

FINAL



National Rural Health Mission

State Action Plan Uttar Pradesh

(2009 - 2010)

**Department of Family Welfare
Uttar Pradesh**

(As approved by Govt. of India)

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Record of Proceedings

1. UTTAR PRADESH - PROFILE

Demographic Profile

Uttar Pradesh, with an area of 0.24 million sq. kms, accounts for approximately 7 percent of the total landmass of the country. As per Census 2001, the State had a population of around 166 million and accounted for approximately 16 percent of the country's population. The current population of the State, according to the population projections, is nearly 187 million.

For planning and development purposes, the State is divided into four distinct regions on the basis of homogeneity, contiguity and economic criteria. These regions are— Western, Central, Eastern and Bundelkhand. These regions are further subdivided in 18 divisions and 71 districts, Kanshi Ram Nagar being the newly formed district. The districts are divided into tehsils (304) and developmental blocks (820). In all, there are 107,164 revenue villages, approximately 682 cities and towns, 8135 Judicial Panchayats (Nyaya Panchayats) and 52,028 Gram Panchayats in the State (Census 2001)

Uttar Pradesh is the 9th most densely populated State with a population density of 689 persons per sq. km (Census 2001), as against the national average of 324 persons per sq. km. Out of the total population of the State, more than 79 percent (13.15 crores) live in the rural areas, while the remaining 21 percent (3.45 crores) live in the urban areas. Since the majority of the population lives in the rural areas, agriculture is the primary occupation of the people in the State. However, there are variations across the districts, with districts like Lucknow, Ghaziabad, Meerut, Agra and Kanpur having relatively large urban populations

Demographic Profile of Uttar Pradesh vis-à-vis India

Indicators	Uttar Pradesh	India
Population Density (2001)	689	324
Sex Ratio (2001)	898	933
Scheduled Caste (2001)	21%	16%
Scheduled Tribe (2001)	0.1%	8%
Literate Male (2001)	70%	76%
Literate Female (2001)	43%	54%
Life Expectancy— Male	65 Years	66 Years
Life Expectancy— Female	67 Years	66 Years

Out of the total population, 52.7 percent (8.75 crores) are males and 47.3 percent are females (7.85 crores). The sex ratio of the population is 898 females per 1000 males for the State, compared to 933 for all India (Census 2001). The population

density is very high in the Eastern and Western regions and very low in Bundelkhand region.

Literacy rate in the State is 57 percent and there is a significant gap in literacy rates of urban areas (70 percent) and of rural areas (53 percent). As regards, the male and female literacy rates, the figures are 69 percent for males and 42 percent for females. Among the urban literates, male and female literacy rates are 77 percent and 62 percent, respectively, while for their rural counterparts, the proportion stands at 66 percent and 37 percent, respectively. The significant variations in the literacy rate imply high inequality in terms of access to education in rural and urban areas and between males and females.

Health Infrastructure

The present public health infrastructure in the State, both in the urban and rural areas, is shown below:

Urban Areas	No. of Facilities	Rural Areas	No. of Facilities
Super Specialty Institute	5	CHCs	426 (198 under construction)
Medical Colleges	7 - Govt. 2 - Central Govt. 3 -Private		BPHCs
District Male	61	Additional PHCs	2867 (In Govt. Bldg.-1609)
District Female Hospitals	53		
Combined Hospitals	20	Sub Centres	20521 (In Govt. Bldg.-8289)
Urban FW Bureau	5		
Urban FW Centres	61	-	-
Health Posts	288		
District Level PPCs	61		

Human Resources

The ratio of doctors per thousand population for U.P. is much below the national figure of 1 and although the ratio of beds is almost the same as the all India figure of 0.7, their geographical distribution is highly skewed in favour of the urban areas, depriving the rural masses.

Indian System of Medicine and Homeopathy

As per information made available by the Registrar, Indian Medical Council, 59,783 Ayurvedic & 14,905 Unani practitioners are currently registered and are expected to be practicing in the State. In addition, there are 27548 registered Homeopath doctors in the State.

Ayurveda

There are about 2200 Ayurvedic dispensaries and hospitals in the State and about 1.50 crore patients receive treatment in these dispensaries every year. The State Government has spent Rs.1.05 crore in 2003-04, Rs.1.08 crore in 2004-05 and Rs.1.05 crore in 2005-06 on providing medicines to patients. However, there is scope to further improve the functioning of the Ayurvedic dispensaries and hospitals in the State. While the number of OPD patients receiving treatment in Ayurvedic hospitals and dispensaries is relatively better, the bed occupancy ratio in Ayurvedic Hospitals is very poor. The present position of Ayurvedic/Unani doctors in the State is shown in the Table below:

Sl.	Post	Sanctioned posts	In Position
1	Medical Officer (Ayurvedic & Unani)	Ayur. - 2053 Unani - 265	1974
2	Medical Officer (Community Health)	1678	1678

Homeopathy

About 1.50 crore patients receive OPD treatment in Homeopathy dispensaries. The State Government has spent about Rs.87.91 lac in 2003-04, Rs.79.80 lac in 2004-05 and 2005-06 on medicines. At end of Ninth Plan there were 89 urban dispensaries and 1253 rural dispensaries in the State. Presently, there are 1342 Homeopathy dispensaries in the State. Present position of staff has been indicated in the table below:

Sl.	Post	Sanctioned Posts	In Position
1	District Homeopathy Officer/Dy. Director	72	42
2	Medical Officer	1610	1117

2. KEY ACHIEVEMENTS & LESSONS LEARNT

During the year 2008-09, significant progress has been made in terms of implementation of various activities. One of the key achievements has been the establishment of programme management units. PMUs have been established at the State, division, district and block levels. An induction training of the contractual staff for these units was carried out to orient them towards the NRHM programme and explain to them their role and responsibilities. A six day training programme for District and Block PMU staff was conducted at the State Institute of Health and Family Welfare (SIHFW) at Lucknow.

A number of new schemes have also been launched, such as, the *Saubhagyawati Surakshit Matreterv Yojana*, a scheme to promote institutional deliveries by involving private sector providers, similar to the Chiranjeevi scheme in Gujarat. This scheme was launched in the State in the month of August 2008 and till December 2008, almost 133 providers had been empanelled and more than 4000 normal/assisted deliveries & over 700 caesarean cases were reported.

The implementation of the Comprehensive Child Survival Programme (CCSP) in the 17 districts for reduction of infant and neo-natal mortality has also gained momentum.

The school health scheme was launched in the month of September 2008 and 40 schools are proposed to be covered twice a year in each block. Thus, around 32,000 rural schools will be covered across the State thereby reaching out to around 50 lac school children. The activities at the school level include a health check-up, referral, IFA supplementation, biannual deworming and free spectacles to needy children.

Adolescent health interventions for both, school going and non-school going adolescent girls are also being implemented in the State. The *Saloni Swasth Kishori Yojana* for school going adolescent girls is covering around 6500 junior girls' high schools. The scheme for non-school going adolescents has also been developed and is proposed for implementation shortly. Interventions under the adolescent health include family life education, weekly IFA supplementation and biannual deworming.

Procurement of various items at the State and district level has either been completed or is under progress. Procurement of items at the State level, such as, IFA tablets, ORS, Vitamin A, Zinc sulphate, Laparoscopes, IUD kits, NSV kits and Blood storage equipments has been done through UNOPS.

Training of functionaries at various levels is also being conducted. There have been some constraints and the desired targets have not been achieved. However, in case of ASHA, training of all selected ASHAs on 2nd to 4th modules will be completed by March '09.

A comprehensive BCC strategy for NRHM in the State has already been formulated and implementation of activities is proposed to be undertaken accordingly.

Under routine immunization, all block microplans have been reviewed and revised. Until Nov. 2008, almost 78 percent of planned RI sessions had been held. New Immunization card has been developed for tracking, as well as, for IEC. Further, a system of preparing name wise tally sheet of beneficiaries has been initiated. Strengthening of RI activities in urban areas of 11 large cities has also been started.

Training of Medical Officers for RI initiated. Training of Trainers had been completed by December 2008 and training of Medical Officers is in progress. Further, 74 percent Vaccinators had also been trained till the end of December 2008.

Though there has been significant progress this year, yet certain constraints still exist. The key constraints and lessons learnt are detailed below:

Institutional Mechanisms

- Programme management units have been established, however, these need to be further strengthened and hand holding support is required.
- Limited capacities at district level in planning and monitoring.
- PRI mechanisms are weak - handholding support is required to orient and sensitize them on their roles and responsibilities with regard to health issues. There is need to build capacities on local level planning, implementation and monitoring.
- NGO - institutional mechanism for selection, monitoring & payments need to be established
- Coordination and convergence with other departments, PRI, local NGOs and health related interventions need to be improved.

Strategic Inputs and Systems

- Mismatch of resources in terms of locations/human resource/equipments & machines
- In absence of an integrated training plan and systems. A few parallel training programmes were undertaken for same set of providers resulting in non-participation, conflict and inadequate outcome of training programmes.

Access to Services

- Mechanism for implementation of JSY (monitoring, grievance redressal, etc.) needs to be strengthened.

- Physical infrastructure of Sub-Centres (those in rented buildings) is inadequate for conducting deliveries.
- Facility wise monitoring of available services, gaps & feedback.
- Current compensation packages are not attractive enough to engage and retain skilled staff (Doctors, Staff Nurses) in rural areas.

Quality of Care and Monitoring

- Need to continuously assess and address skill gaps of service providers by undertaking various training programmes with inbuilt component of follow up & validation.
- Systems/tools to measure quality on a regular basis need to be established/developed.
- Community & client feedback on expectation & gaps in quality of care required to be developed to improve service delivery.

Demand Generation

- Need to undertake regular research & evaluation for BCC interventions

Impact Assessment

- Need to establish system of concurrent & mid term evaluation for corrective actions

3. PROCESS OF PLAN PREPARATION

A participatory process has been followed for preparation of the State PIP, as well as, the District Health Action Plans (DHAPs). A number of orientation meetings and workshops were organised at the State HQ for the Divisional and District Programme Managers. Further, guidelines were developed at the State PMU and a one day review and orientation workshop for the district level functionaries was organised at the Family Welfare Directorate during the month of November 08. CMO, Addl./Dy. CMOs and District Programme Managers from 4-5 districts were invited to attend these workshops and accordingly all 71 districts were covered in a phased manner.

After the orientation workshops, district planning meetings were organised by the districts. Programme managers from the State PMU visited the districts during these meetings to facilitate the planning process. Divisional PMUs also provided support to the District PMUs in developing the district action plans.

Plan from all 71 districts have been received at the state headquarter. A review of the district action plans was carried out at the State level and priorities common to most districts were identified for inclusion in the State PIP. Additionally, each district has been allocated funds ranging from Rs.10 lac to Rs.15 lacs for taking up local specific innovative interventions to achieve programme objectives.

A two day planning workshop was also organised at the State HQ on 2-3rd January 2009, with the following objectives–

- Review & identification of achievements and constraints in implementation of NRHM Plan during the current year
- Review of current strategies and identification of new strategies to improve outcomes
- Finalization of activities to be conducted and targets for the year 2009-10

Nodal officers from the Medical Health and Family Welfare Directorates and programme managers from the State PMU participated in the meeting. Work groups were constituted to discuss key issues and recommend strategies. Based on the deliberations during various workshops and meetings at various levels, the State Action Plan has been prepared.

4. GOALS & OBJECTIVES

Mission

Improved health status and quality of life of rural population with unequivocal and explicit emphasis on sustainable development measures.

Objectives of the Mission

- Access to integrated comprehensive primary health care.
- Universal access to Public services for food, nutrition, sanitation, hygiene & public health care services.
- Reduction in maternal & child mortality.
- Prevention & control of communicable & non communicable diseases.
- Revitalize local health traditions & mainstream AYUSH.
- Promotion of healthy life styles.

Expected Outcomes (2012)

- Increase bed occupancy of FRUs >75%
- Upgrading all CHCs to IPHS
- To reduce MMR to 258/ lac live births
- To reduce IMR to 36/1000 births
- To reduce TFR to 2.8
- Malaria mortality reduction rate by 60%
- Leprosy Prevalence Rate-Less than 1 per 10000
- Tuberculosis DOTS series- 85% cure rate & 70% detection of new sputum smear positive cases
- Under NBCP, objective is to reduce the prevalence rate from 1% to 0.5 by year 2012.
- To bring down Total Goitre Rate (TGR) to <10%.
- Reduction of malnourished children by half of present level

CURRENT STATUS AND TARGETS

Goals	Uttar Pradesh				India	
	Current Status	Target			Current Status	Target
		09-10	10-11	11-12		
Functional FRUs	120 53 DH+ 6 Comb. Hosp. + 61CHCs	180 53 DWH + 20 Comb. Hosp.+ 107 CHCs	223 53 DWH+ 20 Comb. Hosp. + 150 CHCs	273 53 DWH+ 20 Comb. Hosp. + 200 CHCs	-	-
MMR	517 per 1 Lac LB (SRS 01-03)	<360	<300	<258	301 (SRS 01-03)	<100
IMR	69 per 1000 LB (SRS 2007)	<60	<45	<36	55 (SRS 2007)	<30
TFR	3.8 (NFHS 3)	3.4	3.0	2.8	2.7 (NFHS 3)	2.1

Status of Key Indicators

Sl.	Indicator	Status Jan 2008	Target 2008-09	Status upto Jan 2009
1	No. and % PHCs upgraded to provide 24X7 RCH services	300	823	630
2	No. and % of health facilities upgraded to FRUs, fulfilling the minimal criteria per the FRU guidelines (at least 3 critical criteria)			
3	a. District/Combined Hospitals	38	63	59
	b. CHCs	23	110	61
4	No. and % of functional Sub-Centres (ANM is posted and working out of the facility)	20521	20521	20521
5	No. and % of sampled FRUs following agreed infection control and health care waste disposal procedures	Not Done	35 DHs 50 CHCs	35 DHs 50 CHCs
6	No. and % of health facilities that have operationalised IMEP guidelines	-	30 DHs 60 CHCs	Could not be taken up
Human Resources				
7	No. and % of ANM positions filled (against required)	22533	23000	22386 (about 2000 selected & under training)
8	No. and % of specialist positions filled at FRUs (against required)	40%	55%	60%
Programme Management				
9	No. and % of state and districts having full time programme managers for RCH with financial & admin. powers delegated	Nil	71 100%	71 100%
10	No. and % of sampled state & district programme managers whose performance was reviewed during the past 6 months	Nil	71 100%	71 100%
11	% of district action plans ready	70 100%	71 100%	71 100%
12	SPMU in place with 100 % staff	-	100%	75%
13	No. and % DPMU staff in place	-	100%	97%
Financial Management				
14	% of districts reporting quarterly financial performance in time	90%	100%	90%
Logistics / Procurement				
15	% of district not having at least one month stock of			
	a. Measles vaccine	Nil	Nil	Nil
	b. OCP	Nil	Nil	Nil
	c. EC Pills	Nil	Nil	Nil
	d. Surgical Gloves	Nil	Nil	Nil

Sl.	Indicator	Status Jan 2008	Target 2008-09	Status upto Jan 2009
Child Health				
16	No. of districts where CCSP logistics are supplied regularly	-	17	17
17	No. and % of health facilities with at least one provider trained in Facility Based Newborn Care	-	17 district 68 units	17 district 34 units
18	No. and % of sampled outreach session where AD syringe use and safe disposal are followed	97%	100%	100%
19	No. of districts and schools where School Health Programme is implemented	70 districts 7000 schools	70 districts 9000 schools	71 districts 20000 schools
Family Planning				
20	No. and % of health facilities providing Female Sterilization services			
	a. DHs	43	53	53
	b. CHCs	90	150	150
	c. PHCs	50	100	70
21	No. and % of health facilities providing Male Sterilization services			
	a. DHs & Combined	78	78	81
	b. CHCs	200	300	250
22	No. and % of health facilities providing IUD insertion services			
	a. CHCs	426	426	426
	b. PHCs	150	350	350
	c. Sub centres	7000	8000	7500
23	No. of accredited private institutions providing:			
	a. Female Steril. Services	10	34	40
	b. Male Steril. Services	10	34	40
	c. IUD Insertion Services	10	34	40
Monitoring and Evaluation				
24	% of districts reporting on new MIES format	36%	100%	78%

CURRENT STATUS AND TARGETS

RCH OUTCOMES		CURRENT STATUS (NFHS-3, 2005-06)	TARGET		
			09-10	10-11	11-12
Maternal Health					
1.	% of pregnant women receiving full ANC coverage (3 ANC checks, 2 TT injections & 100 IFA Tablets)	26.3%	50%	60%	70%
1a.	% mothers who consumed IFA for 90 days or more during last pregnancy	8.7 %	40%	50%	60%
2.	% of pregnant women age 15-49 who are anaemic	51.6%	40%	35%	30%
3.	% of births assisted by a doctor/nurse/LHV/ANM/other health personnel	29.2%	60%	70%	75%
4.	% of institutional births	22%	50%	60%	70%
5.	% of mothers who received post partum care from a doctor/ nurse/ LHV/ ANM/ other health personnel within 2 days of delivery for their last birth	14.2%	30%	40%	50%
Child Health					
6.	% of neonates who were breastfed within one hour of life	7.2%	25%	35%	40%
7.	% of infants who were breastfed exclusively till 6 months of age	51.3%	65%	70%	75%
8.	% of infants receiving complementary feeds apart from breast feeding at 9 months	45.5%	60%	70%	75%
9.	% of children 12-23 months of age fully immunized	22.9%	50%	60%	70%
10.	% of children 6-35 months of age who are anaemic	85.1%	65%	50%	40%
11.	% of children under 5 years age who have received all nine doses of Vitamin A	7.3% (5 doses)	20%	30%	40%
12.	% of children under 3 years age with diarrhoea in the last 2 weeks who received ORS	12%	30%	40%	50%
13.	% of children under 3 years age who are underweight	47.3%	35%	30%	25%

RCH OUTCOMES		CURRENT STATUS (NFHS-3, 2005-06)	TARGET		
			09-10	10-11	11-12
Family Planning					
14.	Contraceptive prevalence rate (any modern method)	29.3%	40%	45%	50%
15.	Contraceptive prevalence rate (limiting methods)				
	Male Sterilization	0.2%	5%	10%	15%
	Female Sterilization	17.3%	30%	40%	50%
16.	Contraceptive prevalence rate (spacing methods)				
	Oral Pills	1.7%	5%	10%	15%
	IUDs	1.4%	10%	15%	20%
	Condoms	8.7%	25%	30%	35%
	Unmet need for spacing methods among eligible couples	21.9%	18%	16%	12%
	Unmet need for terminal methods among eligible couples	12.6%	11%	10%	8%

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
Infrastructure								
1.	No. and % Block level PHCs / CHCs upgraded to provide 24X7 RCH services	650 %	670 %	690 %	710 %	750 %	823 100%	823 100%
2.	No. and % Addl. PHCs upgraded to provide 24X7 RCH services	Nil	10	20	30	50	150	200
3.	No. and % of health facilities upgraded to FRUs, fulfilling the minimal criteria per the FRU guidelines (at least 3 critical criteria)							
	a. District/Combined Hospitals	52 72%	55 76%	58 81%	62 86%	65 90%	72 100%	72 100%
	b. Sub-district Hospitals	-	-	-	-	-	9 50%	18 100%
	c. CHCs	58 11%	60 12%	65 13%	70 14%	75 15%	100 19%	140 27%
	d. Block PHCs	-	-	-	-	-	-	-
4.	No. and % of functional Sub-Centres (ANM is posted and working out of the facility)	20521 100%	20521 100%	20521 100%	20521 100%	20521 100%	20521 100%	20521 100%
5.	No. and % of sampled FRUs following agreed infection control and health care waste disposal procedures	Not done	DHs-20 38%	DHs-25 47%	DHs-30 57%	DHs-35 66%	DHs-45 85%	DHs-53 100%
			CHC-15 4%	CHC-30 7%	CHC-40 9%	CHC-50 12%	CHC-100 100%	CHC-140 100%
6.	No. and % of health facilities that have operationalised IMEP guidelines	-	-	-	DHs-20 38%	DHs-30 57%	DHs-45 85%	DHs-53 100%
					CHC-40 8%	CHC-60 12%	CHC-90 17%	CHC-140 27%
Human Resources								
7.	No. and % of ANM positions filled (against required)	22533 95%	22533 95%	22533 95%	23000 97%	23000 97%	23656 100%	23656 100%
8.	No. and % of specialist positions filled at FRUs (against required)	40%	40%	50%	50%	55%	60%	70%
Programme Management								
9.	No. and % of state and districts having full time programme managers for RCH with financial & admin. powers delegated	69 distt. 97%	71 distt. 100%	71 distt. 100%	71 distt. 100%	71 distt. 100%	71 distt. 100%	71 distt. 100%

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
10.	No. and % of sampled state & district Prog. Mgrs. whose performance was reviewed during the past 6 months	71 dist. 100%	71 dist. 100%	71 dist. 100%	71 dist. 100%	71 dist. 100%	71 dist. 100%	71 dist. 100%
11.	% of district action plans ready	71 districts 100%	71 districts 100%	-	-	-	71 districts 100%	71 districts 100%
12.	% of sampled districts that are implementing M&E triangulation involving community	Nil	5 districts 7%	5 districts 7%	5 districts 7%	5 districts 7%	25 districts 35%	71 districts 100%
13.	SPMU in place with 100 % staff	75%	75%	90%	100%	100%	100%	100%
14.	No. and % DPMU staff in place	97%	100%	100%	100%	100%	100%	100%
Financial Management								
15.	% of districts reporting quarterly financial performance in time	90%	90%	100%	100%	100%	100%	100%
Logistics / Procurement								
16.	% of district not having at least one month stock of a. Measles vaccine b. OCP c. EC Pills d. Surgical Gloves	Nil	-	-	-	-	-	-
Training								
17.	No. and % of Medical Officers trained in							
	a. SBA (1 day orientation)	42	30	55	105	105	295	500
	b. Life-saving anaesthesia skills	33	24	-	24	-	48	48
	c. EmOC (short course)	29	16	16	16	-	48	48
	d. RTI/STI	-	-	-	-	-	-	-
	e. MTP using MVA	-	24	24	24	24	200	100
	f. MTP using other methods	-	-	-	-	-	-	-
	g. (i) CCSP-UP (IMNCI) ToT	316	50	50	50	50	-	-
	(ii) CCSP-UP (MOs)	458	300	300	300	300	-	-
	h. Facility Based Newborn Care (ToT)	17+1 (Lalitpur) (18) distts	9 districts	9 districts	-	-	-	-

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
	i. Facility Based Newborn Care (MOs)	70	286	216	-	-	1000	1500
	j. Care of sick children & severe malnutrition	70	286	216	-	-	1000	1500
	k. NSV	48	27	27	27	27	108	108
	l. Laparoscopic steriliz.	66	35	35	60	60	200	200
	m. Minilap	20	15	30	50	50	150	150
	n. IUD insertion	60	344	344	344	356	1300	1300
	o. ARSH	Included in Integrated Skill Based Training						
	p. IMEP	-	-	-	-	-	-	-
18.	No. and % Staff trained in SBA							
	a. ANM /LHV	600	600	600	600	600	2400	2400
	b. LHV	-	-	-	-	-	-	-
	c. Staff nurse	250	150	150	150	150	600	600
19.	No. and % Staff trained in CCSP-UP (IMNCI) (1 batch of 2 Hlth. Supr., 4-5 ANMs and 18-20 ASHAs)							
	a. ANM	2105	800	1100	1200	1300	12000	20000
	b. LHV/HS	541	400	600	800	850	5000	6500
	c. ASHA	10055	3500	5500	7500	7500	70000	100000
20.	No. and % of Staff Nurses trained in Facility Based Newborn Care	39	100	100	100	100	800	1200
21.	No. and % of ASHAs trained in Home Based Newborn Care	Nil	Subsumed under CCSP					
22.	No. and % Staff trained in IUD insertion							
	a. ANM/LHV	-	2064	2064	2064	2736	10000	12000
	b. Staff Nurse	-	688	688	688	912	4000	5000
23.	No. and % of staff trained in ARSH							
	a. ANM	-	incl. in Int. Skill Based Training of RCH				-	-
	b. LHV	-	incl. in Int. Skill Based Training of RCH				-	-
	c. Staff Nurse	-	incl. in Int. Skill Based Training of RCH				-	-
	d. Prog. Managers	-		-	-		-	-
24.	No. and % of state and district programme managers trained on IMEP	Nil	-	-	10 10%	71 90%	81 100%	81 100%

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
25.	No. and % of health personnel who have undergone Contraceptive Update/ISD Training	-	-	-	-	-	-	-
Maternal Health								
26.	% of ANC registrations in first trimester of pregnancy	25.7% (NFHS-3)	40%	44%	47%	50%	60%	70%
25b	% mothers who consumed IFA for 90 days or more during last pregnancy	8.7 % (NFHS -3)	30%	32%	35%	40%	50%	60%
27.	% of 24 hrs PHCs conducting minimum of 10 deliveries/month	56%	60%	65%	70%	100%	100%	100%
28.	% of Caesarean Sections in CEmONC centres	8 % of total delv.	10%	12%	15%	15%	15%	15%
29.	No. and % of health facilities providing RTI/STI services							
	a. DHs	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%
	b. SDHs	18 100%	18 100%	18 100%	18 100%	18 100%	18 100%	18 100%
	c. CHCs	200 39%	250 49%	350 68%	450 87%	515 100%	515 100%	515 100%
	d. PHCs	100 32%	140 45%	200 65%	250 81%	308 100%	308 100%	308 100%
30.	No. and % of health facilities providing MTP services							
	a. DHs	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%
	b. SDHs	8 44%	8 44%	10 55%	15 75%	18 100%	18 100%	18 100%
	c. CHCs	58 11%	70 14%	80 16%	90 17%	100 19%	140 27%	210 41%
	d. Block PHCs	50 16%	55 18%	60 19%	65 21%	70 23%	100 55%	170 55%
31.	No. of districts where Referral Transport services are functional	-	-	10 15%	35 50%	71 100%	71 100%	71 100%
32.	No. & % of planned RCH outreach camps held							
33.	No. and % of planned Monthly Village Health and Nutrition Days held	702000 97%	1.8 lacs 25%	3.6 lacs 50%	5.4 lacs 75%	7.2 lacs 100%	7.2 lacs 100%	7.2 lacs 100%

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
Child Health								
34.	No. of districts where CCSP logistics are supplied regularly	17 100%	17 50%	36 100%	36 100%	36 100%	54 100%	71 100%
35.	No. and % of health facilities with at least one provider trained in Facility Based Newborn Care	-	17 DHs 17 CHCs	17 DHs 30 CHCs	36 DHs 36 CHCs	36 DHs 60 CHCs	54 DHs 140 CHCs	71 DHs 200 CHCs
36.	No. and % of sampled outreach session where AD syringe use and safe disposal are followed	100%	100%	100%	100%	100%	100%	100%
37.	No. of districts and schools where School Health Programme is implemented	71 Dist. 32000 schools	71 Dist. 16000 schools	71 Dist. 32000 schools	71 Dist. 16000 schools	71 Dist. 32000 schools	71 Dist. 42000 schools	71 Dist. 50000 schools
Family Planning								
38.	No. and % of health facilities providing Female Sterilization services							
	a. DHs	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%	53 100%
	b. SDHs	15 75%	15 75%	18 100%	18 100%	18 100%	18 100%	18 100%
	c. CHCs	200 21%	210 26%	220	230	240	300 70%	350 82%
	d. PHCs	60 19%	65 21%	70 23%	90 29%	100 32%	150 49%	200 65%
39.	No. and % of health facilities providing Male Sterilization services							
	a. DHs	72 92%	72 92%	72 92%	72 92%	78 100%	78 100%	78 100%
	b. SDHs	8 44%	8 44%	10 55%	15 75%	18 100%	18 100%	18 100%
	c. CHCs	515 100%	515 100%	515 100%	515 100%	515 100%	515 100%	515 100%
	d. PHCs	-	-	-	-	-	-	-
40.	No. and % of health facilities providing IUD insertion services							
	a. CHCs	500 97%	515 100%	515 100%	515 100%	515 100%	515 100%	515 100%
	b. PHCs	200 65%	200 65%	250 81%	250 81%	308 100%	308 100%	308 100%
	c. Sub centres	7000	7500	7500	8000	8000	8500	8500

RCH INTERMEDIATE / MOU INDICATOR		CURRENT STATUS (Estimated Mar 2009)	TARGET					
			2009-10 (quarter-wise)				10-11	11-12
			Q1	Q2	Q3	Q4		
41.	No. of accredited private institutions providing:							
	a. Female Steril. Services	10	5	10	15	15	100	120
	b. Male Steril. Services	10	5	10	10	10	70	85
	c. IUD Insertion Services	10	5	10	15	15	100	120
42.	% of districts with Quality Assurance Committees	49 70%	-	50 71%	60 86%	70 100%	-	-
43.	% of district QACs having quarterly meetings	NA	-	50 71%	60 86%	70 100%	-	-
44.	% of planned Female Sterilisation camps held in the quarter	NA	-	95%	95%	95%	100%	100%
45.	% of planned NSV camps held in the quarter	NA	-	-	80%	90%	100%	100%
Adolescent Reproductive and Sexual Health								
46.	% of ANC registrations in 1 st trimester of pregnancy for women <19 yrs of age	NA	-	-	10%	25%	60%	70%
47.	No. and % of health facilities providing ARSH services							
	a. CHCs	58 11%	60 12%	65 13%	70 14%	75 15%	100 19%	140 27%
	c. PHCs	-	-	-	-	-	-	-
	d. Other Counselling centres	-	2 3%	18 25%	18 25%	18 25%	71 100%	71 100%
48.	No. and % of health facilities with at least one provider trained in ARSH	nil	2 3%	18 25%	18 25%	18 25%	71 100%	71 100%
Vulnerable Groups								
49.	No. and % of district plans with specific activities to reach vulnerable communities	70 100%	70 100%	70 100%	70 100%	70 100%	70 100%	70 100%
Innovations/PPP/NGO								
50.	No. of districts covered under MNGO scheme	-	-	-	-	-	-	-
51.	No. of MNGO proposals under implementation	-	-	-	-	-	-	-
Monitoring and Evaluation								
52.	% of districts reporting on the new MIES format on time	100%	100%	100%	100%	100%	100%	100%

5. THRUST AREAS FOR CONCERTED ACTION

The National Rural Health Mission (NRHM) is aimed at ensuring effective and quality healthcare, especially to the poor and vulnerable sections of the society. It is being implemented in the State with the aim of reducing infant mortality rate & maternal mortality ratio, ensuring population stabilization, prevention & control of communicable & non-communicable diseases and bringing AYUSH to the mainstream for promotion of healthy life style. Given the status of public health infrastructure in the State, it will not be possible to provide the desired services till the infrastructure is sufficiently upgraded. The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and fresh construction or renovation wherever required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels. This involves simultaneous corrections in human resource planning, as well as, infrastructure strengthening. The mandate for NRHM therefore includes the following areas for concerted action:

As per guidelines mentioned on page no. 17 of the NRHM Framework for Implementation (2005-2012), Govt. of India, the following actions are proposed.

