012	No	7,50,000
		Intensive care ventilator dragersavina	20	25-1-13	Yes	0
		Intensive care ventilator dragersavina	10	6-9-13	Yes	0
		Intensive care ventilator dragersavina	8	25-9-15	Yes	0
		Neonatal ventilator babylog	1	25-11-12	Yes	0
		Neonatal ventilator babylog	5	22-3-13	Yes	0
		Neonatal ventilator babylog	5	3-3-14	yes	0
		Ventilator Event	1	2014	Yes	0
		Bi PAP	2	24-5-14	yes	0
2	Monitors					
		Multifunction monitor Clarity	5	2-8-10	No	50,000
		Bed side cardiac monitor L&T	2	24-8-11	No	20,000
		Multipara monitor creative	5	13-8-10	No	60,000
		Pulseoximeter with NIBP Maestros	10	7-9-10	No	99,500
		Side medium monitor	2	24-8-11	No	20,000
		Shillers Monitor	6		No	2,65,200
		Criticare monitor	20	25-11-13	yes	0
3	Blood gas analyser					
		ABBOTT	1	5-2-10	No	50,000
4	Autoanalyser					
		Semiautomatic analyser Nova	1	18-8-10	No	38,000
5	Defibrillator					
		Cardiac monitor with defebrilator	1	3-8-10	No	59,000
6	EEG					
		EEG Neorocompact	1	9-9-8	No	51,300
		Neurovision video EEG	1	30-3-10	No	62,700
		Neuro perfect plus EMG/BERA	1	30-3-10	No	59,280
7	X Ray	BLT Biolight	1	11-8-06	No	60,000
		Allenger System	1	20-1-11	No	26,334 (AMC)
8	Ultrasound					
		Color Doppler ultrasound	1	8-12-6	No	50,562 (AMC)
		Portable ultrasound	1	3-8-10	No	80,000
9	Infusion					

	pump					
		Pulse infusion pumps	15	15-9-10	No	83,700
		B Braun	30	2013	Yes	0
		B Braun	18	2014	Yes	0
10	ECG					
		Maestros	1	2010	No	5,000
		Maestros	1	2010	No	5,000
						25,70,576

Miscellaneous budget for instruments - B

S. No.	Description	Rate (Rs.)	Qty.	Amount
1	ECG Lead	22,272.00	20	445,440.00
2	SpO2 Probe	15,060.00	20	301,200.00
3	NIBP Cuff (M)	3,822.00	20	76,440.00
4	NIBP Cuff (S)	3,276.00	20	65,520.00
5	NIBP Cable	8,406.00	20	168,120.00
6	Lithium Battery Monitor	38,592.00	7	270,144.00
7	O2 Sensor (nicu ventilator)	21,148.00	22	465,256.00
8	Vent Star Heated (N) (nicu breathing circuits)	3,900.00	200	780,000.00
9	Hose Heater Adaptor (Dis)(nicu)	16,268.00	11	178,948.00
10	Heater wire Adaptor(nicu)	11,948.00	11	131,428.00
11	Air Temp & Flow Probe (nicu)	18,540.00	11	203,940.00
12	Heating, 1.10m (nicu)	11,584.00	11	127,424.00
13	Neo Flow sensor Y piece (nicu)	15,580.00	11	171,380.00
14	Connector cable flow sensor (nicu)	21,366.00	11	235,026.00
15	Babylog 8000 Set (nicu)	26,208.00	11	288,288.00
16	Maintenance kit for compressor (nicu)	22,176.00	6	133,056.00
17	Savina PM kit (pediatric ventilator)	35,280.00	39	1,375,920.00
18	Savina 300 PM kit (pediatric ventilator)	34,848.00	10	348,480.00
19	Flow Sensor (pediatric ventilator)	13,616.00	49	667,184.00
20	Battery Infusion Pump	1,500.00	40	60,000.00
			VAT(14%) Total	64,93,194.00 9,09,047.16 74,02,241.16

C -COMPUTERS AND STATIONARY

DETAIL	Budget required
Computers and Stationary	800000

Grand Total = A+B+C Rs. 1,07,72,817

Annexure-3

Additional Equipments
Required for Up gradation of 100 Beded ward PICU in level III ICU
(Equipments)

S.N.	EQIPMENTS Name	Qty	Price	Total (Rs)
1	Multi channel invasive monitor with centra monitor station	40	40X800000 = 32000000.00	32000000.00
2	Infusion pump	100	100X40000 =4000000.00	4000000.00
3	Portable ultra sound with 2d Echo	1	1x 4000000 =4000000.00	4000000.00
4	Portable x-ray	1	1x1500000 =1500000.00	1500000.00
5	Steriliser/air curtain	6	6X2500000 =15000000.00	15000000.00
6	Defebrillator with external pacer	2	2X1200000 =2400000.00	2400000.00
7	Abg analyser	1	1X3000000 =3000000.00	3000000.00
8	Generator 500 kva	1	1x 6000000 =6000000.00	6000000.00
9	Infra red vein seekar	2	2X750000 =1500000.00	1500000.00
10	Portable ecg	2	2X200000 =400000.00	400000.00
11	Glucometer	5	5X2000 =10000.00	10000.00
12	Nebuliser	15	15X25000 =375000.00	375000.00
13	Flexible bronchoscope	1	1X1000000 =1000000.00	1000000.00
14	Refrigerator	2	2X30000 =60000.00	60000.00
EQIPMENTS TOTAL BUDGET REQUIRED RS.				**7,12,45,000.00**

Annexure-4

Budget Required for Additional Human Resource Upgradation of 100 Beded ward PICU in level III ICU
(**Human Resource 148 Post**)

S.N.	Human Resource Post Name	Qty	HR salary for one Year	Budget required (3 months)
1	Staff Nurse	100	100X21598X3	6479400.00
2	Pulmonary Theraphist	03	03X17787X3	160083.00
3	ICU Tecnician	03	03X17787X3	160083.00
4	Record clerk	01	01X8588X3	25764.00
5	Accountant	01	01X8588X3	25764.00
6	Ward Boy/ ward Aya	20	20X8118X3	487080.00
7	Swepper	20	20X8118X3	487080.00
		148	Total	78,25,254.00

Annexure-5

Budget Required for Human Resource Supporting Staff Nurse
(Ongoing 2012)

S.N.	Human Resource Post Name	Qty	HR salary for one Year	Budget required (3 months)
1	Staff Nurse	20	**20X21598X12**	**5183520.00**

RS 51,83,520.00 (for 12 months)

Annexure-6

Budget Required **for Training and Research**
RS 15,00,000.00(For One Year)

Detail	One Year
Doctors(Training and Research)	**10,00,000.00**
Staff Nurse and Paramedical Staff (Training)	**5,00,000.00**
Total	**15,00,000.00**

Annexure-7

NEW 100 BEDDED JE/AES WARD (ONGOING)
Human Resource (214 Post)

Budget Proposed for Existing Contractual (Ongoing for 2014)
HR for New 100 Bedded JE/AES Ward
Year 2015-16

SN	Budget Head	Quantity /target Proposed	Unit Cost Proposed 2015-16 (RS)	Unit Cost Approved 2015-16 (RS)	Amount Approved for 12 months 2015-16 (Rs in lakhs)
1	Professor Bal Rog	1	104,500.00	99,750.00	12.00
2	Assistant Professor	1	93,170.00	88,935.00	10.70
3	Lecturer -Bal Rog	3	66,000.00	63,000.00	22.70
4	Senior Resident	6	55,000.00	44,467.50	32.00
5	Junior Resident	21	46,200.00	41,926.50	105.70
6	Sister In charge	3	23,958.00	22,869.00	8.20
7	Staff Nurse	65	*22,627.00*	21,598.50	168.50
8	Pharmacist	1	18,634.00	15,750.00	1.90
9	Record Technician	1	18,634.00	8,588.58	1.00
10	Lab Technician	3	18,634.00	14,496.40	5.20
		105			**367.80**