1. Ensuring Functional facilities - Establishing fully functional CHCs/ Sub-Divisional/District Hospitals, which includes:
 - Infrastructure/equipments
 - Management support
 - Streamlined fund flows
 - Contractual appointment and support for capacity development
 - Pooling of staff/optimal utilization
 - Improved MIS
 - Local level flexibility
 - Community / PRI/ RKS for accountability / M&E
2. Increasing and improving human resources in rural areas for which the following will be undertaken:
 - Contractual appointments at facilities to overcome short term gaps.
 - Outsourcing of non-clinical functions, such as, cleaning, upkeep, laundry waste disposal, etc.
 - Multi-skilling of doctors / paramedics and continuous skill upgradation
 - Convergence with AYUSH

3. Accountable health delivery:

- Referral chain from village to hospital
- Management of health facilities by Rogi Kalyan Samitis (RKS)
- Budget to be managed by PRIs / RKS

4. Effective decentralisation and flexibility for local actions:

- Untied fund and flexibility for innovations
- Management by Rogi Kalyan Samitis

5. Reducing maternal & child deaths and population stabilization:

- Functional public health system including CHCs as FRUs, PHC as 24X7, Sub Centres, Sub Divisional hospital, District Hospitals
- Under NRHM, training of locally recruited ANMs at 16 identified centres
- Promoting institutional delivery
- Improving quality of services at the facilities
- Thrust on Skilled Birth Attendants training
- Training of ASHAs
- New born care for reducing neo natal mortality;
- Expanding facilities to provide FP services
- Active Village Health and Sanitation Committees;
- Training of Panchayat members.
- Expanding the ANM work force especially in remote areas and in larger villages and semi-urban areas.
- Planned synergy of ANMs, AWWs and ASHAs

6. Actions for preventive and promotive health:

- Untied fund for local action
- Convergence with other departments / institutions
- Capacity building
- Improved School Health Programme involving primary & middle schools
- Common approach to IEC for health
- Involvement of PRIs

7. Disease surveillance:

- Horizontal integration of programmes through VHSC, SC, PHC, CHC.
- Initiation and Integration of IDSP at all levels

8. Health Information System:

- A fully functional two way communication system leading to effective decision making and corrective actions.

9. Planning and monitoring with community ownership:

- Community monitoring (piloting and scale up in a phased manner)
- Involvement of NGOs/PRIs

NRHM is an opportunity for the State of Uttar Pradesh to uplift the face of existing health services. It empowers the State with the vision to improve health infrastructure, quality of services and accessibility of these services by the larger section of the community. The overall objective is to have the highest attainable standards of services at the public health institutions coupled with the recent technical advances in terms of well equipped facilities and adequate skilled manpower at every level. In the last few years the credibility of public sector has gone down and it is very necessary that the district/sub district government hospitals are re-strengthened to provide patient friendly services in a congenial environment.

It is a well known fact that good hospital services are pivotal for well ordered and humane community and will definitely be the recipients of societal resources. It is of prime importance for the Government of Uttar Pradesh to provide quality delivery of health services at all levels. The health care delivery system has remained fragmented and ill-equipped for decades and the growing demand of the community calls for better hospital services and quality assurance mechanisms. In fact, the focus of the state will be, not merely on providing minimum acceptable standards, but to set forth a system of constant improvement in the hospitals by providing quality patient care which is translated into reality by greater efficiency, accountable and responsible governance in the hospitals and congenial friendly atmosphere which tempts the community to accept government health services.

Ensuring Quality Care -The hospitals will be strengthened with all the signs and indications well displayed in such a way that when a patient reaches there, he/she knows where he has to go for the registration, consultation, investigation or admission etc. Also, friendly paramedical and support staff will be there to guide and help them. After the examination, all the facilities for investigations will be made available in such a manner so that patient has all the conveniences for routine tests. Most of the district hospitals are well equipped for simple routine

tests but with up-gradation as per IPHS they will be provided recent and modern investigative facilities as well. The reporting mechanism will also be streamlined. This will be done through State budget as well as budget available under NRHM.

Availability of medicines is another area which is of prime importance for the patients. Government of Uttar Pradesh is fully committed to provide all essential medicines, absolutely free of cost for poor people and the State budget has been increased tremendously during the last few years. However, the gaps will be filled with the budget available under NRHM.

Availability of adequate human resource, which is well trained, skilled and patient friendly is another crux of NRHM mandate this year. All the districts / sub districts hospitals and CHCs which are identified as FRUs will be provided with skilled manpower at every level. Special management, skill up-gradation and behaviour communication training programmes will be organized for them.

Road Map to IPHS-To achieve the objectives of reducing infant and maternal mortality rates, the state has been working on operationalising health facilities as FRUs. In the end of financial year 2007-08, only 38 district women hospitals and 23 CHCs were functional as FRUs (where caesarean sections are being performed and all mandatory requisites are available excepting for blood bank facilities, though definite linkages have been developed). During the year 2008-09, a vast exercise has been executed to deploy the available human resource and all 53 district women hospitals, five combined hospitals and 61 CHCs are now functional as FRUs. All the districts / combined hospitals have the accessibility to a blood bank (license renewal processed sped up) and all CHCs either have a blood storage refrigerator or linkages with a blood bank. Moreover, 100 identified CHCs will be getting blood storage refrigerators very soon, as the orders have already been placed. This year we plan to operationalise 150 CH / CHCs as FRUs in addition to 53 district women hospitals. There are 14 medical officers recently trained with EmOC and 17 with short term anaesthesia training who are being posted at earmarked CHCs. Another batch of 13 medical officers being trained in EmOC and 16 medical officers undergoing short term anaesthesia training will be available by 31st March, 09 to be posted at already identified CHCs. Very recently 13 Gynae / Obs. specialists have been recruited through Public Service Commission and are being posted at pre-identified facilities.

During yr. 2009-10, as per plan 72 medical officers will be trained in short term Anaesthesia training and 48 in EmOC training. Thus, by August, 09, another 16 CHCs, by December, 09 again 16 to 24 CHCs and by March 10, again a group of 16 to 24 CHCs will be made functional as first referral units. At these centres posting of contractual staff nurses, and other paramedics have been planned accordingly. Meanwhile, strengthening of infrastructure, provision of equipments, and blood storage facility will be ensured.

All the facilities which are already functional as FRUs have to be strengthened as per IPHS standards. It is proposed to strengthen all the districts male / female /

combined hospitals and identified CHCs as per IPHS standards in a phased manner. The infrastructure at the health facilities at different levels has to be geared up and must be well equipped to take up all complicated & difficult cases of medicine, surgery, gynaecology, paediatrics, orthopaedics, trauma, ophthalmology, etc. In the State of Uttar Pradesh, most of the CHCs are not well-equipped to tackle complicated cases, except for gynaecology & paediatrics; hence the district level facilities function as first referral units for the purpose. Therefore, it is necessary to upgrade & strengthen these facilities, so as to provide comprehensive emergency health care to the community.

Focus Areas under State Plan for 2009-10

1. Strengthening of CHCs & FRUs to provide optimal health services as per IPHS

As per IPHS guidelines for CHCs (page nos. 11 to 17) / FRUs, Govt of India, strengthening of facilities would be taken up and will include the following:

- Physical infrastructure strengthening--entrance zone, OPD, Indoor, Treatment room, Ancillary rooms, OT, Labour rooms, Sterilization rooms, Labs, Offices & Stores etc.
- Ensuring 24 hrs water supply, emergency lighting & telephone facilities.
- Human resource- Clinical specialists, paramedics, nursing staff & other support man power.
- Ensuring availability of equipments, consumables & medicines.
- Capacity building & multi-skilling of medical & paramedical staff.
- Quality assurance in service delivery.
- Blood storage facility & essential laboratory services.
- Referral communication services for timely referral & management.
- Cleaning, upkeep & laundry services.

2. Strengthening to Provide Optimal Health Services at Block/APHC level

- Untied Fund/ Annual Maintenance Grant/ RKS fund at Block & APHCs.
- Provision of Inverters (1 KVA) at 24 x 7 Addl. PHCs & select Sub centers for 500 units.
- Relocation of AYUSH practitioners
- Contractual appointment of MBBS doctors at all Block level facilities (823)
- Contractual appointment of AYUSH lady doctors at all Block PHCs (766)
- Contractual appointment of AYUSH male doctors at PHCs (300)
- Contractual appointment of AYUSH Pharmacists at PHCs (1000)

3. Strengthening to Provide Optimal Health Services at Sub Centre level

- Construction of Sub Centres (3000 nos. from Mission Flexipool)
- Major Repairs of 1000 Sub Centers @ Rs. 2 lacs/unit.
- Electricity connections at 1000 Sub Centres.
- Contractual appointment of ANMs (1500).
- Untied grants & AMG at Sub centres.
- Capacity building of ANMs.
- Provision of performance based incentive for trained TBAs to promote safe institutional deliveries.
- Various IEC activities (wall writing/display boards/posters etc.) at Sub centers.

4. Strengthening of Health Services at Community Level

- ASHA Scheme
 - Training on 5th Module
 - Operationalisation of ASHA Support System
 - Replenishment of ASHA Kits
 - ASHA Award Scheme
 - Annual ASHA Sammelan/Melas
 - Newsletter for ASHAs
- Untied grants for each revenue village (1,07,164) through VHSCs
- Biannual Orientation of PRIs during BDC Meetings
- Saas Bahu Sammelans - District & Block level.
- Mobile medical units - 2 to 4 units / district for selected 24 districts.
- Piloting emergency medical transport services in 12 districts.
- Piloting community monitoring activities (2 districts).

5. Strengthening Training

- Training Support for BHW (M) & BHW (F) – Pre-service training of ANMs & Male Workers.
- Physical strengthening of training institutes (RHFUTCs, ANMTCs, DPTTs, LHV/PHN Trg. Centres)
- Strengthening Nurses training.
- Capacity Building for District Action Planning and development of DAPs.

6. Strengthening Drug Warehouses

- Repairs of Regional Drug Warehouses (11 nos.)

- Construction of District Drug Warehouses (30 nos.)
- Operational expenses for existing district drug warehouses (24 nos.)—contractual human resource, electricity, telephone facility, other contingent items.

7. Other Activities

- Closed User Group (CUG) network for Health Department Officers
- Concurrent audit system
- Scheme for Medical Officers for Pursuing Post-Graduation in Public Health/ Family Medicine/Professional Development Course
- Strengthening of JE epidemic ward at BRD Medical College, Gorakhpur.
- Capacity Building for District Action Planning and development of DAPs

The activities proposed for achieving the above have been detailed under the relevant sections in various chapters.

6. RCH II PROGRAMME OBJECTIVES & STRATEGIES

The second phase of the Reproductive and Child Health (RCH) Programme started from April 2005 with necessary modifications based on the lessons learnt in the first phase, in the State. A comprehensive integrated Programme Implementation Plan (PIP) for RCH phase II was approved by Government of India and the programme implementation virtually started from October '05 after the first release of funds from Govt. of India.

Key Goals for RCH-II

Target Areas	Key Indicators	Status	Target 2010
Maternal Health	MMR	517 (SRS 01-03)	<360
Newborn & Child Health	IMR	69 (SRS 2007)	<60
Population Stabilization	TFR	3.8 (NFHS-3, 2005-06)	3.40

1. MATERNAL HEALTH

Objectives

- Increase ANC coverage
- Reduction of anaemia in women
- Increase in institutional deliveries
- Ensuring management of complications during pregnancy and delivery
- Ensuring post natal care
- Provision of safe abortion services
- Provision of RTI/STI services

Major Strategies

1.1 Operationalisation of Facilities for Institutional Deliveries

1.1.1 Operationalisation of CHCs & District Women Hospitals (DWHs) as FRUs

To bring about a reduction in maternal mortality, it is imperative that our health units are equipped to tackle complicated cases of pregnancy and ensure safe delivery. Currently, there are 53 District Women's Hospital, 3 Combined Hospitals and 64 CHCs, totalling 120 units, in State that are functioning as FRUs. The major constraint in ensuring operationalization of FRUs has been non-availability of Specialists. It is targeted to operationalise 14 Combined Hospitals and 46 additional CHCs as FRUs in this year. Thus, 180 facilities will be functioning as FRUs by the end of year 2009-10.

Rationalization of deployment of human resources is being done and further, hiring of Specialists on contract or on on-call basis and Staff Nurses on contract will be continued. The tentative requirement of staff has been detailed in the section on 'Human Resources'.

To achieve the objectives of reducing infant and maternal mortality, the state has been working on operationalising health facilities as FRUs. In the end of financial year 2007-08, only 38 district women hospitals and 23 CHCs were functional as FRU (where caesarean sections are being performed and all mandatory requisites are available excepting for blood bank facilities, though definite linkages have been developed). During the year 2008-09, a vast exercise was executed to deploy the available human resource and all 53 district women hospitals, 6 combined hospitals and 61 CHCs are now functional as FRUs. 14 medical officers recently trained in EmOC and 17 in short term anaesthesia training have been posted at earmarked CHCs. All the districts / combined hospitals have the accessibility to a blood bank (license renewal process sped up) and all CHCs either have a blood storage refrigerator or linkages with a blood bank. Moreover, 140 identified CHCs will be getting blood storage refrigerators very soon, as the orders have already been placed. Also, it would be ensured that existing units have proper licensing and where blood storage units have not been established, proper linkages are available.

In addition to the existing 120 units, during the year 2009-10, we plan to operationalise 60 Combined Hospitals & CHCs as FRUs. For ensuring human resources at the additional units, a batch of 13 medical officers who are being trained in EmOC and 16 undergoing short term anaesthesia training will be available by 31st March 09 and will be posted at already identified new units.

Further, as per training plan for 2009-10, to fill the gaps in human resources, around 72 medical officers will be trained in short term Anaesthesia training and 48 in EmOC training. Thus, by August, 09, 16 CHCs, by December, 09 another 16 to 24 CHCs and by March 10, a group of 16 to 24 CHCs will be made functional as First Referral Units. At these centres posting of contractual staff nurses, and other paramedics have been planned accordingly. Meanwhile, strengthening of infrastructure, provision of equipments, and blood storage facility will be ensured.

Together with facility of investigation and blood transfusion, even provisions have been made for ensuring the availability of important medicines which are not available through the routine State government supplies, such as, antiRh sera, misoprostol, antibiotics for resistant cases of sepsis, etc. for the management of Rh incompatibility, PPH, puerperal sepsis, etc. The budgetary requirement for the same would be met from funds being provided for upgradation of facilities to IPHS and RKS grant.

All the facilities which are already functional as FRUs have to be strengthened as per IPHS standards. It is proposed to bring all the districts male / female /

combined hospitals and identified CHCs as per IPHS standards in a phased manner, including procurement of kits for CHCs/FRUs. This has been detailed ahead under the head 'Strengthening & Upgradation of District Hospitals and CHCs' in Mission Flexipool and budgetary requirements have also been provisioned accordingly under Mission Flexipool.

1.1.2 Operationalisation of CHCs & BPHCs to provide 24-hour services

At present there are around 401 CHCs and 215 BPHCs that are providing 24x7 delivery services and by March 2009 it is expected that at least 14 additional facilities will be functional. It is further proposed to make functional around 25 CHC, 159 Block PHCs and 50 Additional PHCs during the year 2009-10. Thus, by the end of year 2009-10, 426 CHCs, 374 Block PHCs and 50 Addl. PHCs will be operationalised as 24 hour facilities.

Additional human resource is also proposed to be made available through contractual arrangements. It is proposed to have one Medical Officer (MBBS) at CHCs and Block PHCs. At the District Women Hospitals, one Lady Medical Officer (MBBS) would be deployed. These doctors would be responsible for public health services and would ensure implementation, supervision and monitoring of various interventions proposed under NRHM.

Further, at 24x7 PHCs, lady ISM doctors would be deployed on contract for providing institutional delivery services. In case of gaps in Staff Nurses, it is to deploy Staff Nurses/General Nursing Midwives (GNMs) on contract.

The estimated number of personnel to be hired and the budgeted expenses is detailed in the section on 'Human Resource'.

1.2 Operationalise MTP services at health facilities

At present MTP services are available only at limited facilities (53 district women hospitals and around 200 CHCs). Thus, a total of around 250 facilities are providing MTP services.

It is proposed to strengthen the existing MTP services at these facilities and further operationalise MTP services in the remaining CHCs. Accordingly, MTP services would be available at all the DWHs and CHCs by the end of 2009-10. Requisite training would be provided to the LMOs and procurement of MVAs and other instruments required for the MTP procedure would be done.

1.3 Operationalise RTI/STI services at health facilities

At present RTI/STI services are being provided at all FRUs and selected CHCs. It is proposed to ensure provision of these services at all DWHs, Combined Hospitals, CHCs and Block PHCs. Thus, a total of around 895 facilities would be providing RTI/STI services by the end of 2009-10. Facilities for confidential

counselling would also be strengthened at these units, as well as, at the district hospitals.

The budgetary requirement towards procurement of drug kits and diagnostic kits has been provisioned under the section on 'Procurement'.

1.4 Village Health & Nutrition Days

Village Health & Nutrition Day (VHND) sessions, involving the ASHAs, AWWs and ANMs are being organised in the State. Detailed guidelines have already been issued to the districts for the same. The activity will be continued in the year 2009-10 and it is estimated that around 60,000 sessions would be organised across the State each month. The ASHA would be paid an incentive of Rs.100 per session for organising two VHND sessions every month. The expense would be met from the incentive budgeted under 'Mission Flexipool'

1.5 Janani Suraksha Yojana (JSY)

The JSY scheme is being implemented across all the districts in the State. Necessary guidelines have already been sent to the districts and funds are being disbursed regularly. Wide publicity of the scheme is also being ensured through hoardings, pamphlets, bus panels and through print and electronic media. Identification of private sector health facilities is being undertaken for the provision of JSY benefits and the facilities will be accredited as per Govt. of India norms. The activities will be continued during the next year and efforts will be made to increase institutional deliveries. Beneficiaries will be encouraged to stay for at least 48 hours after delivery. Further, the ANMs and ASHAs would ensure proper birth planning to ensure timely antenatal check-ups and institutional delivery.

Estimated Number of Beneficiaries for JSY for the year 2009-10

The total number of beneficiaries catered under JSY during the period April 08 to December 08 is 11.30 lac deliveries. It is estimated that by the end of the financial year the total number of beneficiaries under JSY would be around 14 lacs. The current status is as under:

<i>Sl.</i>	<i>Description</i>	<i>Nos.</i>	<i>Percentage to Total</i>
<i>1</i>	<i>Total Institutional Deliveries till Jan. 09</i>	<i>11,30,049</i>	<i>75 % (against target of 15 lacs)</i>
<i>2</i>	<i>BPL Deliveries</i>	<i>59,637</i>	<i>5 %</i>
<i>3</i>	<i>Deliveries at District Hospital</i>	<i>2,70,605</i>	<i>23 %</i>
<i>4</i>	<i>Deliveries at PHCs</i>	<i>3,79,555</i>	<i>32 %</i>
<i>5</i>	<i>Deliveries at CHCs</i>	<i>3,44,480</i>	<i>29 %</i>
<i>6</i>	<i>Deliveries at Sub Centres</i>	<i>1,35,409</i>	<i>11 %</i>

Thus, around 25 percent institutional deliveries are taking place at public health facilities. It is proposed to increase the percentage of institutional deliveries at public health facilities to 35 percent. To meet the increasing demand under JSY, 120 FRUs, having one LMO round the clock, have been operationalised. Further, during the year 2009-10, 60 more units will be made functional as FRUs, as already discussed under the section on operationalisation of FRUs above. Also mapping of facilities would be done to ensure that JSY load is distributed as per bed strength & bed occupancy.

Also 630 units (24x7) have been strengthened with 3 staff nurses and AYUSH lady doctors at Block PHCs round the clock. During the year 2009-10, it is proposed to increase 24 hr. units to 850 units (including 50 APHCs). The strengthening of CHCs as per IPHS norms is under process and deployment of additional human resources to meet the demand will help to cover additional work load. Accordingly, with the strengthening of health facilities and deployment of additional human resources, it is estimated that around 18 lac beneficiaries would be covered under JSY during 2009-10. The estimation is based on the following:

Expected No. of Rural Deliveries (Institutional)

Expected No. of Rural Deliveries in Urban Facilities (@ 120 per month x 65 District Hospitals x 12 months) - 93,600 (@ 90 per month x 9 Govt. Medical Colleges x 12 months) - 9720 (@ 60 per month x 3 Pvt. Medical Colleges x 12 months) - 2160	105480
Expected No. of Deliveries in Private Health Facilities (@ 60 deliveries per month / facility x 100 facilities)	72000
Expected No. of Deliveries in CHCs (@ 120 per month x 426 CHCs x 12 months)	613440
Expected No. of Deliveries in Block PHCs (@ 90 per month x 374 BPHCs x 12 months)	359040
Expected No. of Deliveries in Identified Addl. PHCs with Adequate Infrastructure (@ 20 per month x 50 APHCs x 12 months)	12000
Expected No. of Deliveries in Identified Sub-Centres with Adequate Infrastructure (@ 8 per month x 2500 SCs x 12 months)	240000
Total No. of Expected Deliveries under JSY in Rural Areas (B)	1401960

Expected No. of Urban Deliveries (Institutional)

Expected No. of Deliveries in District Level Hospitals (DWH & Combined) (@ 12 per day x 65 hospitals x 365 days)	284700
Expected No. of Deliveries in Govt. Medical Colleges (@ 10 per day x 9 Colleges x 365 days)	32850
Expected No. of Deliveries in Pvt. Medical Colleges (@ 5 per day x 3 Colleges x 365 days)	5475
Total No. of Expected Urban Deliveries under JSY in (A)	323025

Expected No. of Rural Deliveries (Home)

Total Expected No. of Home Deliveries in BPL Families (C)	1,00,000
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The beneficiaries at the identified private facilities (other than those under Saubhagyawati) would be paid by the concerned Rogi Kalyan Samiti on production of discharge card showing details of services received and duly signed by the incharge of the private facility.

Total No. of Deliveries (A+B+C) = 18,24,985

Implementation of JSY

It is proposed to further strengthen the implementation of JSY in the State, for which additional support is required at the State level. A support cell, having two persons, has already been established at the Family Welfare Directorate. However, this cell requires additional strengthening in view of the enormous data being received from the districts and for redressal of complaints, as well as, for effective monitoring.

Strengthening of JSY Cell

For maintaining a good reporting system, updation of records, fund management & monitoring it is proposed to strengthen the JSY Cell at the Directorate level. It is proposed to deploy Programme Assistants at the State level to facilitate complaint redressal and monitoring of JSY activities. During the year 2008-09, the 10% verification of cases could not be conducted. However, in 2009-10, it is proposed to ensure monitoring of 5 to 10% cases through deployment of monitors, departmental staff, as well as, through external agencies. It is also proposed to have Monitors who would visit the districts to monitor JSY activities and follow-up of complaints. It is proposed to deploy 4 such Monitors. Each Monitor would be able to cover 6-7 districts every month. Accordingly, all 71 districts would be covered in each quarter.

The following contractual manpower would be deployed in the JSY cell for programme management, monitoring and complaint redressal:

- Programme Assistant - 2
- Data Entry Operator - 2
- Data Analyst - 1
- Accountant - 1
- Monitors - 4
- Class IV - 1

All expenditure for the above would be met from the 1% allocation for administrative expenses at State level as per GOI norms.

The budgetary requirement for the estimated 18 lac deliveries is detailed ahead.

Budgetary Requirement for JSY for the year 2009-10

Budget head	Physical target			Rate (Rs./Unit)	Annual Amount (Rs. in Lacs)
	Unit of measure	Current Status	Estimated Target		
Implementation of JSY					
(a) Beneficiaries					
<i>Home Deliveries (BPL)</i>	Per Benef.	-	1,00,000 beneficiaries	500/-	500.00
<i>Institutional deliveries</i>					
i) Urban	Per Benef.		300,000 beneficiaries	1000/-	3000.00
ii) Rural	Per Benef.		10,00,000 beneficiaries	2000/-	20000.00
			4,00,000 beneficiaries	1400/-*	5600.00
(b) Caesarean Sections	Per benef.	-	30,000	1500/- per case	450.00
Sub-Total					29,550.00
Administrative Expenses					
A. At State level	-	-	-	(1%)	295.50
B. At District level	-	-	-	(4%)	1182.00
Total					31027.50

** It is estimated that around 30 percent of the beneficiaries reach independently at the health facility, without the support of any mobilizer. Hence, no incentive is payable and the budgetary estimation has been done accordingly.*

1.6 Saubhagyawati Surakshit Matretva Yojana

A scheme for improving institutional deliveries, with the involvement of the private sector institutions, similar to the Chiranjeevi scheme in Gujarat, has been launched in the State. The scheme would be continued this year. The budgetary requirement has been provided under the section 'Public Private Partnerships'.

1.7 Provision of Transport for Pregnant Women

A scheme for emergency medical transport services is proposed under Mission Flexipool. Provision of transport for institutional delivery and referral would be ensured through this intervention.

1.8 Rent for Sub-Centres

There are 12,232 Sub-Centres in the State that are operating from rented buildings. As per communication received from Gol the funds requirement would

be met from RCH flexipool. Accordingly, a provision of rent @ Rs. 250/- per month for 12,232 Sub Centres, amounting to Rs.366.96 lacs, is being made for the year 2009-10 incorporated in the section on 'Infrastructure & Human Resource'. Additionally, Rs.250/- p.m. would be utilized from untied grant at Sub Centre, in case a proper (minimum two rooms) rented building is available and can be used for providing better services including deliveries.

1.9 Performance based Incentive to Honorary Worker (Dais) at Sub Centres

There are large number of Dais in the State who are conducting deliveries either at homes or at the Sub Centre. It is proposed to pay these Dais a performance based incentive as follows:

Incentive for assisting ANM in conducting delivery at the Sub Centre
(Rs.100/- per delivery x 2 deliveries per month) - Rs.200/-

For assisting the ANM in conducting clinic at Sub Centre, assisting in her field visits and upkeep of Sub Centre premises
(Rs. 25/- per clinic day x 4 days / month) - Rs.100/-

Accordingly, a Dai will be able to earn a maximum incentive of Rs.300/- per month. The payment to Dais would be made from the untied grant available at the Sub Centre.

1.10 RCH Camp at CHCs/Block PHCs and Addl. PHCs

It is proposed to organize 18 camps each year at the CHCs/ Block PHCs and at Addl. PHCs having a proper building and a functional OT. Almost 30 percent of the camps would be organised at the Addl. PHC level and remaining camps at the CHCs/Block PHCs. 1 camp each month from April to Sept. and 2 camps/month in each block during Oct. to March as per the existing norms. Plans would be prepared by the district to conduct these camps between the 1st to 20th of the scheduled month.

Cost

Over and above current level of support available to sterilizations services from GOI under FW program, following support will be required for conducting each RCH camp.