New 100 Bedded JE/AES Ward
OUT SOURCED

SN	Budget Head	Quantity /target Proposed	Fillup	Vacent	Unit Cost Approved 2015-16 (RS)	Amount Approved for 12 months 2015-16 (RS in lakhs)	Salary proposed Salary	Post	Months	Required Budget
1	Data Entry Operator	1	1	0	8,588.58		8,588.58	3	1	0.26
2	Central Pipe Line Operator/ Technician	4	0	4	8,118.49	20	8,118.00	3	4	0.97
3	Electrician	3	0	3	8,118.49	Approved for Outsourcing	8,118.00	3	3	0.73
4	Generator Operator	3	0	3	8,118.49		8,118.00	3	3	0.73
5	Ward Boy	20	5	15	8,118.49		8,118.00	3	20	4.87
6	Ward aaya	22	5	17	8,118.49		8,118.00	3	22	5.36
7	Safai karmi (male)	22	5	17	7,623.00		8,118.00	3	22	5.36
8	Safai karmi (Female)	22	5	17	7,623.00		8,118.00	3	22	5.36
9	Security Gard	12	5	7	4,802.49		4,802.00	3	12	1.73
						20.00 Lakhs				25.37

Annexure-8

Ward 12 - JE/AES WARD (ONGOING 2009) -Human Resource (144 Post)

Sl N	Budget Head	Quantity /target Proposed	Unit Cost Proposed 2015-16 (RS)	Unit Cost Approved 2015-16 (RS)	Amount Approved for 12 months 2015-16 (RS in lakhs)
1	Professor Bal Rog	1	104,500.00	99,750.00	12.00
2	Assistant Professor	2	93,170.00	88,935.00	21.30
3	Lecture -Bal Rog	2	66,000.00	63,000.00	15.10
4	Lecturer-Microbiology	1	66,000.00	63,000.00	7.60
5	Senior Resident	10	55,000.00	44,467.50	53.40
6	Junior Resident	15	46,200.00	41,926.50	75.50
7	Sister Incharge	3	23,958.00	22,869.00	8.20
8	*Staff Nurse*	*37*	*22,627.00*	21,598.50	*95.90*
9	Hospital Attendent	15	9,900.00	8,118.49	14.60
10	Sanitary Attendant	10	9,900.00	7,623.00	9.10
11	ECG Technician	1	18,634.00	8,588.58	1.00
12	Lab Technician	5	18,634.00	14,496.40	8.70
13	Lab Attendant	4	9,900.00	8,118.49	3.90
14	OT Technician	1	18,634.00	13,274.40	1.60
15	Radiographer	2	18,634.00	14,496.40	3.50
16	EEG Technician	1	18,634.00	8,588.95	1.00
17	Physiotherapist	1	18,634.00	17,787.00	2.10
18	Occupational Therapist	1	18,634.00	17,787.00	2.10
19	Medical Record Technician	1	18,634.00	8,588.58	1.00
20	C.S.S.D. Technician	1	22,385.00	23,504.25	2.80
21	Laundry Attendant	2	9,900.00	8,118.25	2.00
22	Kitchen Attendant	4	9,900.00	8,118.49	3.90
23	Driver	8	13,200.00	10,161.69	9.80
24	Security Staff	6	9,900.00	4,802.49	3.50
25	Supporting Staff(Choukidar, Ward Aya, Sweeper)	10	9,900.00	6,444.90	7.70
26	Suporting Staff	20	*22,627.00*	Nill	Nill
	TOTAL	166			367.30

Total Budget Proposed for BRD Medical College, Gorkhapur- 2015-16

Sl.	Details of Proposals	Budget required (Rs. in Lakhs)
1	Requirement of Medicine & Surgical Item/Consumables for AES Patient	586.40
2	(2.1)CMC of equipment's in Paediatric ICU	25.71
	(2.2) Miscellaneous budget for instruments	74.02
	(2.3) Computers and Stationary	8.00
3	Additional Equipments Required for Up gradation of 100 Bedded ward PICU in level III ICU EQIPMENTS	712.45
4	Additional Human Resource Required for Upgradation of 100 Bedded ward PICU in level III ICU (147 Post) 03 Months	78.25
5	Supporting staff Nurse (20Post) ongoing 2012	51.84
6	Doctors (Training and Research)	10.00
	Staff Nurse and Paramedical Staff (Training)	5.00
7	Ongoing AES/JE Ward 214 Post (Outsource109Post for 3 months)	25.37
8	Ongoing AES/JE Ward 12	
	Grand Total	**1,577.03**