At MOI/C- PHC/CHC level

• Mobility for IEC	Rs.	50/-
• Camp Arrangement	Rs.	300/-
• Refreshment	Rs.	250/-
• Transportation to Sterilization clients	Rs.	750/-
• Administrative/communication cost	Rs.	50/-

• Soap detergent Kerosene oil	Rs. 100/-
• Miscellaneous	Rs. 100/-
• Reagents and consumables	Rs. 300/-
Sub-Total (A)	Rs. 1900/-

At CMO Level

• Mobility for surgical team	Rs. 700/-
• Medicine	
a) Anaemia & worms, IFA	
b) General Medicines	
c) RTI/STI	Rs. 1050/-
d) Xylocaine 1%, Inj. Pentazocine /Inj. Phenergan, Inj. Atropine etc.	
• Follow up cards for Ster. clients/adm.cost/comm.cost	Rs. 200/-
• Other consumables (surgical gloves, bleach, sutures, antiseptics (chlorohexadiene soln.), dressing material, reagents, syringes & needles, pregnancy test kits, etc)	Rs. 650/-
Sub-Total (B)	Rs. 2600/-

Total Cost per Camp (A+B) : Rs. 4500/- .

Accordingly, total cost for conducting the camps in 823 blocks during the year 2009-10 will be Rs. 666.63 lacs.

Additionally, IEC support through banners at service sites and distribution of handbills will be required for which an amount of Rs.6720/- per block will be provided. Accordingly, an amount of Rs. 55.31 lacs for IEC activities for 823 blocks will be provided.

Thus, the total budgetary requirement for the activity for the year 2009-10 is Rs.721.94 lacs.

Budget Summary (Maternal Health) 2009- 10

Sl.	Particulars	Amount (Rs. in lacs)
Maternal Health Interventions		
	RCH Camps	721.94
	Janani Suraksha Yojana	31027.50
	Grand Total	31749.44

2. CHILD HEALTH INTERVENTIONS

2.1 Essential Newborn Care

Although the State has made consistent progress in improving the child health indices during the last 3 decades, the child health indicators are cause of concern in the state. Child mortality rate & Infant mortality rate are still very high in comparison to national average. As per the latest available data, IMR stood at 69/1000 live births (SRS 2007) compared to the national average of 55. Similarly, as per NFHS-3 (2005-06), under 5 mortality stood at 96 per 1000 live births compared to the national average of 74. Child health is directly linked with the educational and health status of the mother, care during - pregnancy, post delivery, care of the new born & management of early childhood illnesses.

A component of essential newborn care at district hospitals, CHCs and Block PHCs is being implemented all over the State. The Medical Officers along with paramedical staff have been trained for essential newborn care under various courses designed for skill development of the functionaries. Essential newborn care corner has been established at each 24x7 unit. The essential equipments (resuscitation bag & mask, pedal operated suction apparatus, baby weighing machine, radiant warmer and mucous extractor) and medicines have been made available at each such centre.

2.2 Comprehensive Child Survival Programme - UP (CCSP-UP)

Further, an integrated approach, focusing on the family, community and facility level care of the mother and the new born, supported by the institutional mechanism for health care delivery, is required. For this a multi- pronged strategy has been envisaged which is being implemented in a phased manner.

In Uttar Pradesh, a Comprehensive Child Survival Programme - UP (CCSP-UP) was launched during the year 2007-08. The programme was launched in 17 selected districts (one district in each division with high IMR and availability of minimum basic infrastructure). However, during 2007-08 only the regional orientation workshops and ToTs could be completed and actual training of functionaries could only be initiated in 2008-09.

The goals and objectives of the programme were kept as follows:

2.2.1 Goals

- To reduce the Infant Mortality Rate from 73 per 1000 live births (SRS 2005) to less than 36 per 1000 live births by the year 2012.
- To reduce the neonatal mortality rate in the pilot area by 50 percent from the existing level

2.2.2 Objectives

- Improve community & family practices for child care
- Improve access to quality institutional child care services
- Empower ASHA & grass root health functionaries in providing essential child care services in community
- Demand generation for quality child care services through efficient IEC/BCC
- Improve uptake of services through effective counselling

2.2.3 Coverage in the First Phase

The first phase of the programme is being implemented in 17 districts as listed below:

1. Aligarh	6. Banda	11. Jhansi	16. Moradabad
2. Pratapgarh	7. Faizabad	12. Lakhimpur Kheri	17. Saharanpur
3. Azamgarh	8. Bahraich	13. Kannauj	
4. Shahjahanpur	9. Varanasi	14. Bulandshahar	
5. Siddharthnagar	10. Gorakhpur	15. Mirzapur	

The present status of trainings in 17 first phase districts is as under:

Sl.	Description	Total Target for 17 districts	Target 2008-09	Est. Achv. upto Mar. 09	Target 2009-10 for 17 districts
1	Training of Trainers	270	270	270	270
2	Training of Medical Officers	1100	460	458	1100
3	Training of ANMs	5200	1838	1900	5200
4	Training of LHV/HS	1400	346	500	1400
5	Training of ASHAs	30000	12000	11800	30000
6	ToT for FBNC	114	114	118	114
7	ToT for Supervisors	68	68	68	68

2.2.4 New CCSP districts proposed to be covered in the year 2009-10

Under CCSP, one district from each division with high IMR (2005-06) and which also had the minimum infrastructure to implement the programme was selected in the year 2008-09. This year one additional district in each division will be added to the scheme, as per the plan for phased expansion. One district in each division having the highest IMR has been selected. The presence of Additional Director's Office, DHNTCs (Unicef) & Divisional Programme Management Units at the division level will certainly support in implementation of the programme.

Previously, Lalitpur district, was taken as a pilot for IMNCI supported by Unicef during the year 2005-06. Medical Officers, Health Supervisors and ANMs had been trained together with AWWs. This year Lalitpur will also be covered under CCSP and since ASHAs were not in place during the pilot period, they would be trained this year. Further, two days training (home based newborn care and BCC) will be imparted to the functionaries already trained on IMNCI.

Thus, 19 districts in which the programme will be implemented this year are—**Lalitpur, Mathura, Etah, Allahabad, Mau, Badaun, Basti, Chitrakoot, Gonda, Barabanki, Maharajganj, Jalaun, Farrukhabad, Unnao, Ghaziabad, Bhadohi, Bijnor, Muzaffarnagar and Jaunpur.**

Trainings under CCSP

As per the plan, ToTs, both for CCSP and FBNC, will be initiated in the additional districts with support of BHU and neonatology wing of CSMMU, Lucknow.

The Medical Officers (Physicians training) of 10 days will be conducted with support from 4 Medical Colleges, namely, **MLN Medical College, Allahabad; MLB Medical College, Jhansi; GSVM Medical College, Kanpur and SN Medical College, Agra** which have been strengthened during the year 2008-09.

The recurring cost for each medical college will be around Rs.5 lacs per annum. **Thus, an amount of Rs.30 lacs is being budgeted for 6 medical colleges.**

Training of Medical Officers in the 17 districts of the first phase will be taken up on priority followed by training of MOs (Rs. 2.325 lacs per batch) in the remaining 18 districts.

The estimated budget for 52 batches of training works out to Rs.120.90 lacs.

CCSP training for functionaries will be continued in the districts covered in the first phase and the additional districts will be covered in a phased manner. Around 800 batches of training will be conducted in 17 CCSP districts (about 2 batches/month/site x 2 min. sites in each district) and 400 batches (first 4 months will be utilized for ToT & site strengthening) in the 18 second phase districts. The estimated cost for each batch of training is around Rs.1.65 lacs for a batch of approx. 25 - 30 participants.

The district training sites in the second phase districts, including Lalitpur, will be required to be strengthened. In each of the 19 districts, 2 sites, that is the District Women Hospital and FRU/private facility, would be strengthened. The estimated cost for strengthening of each site is around Rs.2.15 lacs. **Thus, for strengthening of 38 district training sites, the total sum required will be Rs. 40.85.**

3 days Supervisors training would be conducted in 75 percent blocks of 1st phase districts and 25 percent blocks of 2nd phase districts. **The total budgetary requirement is estimated at Rs. 60.05 lacs**

2.2.5 ToT for Facility Based Newborn Care

Further, 3 days special clinical training package for district hospitals/CHC/PHC doctors and staff for facility based care for sick children will be initiated in the first phase districts, where the ToT has been completed. This training mainly focuses on management of seriously ill, premature, underweight and seriously malnourished children requiring indoor care & management. The ToT will also be completed in the second phase districts and training will be initiated subsequently.

The 3 day ToT for FBNC will be carried out at CSMMU, Lucknow in batches of 12 participants each. Around 10 batches of training will be conducted during the year 2009-10. The estimated cost of each batch of training is Rs.60,000/-. Accordingly, a sum of Rs. 6.0 lacs for 10 batches of training is being budgeted.

For district level trainings, each batch of training would cost around Rs.36,680/-. One batch of training will be required to be conducted in each block. **Accordingly, for 200 batches of training in the 17 first phase districts an amount of Rs. 73.36 lacs is being budgeted.** Further, some batches will be organised in the second phase districts. **The estimated budget for 50 batches of training works out to Rs.18.34 lacs.**

2.2.6 Strengthening of District Level Facility

Physical strengthening of new born care units at the district hospitals will be carried out. All the essential equipments, medicines, etc. will be ensured at these facilities. An amount of Rs. 2 lacs would be required for one unit in each of the 36 districts. Accordingly, a budgetary provision of Rs.72 lacs is being made.

2.2.7 Procurement of child survival kits for ASHAs

A child survival kit is being provided to the ASHAs, the estimated cost of which is around Rs. 1000/-, as detailed below:

Contents of Child Survival Kit for ASHAs

SN.	Item	Rate (In Rs.)
1.	Mucous extractor No. 10 per kit	130.00
2.	Towels - 2 Nos. (medium sized)	50.00
3.	ORS packets (for 1000 ml solution) - 10 per kit	100.00
4.	ORS packets (for 200 ml solution) - 20 per kit	100.00
5.	Cotton wool & Gauze	50.00
6.	Medicine kit *	300.00
7.	DDK - 10 per kit	100.00
8.	Digital thermometer (sensitive for low temp.)	20.00
9.	Bag	150.00
Total		1,000.00

***Cost of Medicine Kit**

1	Syrup Amoxicillin/dispersible paediatric tab. 5 nos.	:	Rs.	90/-
2	Syrup Cotrimoxazole/ dispersible paediatric tab. 5 nos.	:	Rs.	60/-
3	Syrup Paracetamol/ dispersible paediatric tab. 5 nos.	:	Rs.	60/-
4	Betadine lotion 100 ml.	:	Rs.	30/-
5	Mercurochrome/gentian violet	:	Rs.	30/-
6	Dettol/Savlon soap - 2 nos.	:	Rs.	30/-
Total			: Rs.	300/-

Requirement of Kits for 18 new districts (50% expected to be trained) : 20000

Funds required for these kits : Rs.1000/Kit x 20000 kits = **Rs. 200 lacs**

Further, the kits provided to ASHAs in the 17 districts taken up during the first phase will also be required to be replenished. The following items are proposed for replenishment:

Items for Replenishment in Child Survival Kit for ASHAs

SN.	Item	Rate (In Rs.)
1.	Mucous extractor (5 per kit)	65.00
2.	Towels - 1 No. (medium sized)	25.00
3.	ORS packets (for 1000 ml solution) - 5 per kit	50.00
4.	ORS packets (for 200 ml solution) - 10 per kit	50.00
5.	Cotton wool & Gauze	25.00
6.	Medicine kit	300.00
7.	Digital thermometer (sensitive for low temp.)	20.00
Total		535.00

It is estimated that around 5,000 kits will require replenishment. Accordingly, a sum of Rs. 27.75 lacs will be required.

Thus, a total sum of Rs.227.75 lacs will be required for procurement of kits during the year 2009-10. The expenditure has been budgeted under the head 'Procurements'

2.2.8 Job Aids & Tools for ASHAs

Job aid and tools are being provided to facilitate the ASHAs in their working. These have been developed by a team of experts at the State level, supported by donor agencies. The cost of each kit is around Rs.150/- as detailed ahead.

Sl.	Item	Purpose	Qty.	Estimated Cost (Rs.)
1	Home-visit Leaflet (Checklist) on newborn and postpartum maternal care for ASHA	Aid ASHAs during home visits to newborns and lactating mothers to provide need based counselling and referral for services	2	2.00
2	Pictorial flip chart for ASHA on home-based newborn care practices/behaviours	For use in interpersonal counselling during home visits and community meetings	1	22.00
3	Pictorial flip chart to help ASHA promote and negotiate Infant & Young Child Feeding practices (IYCF)	To improve understanding of ASHA on infant and child feeding and nutrition issues to be able to resolve related day to day problems faced while dealing with mothers and families	1	20.00
4	A compendium of frequently asked questions (FAQs) on breastfeeding & compl. feeding practices	Develop understanding of practical field situations and behaviours observed and faced with in the field and respond accordingly.	1	22.00
5	A compendium of frequently asked questions (FAQs) on routine immunization	Develop understanding of practical field situations and behaviours observed and faced in the field and respond accordingly	1	22.00
6	Calendar with NBC messages for ASHA (6 leaves)	As a reminder on newborn care practices	1	50.00
7	Formats for record keeping and supervision	To ensure proper record keeping and reporting	1 set	10.00
Total				148.00
A	Checklist for ASHA facilitators	To review ASHAs work at monthly ASHA meetings (review of VHI register, organization of VHNDs, JSY, Postnatal home visits, review of supplies, infant deaths, planning for next month, etc)	2	2.00
Total Cost per ASHA				150.00

Accordingly, for 39,000 ASHAs in the 19 additional districts, a sum of Rs.58.50 lacs is being budgeted. This Budget would be met from the head 'institutional Strengthening'.

2.2.9 Payment to ASHAs for Programme Implementation

Each ASHA would be paid Rs. 100/- for conducting 6 visits to each Low Birth Weight (LBW) newborn and Rs. 50/- for 3 visits to each normal weight newborns. It is estimated that on an average each ASHA would be required to visit 9 LBWs and about 21 normal infants in a year. Accordingly, she would be able to earn an amount of Rs.2,000/- (Rs.900/- for visits to LBW newborns and Rs. 1100/- for visits to normal infants).

An amount of Rs.600 lacs @ Rs.2,000 per ASHA has been transferred to the district for payment to 30,000 ASHAs. Since the ASHAs are being trained in a phased

manner and implementation is also progressing accordingly, the entire amount has not been utilized. Approval is therefore sought to utilize the funds in the year 2009-10. The available amount will be sufficient for payment of incentives to the ASHAs working in the 17 districts of the first phase.

Further, since almost all the ASHAs have received 12 days basic ASHA training (2nd phase) and are now well acquainted with Child Health illnesses, they will be imparted a 1 day orientation for home based newborn care and home visits as an integral part of CCSP. This will empower them in tracking newborns, counselling families regarding home based care and timely identification of high risk newborns for their referral and management. This one day orientation will be conducted at block level in batches of 40 ASHAs by district level trainers. One such batch will cost around Rs. 12,000/- Thus, for the orientation of 48,000 ASHAs (18,000 ASHAs of Phase 1 districts and 30,000 ASHAs from Phase 2 districts), around 1000 batches will be conducted for which an estimated budget of Rs. 120 lacs will be required. This will be completed in the first quarter and speed up the implementation of CCSP

It is estimated that once this orientation has been conducted and with the expansion of the scheme around 30,000 additional ASHAs in the 19 districts will be able to conduct home visits and would be eligible for incentive. **Thus, the total budget required for 30,000 ASHAs amounts to Rs.600 lacs for the year 2009-10. This is being budgeted as incentives under the head 'Infrastructure & Human Resources'.**

Detailed reporting formats have been developed for reporting by the ASHAs which are to be filled during home visits. These reports are countersigned by the beneficiary and verified by ANM for release of incentive. These reports are compiled at the Block PHCs on monthly basis and payment is made accordingly to the ASHAs.

Further, the activities of ASHA will be monitored through PRIs and SHGs, who will be provided necessary orientation by the ANMs during the VHNDs.

2.2.10 Sensitization Workshops at State, District, Block and PHC levels

Sensitization workshops for service providers would be conducted in the 18 additional districts. It is proposed to conduct workshops at State, district, block levels. **A budgetary provision of Rs. 18.10 lacs has been made as shown ahead.**

Sl.	Activity	Amount (Rs. in lacs)
1	State Workshop	5.00
2	District Workshops (18 workshops @ Rs. 15,000/- per wkshp.)	2.70
3	Block Workshops (208 workshops @ Rs. 5,000/- per wkshp.)	10.40
Total		18.10

2.2.11 Infant Death Audit

All out efforts would be made to establish a system of Infant Death Audits. A reporting format/ protocols have been developed which shall be disseminated to the districts. The ASHA would report any infant death occurring in her area to the BPHC. She would be paid Rs.50/- to ASHA for reporting each infant death and Rs. 250/- would be paid to the facility for conducting verbal autopsy and reporting to the State as per prescribed format. It was estimated that 25 infant deaths/block would be reported in a year. Thus, an amount of Rs. 7500/- per block was budgeted in the year 2008-09. However, in view of intensive monitoring required for the activity, it is proposed to pilot the same in two blocks of two selected districts.

Further, an amount of Rs. 2 lacs would be required at the State level for development of audit protocol, development of formats, training and collation & compilation of reports. **Accordingly, a budgetary provision of Rs. 2.30 lacs is being made this year.**

2.2.12 Establishment of Special New Born Care Units

It was proposed to establish full fledged Special New Born Care Units (SNCU) at district women hospitals. However, due to non-availability of human resources, it was not possible to effectively operationalise full-fledged units. At present only SNCU at Lalitpur is fully functional. The human resource component was being supported by Unicef, however, from this year the same would be supported under NRHM.

The SNCU unit at Veerangana Avanti Bai Mahila Chikitsalya, Lucknow catering to a large load of pregnant women (Average of around 7000 deliveries annually) has also been operationalised through funds from the State budget. However, the human resource component is being supported through NRHM.

In addition, SNCU in 5 district women hospitals in Shahjahanpur, Aligarh, Pratapgarh, Saharanpur and Azamgarh are being developed where civil works being undertaken through NRHM funds and equipments are being installed with Unicef support. It is expected that these units will also be functional during the year 2009-10.

3 medical officers (preferably paediatricians) and 6 staff nurses trained in paediatric care would be supported in each of these 7 hospitals from the NRHM funds.

Around Rs.20 lacs would be required to support the human resource requirement and recurring expenses towards medicines, drugs, etc. for each such unit. **Therefore, a total of Rs.140 lacs would be required towards operational expenses for 7 units. The same has been budgeted under the head 'Infrastructure & Human Resources'**

2.3 Infant & Young Child Feeding (IYCF)

A two pronged approach will be adopted for promoting optimal infant and young child feeding practices, which includes creating awareness through the integrated State BCC strategy and enhancing the counselling skills of ASHAs and AWWs.. Promotion of infant & young child feeding has been taken up as a component under the integrated State BCC strategy. A number of IEC and BCC interventions are planned to be implemented. Additionally, appropriate infant & young child feeding practices would be promoted by the ANMs and ASHAs. An amount of Rs.5.0 lac at the State and Rs.20,000/district is being proposed to organize seminars/workshops during World Breastfeeding Week in the month of August. Accordingly, an amount of 19.20 lacs is being budgeted.

For the skill-based training the three in one IYCF counselling course jointly developed by BPNI, IBFAN and UNICEF will be adapted. Training on infant and young child feeding practices is expected to improve the understanding of the programme functionaries on breast feeding and young child feeding. In addition, it will improve their skill in assessing the feeding of infant and young child and provide support to the families to promote adequate feeding practices. Improvement in breast feeding and complementary feeding in turn will contribute to the reduction of infant mortality rate and malnutrition.

The skill-based training will be undertaken in phases. During the financial year training will cover all 71 family welfare counsellors proposed to be placed at all the District Hospital and 2400 ASHAs, AWWs and one active woman volunteer in 4 districts. The ASHA, AWW and the active women will constitute the mother support group to promote optimal breastfeeding practices at the community level. The training will be organized with technical support from Unicef and BRD Medical College Gorakhpur in view of their experience of implementing a district-based project for promoting breastfeeding in Lalitpur district.

The Family Welfare Counsellors will undergo 7 day training in 3 batches. Training of the counsellors it is expected will ensure that nearly one lac women delivering at the district hospital will receive skilled counselling support to ensure early and exclusive breastfeeding. In addition, the family welfare counsellors will also serve as a referral point for women with breastfeeding problems advised specialized counselling support. The training to the family welfare counsellors will be provided by the existing resource of state-level trainers. On the other hand, training of 1200 mother support groups (ASHA, AWW and the active women volunteer) will be provided 3 day training by a pool of middle-level trainers to be developed for each district.

The budgetary requirement for the same is as under:

Sl.	Activity	Amount (Rs. in lacs)
1	Workshop/seminars World Breastfeeding Week	19.20
2	7 day training of 71 Family Welfare Counsellors (Rs.170,000/batch x 3 batches)	5.10
3	3 day training of 60 middle level trainers (Rs. 30,000 per batch of 20)	0.90
4	3 day training of 2400 ASHA, AWW and woman volunteer (Rs. 29,000 per batch for 120 batches)	34.80
Total		60.00

2.4 Management of Other Childhood Diseases

2.4.1 Diarrhoea

Management of diarrhoea has been included in the CCSP package. Further, Zinc tablets to be given 20mg/day for 14 days in case of persistent diarrhoea (on IMNCI lines). This will be implemented in 36 selected districts under CCSP-UP and scaled up in a phased manner.

- ORS Procurement
- Training of all functionaries for ORS administration
- Zinc sulphate tabs. and pilot ORT corners in CCSP districts
- IEC for identification for severely dehydrated children and their referral
- Management of severely dehydrated children at facilities

The requirement of ORS for management of diarrhoea cases would be met from Kit A supplied to all 71 districts.

2.4.2 ARI Management

For ARI management, training of functionaries for identification and standard case management of pneumonia cases would be carried out. Further, IEC activities to improve knowledge about home management of cough & cold and recognition of early danger signs for seeking appropriate medical care will be carried out. The training of functionaries on the above issues has been included in the CCSP training package.

2.5 Addressing Undernutrition

2.5.1 Bal Swasthya Poshan Mah (BSPM) - Strategy for Addressing Micronutrient Malnutrition

One joint orientation of Health and ICDS grassroot functionaries (ANM and AWW) will be taken up in all the blocks of the State. In 2009-10, with UNICEF support, state will also conduct joint sensitization of all the block MOICs and CDPOs. Additionally banners and IEC materials will be provided to all the booths for enhancing visibility of biannual rounds

Requirement of vitamin A syrup would be ensured through Kit A and additional requirement of vitamin A would be met from State budget. The budgetary outlay for BSPM is given ahead.

Sl.	Activity	Amount (Rs. In lacs)
1	Joint planning meeting of Health and ICDS Officers at State level (Rs. 25,000- per meeting x 2 meetings/year)	0.50
2	Printing of BSPM guidelines, reporting and monitoring formats (Rs.1,000- per block x 2 rounds/year x 823 blocks)	16.46
3	Joint planning meeting of Health and ICDS functionaries at District level (Rs. 5,000- per meeting x 2 meetings/year for 71 districts)	7.10
4	IEC Activities during BSPM Rounds (Rs.1,000- per block x 2 rounds/year x 823 blocks)	16.46
5	Dissemination Meetings at District level (Rs. 5,000- per meeting x 2 meetings/year for 71 districts)	7.10
6	Joint orientation of Health and ICDS grassroot functionaries-ANM and AWW (Rs 25/participant X 1.7 lacs ANM and AWW)	42.5
7	Booth preparedness (Rs 40/booth X 1,00,000 booths)	40.0
8	Coverage evaluation	10.0
Total		140.12

Keeping in mind the increased population norms, Govt. of India, vide letter dated 9th October, 2008, has asked the State to double the quantity of vitamin A bottles in kit A and increase it to 12. Accordingly in 2009, three kits will be provided to each sub centre, each kit containing 12 bottles.

However, this supply of 6,42,000 bottles of vitamin A through kit A will still fall short of the State's requirement which is approximately 10,00,000 bottles for covering children between 9 months-five years through biannual rounds. The additional requirement of 3,58,000 bottles will be met through the State budget and will cost an additional Rs.164.70 lacs.

Accordingly, a budgetary provision of Rs. 140.12 lacs is being made

2.5.2 Pilot for Addressing Undernutrition in Selected Districts

In the PIP for 2008-09, a pilot project of establishing Nutrition Rehabilitation Centres at one CHC in each of the 20 identified districts, having poorest nutritional indicators, was proposed. However, this activity could not be implemented due to various constraints.

This year a modification is proposed and the activity would be taken up in only 4 CCSP districts in convergence with ICDS. In these districts the Village Health and Nutrition Days will be strengthened to promote growth monitoring and counselling for growth promotion. In addition during BSPM months severely malnourished children will be identified through active case searching.

Severe acute malnutrition is defined by a very low weight for height (below -3 SD WHO growth standards), by visible severe wasting, or by the presence of nutritional oedema. In children aged 6-59 months, an arm circumference less than 115 mm is also indicative of severe acute malnutrition. A child with severe acute malnutrition undergoes physiological and metabolic changes which includes reduction in functional capacity of organs and slowing of cellular activities. These profound changes put severely malnourished children at particular risk of death due to hypoglycaemia, hypothermia, electrolyte imbalance, heart failure. In the absence of a standard protocol, mortality of children suffering from SAM admitted to hospital can range between 20 to 30% with the highest levels (50-60%) among those with oedematous malnutrition. With modern treatment regimes and improved access to treatment, case-fatality rates can be reduced to less than 5% both in the community and in facilities.

It is now proposed to allocate 2 beds at one CHCs (FRUs) in each district and 4 beds in the paediatric department of the district male hospital for severely malnourished children. It is estimated that on an average there would be around 10 cases per month at the identified facilities. These children would be provided with nutritional support, medicines, nursing care, etc. Thus, through these facilities it will be possible to provide quality care to about 500 children with severe acute malnutrition in a year.

Severe acute malnutrition remains a major killer of children under five years of age. Until recently, treatment was restricted to facility-based approaches, greatly limiting its coverage and impact. New evidence suggests, however, that large numbers of children with severe acute malnutrition can be treated in their communities without being admitted to a health facility or a therapeutic feeding centre. The community-based approach involves timely detection of severe acute malnutrition in the community and provision of treatment for those without medical complications with ready-to-use therapeutic foods or other nutrient-dense foods at home. If properly combined with a facility-based approach for those malnourished children with medical complications and implemented on a large scale, community-based management of severe acute malnutrition could prevent the deaths of hundreds of thousands of children.

As per the NFHS-3 (2005-06) 7% of children below three years suffer from severe acute malnutrition (SAM). In absolute numbers it means that in the state there are over 10 lac children below 3 years who suffer from severe acute malnutrition. Considering the size of the problem, it is proposed to explore the feasibility and effectiveness of an integrated community and facility based model for providing quality care to 1000 children with severe acute malnutrition. The integrated model will be implemented with support from Unicef and state Medical Colleges.

The overall aim of the Nutrition Rehabilitation Centre is to provide quality health and nutritional care to children with severe acute malnutrition. Specifically, the project will work towards the following:

1. Jointly with Health and Women and Child Development department develop standard guidelines for improving quality and access of special care to children with severe acute malnutrition.
2. Training of Health and ICDS functionaries for malnutrition management and counselling at hospital and community setting.
3. Providing full time nutrition expert support for inpatient care, follow up and rehabilitation.

Convergence will be established with the ICDS Department for early identification of malnourished children, their counselling and referral. Joint training of ICDS and Health functionaries would be conducted in the intervention area. The Medical Officers at the CHCs and Block PHCs will also orient CDPOs, AWWs and ASHAs during their monthly meetings for timely diagnosis of malnourished children and their management, as well as, referral of severely malnourished children. A joint review on the nutrition status of children will be conducted every month.

Efforts will be made to mobilize the services of the Paediatric and SPM Departments of adjacent Medical Colleges to boost the success of the programme.

Further, provision of weighing scales, height measurement stand, etc. would be made since availability of functional weighing scales, etc. is a constraint. It is also proposed to appoint one counsellor at each CHC for counselling on appropriate feeding.

Budgetary Requirement

Sl.	Description	Amount (Rs. in lacs)
1	State Level consultation on management of severe acute malnutrition	1.00
2	District Orientation Workshop (Rs. 5000/- per District for 4 districts)	0.20

Sl.	Description	Amount (Rs. in lacs)
3	Deployment of Counsellors (@Rs.10,000 p.m. x 8 nos.)	9.60
4	Development of Training and Local Resource Material for Feeding Demonstrator on Management of Severe Malnutrition	1.00
5	Training of Medical Officer and staff nurses for management of SAM	0.75
6	Training & Orientation of ANMs, ICDS Supervisors, AWWs & ASHAs (Rs.1.0 lac per district)	4.00
7	Programme Management Support @ Rs. 12,000/- per CHC per year x 4 CHCs and 4 district hospitals	0.96
8	Support of Medical Colleges @ Rs.25,000/- per Medical College x 4 Colleges	1.00
9	Contingency for civil works, furniture, refrigerator, water purifier cooking equipment and vessels etc. @ Rs 50,000 per unit	4.00
10.	Deployment of cook, cleaner and caretaker @ Rs. 4,000 per unit per month	3.84
11.	Contingency for medicines, dietary supplementation @ Rs. 4000/- per month per CHC	1.92
12	Contingency for medicines, dietary supplementation @ Rs. 8,000/- per month per District Hospital for 4 District Hospitals	3.84
13	Incentive for Doctors (Rs.50/case/day) and Staff Nurse (Rs. 25/case/day)	6.48
14	Incentive for ASHA and AWW for bringing SAM child (Rs. 100/case for 700 cases)	0.70
15	Transportation cost to the family (Rs. 200/cases)	0.14
16	Food cost for the mother (Rs. 65/day)	5.60
Total		45.03

2.6 Strengthening School Health Programme

A school health programme has been launched successfully in the State. School Health Program is envisaged as an important tool for the provision of preventive, promotive and curative health services to the population. The programme includes health checkups, IFA supplementation and biannual deworming in junior schools (classes 1 to 5). The programme covers 40 schools per block, and is reaching out to around 50 lac children in the State. The programme was launched in the month of October 08 and one round of visits to around 18,500 schools had been conducted till end of Dec. 08.