Chapter-24: National Leprosy Eradication Programme (NLEP)

Dresser for Leprosy Colonies

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

- Age : upto 65 years subject to the physical fitness of the person as on date 1st day of the respective calendar year.
- Education: At least junior high school or its equivalent and priority will be given to the person, who have two years experience of same working in Govt. or NGO hospitals.
- Selection process: Society of Leprosy Colony will select & nominate the person, and send its recommendation to district health society for contractual assignment of such person.
- Each of the dressers will be provided two weeks training by district leprosy nucleus of concerned district.
- Dressing materials contained in self care kit would be provided by CMO of the concerned district.
- Supervision and monitoring will be done by district leprosy officer.

Thus, the proposal is being submitted for 72 dressers @Rs.10,000/month for 3 months.

Sl.	NLEP Component	Number	Rates of Remuneration Proposed per Month	Fund required 2015-16
1	Dresser for Leprosy Colonies	72	10000	2160000

Strengthening of Human Resources :

The rate of remuneration of Budget & Finance Officer-cum-Administrative Officer and Administrative Assistant have been derived in National PIP for the year 2012-2017 as prevailing price index of the 2011-12 are at present are low in comparison to the present rate of remuneration of other National Programme e.g. RNTCP (Administrative Assistant equivalent to Data Analyst) NPCDCS (Budget & Finance Officer cum Administrative Officer equivalent to Finance Cum Logistics Consultant) therefore the same are being proposed on the basis of nature of work and job responsibilities to improve the efficiency & thereby quality of work The hike in remuneration is being propose in the ratio of the present remuneration of other posts in the current PIP of NLEP

Office Assistant/Attendant – Since implementation of VI Pay Commission the recruitment on the posts of semi skilled workers have been banned and the same may be filled by out sourcing. During the year 2012-13 the post of Peon had been approved in Supplementary PIP and the same had been repeated in forth coming PIP which causing detent in photo copying work, Fax Work, Telephone attendant work inter offices messenger work etc. because such cadre post are regularly kept unfilled due to retirement of personnel working. Therefore, the State Leprosy Cell has a utmost need of a Office Assistant cum Attendant for smooth functioning of day to day requirement of photo copying work, Fax Work, Telephone attendant work inter offices messenger work etc.

The financial implication of the Human Resource strengthening is as under for the remaining 5 months of current fiscal year.

Sl.	NLEP Component – No.	Approved Remuneration	Rates of Remuneration Proposed	Difference of monthly remuneration	Budget approved in 2015-16	Additional budget required
1	Budget & Finance Officer cum Administrative Officer-1	33,000	50000	17000	3,96,000	2,04,000
2	Administrative Asstt.-1	22,000	33000	11000	2,64,000	132,000
3	Office Assistant/Attendant-1	00	8000	96000	0	96,000
Total		432000				

Office Gadget and Equipment- (Non Recurring)

The office gadget e.g. Desk Top Computer functioning in State Leprosy Cell are 10 to 15 year old which needs replacement, also there is a utmost need of Lap Top Computer for the evaluation and monitoring of physical and financial progress of programme at state level.

Sl.	NLEP Component	Number	Rates	Fund required 2015-16
1	Laptop For SLO	1	50,000	50,000
2	Computer (UPS, Printer, Scanner etc.) For Office	2	55,000	1,10,000
Total				**160,000**

Chapter-25: Revised National TB Control Program(RNTCP)

Under Revised National TB Control Programme, various activities are proposed for state and districts in the year 2015-16 in Supplementary PIP. The details are as follows:

FMR Code	Budget Head	Proposed Activity	Amount Proposed (in Rs.)	Remarks/Justification
H.1	Civil Works	Agra (Med. Col, RTPMU, SDS &STDC) already approved activity in Financial Year 2014-15	318808	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus it is now proposed in order to complete the Civil work process.
		approved activity Financial Year 2014-15Bareilly, Chanduali, Faizabad, Rampur, Sambhal,Unnao) Lucknow (2010-11, 2011-12)	279177	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed.
		Lucknow	55177	The activity was performed in 2011-12, after approval from DHS, pendency is maintained, hence proposed for approval.
H.2	Laboratory Materials	For District Agra	695658	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus is now proposed for release / approval
		For Distruct Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao)	252000	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus Amount is now proposed for release / approval.
		Lucknow	614607	The activity was performed in 2011-12, after approval from DHS ,pendency is maintained , hence proposed for release / approval
H.3	Honorarium	For incentive to DOT provider for Dist Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao)	932000	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
H.4	IEC/ Publicity	Committed liability in District Lucknow FY 2011-12	31108	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
H.5	Equipment Maintenance	For maintenance of Intermediate Reference Laboratory (IRL) Agra Financial Year 2014-15	503330	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for

FMR Code	Budget Head	Proposed Activity	Amount Proposed (in Rs.)	Remarks/Justification
				approval/
H.6	**Training**	At STDC Agra as a State institute to conducts All State level trainings	1775880	The Training Budget was already approved in ROP for FY 2014-15 , but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
H.7	**Pol &Vehicle Maintenance**	STDC Agra - As STDC has a TOR of Supervision Monitoring and evaluation of all the districts of the State for which POL & Vehicles are required	458681	The Budget was already approved in ROP for FY 2014-15 , but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
		For Field staff 2 wheeler vehicles given by the program in districts Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao	75119	The Budget was already approved in ROP for FY 2014-15 , but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for approval.
		Lucknow(2010-11, 2011-12)	38106	Activity was performed in 20111-12 and approved from DHS, pendency is maintained for which the amount is now proposed for approval. Thus amount is now proposed for release / approval
H.8	**Vehicle Hiring Charges**	Vehicle hired for Supervision Monitoring and field review of the program activities in Dist Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao..	48000	The Budget was already approved in ROP for FY 2014-15 , but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
H.9	**Ngo/Pp Support**	Old Contractual Staff Increment (TB-HV)	2851200	Old increments (of FY 10-11: 11-12 &12-13) for old staff at State and District level was approved in last year 2014-15 but was not approved ROP 2015-16 causing reduction in total wages of old employee in FY 2015-16 as compared to 2014-15.Hence is now proposed that old increment is continued in FY 2015-16 for all old employees.
H.10	**Medical Colleges**	Travel Expenses For attending STF/ZTF/NTF/State OR and Zonal OR Committee meeting for ZTF Meeting Participants.	3500000	ZTF (North Zone States) already held on 18&19 Nov 2015 , as per the Directives from DDG(TB) CTD, GoI the ZTF was already approved and the funds request was directed to be raised in Supplementary PIP , which is now raised for release of funds
		Operational Research	2000000	10 OR Proposal has already been approved by State OR committee for which demand in raised @2Lakh/each proposal.
		Old Contractual Staff Increment(MO-Medical college,LT-Medical	796500	Old increments (of FY 10-11: 11-12 &12-13) for old staff at State and District level was approved in last year 2014-15 but