There are average 146 schools in each block. During the year 2009-10, around 30 percent schools in each block are being covered. It is proposed to cover all schools in a phased manner in coming years.

2.6.1 Components of the School Health Program:

Health service provision:

- **Screening, health care and referral:**
 - Screening of general health, assessment of anaemia/nutritional status, visual acuity, hearing problems, dental check up, common skin conditions, physical disabilities, learning disorders, behavior problems.
 - Referral Cards for priority services at CHCs/District hospitals.
- **Micronutrient (Iron Folic Acid and iodised salt) management:**
 - Weekly supervised distribution of Iron-Folate tablets coupled with education about the issue
 - Promoting use of iodised salt
- **De-worming**
 - As per national guidelines
 - Biannually supervised schedule
 - Prior IEC with intimation to families
- **Health Promotion at Schools**
 - Counseling services for proper life style and hygiene.
 - Regular practice of yoga, physical education, health education
 - Adolescent health education
- **Capacity building** of teachers and involved health personnel
- **Monitoring & Evaluation**

2.6.2 Programme Implementation

Teachers will be involved to conduct screening of students on a continuous basis for counselling and refer the students to the nearest health facility (CHC/Block PHC) for detailed medical examination and treatment.

District Nodal Officers for the school health programme will conduct a one day orientation of two trainers from each block level. One Medical Officer and one from the Education Department.

These two trainers will in turn train the school teachers. Two teachers from each school would be imparted two days training on the various components of the programme, especially screening and referral.

The teachers will be responsible for biweekly IFA supplementation and biannual deworming.

Further, a school health programme is being taken up for school going adolescent girls. The details have been mentioned under the 'Adolescent Health' component.

Budgetary Requirement

Sl.	Description	Amount (Rs. in lacs)
1	Honoraria to Resource Person (@ Rs.300/- per person x 71 districts x 1 day)	2.47
2	Training of Block Trainers (@ Rs.300/- per person [Hon. Rs.200/-, Refresh.-Rs.50/-, Stat. - Rs.30, Contin.-Rs.20] x 2 persons per block x 823 blocks)	4.94
3	Training of Teachers at Block level (@ Rs.200 per person [Hon. Rs.100/-, Refresh.-Rs.50/-, Stat. - Rs.30, Contin.-Rs.20] x 2 persons per school x 32,920 schools x 2 days)	263.36
4	Contingency for Printing of Health Card, Referral card, etc. (@ Rs.100/- per school x 32,920 schools)	32.92
5	Mobility to health team (@ Rs. 200/- per visit x 32,920 schools x 1 visit per school)	65.84
6	Weighing scale, Ht. measuring stand, eye chart, measuring tape, etc. (@ Rs.700/- per school x 35 sets per block (5 sets have already been provided to each block during the year 2008-09)	201.64
Sub-Total		571.17
<i>Procurement of Supplies</i>		
5	Procurement of IFA Tabs. (30 mg elemental iron and 250mcg Folic Acid) @ Rs.14/- for 100 tabs per child for 49.38 lac children	691.32
6	Procurement of Deworming Tabs. (1 tab. six monthly) @ Rs. 2/- per tab. x 2 tabs per child x 49.38 lac children	197.52
Sub-Total		888.84
Total		1460.01

Budget Summary (Child Health): 2009 - 10

Sl.	Particulars	Amount (Rs. in lacs)
Child Health Interventions		
1	Sensitization Workshops	18.10
2	Infant death audit	2.30
3	Promotion of Infant & Young Child Feeding (IYCF)	60.00
4	Implementation of <i>Bal Swasthya Poshan Mah</i>	140.12
5	Pilot for management of severely malnourished children	45.03
6	School Health Programme	571.17
7	Monitoring (Rs.3 lacs), monthly review at Divisional HQ and quarterly review meetings at State level (Div.12000/-, State 2.0 lacs)	7.16
Sub-Total		843.88
Training		
1	Printing of training module (for approx. 20,000 functionaries)	50.00
2	Support to Medical Colleges for operational expenses (@Rs. 5 lacs/ College for 6 Medical Colleges)	30.00
3	Training of Physicians at Medical Colleges	120.90
4	Training of Functionaries under CCSP (in 17 first phase districts) 800 batches @ Rs. 1.65 lacs per batch)	1320.00
5	District level ToT for CCSP in 18 second phase district (2 batches per district @ Rs. 2.39 lacs per district)	43.02
6	Training of Functionaries under CCSP (in 18 second phase districts) 400 batches @ Rs. 1.65 lacs per batch)	660.00
7	Training of Supervisors on CCSP	60.05
8	Training on facility based care for sick children in 17 first phase districts	11.70
9	ToT for Facility Based Newborn Care	6.00
10	Training on FBNC in districts	80.00
11	Strengthening of District level training sites for CCSP (@Rs. 2.15 lacs/ site x 2 sites/ district x 19 districts)	40.85
12	Strengthening of District level Facility for FBNC (@Rs. 2 lacs/ Unit for 36 Units)	72.00
13	One day orientation of ASHAs on home based newborn care	120.00
Sub-Total		2614.52
Infrastructure & Human Resources (incentive / Awards)		
1	Programme Implementation (Payment to ASHAs @ Rs.2000/- per year x 10,000 ASHAs)	600.00
Other Activity (A.9.5)		
1	Operational support for 7 SNCUs	140.00
Sub-Total		740.00
Institutional Strengthening (Monitoring & Evaluation / HMIS)		
1	Job Aids & Tools for ASHA	58.50
Sub-Total		58.50

Sl.	Particulars	Amount (Rs. in lacs)
Procurement (From Mission Flaxipool)		
1	Child Survival Kits for ASHAs	227.75
2	Deworming Tablets for School Children (6-10 years)	197.52
3	IFA Tablets for School Children (6-10 years)	691.32
4	Procurement of Vitamin A (3.58 lac bottles)	164.70
5	Zinc Tablet (20mg.) 16 cases X 30,000 X Rs.10/- per Cases	48.00
<i>Sub-Total</i>		<i>1329.29</i>
Grand total		5586.19

3. FAMILY PLANNING

The various reasons for declining sterilization performance have been as under:-

- Non availability of skilled service providers in adequate numbers.
- Non availability of functional laparoscopes in adequate numbers.
- Additional spacing choices to rural clients.
- Increasing litigations.
- Limited number of facilities providing daily services.
- Revised norms for service providers of laparoscopic sterilizations as per Hon'ble Supreme Court orders.

The above constraints are being addressed by the State, health facilities are being upgraded and training of providers has been initiated. Procurement of Laparoscopes is also under process and orders have been placed. Monitoring activities are also being strengthened. It is expected the family planning performance will now improve substantially. The following activities are planned during the year 2009-10

3.1 Terminal/Limiting Methods

3.1.1 Dissemination on sterilization standards & quality assurance of sterilization services

With the objective of orienting the district functionaries regarding sterilization standards and quality of sterilization services, it is proposed to conduct one day dissemination workshops at the district level. Service quality standards for sterilization approved by Govt. of India will be disseminated along with service quality protocols and steps for organising sterilization services.

An amount of Rs. 0.40 lacs per district is being budgeted. **Accordingly, an amount of Rs.28.40 lacs will be required for conducting the activity in the State.**

3.1.2 Operational plan for provision of sterilization services across districts

The development of district level work plan for providing sterilization services has been prepared and incorporated in specific District Action Plans (DAPs). Hence, no budgetary provision is required for the activity.

3.1.3 Deployment of Family Welfare Counsellors at District Hospitals

It is proposed to promote post partum contraception at the district level. Accordingly, it is proposed to position family planning counsellors, at District Women Hospitals and Combined Hospitals where deliveries are taking place, who would counsel eligible mothers for adopting sterilization or IUD and would also

promote colostrum feeding, early initiation & exclusive breastfeeding. Thus, one counsellor would be positioned in one district level hospital in each district. Reporting formats would be developed for recording the number of cases motivated by these counsellors and would be submitted to the Director (FW) at the Directorate of Family Welfare. Further, their performance would be reviewed every to quarter to assess effectiveness of this activity. The counsellors would be paid a fixed component of Rs.4500/- as honoraria and a maximum amount of Rs.5000/- per month as incentive. A budgetary provision @ Rs.9,500/- per month per Counsellor is being made.

Sl.	Description	Rate (Rs.)	Estimated nos. per month	Monthly Incentive Amount (Rs.)
1	Counselling sessions (20-25 minutes)	25/- per session	100	2500.00
2	IUD insertion within 24-48 by motivated woman	100/- per case	10	1000.00
3	Sterilization acceptance by motivated male within 1 week of delivery	500/- per case	01	500.00
4	Sterilization acceptance by motivated woman within 48 hours of delivery	200/- per case	05	1000.00
Total				5000.00

Accordingly, the total budgetary requirement for 71 districts for the year 2009-10 is Rs.80.94 lacs. The same has been budgeted under the head 'Human Resources'.

3.1.4 Implementation of sterilization services by districts

3.1.4.1 Provide female sterilization services on fixed days at health facilities in districts

Fixed day sterilization services (ligation/abdominal tubectomy) on two fixed days will be continued to be provided at all district women hospitals/ combined hospital/PPCs and CHCs having either a surgeon or gynaecologist or an LMO. Preferably, Tuesdays and Fridays would be fixed for such services. However, any other day may be fixed as per suitability in consultation with the CMO. Rs. 50.00 per sterilization would be provided for infection prevention materials, gloves, suture & other consumables. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. In case any of the service providers are untrained, they would be trained on female sterilization techniques

No additional budget is required as the same has been included in the revised compensation package.

3.1.4.2 Provide NSV services on fixed days at health facilities in districts

Fixed day NSV services each district including district male hospital/combined hospital and FRUs/CHCs will also be continued to be provided. Preferably,

Tuesdays and Fridays would be fixed for such services. However, any other day may be fixed as per suitability in consultation with the CMO. Rs.50.00 per NSV will be provided infection prevention materials, gloves, suture & other consumables. Wide publicity of the fixed days would be ensured through wall writings, leaflet, brochures, etc. In case any of the service providers are untrained, they would be trained on NSV at the earliest.

No additional budget is required as the same has been included in the revised compensation package.

3.1.4.3 Organize NSV camps in districts

Male participation is critical to success of population stabilization efforts. With the availability of NSV services, a new opportunity can be explored for improving the male participation in population control. Govt. of India has developed a scheme to promote NSV services in the community. A detailed guideline for camp planning, human resources, IEC, service delivery and training service provider is available for implementation. A package of Rs.1,67,250.00 for each camp has been approved by Govt. of India.

However, it has been observed that sufficient caseload is not available hence, such camps do not remain cost effective. It is therefore proposed to hold smaller NSV camps at the district level. In each district, 6 camps will be organized each year between October and March. Each camp would cost around Rs.35,000/-. It is expected that around 100 NSVs will be performed in each camp and thus 426 camps will be organized in the State during the year and around 42,000 NSVs will be performed in these camps.

Total of Rs.149.10 lacs will be required for organizing these camps during the year 2009-10.

3.1.4.4 RCH Camp at CHCs/Block PHCs and Addl. PHCs

As already described under the section on 'Maternal Health', it is proposed to organize 18 camps each year at the CHCs/ Block PHCs and at Addl. PHCs having a proper building and a functional OT. Almost 30 percent of the camps would be organised at the Addl. PHC level and remaining camps at the CHCs/Block PHCs. 1 camp each month from April to Sept. and 2 camps/month in each block during Oct. to March as per the existing norms. Plans would be prepared by the district to conduct these camps between the 1st to 20th of the scheduled month. Family Planning services would also be provided during these camps.

Thus, the total budgetary requirement for the activity for the year 2009-10 is Rs.721.94 lacs and has been budgeted under the section on 'Maternal Health'.

3.1.5 Compensation for Sterilization

3.1.5.1 Compensation for female sterilization

Upto November 2008, around 1.31 lacs sterilisations were performed and it is expected that around 5 lac sterilizations would be performed during the year 2008-09. With the procurement of Laparoscopes and training of providers, it is now estimated that in the year 2009-10 around 7 lacs sterilisations would be performed.

Thus, as per the GOI approved compensation package an amount of Rs.7000 lacs @ Rs.1000/- per sterilization would be required for year 2009-10.

3.1.5.2 Compensation for male sterilization

Around 5637 male sterilizations were performed upto November 2008, the performance objective for year 2009-10 is proposed at 45,000.

Thus, as per the GOI approved compensation package an amount of Rs.300 lacs @ Rs 1500/- per case would be required for year 2009-10.

3.1.6 Monitoring of Sterilization Services

To ensure provision of sterilization services, it is proposed to adopt a provider-wise monitoring of sterilization cases conducted. Regular review of performance would be conducted and a reporting mechanism would accordingly be established. Further, at the district level the QACs would

3.2 Spacing Methods

3.2.1 Implementation of IUD services by districts.

Upto the month of November 2008, around 12.49 lac IUD insertions were conducted and it is expected that around 18 lac clients would have been served during the year 2008-09. Accordingly, in the year 2009-10 about 22 lac clients are targeted to be reached. **Therefore, as per the Govt. of India approved package of Rs. 20/- per client the budget required would be Rs. 440 lacs.**

3.2.2 Provision of IUD services at District Hospitals/CHCs/Block PHCs

Daily IUD 380-A services are being provided in 70 district hospitals (Women, Combined & PPCs), 400 CHCs and 350 block PHCs at present. It is proposed to ensure provision of fixed day services at 53 DWHs/PPCs, 20 Combined Hospitals, 426 CHCs and 397 Block PHCs. IUD kits have already been provided to the facilities during the year 2008-09. The expenditure for follow-up medicines and other consumables would be met from the approved GOI package of Rs.20/- per IUD insertion.

However, funds would be required for client cards, IEC activity and infection prevention services. For these activities Rs.15,000 per unit will be required for District Hospitals/PPCs, Rs.6,000/- for CHCs and Rs.3,000/- for BPHCs as shown in the tables ahead.

Sl.	Head Name	At District Hospital/PPC	At CHCs	At BPHCs
1	Client Card	Rs. 2500/-	Rs. 1000/-	Rs. 500/-
2	IEC Activity	Rs. 5000/-	Rs. 2000/-	Rs. 1000/-
3	Infection prevention	Rs. 7500/-	Rs. 3000/-	Rs. 1500/-
Total		Rs. 15,000/-	Rs. 6,000/-	Rs. 3,000/-

Accordingly, the total requirement works out as follows:

Sl.	Facility	No. of Facilities	Allocation Per Facility	Total Amount (In Lacs)
1	District Hospitals/PPCs	73	15,000/-	10.95
2	CHCs	426	6,000/-	25.56
3	BPHCs	397	3,000/-	11.91
Total				48.42

Accordingly a total need for the year 2009-10 will be 48.42 lacs.

3.2.3 IUD services at Sub Centres

IUD services at the Sub Centres would be continued to be provided on fixed days. Preferably, Mondays (ANC clinic days) would be the day for IUD services also. Expenses towards infection prevention etc. would be met from the untied grant and there is no additional budgetary requirement. IEC activities will also be implemented to popularise the clinic day.

3.3 Establishment of a Satellite Centre of Excellence for Male Contraception (NSV) at 3 Medical Colleges

A Centre of Excellence for Male Contraception (NSV) has been established in the Department of Urology, CSMMU, Lucknow. This Centre was established with the objective of providing quality NSV Training and NSV services. The project has been very successful and has been conducting NSV camps and trained a large number of Surgeons.

It is proposed to replicate this model and establish satellite centres in 3 additional medical colleges (Meerut, Allahabad & Kanpur) this year.

These centres would provide training to doctors on NSV, provide NSV services, conduct IEC activities to promote NSV and act as a referral centre for complicated NSV cases. A detailed proposal is being developed. The estimated cost of the project is around 30 lacs per Medical College and would be implemented with support from SIFPSA. Accordingly, a budgetary requirement of Rs.90 lacs is proposed.

3.4 Other strategies/activities

To achieve objective of population stabilization, it was proposed to involve private sector providers. It was proposed that private nursing homes or hospitals would be identified in each district particularly in the rural area if available, and geographical area of block attached to these institutions/providers for providing these services.

This exercise was proposed to be facilitated by the DPMUs. Since the DPMUs have recently been formed the activity will be carried out in this year. A mapping exercise will be carried out by the DPMU & the district nodal officer regarding provision of clinical contraceptive services and its uptake, further, a databank of private institutions and providers incorporating district wise details will be prepared. Private providers who wish to get themselves accredited will be identified during the mapping process and training needs will also be assessed and subsequently addressed. The identified facility will be accredited for provision of services through a standard checklist in terms of infrastructure and skills required. A checklist has already been developed and made available to the districts for the same.

For sterilisation, as per Gol scheme the private provider/facility will be paid Rs.1300/- per male sterilization and Rs. 1350/- for each female sterilization. Further, Rs.200/- per male sterilization and Rs.150/- per female sterilization will be paid to the motivator.

For IUD insertion Govt. of India provides for a payment of Rs.75/- to an accredited provider/facility for each case of IUD insertion (inclusive of cost of IUD). However, since the cost of the IUD is higher than the payment being made, this scheme has not been successful. It is therefore proposed to provide the private provider with an IUD and Rs.75/- would be paid for each case of IUD insertion. (This would be applicable only in rural areas and for BPL clients in urban area)

It is estimated that around 500 NSVs, 2600 female sterilizations and 5000 IUD insertions would be conducted by the private providers. **Accordingly, an amount of Rs. 50 lacs is being budgeted for the year 2009-10 for providing sterilisation and IUD services through private providers/NGOs.**

It is further proposed to involve private providers under the 'Santushti Scheme' being promoted by Jansankhya Sthirta Kosh (JSK). IEC activities will be

undertaken to promote the scheme in the districts, which is being budgeted under IEC/BCC section.

3.5 Procurement & Maintenance

During the year 2008-09 orders for procurement of Single Puncture Laparoscopes/ Laparocators, NSV kits and IUD insertion kits have been placed. However, due to the fluctuation in rates the desired quantity could not be procured. Against a requirement of 1224 single puncture laparoscopes only 724 could be procured. This year it is proposed to procure 500 more Laparoscopes. Also, there is still further need of certain equipment and kits, which is being budgeted as under:

Sl.	Item	Quantity	Estimated Unit Cost	Total Amount (In Lacs)
1	Single Puncture Laparoscopes	500	Rs.5 lacs	2500.00
2	IUD Kits (for Sub Centres)	5000	Rs.2000.00	100.00
3	NSV kits @ 2 Kit per CHC	852	Rs.600.00	5.11
Total				2605.11

The above budget requirement would be met from the Mission Flexipool and has been provided for accordingly under the head 'Procurements' in Mission Flexipool. Further, around 400 Laparoscopes/Laparocators are in repairable condition. In the PIP for the year 2008-09, it was proposed to get these repaired for which an estimated cost of Rs.189 lacs was budgeted. Further, for annual maintenance of 450 Laparoscopes around Rs.30 lacs was budgeted. Thus, a total of Rs.219 lacs was budgeted towards maintenance and repairs of Laparoscopes/Laparocators. This amount could not be utilized and it is proposed to utilize the same in year 2009-10. The budgetary requirement of Rs.219 lacs for maintenance and repairs of Laparoscopes/ Laparocators has also been provisioned under the section on 'Procurement' under Mission Flexipool.

Budget Summary (Family Planning): 2009 - 10

Sl.	Particulars	Amount (Rs. in lacs)
Family Planning Interventions		
1	Dissemination on sterilization standards & quality assurance of sterilization services	28.40
2	Establishment of Satellite Centre of Excellence for NSV	90.00
3	Family Planning services through private providers	50.00
Sub-Total		168.40

Sl.	Particulars	Amount (Rs. in lacs)
Sterilization & IUD Compensation and NSV Camps		
1	Compensation for Female Sterilization (7,00,000 cases @ Rs.1000)	7000.00
2	Compensation for NSV Acceptance (45,000 cases @ Rs.1500)	675.00
3	NSV Camps in Districts	149.10
4	Implementation of IUD services	440.00
5	Provision of fixed day IUD services	48.42
Sub-Total		8312.52
Infra structure & Human Resources (Incentive & Awards) for FW Counsellors		
1	Deployment of FW Counsellors	80.94
Sub-Total		80.94
Grand Total		8561.86

Additionally, an amount of Rs.2606.18 lacs towards procurement of Laparoscopes, NSV kits & IUD kits and Rs.219 lacs for maintenance and repair of Laparoscopes/ Laparocators is being budgeted under the head 'Procurements' in Mission Flexipool.

4. ADOLESCENT HEALTH

4.1 Interventions for School going Adolescent Girls

Adolescent health interventions under the name *Saloni Swasth Kishori Yojana*, have been launched for school going adolescent girls. Interventions under the adolescent health include family life education, weekly IFA supplementation and biannual deworming. The component for school going adolescent girls is covering around 6500 girl's junior high schools (8 schools per block).

A State level workshop was organised followed by Training of District Trainers. Two Lady Medical Officers from each district were trained. Thereafter, district and block sensitization workshops were organised. The trainers then conducted training of teachers. Two teachers from each school were trained. Medical teams visit each school every six months to provide IFA, deworming tablets, counselling on nutrition and personal hygiene. It is proposed to continue the scheme for which following budget is proposed.

Budgetary Requirement

Sl.	Particulars	Amount (Rs. in lacs)
1	Expenses towards visit of Medical Team (@ Rs.200 per visit/school x 6584 schools x 2 visits/year)	26.34
2	Expenses towards organising Saloni Sabha (Rs.200 p.m. x 12 months x 6584 schools)	158.02
Sub-total		*184.36
Procurement		
3	Deworming Tablets (6584 schools x 187 girls/school x 2 tabs/year x Rs.2 per tab)	49.38
4	IFA Tablets (6584 schools x 187 girls/school x 48 tabs/year x Rs.0.14 per tab)	82.96
Sub-total		132.34
Grand Total		316.70

(*Rs. 174.36 lacs approved as per ROP)

Budget Summary (Adolescent Health) : 2009 - 10

Sl.	Particulars	Amount (Rs. in lacs)
1	Expenses towards visit of Medical Team (@ Rs.200 per visit/school x 6584 schools x 2 visits/year)	26.34
2	Expenses towards organising Saloni Sabha (Rs.200 p.m. x 12 months x 6584 schools)	158.02
Sub-total		*184.36
Procurement for School going adolescents girls		
3	Deworming Tablets (6584 schools x 187 girls/school x 2 tabs/year x Rs.2 per tab)	49.38
4	IFA Tablets (6584 schools x 187 girls/school x 48 tabs/year x Rs.0.14 per tab)	82.96
Sub-total		132.34
Procurement for Non-School going adolescents girls		
1	Deworming Tablets (64800 girls x 2 tabs / year x Rs.2 per tab)	2.60
2	IFA Tablets (64800 girls x 48 tabs/year x Rs.0.14 per tab)	4.36
Sub-total		6.96
Grand Total		323.66

(*Rs. 174.36 lacs approved as per ROP)

5. URBAN RCH

The current PIP has taken into account the guidelines as per the RCH II norms. If National Urban Health Mission is launched by GoI in the due course of time, the planning and budget will be modified as per the NUHM guidelines.

Urban Health Scenario in UP

The health status of people in Uttar Pradesh is amongst the lowest in the country, especially for the urban poor. The health indicators among urban poor are significantly lower than in rural areas of the state. Urban areas report a high rate of home deliveries and low rates of immunization of children. A significant percentage of the population in the cities of UP live in slum areas, thus even more prone to sickness and disease. Many of them are migrants from the rural areas or from neighbouring States, living below poverty line, and unable to afford the high cost of private medical care.

Indicator	Urban Poor	Urban Non Poor	Urban	Rural	State Total	India Total
Infant mortality rate	86.2	51.9	64.2	74.8	72.7	57.0
Under five mortality rate	110.1	66.1	82.4	100.0	96.4	74.3
% mothers who had at least 3 ANC visits	20.7	53.2	42.1	22.5	26.6	52.0
Institutional delivery (%)	16.7	52.3	40.0	18.0	22.0	41.0
Children completely immunized (%)	15.3	42.9	33.0	21.0	23.0	44.0

Source: Health of Urban Poor in India, Key Results from NFHS, 2005-06, Urban Health Resource Centre

Further all major cities in the State are exhibiting a very high decadal growth rate thus necessitating the need for an increased focus on urban health issues.

Proposed Activities:

1. Strengthening of State Urban Cell in Directorate of FW
2. Urban RCH Project - Lucknow
3. Urban RCH interventions in NUHP of 13 Large Districts.
4. Urban RCH interventions in UHPs of 55 districts of State
5. Preparatory Activities for NUHM
6. Study Tour of State and District Level Officials

1. Strengthening of State Urban Cell under Directorate of Family Welfare

With the increasing focus on the urban health by both Gol and State government there is a need for strengthening of existing Urban Cell in the directorate of Family Welfare. During the course of implementation of the Urban RCH components it has been observed that there is a need to build a MIS system so as to properly monitor the urban health activities both at the directorate and SPMU level. In light of this it is proposed to strengthen the urban health cell in the directorate with focus on infrastructure development as well as in developing a Monitoring & Evaluation system in the directorate. Accordingly, a budget of (Rs.7,10,000) has been proposed to strengthen the urban cell. The funds will be utilized to provide manpower support to the cell and to strengthen the infrastructural support to the urban cell in form of internet connectivity, fax machine etc.

a) Hiring of Contractual Staff

Sl.	Designation	No.	Monthly Honorarium (Rs.)	Total Yearly Budget (Rs. in Lacs)
1	Data Assistant	1	12,000	1.44
2	Computer Operator	1	10,000	1.20
3	Office Assistant	1	8,000	0.96
4	Class-IV	1	4,500	0.54
Total				4.14

b) One-time Procurement of Office Equipment

Sl	Particulars	No	Amount (Rs. in lacs)
1	Installation of Internet & Telephone	1	0.05
2	Purchase of Fax Machine, Scanner, Printer	1	0.25
3	Purchase of Laptop	1	0.50
Total			0.80

c) Operational Expenses for 1 Year

Sl	Particulars	Amount (Rs. in lacs)
1	Internet & Telephone (@ Rs.3,000/- p.m.)	0.36
2	Computer consumables (@ Rs. 5,000/- p.m.)	0.60
3	Stationery (@ Rs. 5,000/- p.m.)	0.60
4	Contingency & Miscellaneous (@ Rs. 5,000/- p.m.)	0.60
Total		2.16

Total Estimated Expenses (a+b+c) - Rs.7.10 lacs

2. Lucknow Urban RCH Program

Existing MCH Care infrastructure in Lucknow city was established for the population of only 8 lacs which has more than doubled since then. In continuation of Urban RCH Project, re-organization of the urban health units and redeployment of manpower is being proposed, adding some innovations and interventions like Community Linkage with DUDA and Local NGOs working in slums and CHOUPAL (an initiative for Intersectoral and Interdepartmental Cooperation and Coordination), Swasthya Ghar etc.

Some of the specific strategies suggested in the Lucknow Urban project are:

- ✓ Maximum Utilisation of Existing Facilities by Strengthening, Reorganizing and Redeployment
- ✓ Decentralisation and Sustainability of Reforms
- ✓ Developing Strong Linkage with Community
- ✓ Referral Protocol
- ✓ Convergence of Services
- ✓ Human Resource Development
- ✓ Public - Private - NGO Mix
- ✓ Monitoring and Coverage of Outreach Area
- ✓ Area Specific IEC
- ✓ Concurrent Survey (By Independent Agency)

Activities proposed for Lucknow Urban Project

1. Strengthening of Urban RCH Office/meeting hall
2. Additional support to BMC
3. Strengthening SIP Approved & Established UHPs
4. Additional Support for Staff at UHFWC (State Funded)
5. Community Linkage with DUDA & Major NGO

The total cost that will be incurred in the financial year 2009 -10 is Rs. 448.39 lacs as detailed below:

Sl.	Particulars	Honorarium Per Month	No.	No. of Months	Total Amount (Rs. in Lacs)
1	2	3	4	5	6
A1.	Urban RCH Office Staff				
A.1.1	Sr. Computer Operator	10000.00	1	12	1.20
A.1.2	Office Assistant	6000.00	1	12	0.72
A.1.3	Office Boy	4500.00	1	12	0.54

Sl.	Particulars	Honorarium Per Month	No.	No. of Months	Total Amount (Rs. in Lacs)
1	2	3	4	5	6
A.1.4	Caretaker-cum-Storekeeper	6000.00	1	12	0.72
A.1.5	Security Guard	4000.00	3	12	1.44
A.1.6	Sweeper	3000.00	1	12	0.36
A.1.7	Peon	4500.00	1	12	0.54
A2.	Urban RCH Office Miscellaneous Exp.				
A.2.1	Telephone with Internet Connection	3000.00	3	12	1.08
A.2.2	Xerox Machine	168000.00	1	1	1.68
A.2.3	AMC of Fax/EPABX	5000.00	1	12	0.60
A.2.4	Computer Peripherals/Aqua Guard/Water Cooler etc.	5000.00	1	12	0.60
A.2.5	Contingency & Miscellaneous	15000.00	1	12	1.80
A.2.6	Strengthening & Refurnishing of Dy. CMO-Urban/URCH Office & Meeting Hall (One Time)	1000000.00	1	1	10.00
A.2.8	Bicycle for Peon (Day-to-day Corresp. to Oth. Units etc.	3000.00	1	1	0.03
A.2.9	Photo ID Cards to Urban Staff	20.00	500	1	0.10
A.2.10	Wall Painting (in Local Catchment Area)	140000.00	1	1	1.40
A.2.11	Hoarding	10000.00	14	1	1.40
A.2.12	Pamphlets, Brochures, Handbills etc.	5000.00	14	1	0.70
A.2.13	Referral Cards, OPD Slips	2500.00	14	1	0.35
A.2.14	IEC thru Local Cable, Doordarshan, FM & AIR	100000.00	1	1	1.00
A.2.15	Stall in Annual Exhibitions & Major Festivals	100000.00	1	1	1.00
A.2.16	RCH Camps & Film Shows in Slums	100000.00	1	1	1.00
A.2.17	Supervision, Monitoring, Evaluation and Reporting etc.	10000.00	1	12	1.20
A.2.18	Additional Activities	500000.00	1	1	5.00
Total-A					34.46
B.	Staff at BMC & PGs				
B.1	Gynaecologist	25000.00	16	12	48.00
B.2	Paediatrician	25000.00	14	12	42.00
B.3	Anaest. (on call-apprx. 25 calls/ BMCX8 BMC)	1000.00	200	12	24.00
B.4	Staff Nurse	15000.00	19	12	34.20
B.5	Ward Aya/Ward Boy	4500.00	19	12	10.26
B.6	Security Guard	4000.00	8	12	3.84
B.7	Sweepers	3500.00	16	12	6.72
B.8	Ambulances (for BMC&PGs & on call available to UHPs)	22000.00	8	12	21.12
B.9	Drugs *	20000.00	8	12	19.20
B.10	Consumables *	3000.00	8	12	2.88
B.11	Equipment/Instruments	100000.00	8	1	8.00
B.12	Strengthening of Computerization	60000.00	8	1	4.80
Total-B					225.02

Sl.	Particulars	Honorarium Per Month	No.	No. of Months	Total Amount (Rs. in Lacs)
1	2	3	4	5	6
C.	Streng. of SIP Approved & Established UHPs				
C.1	Rent	7000.00	14	12	11.76
C.2	Lady Medical Officer (MBBS)	24000.00	14	12	40.32
C.3	Staff Nurse	15000.00	14	12	25.20
C.4	ANM	9000.00	28	12	30.24
C.5	Security Guards	4000.00	14	12	6.72
C.6	Ayah	4000.00	14	12	6.72
C.7	Sweeper(part time)	2000.00	14	12	3.36
C.8	Drugs *	10000.00	14	12	16.80
C.9	Consumables *	3000.00	14	12	5.04
C.10	Telephone Bills	500.00	14	12	0.84
C.11	Electricity Charges	1000.00	14	12	1.68
C.12	Refilling of LPG Cylinder	400.00	14	12	0.67
C.13	Miscellaneous Heads	10000.00	14	1	1.40
C.14	IEC	15000.00	14	1	2.10
C.15	Refurnishing of UHPs	25000.00	14	1	3.50
	Total-C				156.35
D.	Community Linkage with DUDA & Major NGOs				
D.1	Selection, Training, Reorientation & Linking with Comm.	200000.00	1	1	2.00
D.2	Selection, Training, Reorientation of Local Dais	100000.00	1	1	1.00
D.3	Performance Based Funding to Local Comm. Workers	2000.00	250	1	5.00
D.4	Motivation by Reward (Social Health Activist & Link Workers)	5000.00	22	1	1.10
Total-D				9.10	
Grand Total (A-D)					424.93

* *The cost of Drugs and Consumables (B9, B10, C8, C9) amounting to Rs.43.92 lacs would be met from the Mission Flexipool and balance amount of Rs.381.01 lacs would be met from RCH Flexipool.*

3. Urban RCH Interventions in NUHP of 13 Large Districts.

One Urban health post in each district was created from EC - SIP funds. It is proposed to sustain the interventions initiated in these cities to strengthen the services being provided from these centers. The total cost that will be incurred in the financial year 2009 -10 is Rs. 650.83 lacs

S. No	Name of District	Total No. of NUHP	Building		Manpower												Drugs & Consumables*		Other Expenses)						Total (Rs. in lacs)
			Rent @Rs 7000/-pm)		Doctor @24000/-pm		Staff Nurse @Rs15000 pm		ANM @ Rs 9000/-per ANM/pm		Security Guard @Rs 4000/- per Guard/pm		Ayah (Rs4000/-pm)		Sweeper (Rs2000/pm)		Drugs (Rs. 10000/-p.m.)	Cons. (Rs. 3000/-p.m.)	Tel bill (Rs.500/ pm	Electricity (Rs 1000/-)	Refilling of LPG Gas (400/-pm)	Misc. Rs1000 per mnth./ UHP	IEC @ 15000 / UHP / year		
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt									
1	AGRA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.05	0.12	0.15	11.42	
2	ALIGARH	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	10	4.80	10	2.40	6.00	1.80	0.30	0.60	0.24	0.60	0.75	60.69	
3	ALLAHABAD	2	2	1.68	2	5.76	2	3.60	4	4.32	4	1.92	2	0.96	2	0.48	2.40	0.72	0.12	0.24	0.10	0.24	0.30	22.84	
4	BAREILLY	3	3	2.52	3	8.64	3	5.40	6	6.48	6	2.88	3	1.44	3	0.72	3.60	1.08	0.18	0.36	0.14	0.36	0.45	34.25	
5	GHAZIABAD	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	5	2.40	5	1.20	6.00	1.80	0.30	0.60	0.24	0.60	0.75	57.09	
6	JHANSI	3	3	2.52	3	8.64	3	5.40	6	6.48	6	2.88	3	1.44	3	0.72	3.60	1.08	0.18	0.36	0.14	0.36	0.45	34.25	
7	KANPUR NGR.	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	5	2.40	5	1.20	6.00	1.80	0.30	0.60	0.24	0.60	0.75	57.09	
8	MEERUT	6	6	5.04	6	17.28	6	10.80	12	12.96	12	5.76	6	2.88	6	1.44	7.20	2.16	0.36	0.72	0.29	0.72	0.90	68.51	
9	SAHARANPUR	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	5	2.40	5	1.20	6.00	1.80	0.30	0.60	0.24	0.60	0.75	57.09	
10	VARANASI	6	6	5.04	6	17.28	0	10.80	12	12.96	12	5.76	6	2.88	6	1.44	7.20	2.16	0.36	0.72	0.29	0.72	0.90	68.51	
11	MORADABAD	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	5	2.40	5	1.20	6.00	1.80	0.30	0.60	0.24	0.60	0.75	57.09	
12	FAIZABAD	5	5	4.20	5	14.40	5	9.00	10	10.80	10	4.80	5	2.40	5	1.20	6.00	1.80	0.30	0.60	0.24	0.60	0.75	57.09	
13	GORAKHPUR	6	6	5.04	6	17.28	6	10.80	12	12.96	12	5.76	6	2.88	6	1.44	7.20	2.16	0.36	0.72	0.29	0.72	0.90	68.51	
TOTAL		57	57	47.88	57	164.16	51	102.60	114	123.12	114	54.72	62	29.76	62	14.88	68.40	20.52	3.42	6.84	2.74	6.84	8.55	654.43	

* The cost of Drugs and Consumables amounting to Rs.88.92 lacs would be met from the Mission Flexipool and balance amount of Rs.565.51 lacs would be met from RCH Flexipool.

4. Urban RCH Interventions in NUHPs in 55 districts

One Urban health post in each district was created from during Sector Investment Program. It is proposed to sustain the interventions initiated in these cities to strengthen the services. However, as the population from 3 Districts (Kanpur Dehat, Sravasti & Chitrakoot) is predominantly rural and is being covered under NRHM, therefore, no centres are being proposed for these three districts. The total expenditure that will be incurred in the financial year 2009 - 10 is Rs. 650.83 lacs.

S. No	Name of District	Total No. of UHP	Building		Manpower												Drugs & Consumables *		Other Expenses)						Total (Rs. in lacs)
			Rent @Rs 7000/-pm)		Doctor @24000/-pm		Staff Nurse @Rs15000 pm		ANM @ Rs 9000/-per ANM/pm		Security Guard @Rs 4000/- per Guard/pm		Ayah (Rs4000/-pm)		Sweeper (Rs2000/pm)		Drugs (Rs. 10000/-p.m.)	Cons. (Rs. 3000/-p.m.)	Tel bill (Rs.500/ pm	Electricity (Rs 1000/-)	Refilling of LPG Gas (400/-pm)	Misc. Rs10000 per yr	IEC @ 15000 / UHP / year		
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt									
1	AURAIYA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
2	AMBEDKARNAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
3	AZAMGARH	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
4	BADAUN	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
5	BAGPAT	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
6	BAHRAICH	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
7	BALIA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
8	BALRAMPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
9	BANDA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
10	BARABANKI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
11	BASTI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
12	BHADOHI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
13	BIJNOR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
14	BULANDSHAHAHAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	

S. No	Name of District	Total No. of UHP	Building		Manpower												Drugs & Consumables *		Other Expenses)					Total (Rs. in lacs)
			Rent @Rs 7000/-pm)		Doctor @24000/-pm		Staff Nurse @Rs15000 pm		ANM @ Rs 9000/-per ANM/pm		Security Guard @Rs 4000/- per Guard/pm		Ayah (Rs4000/-pm)		Sweeper (Rs2000/pm)		Drugs (Rs. 10000/-p.m.)	Cons. (Rs. 3000/-p.m.)	Tel bill (Rs.500/ pm	Electricity (Rs 1000/-)	Refilling of LPG Gas (400/-pm)	Misc. Rs10000 per yr	IEC @ 15000 / UHP / year	
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt								
15	CHITRAKOOT	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
16	CHANDOLI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
17	DEORIA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
18	ETAH	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
19	ETAWAH	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
20	FATEHPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
21	FIROZABAD	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
22	G.B.NAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
23	GHAZIPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
24	GONDA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
25	HAMIRPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
26	HARDOI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
27	HATHRAS	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
28	J.P.NAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
29	JALAUN	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
30	JAUNPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
31	KANNOJ	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
32	KAUSHAMBHI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
33	KHERI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418

S. No	Name of District	Total No. of UHP	Building		Manpower												Drugs & Consumables *		Other Expenses)						Total (Rs. in lacs)
			Rent @Rs 7000/-pm)		Doctor @24000/-pm		Staff Nurse @Rs15000 pm		ANM @ Rs 9000/-per ANM/pm		Security Guard @Rs 4000/- per Guard/pm		Ayah (Rs4000/-pm)		Sweeper (Rs2000/pm)		Drugs (Rs. 10000/-p.m.)	Cons. (Rs. 3000/-p.m.)	Tel bill (Rs.500/ pm	Electricity (Rs 1000/-)	Refilling of LPG Gas (400/-pm)	Misc. Rs10000 per yr	IEC @ 15000 / UHP / year		
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt									
34	KUSHINAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
35	LALITPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
36	MAHARAJGANJ	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
37	MAHOBA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
38	MAINPURI	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
39	MATHURA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
40	MAU	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
41	MIRZAPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
42	MUZAFFARNAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
43	PILIBHIT	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
44	PRATAP GARH	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
45	RAIBAREILLY	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
46	RAMPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
47	S.KABIR NGR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
48	SIDHARTHANAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
49	SITAPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
50	SONBHADRA	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
51	SULTANPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418	
52	UNNAO (incl. Shuklaganj)	3	3	2.52	3	8.64	3	5.40	6	6.48	6	2.88	3	1.44	3	0.72	3.60	1.08	0.18	0.36	0.12	0.36	0.45	34.254	

S. No	Name of District	Total No. of UHP	Building		Manpower												Drugs & Consumables *		Other Expenses)					Total (Rs. in lacs)
			Rent @Rs 7000/-pm)		Doctor @24000/-pm		Staff Nurse @Rs15000 pm		ANM @ Rs 9000/-per ANM/pm		Security Guard @Rs 4000/- per Guard/pm		Ayah (Rs4000/-pm)		Sweeper (Rs2000/pm)		Drugs (Rs. 10000/-p.m.)	Cons. (Rs. 3000/-p.m.)	Tel bill (Rs.500/ pm	Electricity (Rs 1000/-)	Refilling of LPG Gas (400/-pm)	Misc. Rs10000 per yr	IEC @ 15000 / UHP / year	
			No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt	No.	Amt						
53	KASHIRAMNAGAR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
54	SHAHJAHANPUR	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
55	FARRUKHABAD	1	1	0.84	1	2.88	1	1.80	2	2.16	2	0.96	1	0.48	1	0.24	1.20	0.36	0.06	0.12	0.04	0.12	0.15	11.418
TOTAL		57	57	47.88	57	164.16	57	102.60	114	123.12	114	54.72	57	27.36	57	13.68	68.40	20.52	3.42	6.84	2.28	6.84	8.55	650.37

* The cost of Drugs and Consumables amounting to Rs.88.92 lacs would be met from the Mission Flexipool and balance amount of Rs.561.45 lacs would be met from RCH Flexipool.

5. Preparatory Activities for NUHM

a) Baseline Survey of Health Facilities & Slums (both listed and unlisted) in 14 NUHM cities.

It has been observed that there is hardly any data available on health indicators available for the urban slums. The data that may be available is not updated therefore it is proposed to undertake a baseline survey (from an independent external agency) of slums covering all the health indicators for all the 14 cities. This activity will also be useful to provide a direction to the urban program in various phases of implementation. A budget provision of Rs.10.0 lacs per city is being made for conducting the survey. Accordingly, a total sum of Rs.140 lacs is being budgeted.

b) GIS Mapping NUHM cities.

GIS mapping was initiated in 2008 -09 and a total of 12 cities have been completed, however, two cities - Agra and Aligarh are left. It is proposed to complete mapping in these two cities in the year 2009 - 10. Moreover, the exercise is meant to help in the planning for the urban areas. The designated GIS agency will be providing the soft copies of the final output. It is proposed that based on the changed scenario these maps will be updated every 2-3 years. In light of the above utility it is proposed to purchase the required software that will be installed at the office of Urban Cell (Directorate of FW, GoUP). Accordingly, a provision of Rs. 20.50 lacs is being made.

Sl.	Description	Amount (Rs.in lacs)
1	GIS Mapping for 2 cities	6.00
2	Preparation of Draft Maps	0.50
3	Preparation of Final Maps & Digitization of Final Output	1.00
4	GIS Software & Networking	13.00
Total		20.50

c) Health facility assessment for 14 cities under NUHM

In order to strengthen the existing health facilities present in the identified cities under NUHM, it is proposed that health facility assessment of govt. health facilities to be undertaken for the 14 cities under NUHM. For the activity, provision of Rs. 10 lacs has been made in the PIP for 2009 - 10.

d) Sensitization Workshop and follow up meetings at State and City / district level for organizational set up at State and City / district level.

In order to sensitize various stakeholders at State and city / district level on NUHM. It is proposed to conduct a series of workshops and follow up

meetings with the officials at both State and city / district level. Accordingly provision of Rs. 23.70 lacs has been budgeted in the PIP for year 2009-10.

Sl.	Description	No.	Unit Amount	Total Amount (Rs. in lacs)
1	State Level W/s	2	50000	1.00
2	State Level Follow up meetings	2	15000	0.30
3	City/ District level workshops (2 in each city)	14	50000	14.00
4	City/ District level follow-up meetings (2 in each city)	14	30000	8.40
Total				23.70

6. Study Tours for State and District Level Officials

In order to effectively implement the program and to initiate new innovations in the state in the field of urban health it is essential that officials from State and the identified cities undertake study tours to the cities that have successful urban health models. The inputs from these visits can then be utilized in strengthening of the current urban health program being implemented in the state. It is proposed that a 12 member team comprising of Principal Secretary, Mission Director, GM - Urban Health (SMPU), DGM - Urban Health (SPMU), DG (FW), JD (Urban) from Directorate of FW, CMOs and ACMOs / Nodal Persons from 3 / 4 districts. The city's proposed for the study tours are: Bangalore, Ahmedabad, Mumbai. The budgetary requirement for the study tour is Rs.13.98 lacs.

Sl.	Particulars	
A	No. of Participants for each Study Tour Members - Mission Director, DG (FW), AD, JD (Urban), GM - Urban (SPMU), DGM -Urban (SPMU), CMO and ACMOs from 3 different cities on each visit. (No. of city/ district level officials can be more in case MD/ DG (FW)/ AD/ JD are unable to attend a study tour)	12
B	No. of days / tour	5 days including 2 Travel Days
Estimated Expenses		
Sl.	Description	Amount (Rs. in lacs)
1	Travel (Rs.18,000 per person x 12 persons x 3 visits)	6.48
2	Boarding, Lodging & Local Travel (@Rs.5000/- per person x 4 days x 3 visits x 12 persons)	7.20
3	Contingency (@ Rs.10,000/- per visit x 3 visits)	0.30
Total		13.98

Budget Summary (Urban RCH) - 2009-10

Sl.	Description	Annual Amount (Rs. Lacs)
1	Strengthening of Urban Cell at DGFW	7.10
2	Urban RCH Lucknow	381.01
3	Urban RCH interventions in NUHP of 13 Large Districts.	561.91
4	Urban RCH Interventions in NUHPs in 55 districts	561.91
5	Preparatory Activities for NUHM	
	a) Baseline Survey in 14 districts under NUHM	140.00
	b) GIS Mapping in 2 cities	20.50
	c) Health facility assessment for 14 cities under NUHM	10.00
	d) Sensitization Workshop and follow up meetings at State and City / district level for organizational set up at State & City / district level.	23.70
6	Study tours for State & District officials (Other Stretgies / Activities)	13.98
Total (To be met from RCH Flexipool)		1720.11
Procurement of Drugs and Consumables (to be met from Mission Flexipool)		
1	For Urban RCH Lucknow	43.92
2	For Urban RCH interventions in NUHP of 13 Large Districts.	88.92
3	For Urban RCH Interventions in NUHPs in 55 districts	88.92
Total (To be met from Mission Flexipool)		*221.76
Grand Total		1941.87

(*Rs. 249.84 lacs for drugs & consumables has been approved under mission flexipool by Gol)

6. INFRASTRUCTURE & HUMAN RESOURCES

Non-availability of key personnel in public health facilities due to vacancies or shortage against prescribed norms and absenteeism, is often consider as the main reason for under utilization of public health facilities. Apart from the shortfall of personnel, management of existing human resources is also a key issue. It is proposed to hire contractual staff to meet the gaps in human resources.

6.1 ANMs for Sub Centres

At present 537 ANMs are working on contract, apart from this there still exists a vacancy for 1223 ANMs. Accordingly, budgetary provision for hiring 1500 ANMs (existing, as well as, additional) on contract is being made.

Budgetary requirement

Sl.	Post	No. Proposed to be deployed	Rate	Amount (Rs. In lacs)
1	ANMs	1500	Rs.9,000/- pm	1620.00
Total				1620.00

6.2 Human Resource Requirement (AYUSH) for 24 Hour Non-FRU CHCs and PHCs

It is proposed to continue with the deployment of ISM practitioners. However, efforts will be made to first position an MBBS lady doctor at the Block PHC, in case an MBBS doctor is not available ISM lady doctors will be positioned.

Sl.	Position	No. Proposed to be Deployed	Honoraria per month (Rs.)	Annual Expense (Rs. in lacs)
1	ISM Lady Doctor	766 (CHC-319, BPHC-397, APHC-50)	24,000/- pm	1838.40
Total				1838.40

Additionally, as mandated under NRHM for deployment of additional AYUSH practitioners at PHCs, it is proposed to deploy 300 AYUSH doctors on contract. Further, there are 1678 AYUSH doctors posted at the PHCs in the State and are practicing their own pathies. However, these doctors are not receiving sufficient medicines from the State budget and also do not have a pharmacist of their pathy.

Under NRHM, AYUSH Ministry is committed to providing infrastructure strengthening, training, equipments and medicines @ Rs.3 lac per unit every year,

if human resources are provided through Mission Flexipool. It is proposed to strengthen 1000 identified units in the first phase by providing trained AYUSH Pharmacist of respective pathies at these facilities. Thus, budgetary provision for deployment of 1000 AYUSH Pharmacist @ Rs. 9000/- per month amounting to Rs.1080 lacs is being made under Mission Flexipool. Accordingly, the Ministry of AYUSH would be required to provide Rs.3000 lacs for these units.

A total amount of 4150.08 lacs for deployment of ISM Lady Doctors, AYUSH Male Doctors and AYUSH Pharmacists would be met from the Mission Flexipool.

6.3 Human Resource Requirement for Block PHCs

As already mentioned in the section on 'Maternal Health', it is proposed to deploy MBBS doctors at the Block PHCs for implementation of NRHM interventions.

Sl.	Position	No. Proposed to be Deployed	Honoraria per month (Rs.)	Annual Expense (Rs. in lacs)
1	MBBS Doctors	397	24,000/- pm	1143.36
2	Staff Nurse	1191	15,000/- pm	2143.80
Total				3287.16

6.4 Human Resource Requirement for CHCs

Sl.	Position	No. Proposed to be Deployed	Honoraria per month (Rs.)	Est. Annual Expense (Rs. in lacs)
1	Specialists (Gynaecologist, Paediatrician, Anaesthetist, Eye Surgeon, Public Health Specialist, Dentist*)	426	25,000/- pm	1278.00
2	Specialists on call	5,000 calls	Rs.1000/ per call	50.00
3	MBBS Doctors	426	24,000/- pm	1226.88
4	Staff Nurses	1278	15,000/- pm	2300.40
5	Laboratory Technicians/Optometrists	426	9,000/- pm	460.08
Total				5315.36

** BDS Doctors may be deployed at FRUs, however, in such a case, payment will be made @ Rs.24,000/- p.m.*

For ensuring availability of Anaesthetists at the CHCs, it is proposed to empanel Anaesthetists working at district hospitals/private sector to provide services on on-call basis. Paediatricians wherever required would be ensured through redeployment/ contract.

6.5 Human Resource Requirement for District Hospitals

Sl.	Position	No. Proposed to be Deployed	Monthly Honoraria/ Rate (Rs.)	Est. Annual Expense (Rs. In lacs)
1	Specialists (Gynaecologist, Paediatrician, Eye Surgeon, Anaesthetist, Radiologist, Ultrasonologist, Dental surgeon, Dermatologist, Pathologist, etc) @ avg. 3 per DH)	400	Rs.25,000/- per month	1200.00
2	Specialists on call basis (Orthopaedician, Ophthalmologist, Urologist, Cardiologist, Plastic Surgeon, etc) @ avg. 100 calls per yr for Dist. Male Hosp. and Comb. Hosp.	10,000 calls	Rs.1000/- per call	100.00
3	MBBS Lady Doctors for DWH & DCH @ 2 Docotr per unit	150	Rs.24,000/- pm	432.00
4	Staff Nurses (3 per DH)	400	Rs.15,000/- pm	720.00
5	Paramedic Staff (LTs, X-Ray Tech., Optometrist, ECG Tech. Dental hygienist, etc.) @ 2 per unit	300	Rs.9,000/- pm	324.00
6	Data Assistant (All DHs)	134	Rs.8000/- pm	128.64
Total				2904.64

Budget Summary (Infrastructure & Human Resources) 2009 - 10

Sl.	Description	Annual Amount (Rs. in lacs)
1	ANMs for Sub-Centres	1620.00
2	Human Resource Requirement for Block PHCs	3287.16
3	Human Resource for CHCs	5315.36
4	Human Resource for District Hospitals	2904.64
Sub Total		13127.16
5	Deployment of FW Counsellors	80.94
6	Incentive to ASHAs (CCSP)	600.00
7	Support Staff to Medical Colleges for CCSP Trainings	30.00
8	Operational Support to 7 SNCUs	140.00
Sub Total		850.94
Grand Total		13978.10

7. INSTITUTIONAL STRENGTHENING

7.1 Strengthening Logistic Management

It is an ongoing activity, already approved in the RCH-II PIP. The intervention provides for hiring contractual staff, security at the State Logistic Management Cell and at the 11 Regional Warehouse, including contingency support for payment of electricity charges, telephone, POL for DG sets, stationery and miscellaneous expenditure.

At each warehouse an Accountant, Computer Operator, Folk Lift Operator cum Mechanic, Fourth Class/Loader, Generator Operator cum Electrician, Security staff and class-IV staff will be deployed. The budget details are as under:

Sl.	Warehouse	Elect. Charges	Telephone Charges	POL for DG Set	Stationery	Contingencies	Salary to Cont. Staff *	Total (Rs. In lacs)
1	State WH (LMC)	130000	18000	10000	30000	200000	633672	10.22
2	Agra	110000	10000	9000	15000	200000	571788	9.16
3	Allahabad	110000	10000	9000	15000	200000	571788	9.16
4	Azamgarh	110000	10000	9000	15000	200000	571788	9.16
5	Bareilly	110000	10000	9000	15000	200000	571788	9.16
6	Banda	110000	10000	9000	15000	200000	571788	9.16
7	Gorakhpur	110000	10000	9000	15000	200000	571788	9.16
8	Faizabad	110000	10000	9000	15000	200000	571788	9.16
9	Kanpur	110000	10000	9000	15000	200000	571788	9.16
10	Lucknow	110000	10000	9000	15000	200000	571788	9.16
11	Meerut	110000	10000	9000	15000	200000	571788	9.16
12	Varanasi	110000	10000	9000	15000	200000	571788	9.16
Total		1340000	128000	109000	195000	2400000	6203329	110.98
Renovation of LMC Road								9.77
Grand Total								120.75

** Contractual Staff*

Sl.	Position	Basis of Calculation	Amount (Rs.)
1	Accountant	12 persons x Rs. 6000/- x 12 months	864000/-
2	Computer Operator	12 persons x Rs. 6000/- x 12 months	864000/-
3	Folk Lift Operator cum Mechanic	12 persons x Rs. 5000/- x 12 months	720000/-
4	Fourth Class/Loader	12 persons x Rs. 5000/- x 12 months	720000/-
5	Generator Oper. Cum Electrician	12 persons x Rs. 3000/- x 12 months	432000/-
6	Sweeper	12 persons x Rs. 3000/- x 12 months	432000/-
7	Armed Guards	12 persons x Rs. 6335/- x 12 months	912240/-
8	General Guards	25 persons x Rs. 5157/- x 12 months	1547100/-
9	Gardener	12 persons x Rs. 3000/- x 12 months	432000/-

Accordingly, a total amount of Rs.120.75 lacs has been budgeted for the year 2009-10. Further, these warehouses were constructed in 2001-02 and are in poor physical condition. Physical strengthening of these warehouses is also proposed, the funds for the same will be met from Mission Flexipool.

7.2 Decentralized Fund for Transportation of Supplies

A provision of funds for hiring transport at local level was made at the PHC/CHC/District and Divisional levels for transportation of supplies and contraceptives right from the State Logistic Management Cell down to the Sub-centres. These funds will be continued to be made available as per the requirement given below:

Budgetary Requirement

Expenditure Description	No. of Locations	Amount per Location (Rs.)	Amount (Rs. In lacs)
Divisional Level (Additional Directors)	18	50,000.00	9.00
District Level (Chief Medical Officers)	71	30,000.00	21.30
Block Level - CHC/PHC (Medical Officer Incharge)	823	12,000.00	98.76
Total			129.06

7.3. Monitoring & Evaluation

7.3.1 Operationalisation of web based HMIS

Govt. of India has developed a web based data entry portal (www.nrhm-mis.nic.in) which would provide analysis of data on some specific indicators, once a data is entered at the district levels. To facilitate implementation, NHSRC has been entrusted with the task of providing training and support to the State and ensuring that information is posted on time on the HMIS web portal. It is proposed to operationalise this system in the State and actions have already been taken in this regard.

In order to implement HMIS, all blocks and district facilities, CMOs Office and PMUs would be trained and provided with computers, backup power and personnel for ensuring timely entry of data and reporting.

Apart from HMIS, a robust and sound financial accounting system at the State, district and block levels is also necessary to ensure uniform accounting systems, smooth fund flow and strong internal control system. Tally accounting package is proposed to be used to maintain mandatory records, fund flow issues and to

generate cashbook, Ledgers, trial balance and other accounting statements. To implement tally software at state, district and block level one desktop computer, printer and UPS would be required.

A budgetary requirement of Rs.1200 lacs is accordingly being proposed for the various activities in the year 2009-10.