FMR Code	Budget Head	Proposed Activity	Amount Proposed (in Rs.)	Remarks/Justification
		college,TBHV-Medical college)		was not approved ROP 2015-16 causing reduction in total wages of old employee in FY 2015-16 as compared to 2014-15.Hence is now proposed that old increment is continued in FY 2015-16 for all old employees.
H.11	**Miscellaneous Expenses**	Agra SDS (64810/-) & STDC (7713/-)	72523	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
		In Districts Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao)	60534	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release / approval
		Lucknow	14040	Activity was performed in 2011-12 and approved from DHS, pendency is maintained for which the amount is now proposed for approval. Thus amount is now proposed for release / approval.
H.12	**Contractual Services**	Old Contractual Staff Increment	29452800	Old increments (of FY 10-11: 11-12 &12-13) for old staff at State and District level was approved in last year 2014-15 but was not approved ROP 2015-16 causing reduction in total wages of old employee in FY 2015-16 as compared to 2014-15.Hence is now proposed that old increment is continued in FY 2015-16 for all old employees.
H.13	**Printing**	STDC Agra being a state level institute, hence Modules are essentially required for various trainings as per CTD , GoI guidelines	4481523	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. As printing is completed and there is pendency of payment hence the amount is now proposed for release / approval
		For Printing of records and reports at district level in Barielly, Chanduali, Faizabad, Rampur,Sambhal,Unnao	84000	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release/ approval.
H.17	**Procurement Of Equipment**	Procurement at STDC Agra (being made as Centre of excellence in trainings in the State the purchase of Interactive white teaching board , teaching penta head microscopes etc & equipment at SDS Agra	943760	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus is now proposed amount for release / approval
		Committed Liabilities	85000	The Budget was already approved in ROP

FMR Code	Budget Head	Proposed Activity	Amount Proposed (in Rs.)	Remarks/Justification
		Financial Year 2014-15Bareilly, Chanduali, Faizabad, Rampur,Sambhal,Unnao)		for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus is now proposed amount for release / approval
H.19	**Supervision & Monitiring**	STDC Agra - As STDC has a TOR of Supervision Monitoring and On site evaluations of all the districts labs in the State	318053	The Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus amount is now proposed for release/ approval.
B22.4	**Disease Flexipool**	For upgradation of STDC Agra (Rs 39698268/-) already approved in ROP of Financial Year 2014-15 to make it Centre of Excellence. RTPMU / SDS Work	41457820	STDC is being now upgraded as Centre of Excellence in North Zone for conducting National level Trainings hence the Budget was already approved in ROP for FY 2014-15, but was not committed in FMR Report at State level due to incomplete information from district. Thus is now proposed in order to complete the pending Civil work for upgraddation, process of which is already ongoing. Thus amount is now proposed for release.
		Additional funds for upgradation of 33 New Proposed CBNAAT Sites in state as per guidelines	3300000	For establishing 38 CBNAAT sites the budget approved in ROP FY 14-15 was Rs 3,10,000 (Rs. 1,10,000 in head Civil works and 2,00,000 in Head Disease Flexi pool) for each district as per guidelines . Keeping the same norms in FY 15-16 again the request has been made to fulfill the shortage of Rs 1, 00000 per site hence for 33 sites the amount demanded in 33x 1Lakh = 33 Lakhs
		Work stations at State TB Cell	1000000	State TB cell has now 13 post of contractual staff and 7 government staff. Hence establishment of sitting area with work stations is a necessity to provide an optimal working environment at State TB Cell.
			96495404	

National Non-Communicable Disease Control Programmes

Chapter-26: National Programme for Control of Blindness(NPCB)

Under National Programme for Control of Blindness, various activities are proposed for state and districts in the year 2015-16 in Supplementary PIP. The details are as follows:

FMR Code	Budget Head	Target	Budget Proposed (Rs. In Lakhs)	Justifications
I.I	**Recurring Grant-in-aid**			
I 1.9	Maintenance of Ophthalmic Equipment @ 5.00 Lakhs per District for 75 District of Uttar Pradesh (75*5 Lakhs=3,75,00,000-00)	75	375.00	There are 75 district hospitals, 18 other eye hospitals, 238 IOL centres at CHC where cataract surgery equipments have been supplied by GOVT of India /State Govt. But no budget is available for minor repair, maintenance and AMC. So most of the equipments have become non functional due to minor repair problems. So it is very much require sanctioning Rs. 375.00 Lakhs for minor repair/AMC services.
I.4	**Other Activities**			
I.4.1	The Budget proposed for computers, Printers & UPS for 75 districts and 2 for State level @ 50,000.00 (38.50 Lakhs)+ District NPCB Cell.	77	38.50	As per GOI's order MIS feeding is compulsory for the Cataract Operations since 2012 and a post of Computer Data Operator has been sanctioned under NPCB and all the DHS have appointed the Data Operator. But because of Non availability of Computer in NPCB the MIS data feeding could not become effective. So it is very urgently require to provide Rs . 38-50 Lakhs for purchase of computer with accessories.
	Total		**413.50**	

Chapter-27: National Mental Health programme (NMHP)

Under National Mental Health Programme, various activities are proposed for state and districts in the year 2015-16 in Supplementary PIP. The details are as follows:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Quantity / Target	Budget (Rs. Lakhs)
J.1	**District Mental Health Programme**			
J.1.1	Salary	8.26	1	8.26
J.1.3	Training of PHC Medical Officers, Nurses, Paramedical Workers & Other Health Staff working under the DMHP	4.00	1	4.00
J.1.4	IEC and community mobilization activities	4.00	1	4.00
J.1.5	Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums and suicide prevention.	12.00	1	12.00
J.1.6	Drugs	10.00	1	10.00
J.1.8	Operational expenses of the district centre : rent, telephone expenses, website etc.	0.10	1	0.10
J.1.9	Ambulatory Services	2.40	1	2.40
J.1.10	Miscellaneous/ Travel/ Contingency	4.50	1	4.50
	Sub Total			**45.26**

Chapter-28: National Programme for the Healthcare of the Elderly (NPHCE)

Proposal for Establishment of Elderly Clinic at Widow Ashram, Vrindavan, Mathura –

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

Vrindavan is situated in District Mathura, has a very large number widow women who live in ashram. It is being proposed to establish a Geriatric Health Care Centre in one of the major ashram situated at Vrindavan, Mathura. All the administrative power will be with District Health Society, Mathura but the proposed Geriatric Health Care Centre will be established in proposed ashram. Total budget required for the establishment of Geriatric Health Care Centre is as follows:

Sl.	FMR Code	Heads	Unit	Unit Cost ()	in Lakhs
		Non- Recurring			
1	K.2.1.1	Construction/Renovation/ Extension of the existing building and furniture of Geriatrics Units with 10 beds and OPD facilities.	1	80,00,000	80.00
		Recurring grants			
1	K.1.1.1	Machinery & Equipments	1	3,00,000 p.a.	3.00
2	K.1.1.2	Drugs & Consumables	1	3,00,000 p.a.	3.00
3	K.1.1.5	**Human Resource (Salary for three months only)**			8.52
a)		Consultant Medicine	2	50,000 p.m.	
b)		Nurses	6	22,000 p.m.	
c)		Physiotherapist	1	22,000 p.m.	
d)		Hospital Attendants	2	7,500 p.m.	
e)		Sanitary Attendants	2	7,500 p.m.	
Total					**94.52**

Thus, for the management of Stroke, an amount of Rs. 94.52 Lakhs is being proposed under NPHCE for the year 2015-16.

Chapter-29: National Tobacco Control Programme (NTCP)

Under National Tobacco Control Programme, various activities are proposed for state and districts in the year 2015-16 in Supplementary PIP. The details are as follows :

FMR Code	Budget Head	Target	Budget (Rs. Lakhs)	Justifications
M.3	**State Tobacco Control Cell (STCC)**			
M.3.3	Flexible Pool		5.00	
M.3.3.3	Misc./Office Expenses/Programme Assistant/DEO	1	5.00	Proposed 4 month Salary @ 25000 per month for Programme Assistant and @ 12,000 p.m. for DEO and balance 3.52 Lakhs is for Misc. Expenditure.
M.3.5	Manpower Support			
M.3.5.2	Legal Consultant Or Finance Consultant	1	2.42	Propose 04 month Salary @ 60,500 p.m. (with 10% increment) for State Consultant.
	Total		**7.42**	

Chapter-30: National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), various activities are proposed for state and districts in the year 2015-16 in Supplementary PIP. The details are as follows:

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	Justifications
O1.	Non –Recurring:				
O1.1.1.2	District NCD Cell	5.00	9	45.00	Proposed for refurnishing / renovation @ Rs. 5 Lakhs for 9 old districts which were approved in FY 2012-13
O1.1.3	District NCD Clinic				
O1.1.3.1	Strengthening of laboratory	10.00	9	90.00	Proposed for refurnishing / renovation @ Rs. 10 Lakhs for 9 old districts which were approved in FY 2012-13
O1.1.3.2	Furniture, Equipment, Computer etc	1.00	9	9.00	Proposed for refurnishing / renovation @ Rs. 1 Lakh for 9 old districts which were approved in FY 2012-13
O1.1.4	NCD Clinic at CHC				
O1.1.4.1	NCD Clinic: Furniture, Equipment, Computer etc.	1.00	76	76.00	Proposed 4 CHC per district in 19 district @ Rs. 1 Lakh
O1.1.4.2	Laboratory equipments	8.00	76	608.00	Lab equipments for CHCs- Proposedd 4 CHCs per district in 19 districts @ Rs. 8 Lakhs (This FMR is newly created by state, as mentioned in main ROP 2015-16)
	Recurring grant:				
O1.2.1	Human Resources				
O1.2.1.3	District CCU/ICU &Cancer Care				
O1.2.1.3.1	specialist (Cardiology/M.D. General Medicine) @ Rs.80,000-90000 /month [Rs.9.6-108.0 lakh/year] or General physician @ Rs.60000-70000/month [Rs.7.2 -8.4.lakh/year]	2.40	1	2.40	3 month salary required for the doctor working in district Raebareli @ Rs. 80,000 p.m.
O1.2.1.3.2	4 GNMs @Rs. 18000- 20000 /month (8.64- 9.6 lakh /year)	1.08	20	21.60	6 month salary required for 20 GNM working in district Raebareli, Jhansi, Lakhimpur Kheri, Etawah, Lalitpur. @ Rs. 18,000 p.m.
O1.2.1.5	CHC N C D Clinic				
O1.2.1.5.1	1 Doctor @ Rs. 40000-50000/month [Rs. 4.80 lakh-6.00 lakh /year]	1.20	76	91.20	Proposed 3 month salary for 4 CHC per district in 19 district

FMR Code	Budget Head	Unit Cost (Rs. Lakhs)	Target	Budget (Rs. Lakhs)	Justifications
O1.2.1.5.2	1 Nurse @ Rs. 18000-20000/month [Rs. 2.16-2.4 lakh/year]	0.54	76	41.04	Proposed 3 month salary for 4 CHC per district in 19 district
O1.2.1.5.3	1 Technician @ Rs. 18000-20000/month [Rs. 2.16 -2.4lakh/year]	0.54	76	41.04	Proposed 3 month salary for 4 CHC in per district 19 district
O1.2.1.5.4	1 counsellor @Rs.10000- 12000/month [Rs.1.2- 1.44 lakh/year]	0.36	76	27.36	Proposed 3 month salary for 4 CHC per district in 19 district
O1.2.1.5.5	Data entry operator @ Rs.10000-12000/month [Rs.1.2- 1.44 lakh /year	0.30	76	22.80	Proposed 3 month salary for 4 CHC per district in 19 district
O1.3	Laboratories , Drugs & Consumables				
O1.3.1	District NCD Clinic	0.40	288	116.07	Annexure-Enclosed- Stroke Management - Alteplase Inj. 50 mg (4 inj/month/district) for 04 months - 18 Districts
O1.3.2	District CCU/ICU &Cancer Care	-	-		
O1.3.3	CHC N C D Clinic	2.00	76	152.00	Proposed 4 CHC per district in 19 district @ Rs. 2 Lakhs
O1.4	Mobilty , Miscellaneous & Contigencies				
O1.4.1.4	CHC NCD Clinic	1.00	76	76.00	Proposed 4 CHC per district in 19 district @ Rs. 1 Lakh
O1.4.1.5	PHC level	-			
O1.4.1.6	Transport of referred cases including home based care	0.32	76	24.32	Proposed 4 CHC per district in 19 district @ Rs. 0.32 Lakh
	Sub Total	-		**1,443.83**	