Sl.	Description	State	Districts	Blocks	Total (Rs. in lacs)
1	Expenses towards procurement of servers, computer system, printer, back-up power, furniture, networking, development of software, etc.	40.00	60.00	700.00	800.00
2	Training of staff	4.00	6.00	70.00	80.00
3	Recurring Expenses including contractual staff for 12 months	92.00	18.00	210.00	320.00
Grand Total					1200.00

7.3.2 State Quality Monitors at Division Level

In the PIP for 2008-09, it was proposed to place one person at each division for monitoring availability and quality of services in the various districts of the division. People from outside the government system, preferably retired government department officers, having requisite experience of functioning of health sector would be deployed.

State Quality Monitors have been deployed for 8 divisions. This year it is proposed to ensure provision of such monitors in all 18 divisions.

Budgetary Requirement (to be met from Mission Flexipool Prog.Management)

Sl.	Description	No. of Days	No. of Districts/ Division	Monthly Expense (Rs.)	Annual Expense (Rs. in lacs)
District Visits (2 days per district/month)					
1	Honoraria (@ Rs.1000/- per day)	2	71 Dist.	2,000.00	17.04
2	Boarding & Lodging (@ Rs. 2500/- per trip)	-	71 Dist.	2,500.00	21.30
3	Travel Expenses (HQ to District & Local Vehicle Hiring)	-	71 Dist.	2,000.00	17.04
Division Level Expenses					
3	Contingency (@ Rs. 1,000/- per Division per month)	-	18 Div.	1,000.00	2.16
4	Monthly Visits to State HQ (DA-Rs.1500/-, TA- Rs.2,000/-, Inc. Rs.250/-)	-	18 Div.	3,750.00	8.10
Total					65.64

7.3.3 Monitoring by Divisional Officers & State Programme Officers

Apart from having State Quality Monitors, the District PMU Staff, Divisional PMU Staff and Addl. Director at the Division level will be responsible for monitoring implementation of the programme in the districts. Monthly review meetings of Addl. Directors, CMOs, Division & District Programme Managers at the State headquarter is already being conducted. Further, State programme officers would also undertake field visits to monitor implementation, as well as, quality of services on a regular basis.

7.3.4 Ensuring priority to NRHM by District Collectors

It is proposed to ensure regular meetings of State & District Health Missions so as to review the progress made under the programme. District Magistrates have already been appraised regarding the programme and all DHAPs have been approved by DMs and forwarded to the State. It is also proposed to have periodic communications sent to the District Magistrates by the Chief Secretary, as well as, by Mission Director so as to ensure commitment & leadership at the district level.

7.3.5 Evaluation

While goals will be assessed for impacts through evaluations conducted by GOI on a national basis (NFHS, SRS, DLHS), the process indicators and intermediate indicators will be tracked through periodic surveys by external agencies. Intervention specific evaluation will also be undertaken for measuring impacts and gaps. Findings of the evaluations will be utilized for bringing in the required changes in strategy and implementation plan.

7.4 Job Aids & Tools for ASHAs

As already mentioned under the section on 'child Health', job aids and tools are being provided to facilitate the ASHAs in their working. These have been developed by a team of experts at the State level, supported by donor agencies. The cost of each kit is around Rs.150/- as detailed ahead. Accordingly, for 39,000 ASHAs in the 19 additional districts of the 2nd phase, a sum of Rs.58.50 lacs is being budgeted.

7.5 Rent for Sub-Centres

As already mentioned under the section 'Maternal Health', there are 12,232 Sub-Centres in the State that are operating from rented buildings. As per communication received from Gol the funds requirement would be met from RCH flexipool. Accordingly, a provision of rent @ Rs. 250/- per month for 12,232 Sub Centres is being made.

7.6 One-time Major Repairs of Sub-Centres

Among the Sub Centres operating in own buildings 6494 Sub Centres were constructed before 2004. These buildings were in poor physical condition since the available budget for maintenance was too low. Of these 4067 were strengthened under the EC-SIP and RCH-II programmes in 2005-06. Further, repair of 500 Sub Centres is being carried out from the funds received under the NRHM plan for 2008-09. This year it is proposed to strengthen 1000 Sub Centres of the remaining 1947 Sub Centres. An average cost of Rs. 2.0 lacs is estimated for repair of each Sub Centre. Accordingly, an amount of Rs.2000 lacs is being budgeted for the repair of 1000 Sub Centres, to be met from Mission Flexipool.

Budget Summary (Institutional Strengthening) 2009 - 10

Sl.	Description	Annual Amount (Rs. in lacs)
1	Strengthening Logistic Management	120.75
2	Decentralized Fund for Transportation of Supplies	129.06
3	Operationalising HMIS	1200.00 (To be met from Mission Flexipool)
4	State Quality Monitors	65.64 (To be met from Mission Flexipool)
5	Consultancies & Operations Research	50.00
6	Evaluation Studies (RCH Camps, Implementation of JSY, CCSP, IEC campaigns, etc.)	125.00
7	Job Aids & Tools for ASHA (CCSP)	58.50
8	Rent for Sub Centres	366.96
Grand Total		850.27

8. TRAINING

To achieve the goals of NRHM, skilled and committed human resource is required to deliver the services in an enabling environment. In Uttar Pradesh SIHFW has been identified and designated as Collaborating Training Institute (CTI) to coordinate with directorates and other training institutions and agencies for design and implementation of trainings all over the state. The training plan for year 2009-2010, with support of CTI, Medical Colleges and SIFPSA, proposes various categories of trainings, their time frame and resources needed for implementation.

8.1 Categories of Trainings

Trainings have been designed to target specific intervention areas and goals. Various intervention areas identified are:

- a. Trainings related to Maternal Health.*
- b. Trainings related to Child Health*
- c. Trainings related to Population Stabilization.*
- d. Training to Improve Programme Management*
- e. Trainings to improve community mobilization.*
- f. Trainings related to Human Resource Development*

8.2 Progress Details & Plan for 2009-10

A. Maternal Health Trainings

A.1 Skilled Birth Attendant (SBA) Training

This training is most important among various trainings planned to reduce maternal mortality. It was planned to cover 1100 staff nurses, LHVs and ANMs posted at FRU & 24X7 delivery centres with this training in the first phase so that quality of deliveries taking place at these centres could be improved. 37 training sites are active in the state for this training. 850 trainees are expected to be trained by the end of year 08-09.

This year we also plan to cover those ANMs who are running accredited sub-centres. Janani Suraksha Yojana in the state has been very successful in increasing institutional deliveries and as we are in the process of accrediting sub enters, it becomes all the more important to improve their skills through SBA training so that the real benefit of Institutional deliveries can be obtained in the form of reduced maternal and neonatal mortalities and also improved family planning coverage through professional counselling after delivery. The target for SBA training this year is 3000 with 25% ANMs from Accredited sub enters and rest staff nurses/ANMs/LHVs from CHCs/FRUs and 24X7 PHCs.

Following latest Gol guidelines ANMs / LHVs / Staff Nurses are being given uniform 3 weeks training in a batch of max. 4 at selected training centres which

have sufficient case load. Last year only 37 district female hospitals could be identified as training centres in the state. This year additional 17 district women hospital and 30 FRUs are proposed to be identified to cater to increased training load. Accordingly TOTs for these training sites will be completed this year and around 200 trainers will be trained.

A.2 SBA Training for Medical Officers

Under NRHM, 21 days SBA training for paramedics is already ongoing for ANMs and Staff Nurses. GOI has developed a 10 days training curriculum for Medical Officers of PHC/CHCs for supporting these paramedics at block level. This training has been initiated through SIFSPA and 42 doctors are proposed to be trained in February and March 09 in two Medical Colleges. It is proposed that at least one trained doctors should be available at block level site by the end of 2012. In the year 2009-10 it is proposed that this training will be expanded to 5 remaining State Medical Colleges.

A.3. Life Saving Anaesthesia Skill Training

This year 33 doctors were trained in 2 batches out of which 13 doctors trained in first batch have been posted at FRUs. We had 5 medical colleges participating in this training. This year one additional medical college (CSMMU) was identified as training site for this 18 weeks training. Now we will be able to increase our target to train 96 medical officers in LSAS this year, thus have human resource to activate at least 96 more sites as FRUs this year. A plan to strengthen training sites has also been included.

A.4. Emergency Obstetric Care

This 16 weeks training with support of FOGSI was started this year for selected lady medical officers posted at FRUs. In UP two Medical colleges (KGMU Lucknow and JNMS Aligarh) are imparting initial 6 weeks training and 7 district level female hospitals have been identified for rest of the 10 weeks practical training. A team of district master trainers was trained earlier for these 7 hospitals but because of transfers, promotions and retirements their availability has been affected. For next year we have planned to increase district training sites from 7 to at least 16 so that we can fulfil the norms of attaching 8 district sites with each of the tertiary training site. We have also negotiated with GOI and FOGSI to create a mater trainers' training site at Obs & Gyn Department of KGMU, Lucknow so that we can have easy access to training more number of district trainers. The plan is to train faculty members and district trainers this year before closing of year 08-09. 29 Medical officers were trained this year. This year 48 doctors are planned to be trained at 2 medical colleges. This will enable to meet the target of human resource development for increased number of FRUs planned to be operationalized next year.

A.5. Short Term CEmOC Refresher Training

The fact came into knowledge that UP Health cadre has a major proportion of DGO/MS doctors who do not perform caesarean section because of lack of practise or a long gap. A 2-3 week refresher CEmOC training is proposed for these doctors who have been doing LSCS previously and have stopped now. Our 16 district women hospitals identified as district training sites for 16 weeks EMOC training will be training sites for this training which have Caesarean case load of at least more than 60 per month. A batch of 2 will be sent as attachment to these hospitals with well-defined deliverables. Expertise of FOGSI is being sought for this training. 30 gynaecologists are planned to be refreshed in the year 09-10. A plan to strengthen training sites has also been included in the plan.

A.6. RTI/STI Training

The Medical Officers and Lab Technicians would be provided RTI/STI training. This year it is planned to train 60 MOs and 60 LTs posted at the function FRUs.

B. Child Health Trainings

B.1. CCSP (Comprehensive Child Survival Programme - UP)

Various training for child survival has been merged and a comprehensive training package for healthy and sick children in the name of Comprehensive Child Survival Programme has been developed. The details have been included in the section on 'Child Health'.

C. Trainings for Population Control

C.1 MTP Training

In the year 08-09, refresher training was planned on MTP using MVA technique. 10 district women hospitals based on their MTP case load have been identified as training sites and 50 PPCs and 20 FRUs are being strengthened introducing MVA technique this year. In the year 09-10 the training plan includes training of 96 more service providers from all 70 districts for 12 days on MTP skills following guidelines given in MTP act so that we have additional sites and hands for MTP services. After training, CMOs of the district will be responsible for approval of new sites and service providers under MTP Act.

C.2 IUCD Training

The IUCD district trainers training has already initiated in 10 DCTCs covering 40 districts. In the year 2009-10, the strengthening of sites will be carried out and district workshops will be organised. It is expected that 7 remaining DCTCs will become functional and will cover the remaining districts. For creating Master Trainers, 21 doctors and 21 paramedics have been proposed for training at Veerangana Avanti Bai Mahila Hospital, Lucknow. Once these master trainers are trained, they will initiate district trainers training at their respective DCTCs. Once

the district trainers are trained, they will conduct training at District Women Hospitals for Medical Officer and Staff Nurses and at Block level for ANMs. There are approximately 25000 ANMs/LHVs in the state and all are to be trained by the end of 2012. It is proposed that 42 doctors and paramedics as Divisional Trainers, 298 as District Trainers, 1488 Medical Officers, 2976 Staff Nurses and LHVs and 8928 ANMs of 71 districts is expected to be trained. The budget provided ahead includes - District level workshops in 68 districts(except 3 districts- Lucknow, Gorakhpur & Bareilly where Directorate has initiated the activities) , district level strengthening in 54 districts (except 17 divisional DCTCs), 2 block level sites in 68 districts(except 3 districts), divisional master trainers training of 7 DCTCs + additional batch for 10 DCTCs, if required, 28 district trainers training batches + additional one batch per 10 DCTC is required, training of service providers(MO,SN/LHVs, ANMs) of 71 districts, printing of training material and print material, admin cost and monitoring by State trainer/Divisional trainers& Dy. CMOs. Cost of Gynaecological Simulators/Mannequin & IUCD Kits not included in training budget, as this has to be centrally procured by SPMU/Directorate, FW.

C.3 Training on Sterilization Techniques

SIFPSA will be the nodal agency for imparting training on sterilization techniques.

Laparoscopic Ligation - Out of 10 DCTCs strengthened by SIFPSA, 7 DCTCs viz. Allahabad, Azamgarh, Kanpur Nagar, Meerut, Moradabad, Mirzapur and Saharanpur have been selected for Laparoscopic Tubal Ligation Trainings. The objectives for trained provider in Laparoscopic Tubal Ligation training has been kept as 1 provider at least each CHC. Currently there 426 CHCs are functional and in the coming years this number is likely to increase. In the year 2009-10, Training of Trainers has been proposed for 42 doctors and 12 staff nurses. In addition to above 1 batch of Master Trainers has also been proposed keeping in view the retirement/transfer of existing Master Trainers already trained. Induction training is being proposed for 114 doctors and 76 staff nurses. Refresher training is proposed for 36 doctors, hence, a total of 192 doctors and 88 staff nurses are being proposed for training. In the year 2008-09, 7 private doctors have also been trained as Master Trainers. In the year 2009-10, this activity has not been proposed because it is essential to observe their interest in taking up trainings in DCTCs. If a substantial number out of 7 come for providing training as Master Trainers, this activity may be proposed in the year 2010-11.

Abdominal Tubectomy - Out of 10 DCTCs strengthened by SIFPSA, 3 DCTCs, viz. Agra, Jhansi and Varanasi have been selected for Abdominal Tubectomy Trainings. The sites have been selected because this method is popular in these divisions as compared to Laparoscopic Tubectomy. The objective is to provide at least 1 trained provider in all the 823 block level facilities by the end of 2012. The Master Trainer training at two more DCTCs at Gorakhpur and Banda has been proposed as these DCTCs will be strengthened shortly. For the year 2009-10 it is proposed that 10 doctors and 2 staff nurses will be trained from the two new DCTCs. In addition to above 1 batch of Master Trainers has also been proposed at

Agra Medical College keeping in view the retirement/transfer of existing Master Trainers already trained. Induction training has been proposed for 87 doctors and 58 staff nurses. Refresher training has also been proposed to 48 doctors, who have already been trained earlier but do not have confidence in conducting operations, hence, in the year 2009-10 a total number of 160 doctors and 63 staff nurses are proposed to be trained in this technique.

NSV - Department of Urology, CSMMU, Lucknow has been strengthened as Centre of Excellence for NSV in 2005 by SIFPSA. During last three years this site is established as a quality static NSV Service site with the client load of 15 to 20 per day. This site is being used as training and service delivery site. It is proposed that the support may be extended in the year 2009-10 to COE through NRHM funds. The objective is to make available at least one provider of this technique at all the block level facilities. It is proposed that 8 doctors will be trained as Master Trainers and Induction training will be provided to 108 doctors and Refresher training to 24 doctors. Thus, a total of 140 providers will be trained.

D. State Level Interventions for Prog. Mgmt. & Human Resource Development

D.1. Orientation of VHSC members on NRHM roles and responsibilities

This year this orientation was suspended as the committees were still being formed and their accounts opened. Now we have a strong network of managers at divisional, district, block level and also District community mobilizers hired and placed in each district to supervise community processes. Therefore it is planned that this year members from 24000 VHSCs formed will be oriented for 2 days on their roles and responsibilities under NRHM. TOTs have been completed this year and all levels of PMU managers are trained on NRHM programme implementation to facilitate this field level training.

D.2. Managerial Skill Development Training

A partnership is being developed with national level public health management Institutes for enhancement of managerial capacity of district and block level health programme managers. NRHM programme requires knowledge and skills for planning district action plans, monitoring and evaluation of the schemes for mid course correction and also optimal utilization of funds for maximum health benefit. Three categories of trainings have been planned for health managers at various levels-

- a. Programme management training for districts level managers - A training package has been planned for year 2009-10 for Additional CMOs / Dy. CMOs who are looking after NRHM in the districts. The course contents include more knowledge and hands on practise for planning and implementation of NRHM schemes and guidelines. A plan to train 200 district programme managers (at least 3 from each of the 71 districts) has been included in PIP for this year.

- b. Programme management training for block programme managers- Similar a course is being planned for block level managers. This training will be conducted at the state level by a team of state level programme managers. It is planned to cover 200 block managers.
- c. Hospital Management Training for CMSs of district hospitals - A course for hospital managers has been revised in partnership with prime training institutes of India: IIMR, Jaipur and NIHF, Munirka, New Delhi. 2 types of training packages have been planned separately for managers from small and large hospitals. A 5 days package has been planned for hospital managers from hospitals with less than 100 beds. For hospital managers from hospitals with more than 100 beds, a 11 days training package has been designed. A total of 80 doctors, 40 in each category, at various managerial posts will be trained on these packages.

D.3. Foundation training course for newly appointed doctors

Medical & Health Services in UP suffer a lot because of shortage of doctors and vacancies at various levels. In the year 2008-09, a recruitment of 400 doctors has taken place and it is planned to recruit more in the coming year. Therefore, an extensive training programme has been designed to equip this man power with right knowledge, skills and attitudes. A 12 days induction course has been planned for them at the state level which will be followed by one month attachment at the concerned CMO office, before they are posted at the additional PHCs. This is a new initiative which will enable them to work efficiently from the very beginning. A plan to train 400 doctors has been included in the current PIP.

D.4. Development of Trainers skills

A 5 day training course is being conducted to develop and upgrade trainers skills trainers posted at all the training institutions. The package includes systematic approach to training, different training methodologies and use of different training and teaching aids. This training will continue this year also and 100 newly appointed PHNs and tutors are proposed to be oriented on ANM pre-service training to improve quality of training at ANMTCs.

D.5. Training related M&E activities, Study tours, Planning and review meetings, seminars, workshops and study Tours and Research etc. for quality improvement

To ensure quality of training activities, monitoring is necessary from the SIHF, Directorate of Family Welfare and Health, SPMU officers at the state level. A provision is being made in the PIP for organizing study tours, meetings and seminars and facilitates exposure visits for programme managers and planners. A provision for operational research on ongoing activities under NRHM & RCH-II interventions has also been included. The financial norms will be same as approved for both the Directorates and SPMU.

CURRENT STATUS AND TARGETS FOR TRAINING

RCH Intermediate / MOU Indicator		Implementing Agency	Current Status	Target				
			(Est. upto Mar-09)	2009-10				Total
				Q1	Q2	Q3	Q4	
Maternal Health Training								
I	Skilled Attendance at Birth	SIHFW						
	Setting up of SBA Training Centres		37	54 DWH and 30 FRU/CHCs				
	TOT for SBA training centres		350					
	SBA (One Day Orientation of MOs)		1600					
	Training of Staff Nurses/ANM/LHV in SBA		850	750	750	750	750	3000
II	SBA Training of doctors	SIFPSA	10 days training for MOs from FRUs & 24x7 facilities at 2 Medical Colleges					
			42	30	55	105	105	295
III	Life-saving Anaesthesia skills	SIHFW + 6 Med. Colleges						
	Setting up of life saving Anaesthesia Skills Training Centres		at 6 Medical Colleges					
	TOT for Anaesthesia skills training		25	-	-	-	-	-
	Training of Medical Officers in life saving Anaesthesia skills		33	24	24	24	24	96
IV	EmOC (FOGSI)	SIHFW + 2 Med. Colleges						
	TOT for EmOC		14	8	-	-	-	8
	Training of Medical Officers in EmOC (Short term)		29	16	16	16	-	48
V	Refresher CEmOC for existing specialists	SIHFW	10 DWH have been identified with sufficient LSCS load					
	TOT							
	Gynaecologists(DGO/MS/other subject MS) in the system not performing LSCS will be trained for 3 weeks in batches of 2			-	10	10	10	30
VI	RTI/STI training for MOs and LTs	SIHFW	82	-	40	40	40	120
Child Health Training								
I	CCSP (Comprehensive Child Survival Programme)	DFW/SPMU						
	CCSP Master Trainers (10 Days Integ. Child Survival Trg.)		316	50	50	50	50	200
	CCSP (10 Days Integrated Child Survival Trg. For MOs)		458	300	300	300	300	1200

RCH Intermediate / MOU Indicator		Implementing Agency	Current Status	Target				
			(Est. upto Mar-09)	2009-10				Total
				Q1	Q2	Q3	Q4	
	CCSP (10 Days Integrated Child Survival Trg. for ANMs)		2105	805	1090	1200	1300	4395
	CCSP (10 Days Integ. Child Survival Trg. for LHV/HVs)		541	400	600	800	850	2650
	CCSP (10 Days Integ. Child Survival Trg. for ASHAs)		10055	3500	5500	7500	7500	24000
II	Facility Based Newborn care	DFW/SPMU						
	Facility Based Newborn care TOT (3 Days)		18 districts	9 distts	9 distts			36 Distt.
	Facility Based Newborn care Trg for MOs		70	286	216	-	-	502
	Facility Based Newborn care Trg for Staff Nurse		39	100	100	100	100	400
	Care of sick children and severe malnutrition		70	286	216	-	-	502
Family Planning Training								
I	MTP using MVA	SIHFW	At 10 Training Sites (DWH)					
	TOT on MTP using MVA		30	-	-	-	-	-
	MTP refreshers using MVA		120	-	-	-	-	-
	MTP under MTP Act including MVA (12days)			24	24	24	24	96
II	NSV	SIFPSA						
	TOT on NSV		4	2	2	2	2	8
	NSV Trg for MOs		48	27	27	27	27	108
	NSV Refresher		24	6	6	6	6	24
III	Laparoscopic Sterilization	SIFPSA						
	TOT Laparoscopic sterilization	TOT at 3 Med. Colleges	64		54			54
	Laparoscopic sterilization Trg. for MOs		66	35	35	60	60	190
	Refresher training for lap ligation		27	9	12	6	9	36
IV	Abdominal Tubectomy	SIFPSA						
	TOT for AT		35	-	30	-	-	30
	AT Training for MOs & Staff Nurses		20	15	30	50	50	145
	Refresher Trg. for MOs		12	9	9	15	15	48
V	IUD Insertion	SIFPSA						
	TOT for IUD insertion (Divisional Trainer)		62	-	20	22	-	42
	TOT for IUD insertion (District Trainer)		201	-	-	56	192	248
	Training of Medical Officers in IUD insertion		-	344	344	344	356	1388

RCH Intermediate / MOU Indicator		Implementing Agency	Current Status	Target				
			(Est. upto Mar-09)	2009-10				Total
				Q1	Q2	Q3	Q4	
	Training of Staff Nurses/LHVs in IUD insertion		-	688	688	688	912	2976
	Training of ANMs in IUD insertion		-	2064	2064	2064	2064	8928
Other State level Trainings								
I	Orientation of VHSCs	SIHFW	4781	6000	6000	6000	6000	24000
II	NRHM Programme Management Trainings	SIHFW						
	Addl. CMO/Dy CMO		22	50	50	50	50	200
	Senior MOs		130	50	50	50	50	200
III	Hospital Management Training	NIHFW/IIHMR	44	20	20	20	20	80
IV	Foundation Trg for newly appointed MOs (12 days)	SIHFW	-	200	200	-	-	400
V	Development of Trainer's Skill	SIHFW	150	50	-	50	-	100

Budgetary Summary (Trainings): 2009-10

Sl.	Type of Training	Implementing Agency	Budgetary Requirement (Rs. in lacs)
1	Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)		
	Strengthening of clinical trainings sites	SIHFW/DFW	50.00
	Strengthening of training sites for CCSP & FBNC	DFW/ DMH/ SPMU	112.85
	Strengthening of sites for Anaesthesia Trainings	SIHFW	24.00
	Printing of training module for CCSP (for approx. 20,000 functionaries)	DFW/ SPMU	50.00
Maternal Health Training			
I	Skilled Attendance at Birth	SIHFW	
	Setting up of SBA Training Centres		10.00
	TOT for SBA training centres		435.00
	Training of Staff Nurses/ANM/LHV in SBA		
II	SBA Training of doctors	SIFPSA	104.02
III	Life-saving Anaesthesia skills	SIHFW + 6 Med. Colleges	
	Training of Medical Officers in life saving Anaesthesia skills		96.00
IV	EmOC (FOGSI)	SIHFW + 2 Med. Colleges	
	TOT for EmOC		6.00
	Training of Medical Officers in EmOC		53.00
V	Refresher CEmOC for existing Specialists	SIHFW	13.50
VI	RTI/STI Training for MOs & LTs	SIHFW	3.00
Child Health Training			
I	CCSP (Comprehensive Child Survival Programme)	DFW/CMO	2203.97
II	Facility Based Newborn care	DFW/CMO	86.00
III	Orientation of ASHAs on HBNC in CCSP districts	DFW/CMO	120.00

Sl.	Type of Training	Implementing Agency	Budgetary Requirement (Rs. in lacs)
Family Planning Training			
I	MTP using MVA	SIHFW	
	MTP under MTP Act including MVA (12days)		17.50
II	NSV	SIFPSA	18.95
III	Laparoscopic Sterilization	SIFPSA	54.31
IV	Minilap	SIFPSA	37.18
V	IUD Insertion	SIFPSA	503.29
Other State level Trainings			
I	Orientation of VHSCs	SIHFW	To be Met from Mission Flexipool
II	NRHM Programme Management Trainings	SIHFW	
	Addl. CMO/Dy CMO (5 days)		To be Met from Mission Flexipool
	Senior MOs (5 days)		To be Met from Mission Flexipool
III	Hospital Management Training	NIHFW/IIHMR	To be Met from Mission Flexipool
IV	Foundation Trg for newly appointed MOs (12 days)	SIHFW	36.00
V	Development of Trainer's Skill	SIHFW	4.20
VII	Training related M&E activities, planning & review meetings, seminars, workshops and study tours	SIHFW/DFW/SPMU	30.00
Total			4068.77

9. PUBLIC PRIVATE PARTNERSHIPS (PPP)

9.1 PPP for Improving Institutional Deliveries - Saubhagyawati Yojana

As already mentioned in the section on 'Maternal Health', a PPP scheme for improving institutional deliveries, with the involvement of the private sector institutions, similar to the Chiranjeevi scheme in Gujarat, has been launched in the State. The scheme is proposed to be continued this year, however, some modifications would be made to ensure success of the scheme.

Till December 2008, a total of around 140 private nursing homes had been accredited under the scheme and around 9000 deliveries had been conducted, of which about 1000 deliveries were caesarean sections. The results have not been very encouraging and it is proposed to carry out an evaluation and identify the constraints and other issues. Based on the evaluation feedback, corrective actions will be taken and the scheme will be modified accordingly. A number of facilities have been accredited in urban areas. It would therefore be ascertained if these facilities are functioning in areas where there is no public health infrastructure or are catering to predominantly slum or BPL population.

The package under the scheme has been worked on the following estimate:

Sl.	Description	Amount (Rs.)
1	Normal Deliveries (@ Rs. 1200/- per delivery for 80 deliveries)	96000.00
2	Complicated delivery not requiring surgical intervention (@ Rs. 1500/- per delivery for 10 deliveries)	15000.00
3	Caesarean section (@ Rs. 5000/- per delivery for 10 deliveries)	50000.00
4	Predelivery visits (@ Rs. 50/- per case for 100 cases)	5000.00
5	Investigations (@ Rs. 50/- per case for 100 cases)	5000.00
6	Sonography (@ Rs. 150/- per case for 40 cases)	6000.00
7	Blood Transfusion (@ Rs. 1,000/- per case for 3 cases)	3000.00
8	Primipara Cases (@ Rs. 500/- per case for 10 cases)	5000.00
Total		185000.00

Budgetary Requirement

It is expected that around 20,000 deliveries would be performed by the accredited institutions during the year. Accordingly, the budgetary requirement would be as follows:

Sl.	Description	Amount (Rs. in lacs)
1	Reimb. of funds to private provider/facility (@ Rs. 1.85 lacs per 100 deliveries x 20000 deliveries)	370.00
2	Expenses towards monitoring and verification (@ Rs. 10,000/- per district for 71 districts)	7.10
Total		377.10

10.2 Other NGO/PPP Initiatives

Apart from the above, a number of activities are planned in participation with the private sector/NGOs and are detailed under Mission Flexipool, such as,

- Operationalization of Mobile Medical Units
- Emergency Medical Transport services
- Hospital Waste Management in Govt. Hospitals on turn-key basis
- Outsourcing of cleaning, upkeep and laundry services at district hospitals

Further, a number of initiatives are being taken in the State by the Medical & Health Department and SIFPSA. The concept of Public-Private-Partnership as a part of healthcare system is being developed to make it an integral part of the healthcare delivery system in the State. Current focus of PPP in health is to develop strategies to achieve the following:

1. Utilizing untapped resources and strengths of Private sector.
2. Enhancing the capacity to meet growing health needs.
3. Reducing financial burden of government.
4. Reducing geographic disparity in provision of services and its access.
5. Reaching remote areas; target specific group of populations.
6. Improving efficiency through evolving new management structures.

Budget Summary (PPP) 2009-10

Sl.	Description	Amount (Rs. in lacs)
1	PPP for Promoting Institutional Deliveries (Saubhagyawati Yojana)	377.10
Grand Total		377.10

10. PCPNDT

10.1 State Level Activities

10.1.1 State PCPNDT Cell

A PCPNDT cell has been established at the FW Directorate. Presently, the cell has one contractual staff against the proposed post of three contractual staff (Social Scientist - 1, Data Assistant-1 and Legal Assistant-1). This year following budget is proposed for the continuation of PCPNDT Cell:

Sl.	Description	Annual Requirement (Rs. in lacs)
1	Procurement of computer peripherals	0.05
2	Payment of honoraria to 3 contractual staff @ Rs. 15,000/- pm	5.40
3	Contingency	0.60
Total		6.05

Accordingly Rs. 6.05 lacs will be required for the PCPNDT cell at State level for the year 2009-10. The expense has been budgeted under the head 'Programme Management'

10.1.2 State Inspection & Monitoring Committee

A State level Inspection & Monitoring Committee has been established, which will undertake inspection of ultrasound centres in 10 districts. It is estimated that for each inspection visit around Rs.5,000/- is incurred. Accordingly, for visits to 10 districts, an amount of Rs.0.50 lac is being budgeted for the year 2009-10.

10.1.3 Refresher Training of District Nodal Officers and Data Assistants

A PNNDT website has been created by Govt. of India and there is a system of online data updation. One round of training on the system of reporting was conducted at Lucknow for district Nodal Officers and Data Assistants. However, the activities are not being implemented as desired and reporting is weak. It is therefore proposed to provide one round of refresher training to the functionaries to orient them on the various procedures to be followed, maintenance of records, updation of data, etc.

Four batches of training would be required to be conducted, each batch having around 40 participants. The cost of each batch of training would be around Rs.25,000. Thus, for 4 batches of training an amount of Rs.1.0 lac would be required for the year 2009-10.

10.1.4 Inspection of District level Records for Implementation of PCPNDT Activities

Under the PCPNDT Act, district appropriate authority is supposed to maintain various records and documents. Members of the State PCPNDT cell would

conduct monitoring visits to districts to monitor the compliance of documentation & procedures mandated under the PCPNDT Act and providing necessary guidance to district authorities for effective implementation of the Act. This would improve the quality of data and regularity of reporting from the districts. For this purpose a lump sum amount of Rs.0.50 lacs is being budgeted for monitoring visits by the PCPNDT Cell functionaries.

10.1.5 Review Meetings at State level

It is proposed to review the activities conducted by districts for implementation of the PCPNDT Act. Nodal Officers from the district would participate in these meetings. A one-day meeting would be conducted every six month at the State headquarter for the purpose. Two batches of meetings would be required to be conducted to cover all the 71 districts. The budgetary requirement for each meeting would be as follows:

Sl.	Description	Annual Requirement (Rs. in lacs)
1	Venue expenses (Audio/video, etc.)	0.02
2	Expenses towards refreshments, etc.	0.07
3	Stationery, etc.	0.04
3	Contingency	0.02
Total for one batch		0.15
Total for 2 meetings of 2 batches		0.60

10.1.6 State Level Meeting of Boards/Committees

3 Committees/Boards have been constituted at the State level under the PCPNDT Act. These committees would meet at regular intervals to review the activities under PCPNDT and suggest necessary actions to be taken, if required. The budgetary requirement for the various meetings would be as follows:

Sl.	Description	No. of Meetings to be organised	Estimated expense per meeting	Annual Requirement (Rs. in lacs)
1	Meeting of State Supervisory Board under the Chairmanship of Hon'ble Minister of Medical & Health	3	Rs.15,000/-	0.45
2	Meeting of State Appropriate Authority under the Chairmanship of DG (FW)	6	Rs.300/-	0.018
3	State Advisory Committee	6	Rs.1,000/	0.06
Total				0.53

10.1.7 State Level Sensitization Workshop

Though there is lot of publicity regarding the need to address, discrimination against girl child yet there is wide spread lack of specific knowledge on provisions of PCPNDT Act, implementation plan and consequences of default in community. It is proposed to conduct a one day workshop to sensitize the people on the need to remove discrimination against girl child and facts about PCPNDT Act. The workshop will be conducted once a year. In the first session, participants will include government doctors, NGOs, representative from the legal field, social welfare department, women and child welfare department, women and human right groups, district administration and PRIs. In the second session, the participants will be members from IMA, nursing home associations, gynaecologists, radiologists, ultrasonologists, and members from FOGSI association. **A budgetary provision of Rs. 3 lacs is being made.**

10.1.8 State level IEC Activities

IEC activities for generating awareness regarding the provisions of the PCPNDT Act are being conducted by the IEC Bureau in the State. It is proposed to continue the IEC activities through the IEC bureau. The activity plan would be prepared by the IEC Cell and discussed with the members of the State Advisory Committee and the State Appropriate Authority. After approval of the same the IEC activities will be implemented. **A lumpsum provision of Rs.100 lacs is being made for the year 2009-10.**

10.2 Divisional Level Activities

10.2.1 Orientation of Members of the District Advisory Committee

District level Advisory Committees have been constituted. The members of the Committees are required to be oriented regarding their role and responsibilities. Accordingly, it is proposed to conduct one day orientation meeting of these functionaries. The meetings will be organised at the division level. It is estimated that the average cost of each meeting would be around Rs.10,000/-. **Thus, the budgetary requirement for conducting one meeting in each of the 18 divisions works out to Rs.1.80 lacs.**

10.3 District Level Activities

10.3.1 District Inspection & Monitoring Committee

Under the PCPNDT Act, District level Inspection & Monitoring Committees have been constituted, for inspection and monitoring of ultrasound centres. An amount of Rs.10,000/- is being budgeted for monitoring activities in each district. **Accordingly, for 71 districts, an amount of Rs.7.10 lac is being budgeted for the year 2009-10.**

10.3.2 District Level Sensitization Workshops

After the State-level sensitization workshop has been conducted, one-day district level workshops would be organised for creating publicity regarding the need to address discrimination against girl child and creating awareness regarding the provisions of PCPNDT Act and its enforcement. Necessary guidelines and literature on the subject would also be provided to the participants. Accordingly, various stakeholders in the districts would be sensitised. Two sessions would be organised as follows:

First session - for Medical Officers, NGOs, Officials from the Department of Women & Child Development, Social Welfare, Panchayati Raj, Human Rights Commission, etc.

Second session - for Representatives of IMA, Nursing Home Associations, FOGSI, Gynaecologists, Radiologists, Ultrasonologists, etc.

An amount of Rs.40,000/- would be allocated to each district for the same. Accordingly, an amount of Rs.28.40 lacs is being budgeted for 71 districts.

10.3.3 Organising Competitions at Inter/Degree Colleges

As a part of awareness generation, it is proposed to organise various competitions, such as, debate, essay writing, poster competition etc. in intermediate/degree colleges on issues related to female foeticide, gender discrimination. Such events would be conducted in 3 institutions in each district. The budgetary requirement will be as follows:

Sl.	Description	Annual Requirement (Rs.)
1	Prizes for students @ Rs.1800/- per school x 3 schools	5400.00
2	Expenses towards refreshments, etc. @ Rs.1000/- per school x 3 schools	3000.00
3	Miscellaneous	1600.00
Total for one District		10000.00
Total for 71 Districts		710,000.00

Accordingly, for 71 districts, an amount of Rs.7.10 lac is being budgeted for the year 2009-10.

10.3.4 Provision of Data Entry Operators

It is proposed to ensure provision of computers and data entry operators at the Divisional headquarters for compilation of data and reporting as per the provisions of the PCPNDT Act. However, since the districts in Meerut division are among the

districts having poor sex ratio, one data entry operator will be provided to each district. Computer systems for districts in Meerut division have already been provided. The budgetary requirement therefore works out as follows:

Sl.	Description	Annual Requirement (Rs. in lacs)
1	Honoraria to Data Entry Operators in 17 Division HQs and 5 Districts in Meerut division (@ Rs.6000/- pm x 12 months x 22 Operators)	15.84
Total		15.84

10.3.5 IEC Activities at District Level

Districts can utilize funds being collected from registration/renewal of Centres under the PCPNDT Act for IEC activities. However, additional funds are proposed to be provided to the districts to undertake local level IEC for generating awareness regarding the provisions of the PCPNDT Act through wall paintings, posters, hoardings, local media, cable TV, etc. Names of the members of the District Advisory Committee and phone numbers for lodging complaints will be displayed at prominent places and printed on pamphlets, forms etc. for distribution.

Districts have been categorised based on the number of genetic centres in the districts and accordingly budgetary allocation are proposed for each district.

Sl.	Category according to registered genetic centres	No. of Districts	Budget for IEC per District	Contingency per District	Total Amount (Rs. in Lacs)
1	0 - 16	26	Rs. 25,000/-	Rs. 2,000/-	7.02
2	17 - 25	10	Rs. 35,000/-	Rs. 3,000/-	3.80
3	26 - 50	17	Rs. 40,000/-	Rs. 4,000/-	7.48
4	51 - 100	5	Rs. 50,000/-	Rs. 5,000/-	2.75
5	Above 100	13	Rs. 60,000/-	Rs. 6,000/-	8.58
Total					29.63

10.3.6 IEC Activities at District Level

Districts can utilize funds being collected from registration/renewal of Centres under the PCPNDT Act for IEC activities. However, additional funds are proposed to be provided to the districts to undertake local level IEC for generating awareness regarding the provisions of the PCPNDT Act through wall paintings,

posters, hoardings, local media, cable TV, etc. Names of the members of the District Advisory Committee and phone numbers for lodging complaints will be displayed at prominent places and printed on pamphlets, forms etc. for distribution.

10.3.7 TA/DA to District Level Staff for Attending Meetings, Workshops, trainings, etc. outside District HQ

Regular review meetings and refresher trainings, etc. have been planned for district nodal officers, dealing clerks and members of advisory committee. A lumpsum provision of Rs.20,000/- per district is being made towards reimbursement of travel and DA to the district staff for attending meetings, trainings, etc. outside the district HQ. Thus, a total budgetary provision of Rs.14.20 lacs is being made.

Budget Summary (PCPNDT): 2009 - 10

Sl.	Description	Annual Amount (Rs. in lacs)
<i>State Level Activities</i>		
1	State Inspection & Monitoring Committee	0.50
2	Refresher Training of Nodal Officers & Dealing Clerks	1.00
3	Inspection of District Records by State PCPNDT Cell	0.50
4	Review Meetings at State Level	0.60
5	State Meetings of Boards/Committees	0.53
6	State Level Sensitisation Workshop	3.00
7	State level IEC Activities	100.00
Sub Total		106.13
<i>Division Level Activities</i>		
1	Orientation of District Advisory Committees	1.80
Sub Total		1.80
<i>District Level Activities</i>		
1	District Inspection & Monitoring Committee	7.10
2	District Level Sensitization Workshops	28.40
3	Competitions at Inter/Degree Colleges	7.10
4	Provision of Data Entry Operators	15.84
5	District level IEC Activities	29.63
6	Provision of TA/DA for District Staff	14.20
Sub Total		102.27
Grand Total		210.20

11. BEHAVIOUR CHANGE COMMUNICATION (BCC)

11.1 State BCC Strategy

Development of an integrated BCC Strategy was proposed in the PIP for 2008-09. Accordingly, a comprehensive BCC strategy and detailed implementation plan has been developed and submitted to Govt. of India. Implementation of certain activities, such as, development of material, media planning, etc. have been initiated.

The priority areas for BCC focus within NRHM that have been identified based on the situational analysis are:

1. Antenatal Care
2. Institutional Deliveries
3. Post Natal & New Born Care
4. Married Adolescents
5. Gender discrimination (female foeticide, infant girl, under 5 girl, son preference and therefore large family size)
6. Unmet need for family planning
7. Nutrition through the life cycle (infant, under three, adolescent, woman)
8. Routine immunization
9. Hygiene and safe water practices
10. Marginalized groups and households including urban poor
11. Need for supportive supervision of ASHAs
12. Capacity building of BCC skills for service providers across NRHM
13. Workload definition and structuring of workload for the ASHAs

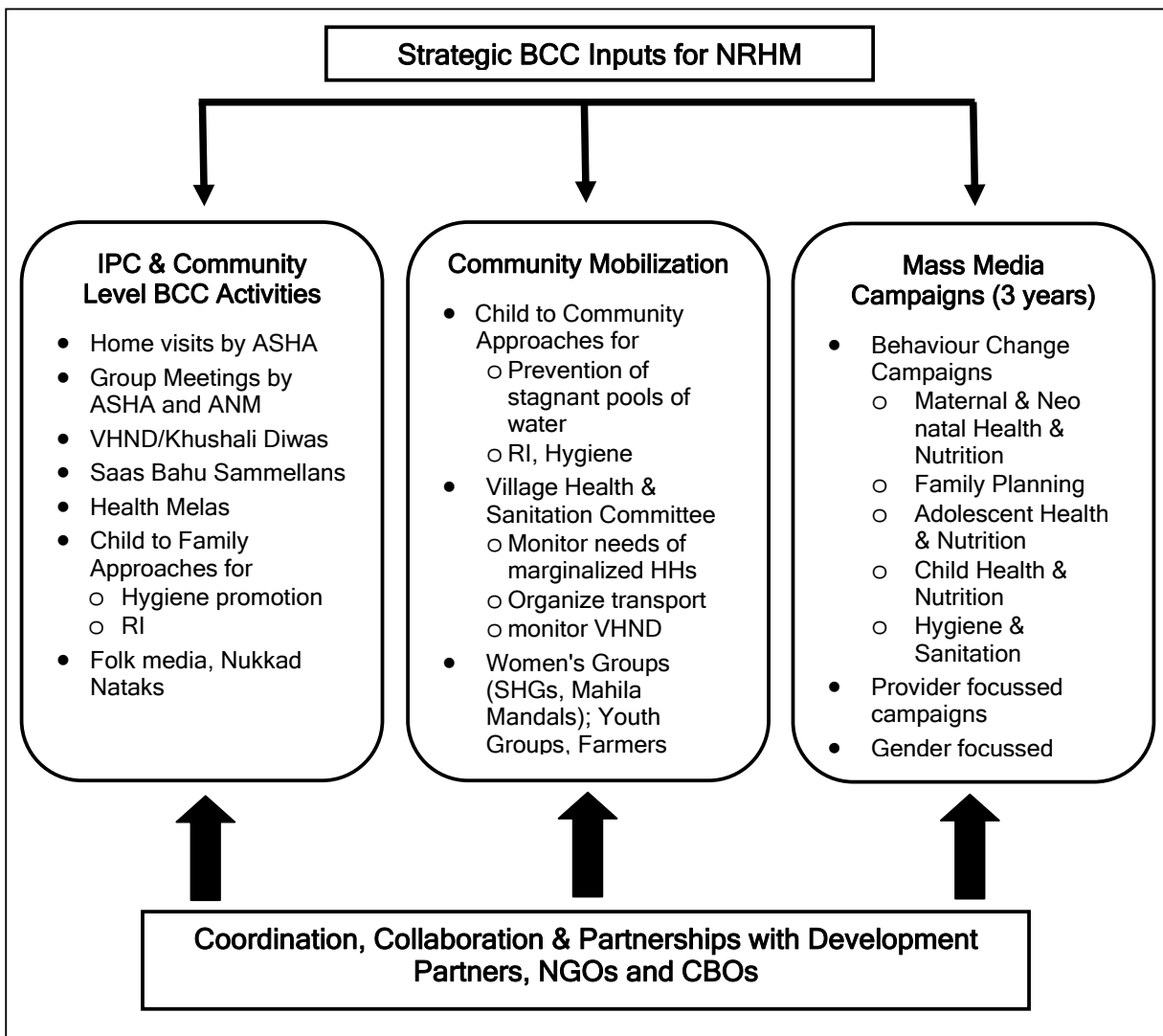
The three strategies are: (1) IPC and community level BCC, (2) Community level mobilization and (3) Mass media. Each of these overarching strategies has been described in detailed operational guidelines. The purpose of presenting the all three broad strategies together is to underscore the need to work with all three approaches instead of the singular focus on mass media. Each of the broad strategies is considerably strengthened if implemented synergistically and simultaneously.

The NRHM BCC strategy broadens the scope of BCC to address the barrier of irregular service provision at the outreach level through provider focussed campaigns; it also aims to use BCC approaches to enable communities to demand health services as per the norms laid down by the Government of India. The overarching BCC strategy can be applied to the entire state and its national health programs. Detailed guidelines and frameworks for operationalizing this strategy at the village, block and district levels are outlined in the BCC strategy document.

The proposed BCC strategy includes the use of mass media, community based BCC (IPC, group meetings and local events) and community mobilization in a

coordinated manner. The first year will focus on getting the mass media, IPC and community level BCC activities implemented across the state. The long term strategy will focus on developing BCC planning capacity in the state, while continuing with the BCC implementation activities of the integrated campaigns. The long term strategy aims to strengthen monitoring and review of BCC implementation in the State.

NRHM BCC Strategy for Uttar Pradesh



The core strategic input for the NRHM BCC strategy will centre around interpersonal communication and community level BCC activities. This in turn will be supported by mass media and community mobilization interventions. The diagram above shows that the effective implementation of strategic BCC inputs is dependent on partnerships, coordination and collaboration with development partners, NGOs and CBOs.

The NRHM BCC strategy for Uttar Pradesh proposes interventions at the following levels:

- State
- Facility/institution
- Local/village-slum
- Household/family

These interventions are linked together by a common strategic plan that includes a planned focus on a set of priority behaviours. However interventions at the household and facility levels will provide need based BCC that will include a much larger set of behaviours.

Campaign 1 : BCC Interventions for Maternal and Newborn Health (1 Month)

➤ IPC and Community Level

- Home Visits – 3 for ANC and 2 for PNC
- VHNDs
- Group Meetings by ASHA/ANM (list in Annexure 7 and 8)
- Saas Bahu Sammellan
- Village Health and Sanitation Committee to monitor health needs and service coverage of food insecure HHs; make linkages with Anganwadi; to mobilize community resources to assist food insecure households.
- Swasthya Melas on a pilot basis
- Folk performances

➤ Facility Level

- CD spots/short films
- Wall paintings with details of JSY and whom to contact if services are not available

➤ Mass Media

The BCC mass media interventions include TV, radio and CD spots. The following TV/CD spots are recommended :

- On early registration (<12 weeks); where to register; whom to meet.
- Three ANC check ups; focus on the number "three" – provide details of when, where etc.
- Motivating pradhans and village health and sanitation members to "save maternal and new born lives" by ensuring early registration.
- Show male responsibility for early registration and 3 ANC check ups.
- Show VHND as a day that maternal health services including ANC registration and check up are available monthly at a village level.
- Show ANM doing early registration and 3 ANC

Campaign 2 : BCC Interventions Institutional Delivery & 48 hrs. stay (2 months)

➤ IPC and Community Level

- Promotion of JSY through IPC, VHND and group meetings
- Wall painting with ASHA services and details of JSY at ASHA home.
- Home visit by ASHA to promote birth planning
- One group meeting on birth planning
- Community level interventions through VHSC provision of transport for woman due for delivery.
- Swasthya Mela on a pilot basis
- Folk Performances

➤ Facility Level

- Wall painting on JSY
- Health providers at facilities to promote institutional deliveries.
- Complaint number if family is asked to leave facility by health providers prior to 24 hours.

➤ Mass Media

- Broadcast of TV/CD spots are suggested.
- JSY (already available); for new CD/TV spot add the need to stay for 48 hours in the facility; ensure immediate breastfeeding at the facility; and provision of BCG to the newborn etc.
- Role of the VHSC in arranging transport. Spot should list various options of transport. Focus on "spiritual merit" for committee members for saving maternal and newborn lives.
- CD Spot on emergency transport.

➤ Development of AV Materials / BCC Tools for IPC and Community Level BCC

- IPC home visit tool – birth planning, JSY and hospital stay of 48 hours; essential behaviours for safe home delivery; essential newborn care

Campaign 3 : Newborn Care (1 Month)

➤ IPC and Community Level

- Two PNC home visits by ASHA – the first within 48 hours of birth; and the second from 3-7 days of birth (proposed home visit IPC tool will enable ASHA to identify danger signs in mother and newborn and ensure referral).
- Group meeting on newborn care.
- Linkages with anganwadi worker to weigh the newborn within 24 hours in case of home deliveries.

➤ Development of AV Materials / BCC Tools :

- IPC tool for new born care :

- Immediate Breastfeeding message on match boxes; linkages with manufacturers of baby products to feature messages on immediate and exclusive breastfeeding.
- Calendar on maternal and newborn care with a checklist of services required to be given during ANC registration or ASHA home visit. Used as a tool of household level monitoring.
- Posters at CHC on the following
 - No bath for a week
 - No prelacteal feeds (mother's milk has enough water for baby)
 - Skin to skin care

(The newborn care project in Shivgarh has done extensive work on developing socio-culturally relevant and behaviour specific messages in the context of rural Uttar Pradesh. It is recommended that this work be referred to when BCC materials are being developed for newborn care.)

➤ **Health Facility**

- BCC and ensuring essential newborn care; care of low birth weight baby to be provided by hospital nurse and/or family counsellor at health facility

➤ **Mass Media**

- CD/TV/Radio Spots :
 - Immediate breastfeeding; no prelacteal feeds (mother's milk has enough water for baby).
 - Skin to skin care.
 - No bath for a week.
 - Wrapping baby in soft cotton cloth etc.

Campaign 4 : Family Planning (3 months)

➤ **IPC and Community Level**

- Focus on married adolescent with the aim of delaying first conception.
- Six home visits a year by ASHA to married adolescent.
- Felicitation of couples at VHND who have delayed first birth by more than one year.
- Local Events at the village level to promote couple communication.
- Two VHNDs a year (to coincide with the marriage season) to focus on needs of newly married couples.
- Addressing gender and son preference using "spiritual merit" approach. Involving men, village elders.
- Addressing myths and misconceptions about IUDs, oral pills, NSV, contraceptive mix etc.
- Quarterly home visits by MPW to newly married men.
- Local event on delaying first conception.

➤ **Health Facility**

- A motivational campaign endorsing the "spiritual merit" approach for ANM, MPW and other health providers.
- Since family planning services are not available at the village level, planning a public-private partnership with local RMPs. Building capacity of RMPs to provide temporary contraceptive services. An SMS campaign can be used.
- Using institutional delivery as an opportunity to counsel woman and her family members on spacing/terminal methods of family planning.
- SMS campaign for male involvement in family planning.

➤ **Mass Media**

- TV/Radio/CD Spots
 - Delay first conception (campaign to run during wedding season).
 - Promote IUD.
 - NSV and Female Sterilization.

Campaign 5 : Nutrition of Adolescents and Women (adolescent girls, married women, pregnant women) (1 month)

➤ **IPC and Community Level**

- Home visits to married adolescents, pregnant women and eligible couples.
- Use of cookbook to promote dietary change.
- Training frontline workers in focussed, feasible and need based nutrition education.
- Linkages with anganwadi for households that do not have food security.
- Group meetings twice a year for married women.
- For food secure HHs :
 - Promote a daily evening snack for women;
 - Promote two additional snacks daily for pregnant women;
- Home visits and follow up by ASHA;
- Recipe competitions during nutrition week.

➤ **Health Facility / School Level**

- An in-school anaemia prevention programme for girls 9-14 years. It includes 3-month IFA supplementation and dietary change.
- Child-to family school intervention on nutrition.

**Campaign 6 : Child Health
(2 Months)**

➤ **IPC and Community Level**

- Home visits for promotion of nutrition in children under three years
- Group meetings
- Community Growth Card
- Local events

- VHND
- Identify households with low food security and make linkages with the anganwadi.
- Village health and sanitation committee to monitor households with low food security.

➤ **Mass Media**

- TV/CD spots on complementary feeding at six months; focus on frequently of feeds.
- Child-to-community approaches to promote hygiene behaviours.
- TV/CD spots on hygiene behaviours.
- TV/CD/Radio spots on discrimination against the girl child (<3 yrs); focus on care of second surviving girl.

Campaign 7 : Routine Immunization (1 Month)

➤ **IPC and Community Level**

- VHND
- Date/time for RI sessions prominently displayed on village notice board and other prominent places in the village.
- Involve school children in tracking infants in village (about 30-40) for RI coverage; motivating mothers to bring children for RI session 5 to 6 school children (12-14 years) to monitor immunization coverage of infants; motivate mothers to bring their children for RI session; take on immunization coverage as a "community project" for the children.
- ANM to conduct RI along with Pulse Polio.
- Distribute ORS packets during PP house to house visits.
- Establish a system through which villagers can register a complaint if VHND is not held.
- Special outreach sessions in urban slums.
- Reminder postcards to be sent to JSY beneficiaries.
- Non JSY beneficiaries to get BCC on RI through home visits.

➤ **Mass Media**

- The TV/Radio/CD spots on immunization should focus on number of yearly contacts. Use the colour coded strategy for RI
- CD spot on reminder post cards

Campaign 8 : Sanitation & Cleanliness (S&C) (1 Month)

➤ **IPC and Community Level**

- Promotion of S&C measures through IPC, VHND and group meetings
- Home visit by ASHA to promote Use of dipper, hand washing with soap etc.
- Community level interventions through VHSC provision

➤ **Facility Level**

- Leaflet and other material on priority behaviours pertaining to S&C
- Integration with SHP at school level

➤ **Mass Media**

- Use of TV/CD spots are suggested.
- Use of radio to enhance the reach
- Role of the VHSC as to promote related priority behaviours
- CD Spot in schools and community meetings
- Print advertisement in news papers.

Target Groups:

The target groups identified for the campaigns are as below:

- **Family Planning:**
 - Primary Audience for spacing: Eligible couples ages 18-30 years
 - Primary Audience for permanent methods: Couples with women in the age group 30 - 49 years
 - Secondary Audience: Service Providers (Doctors, Auxiliary Nurse Midwives, Anganwadi Workers, ASHAs, other influencers like public representatives, family members etc.
- **Maternal Health & Nutrition and Neo Natal Care:**
 - Primary Audience: Women of reproductive age
 - Secondary Audience: Older women, mothers-in-laws, ASHAs, AWW, Service providers
- **Child Health, Routine Immunization and Nutrition:**
 - Primary Audience: Caretakers/parents of children under 5
 - Secondary Audience: AWWs, ASHAs, ANMs and other community influential
- **Adolescent Health:**
 - Primary Audience: Unmarried adolescent boys & girls between the ages of 10-19 years
 - Secondary Audience: Parents of adolescents, Service Providers (Doctors, Auxiliary Nurse Midwives, ASHAs, Teachers, other influencers like Public representatives, family members
- **Motivational Campaigns for Service Providers**
 - Primary Audience: Health Service Providers including Doctors in government & non government health facilities, AWWs, ASHAs, ANMs
 - All adults / Community members

The services of a professional media agency will be utilised for developing the media mix which will revolve campaign wise around the target groups as specified above.

-- The material/messages for different media (radio, TV, print under various campaigns will be developed at the State level. SIPFSA, with its past experience in implementing large scale mass-media campaigns shall be assigned this responsibility. National level advertising agencies will be hired for this purpose to develop, modify and adapt materials so that persuasive, behaviour specific and relevant materials are produced.

In order to affect convergence in communication and for the period under material production the existing software available with the Government of India for NRHM may be used. It will also extend the reach of the GOI mass media plan ((for example spots on JSY, early marriage, diarrhoea management, birth spacing). In addition to the GOI software, existing software within the State like the "SUVIDHA" campaign and the Female Sterilization Campaign developed by SIFPSA may also be re-aired.

--- Activities like Saas Bahu Sammelan are planned for Community mobilization at district and block level. This activity is exclusively for women for creating awareness among them and to ensure active participation in the program who will be encouraged to share their experiences and help in removing myths and misconception. This activity is budgeted separately under Mission Flexi pool Part B

--- Media dark areas will be identified and an exclusive media plan will be developed which may include mobile units.

- Media use will be in line with on ground activities and a time line for the same has also been tentatively planned. (Gantt Chart annexed)
- The tentative media mix proposed, largely focuses on IPC which will be supported by enabling environment through MM and mid media. The final media mix will be developed by the professional media agency, which will be hired for the same and Community radio will also be explored and included accordingly.
- The professional agency which is planned to be hired, will use Industry norms like GRP etc. to assess performance.

NRHM BCC Strategy: Gantt Chart

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
1	Maternal & New Born Health; Women's Health	MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
	Behaviour Change Strategies												
	TV Spots (as per campaign plan)	**	****	****	****								
	Radio (as per campaign plan)	**	****	****	****								
	ASHA Home Visit			****	****	****	****	****	****	*****	****	****	****
	ASHA Group meeting /4 meetings in a year on MNH			*	*								
	PHC/Hospital - Prior to hosp discharge after delivery, BCC kit on PNC and family planning				****	****	****	****	****	****	****	****	****
	ANM ANC Clinic -1 per week at sub centre	*	*	*	*	*	*	*	*	*	*	*	*
	ASHA PNC Visit (3 visits per delivered woman 1, 3, 7 day) 2 women per month	****	****	****	****	****	****	****	****	****	****	****	****
	ASHA Visit 14, 21 28 th day for low birth weight babies 1 baby per month	****	****	****	****	****	****	****	****	*****	****	****	****
	Village Health and Nutrition Day (once a month)		*	*	*	*	*	*	*	*	*	*	*
	Saas Bahu Sammellan (2/year at block level)						*						

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
		MNH Campaign				Child Health Leprosy TB Wk Wk		Family Planning			Adol Health	Hygiene San	
	Village level BCC Activities: VHND Local Events Saving Mat & Newborn Lives : How to Involve Men Saas Bahu mtg; show TV spots on VCD player Emergency Transport Options: Panel Discussion Breastfeeding Week (Aug 1-7 th) Safe Motherhood Day : State and District Events Provider Campaign TV Spots on provider (ANM/medical officer) motivation; show spots on VCD TV Spots on VHND (with complaint number if VHND is not held) ASHA newsletter Florence Nightingale Day: Felicitation of ANM Maternal & Newborn Health (continued) Community Entitlement Strategies Wall paintings on MNH service norms Wall paintings on names (and contact numbers) of facilities near village for secondary & tertiary care MNH Calendar and Self Monitor at household level	*	*	*						*10th			
			*	*	*	*	*	*	*	*	*	*	*
			*	*	*	*	*	*	*	*	*	*	*
			*				*				*		
											12th		
		1	2	3	4	5	6	7	8	9	10	11	12
					****	****	****						
					****	****	****						
						****	****	****	****				

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
		MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
	Monitoring of VNHD and ANM visits by local samiti (Mahila Samkhaya districts)					*	*	*	*	*	*	*	*
	Local community entitlement strategies												
2.	Family Planning: Behaviour Change Strategies												
	TV Spots - Promoting Delay in First Conception; spacing methods; terminal methods after 2 children								****	****	****		
	Radio								****	****	****		
	ASHA Home Visit	**	**	**	**	**	**	**	**	**	**	**	**
	ASHA Group meeting (2 meetings on FP, 1 Gender)								*	*	*		
	Provider Campaign related to FP								****	****	****		
	Village Health and Nutrition Day	*	*	*	*	*	*	*	*	*	*	*	*
	IUD Insertion Day (sub-centre level)												
	RCH Camp (block level - 2 a year)			*					*				
	World Population Day												* 11th
	Local BCC Activities: VHND Event (show TV spots on CD)								*	*	*		
	Felicitation of Couples who Adopt Terminal Methods after 2 children												
	Value of Girl Child: Speech Competition/Panel Disc												
	Delaying First Conception: Role play/discussion												

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
3	Child Health & School Health TV and Radio Spots	MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
						****	****	****					
	Monthly Growth Monitoring AWW (U-3 yrs)	*	*	*	*	*	*	*	*	*	*	*	*
	Women's meeting by ASHA					*	*						
	2 meetings on infant feeding & malnutrition in children u-3 yrs							*					
	1 meeting on hygiene and sanitation												
	Child Health and Nutrition Month (December)					*							
	- IFA tablets (in school: DOTS in school)					*							
	- Child to parent BCC on nutrition					*							
	- Children's essay on above activity					*							
	- Nutrition mela in school/village					*							
	School Health Week (once in 3 months) Oct, Jan, April and July			*			*			*		*	*
	School health/eye check ups												
	Nutrition Week (IFA Tablets; DOTS in school)												
	Sanitation Week												
	Nutrition Week (home visits child to adult for under-3 yrs nutrition)												
	Water and Sanitation Home Visits - Child to Community										****		****

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
		MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
	Hygiene and Sanitation TV and Radio Spots									****	****		****
	Children's Mela on Hygiene and Sanitation (village level)										*		*
	Children's Day				* 14th								
4.	Routine Immunization												
	TV Spots play TV/radio spots on CD at all RI sessions on five/six contacts for full immunization of infant;							***					
	Radio on five-six contacts for full immunization of infant							***					
	Monthly Immunization Day & VHND (use of local calendar & colour coded cards)	*	*	*	*	*	*	*	*	*	*	*	*
	Women's Group meeting (one meeting in a year)							*					
	Local BCC Activities												
	Child to community: RI	*	*	*	*	*	*	*	*	*	*	*	*
5.	Adolescent Health												
	VHND Event: For parents of unmarried adolescents: Delay Age at Marriage;											*	
	TV/Radio Spots: Delay Age at marriage											****	
	Life Skills Sessions in Selected Schools	*	*	*	*	*	*	*	*	*	*	*	*

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
		MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
6.	RNTCP												
	Radio TV (TB Week)							****					
	Rickshaw Panels, wall paintings, hoardings, banners etc.	*	*	*	*	*	*	*	*	*	*	*	*
	Newsletter for DOTS volunteers					*						*	
	Posters for DOTS Centres												
	DOTS for TB Patients: Local Event at village level in week of Feb 23rd for TB							*					
	School Programs (TB Week: Feb 24 th)							*					
	Felicitation of DOTS volunteers/patients with completed treatment							****					
	TV Spots of above							****					
	Local Orientation Programs (district wise: minimum 6/block/year):												
	Workers Unions, Farmers Unions, etc.	*		*		*		*		*		*	
	Schools, Religious Leaders												
	Women's' groups/ Pvt Practitioners etc.												

Sl.	Activities	Year 1 Month											
		1 Aug	2 Sept	3 Oct	4 Nov	5 Dec	6 Jan	7 Feb	8 March	9 April	10 May	11 June	12 July
		MNH Campaign				Child Health Leprosy TB Wk Wk			Family Planning			Adol Health	Hygiene San
7.	Blindness Control												
	Cataract Surgery Campaign											****	
	Prevention of Blindness Day											* 10th	
	School Health Weeks			*			*			*			*
	School Eye Check up												
	TV Radio Spots			*			*			*			*
	Village Health and Sanitation Committee to identify patients & refer for cataract surgery	****	****	****	****	****	****	****	****	****	****	****	****
8.	Vector Borne Diseases												
	TV Spots Identify & destroy mosquito breeding sites			****				****				****	
	Radio spots: alerting health authorities of outbreak			****				****				****	
	VHSC to alert authorities of outbreak	*	*	*	*	*	*	*	*	*	*	*	*
	World Environment Day: shram daan by children											5th	
9.	Leprosy Eradication												
	Anti Leprosy Week (Jan 30-Feb 5 th) National & District Events						*						
	Stigma Reduction Campaign						****	****					

Estimated Budget for Implementation of BCC Strategy

Campaign / Duration (in months)	General	MNH	FP	CH/RI	AH	Hyg & Sanit.**	Est. Budget (Rs. in lacs)
		4	3	3	1	1	
Mass Media							
TV/Radio	50.00*	140.00	105.00	105.00	35.00	35.00	420.00
Print	25.00*	60.00	45.00	45.00	15.00	15.00	180.00
Cable (@Rs. 0.5. Lacs /Distt.)		35.50	35.50	35.50			106.50
Mid Media							
WP (for campaign)		115.00	115.00	115.00			345.00
WP for (ASHA Home)		203.00					203.00
Others	25.00*						
Days/Week							
Breastfeeding Week		50.00					50.00
Safe Motherhood Day (@Rs. 0.50 Lacs /District)		35.50					35.50
World Population Day (@Rs. 0.50 Lacs / District)			35.50				35.50
Children's Day (@ Rs. 0.50 Lacs / District)				35.50			35.50
Others (@ Rs. 25 lacs p.a.)	25.00*						
Printed Material							
Posters -SHP (2 x 35000 PS) @ Rs.18				13.00			13.00
Booklet -SALONI (for 15000 teachers @ Rs. 10)					1.50		
Leaflet SBS (2000 x 71) + (500 x 824 PHCs) @ Rs.2	12.00						12.00
Leaflet AS (500 x 71@ Rs.2)	1.00						1.00
Leaflet GPS (350000 @ Rs.2)	7.00						7.00
Leaflet Sanitation (52005 x 5 @ Rs.2)						5.50	5.50
Leaflet Saloni (10laccgirls3)					30.00		
ASHA N/L	70.00						70.00
RI Flex Banner				167.00			167.00
Other Expenses							
Material Production				150.00			150.00
Agency Retainership @ Rs. 5 lacs/ month	60.00						60.00
Contingent / Operational Advertising	20.00						20.00
Community Mobilization / Advocacy/ Workshops	150.00						150.00
Total (Rs. in lacs)	445.00	639.00	336.00	666.00	50.00	55.50**	2191.50

* To be implemented through IEC Bureau

** To be met from funds under Mission Flexipool

Apart from implementing the campaigns described above, wide publicity for various interventions would be ensured. Special events would also be organised on special occasions WHO Day, Women's Day, Breastfeeding Week, World

Population Day, Republic Day, Independence Day, etc. at the State and District Levels. Some activities on special occasions have already been included in the BCC campaign

Budget Summary (IEC/ BCC Activities) 2009-10

Sl.	Activities	Budgetary Requirement (Rs. in Lacs)
1.	Budget for implementation of BCC strategy (General Campaigns, Campaign for MH, CH/RI, FP & AH)	2136.00 (To be met from RCH Flexipool)
2.	Campaign for Promotion of Health & Hygiene	55.50 (To be met from Mission Flexipool)
TOTAL		2191.50

12. PROCUREMENT

12.1 Establishment of Procurement Cell

Establishment of a procurement cell was proposed in the PIP for the year 2008-09, however, the same could not be established. It is proposed to put the procurement cell in place during this year. For procurement of various items (drugs and equipment) under NRHM, it is proposed to establish a procurement cell at the State PMU/ Directorate of Family Welfare. The cell would follow the norms laid down by Govt. of India in case of specific programs. The cell would undertake the following tasks:

- Deciding procurement strategy including technical specifications
- Mode of procurement
- Preparation of tender documents
- Advertisement of the tenders
- Issue of tender documents
- Opening of the tender
- Evaluation of the tender
- Award of contract
- Notification of delivery to consignee
- Inspection and testing
- Resolution of disputes, if any

The cell would be manned by contractual personnel as detailed below:

Sl.	Designation	No.	Essential Qualification	Monthly Hon. (Rs.)	Annual Budget (Rs. in Lacs)
1.	Procurement Specialist	1	BE/B.Tech./MBA with relevant expr. of atleast 5 yrs	26,000	3.12
2.	Asst. Procurement Manager	1	MBA with relevant experience of upto 2 yrs	20,000	2.40
3.	Accounts Officer	1	MFC/M.Com/CA Inter/ ICWA Inter	15,000	1.80
4.	Computer Operator	1	BCA/ BSc. with Computer Science	10,000	1.20
5.	Class-IV	1	-	4,500	0.54
Total					9.06

Total Budgetary Requirement (incl. in Prog. Management under Mission Flexipool)

Sl.	Activities	Amount (Rs. in Lacs)
1.	Payment to Contractual Staff	9.06
2.	Hiring of consultancy services for preparation of ToRs, bid documents, etc.	100.00
3.	Establishment of Office (computer system, telephone, furniture, etc.)	2.50
4.	Miscellaneous & Contingency	1.20
TOTAL		112.76

12.2 Procurement of Drugs & Equipment

Details regarding procurement have been provided under the relevant component. Various procurements proposed during the year 2009-10 is summarised below and the expenditure would be met from Mission Flexipool:

Budget Summary (Procurement) 2009 - 10

Sl.	Particulars	Amount (Rs. in lacs)
1	Procurement for Maternal Health Interventions	
	Kit A (62,000 kits @ Rs. 6,500 per kit)	*4030.00
	Kit B (62,000 kits @ Rs. 5,000 per kit)	*3100.00
	RTI/STI Diagnostic kit ((823 kits @ Rs. 12,000 per kit)	**98.76
	RTI/STI Drug kit (823 kits @ Rs. 20,000 per kit)	**164.60
	MVAs (1 per CHC and 2 per DWH & Combined Hospital) 570 nos @ Rs.2500/- (426 for CHCs + 144 for DWH & Comb. H)	14.25
2	Procurement for Child Health Interventions	
	Procurement of Child Survival Kits for ASHAs	227.75
	Procurement of IFA Tabs. (30 mg elemental iron and 250mcg Folic Acid) @ Rs. 14/- for 100 tabs per child for 49.38 lac children	691.32
	Procurement of Deworming Tabs. (1 tab. six monthly) @ Rs. 2/- per tab. x 2 tabs per child x 49.38 lac children	197.52
	Zinc tabs. (36 CCSP districts - 16 cases x 30,000 x Rs.10/- per case)	48.00
	Vitamin A (3.58 lac bottles)	164.70
3	Procurement for Adolescent Health Interventions	
	Deworming Tablets (School going - Rs.2/- per tab x 2 tabs/girl x 12,34,500 girls) (Non-School going - Rs.2/- per tab x 2 tabs/adol. x 64,800 adol.)	49.38 2.60
	IFA Tablets (School going - Rs.0.14/- per tab x 48 tabs/girl x 12,34,500 girls) (Non-School going - Rs.0.14/- per tab x 48 tabs/adol x 64,800 adol.)	82.96 4.36
4	Procurement for Family Planning Interventions	
	Laparoscopes (500 nos. @ Rs. 5 lacs/unit)	2500.00
	IUD Kits (for Sub Centres) (5000 nos @ Rs.2000/unit)	100.00
	NSV kits (2 per CHC) (852 nos @ Rs.600/unit)	5.11
	Repair & Maintenance of Laparoscopes/Laparocators	219.00
Total		11700.31 (Rs.6806.95 lacs approved as per ROP)

(*Approved Rs. 2500 lacs for procuring Kit-A & B for 4 months only. Remaining Kits will be supplied by Gol)

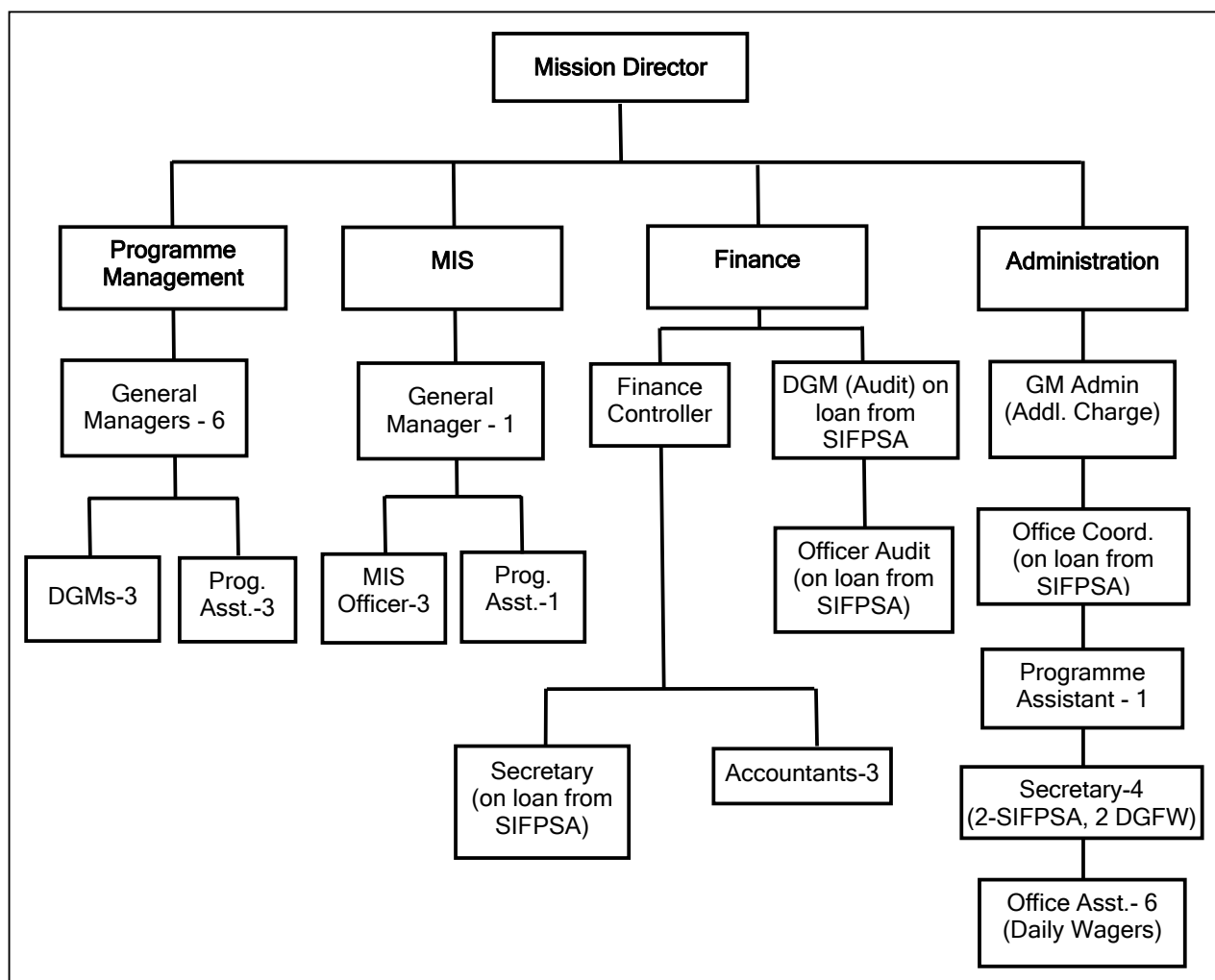
(**Will be supplied by SACO through NACO)

13. PROGRAMME MANAGEMENT

13.1 State PMU

The State PMU for NRHM has been established at the FW Directorate. Programme Managers, designated as General Manager have been deployed. Most of the staff has been hired on contract, some have been brought on deputation and some staff is on loan basis from SIFPSA. Due to non-availability of suitable persons for implementation of NRHM, staff had to be deployed at SPMU on deputation from Medical Health & Family Welfare Departments and Revenue Services. Payment will be made to deputation staff as per government rules/ decision of Executive Committee. The existing structure of the State PMU is as shown in the diagram below:

Existing Structure of the State PMU



However, a number of positions are still lying vacant and further additional human resources are proposed to be put in place for effective programme management. It is proposed to put in place the following staff:

Proposed Staffing of Finance Cell

Sl.	Post	No.	Qualification / Source of Appointment
1	Finance Controller	1	From UP Finance and Accounts Services
2	Sr. Manager Finance	3	From UP Finance and Accounts Services Sr. Account Officer or Accountant Officer with minimum experience of 10 years or CA/ ICWA with minimum experience of 10 years from open market
3	Manager Finance	4	AO or AAO with minimum experience of 10 years in Government or Semi Government organisation CA Inter / ICWA Inter with minimum experience of 5 years from open market
4	Internal Auditor	3	Accountants or Auditors with minimum experience of 10 years in Government or semi-Govt. organisation or B.Com. / CA Inter, ICWA Inter from open market.
5	Secretary	1	Graduate, good speed of shorthand and typing, Must be proficient in computers (MS Word, Excel, Power Point, Internet etc.) with minimum 5 years experience from open market.
6	Data Analyst	2	BCA/ B.Sc. with computer science from open market.
7	Class IV	1	-

Proposed Staffing of HR Cell

Sl.	Post	No.	Monthly Honoraria	Qualification
1	HR Specialist	1	Rs.26,000/-	Senior HR Expert, having requisite qualifications and experience of at least 10 years
2	HR Managers	2	Rs.20,000/-	MBA with relevant experience of upto 5 years
3	Data Assistant	1	Rs.12,000/-	BCA/ B.Sc. with computer science from open market.
4	Class IV	1	Rs.4,500/-	-

Proposed Staffing of IEC Cell

Sl.	Post	No.	Monthly Honoraria	Qualification
1	IEC Specialist	1	Rs.26,000/-	IEC Expert, having post graduate qualifications in Communications or related subject and experience of at least 10 years
2	Programme Assistants	2	Rs.12,000/-	Masters Degree in related subject/ MBA with relevant experience of upto 5 years
3	Class IV	1	Rs.4,500/-	-

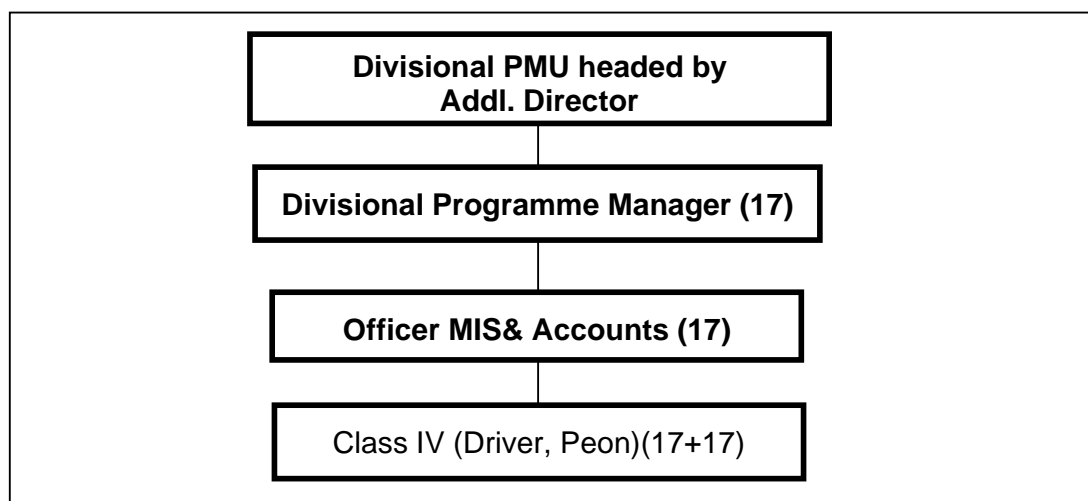
Proposed Staffing for M&E Cell

Sl.	Post	No.	Monthly Honoraria	Qualification
1	M&E Specialist	1	Rs.26,000/-	MBA (Operations Research) / PG in Statistics / Demography/ Popn. Sc. with at least 5 yrs expr.
2	Data Analyst	1	Rs.15,000/-	MCA/PGDCA with at least 5 years experience
3	Class IV	1	Rs.4,500/-	-

13.2 Divisional PMU

Divisional Programme Management Units have been established in 17 divisions. These units have been placed under the Additional Director of the Division and each unit has a Programme Manager who is assisted by an Officer responsible for MIS and accounting activities. The structure of the divisional PMU is shown below:

Structure of the Divisional PMU

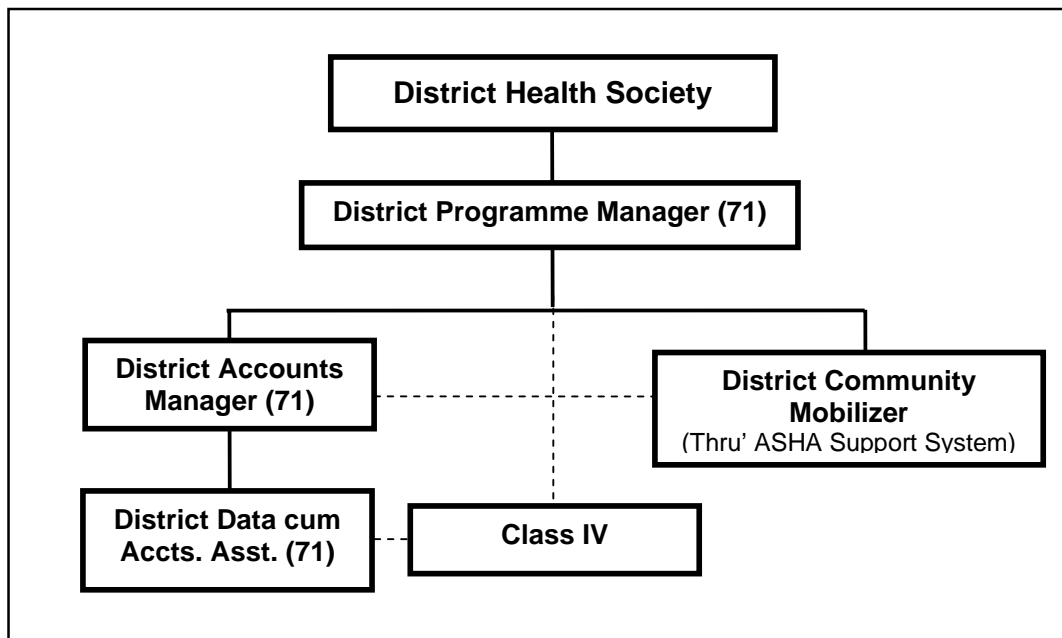


The Divisional PMUs are mentoring the District PMUs and assisting in NRHM programme implementation

13.3 District PMU

For management of the programme interventions at the district level, District PMUs have been established in 70 districts, the structure of which is shown ahead:

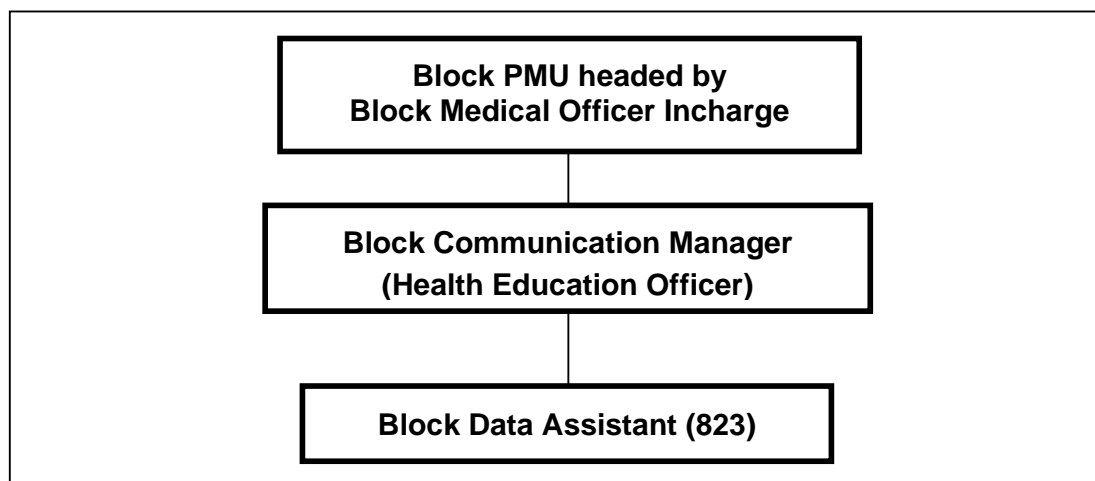
Structure of the District PMU



13.4 Block PMUs

At the block level, the Block MOIC would be head of the Block PMU and would be supported in his function by the Health Education Officers, appointed by the State government, and Data Assistants hired on contract under NRHM. The block level structure is as shown below:

Structure of Block PMUs



13.4 Human Resource Plan for SIHFW/CTI

A plan to provide additional human resource to support planning, implementation and monitoring of training activities was approved under NRHM PIP for year 2008-

09. As establishment of Training Management unit has not taken place yet, it is planned to be placed this year as a part of human resource plan under NRHM, this unit will work under chart society established at SIHFW which is functioning as CTI (Collaborating Training Institute) for NRHM.

Sl.	Designation	No.	Essential Qualification	Monthly Honorarium (Rs.)	Total Yearly Budget (Rs. in lacs)
1	Consultant Clinical Training	1	MBBS, PG in Gynaecology or Paediatrics with 2 years experience	26,000	3.12
2	Consultant Public Health	1	MBBS, PG in Public Health with 2 years experience	26,000	3.12
3	Accounts Manager	1	Graduation in Accountancy with 5 years experience in accounting	20,000	2.40
4	Data Analyst cum Computer Typist	2	Computer Proficiency - A level course from any govt. recognized institution, 2 years experience in data entry and analysis	12,000	2.88
5	Support staff (Class IV)	2	-	5,000	1.20
Expenses towards recruitment and institutional overheads, mobility, travel and communication					5.00
Total					17.72

13.5 Operational Expenses

a) Expenses towards honoraria and allowances to SPMU Staff

Sl.	Designation	Nos.	Honoraria (Rs.) P.M.	Annual (Rs. in lacs)
1	General Managers (on deputation)	7	60000	50.40
2	Dy. General Manager (on deputation)	3	45000	16.20
3	Finance Controller (on deputation from UPFS)	1	60000	7.20
4	Sr. Manager - Finance (on deputation from UPFS/Open Market)	3	40000	14.40
5	Manager (Finance)	4	26000	12.48
6	HR Specialist	1	26000	3.12
7	HR Manager	2	20000	4.80
8	M&E Specialist	1	26000	3.12
9	Technical Consultants	6	23500	16.92
10	Executive Asst. to MD	1	26000	3.12

Sl.	Designation	Nos.	Honoraria (Rs.) P.M.	Annual (Rs. in lacs)
11	Asst. Manager	1	20000	2.40
12	Consultant	3	25000	9.00
13	Accountant	3	15000	5.40
14	Data Analyst	8	12000	11.52
15	Data Assistant	4	12000	5.76
16	Programme Assistant	12	12000	17.28
17	IT Support Staff	1	10000	1.20
18	Internal Auditor	4	10000	4.80
19	Secretary	1	15000	1.80
20	Office Coordinator	1	15000	1.80
21	Guard	3	3000	1.08
22	Sweeper	3	3500	1.26
23	Electrician	1	5000	0.60
24	Plumber	1	5000	0.60
25	Class-IV	13	4500	7.02
26	DA (for deputation staff)	10	15000	18.00
27	Other Allowances	10	2250	2.70
Total				223.98

b) Expenses towards Support to FW Directorate Staff

(as per approved PIP of 2008-09)

Sl.	Designation	Nos.	Amount (Rs.) Per Month	Annual (Rs. in lacs)
1	Accountant	1	15,000	1.80
2	Data Analyst	1	15,000	1.80
3	Data Assistant	1	12,000	1.44
4	Programme Assistant	2	12,000	2.88
5	IT Support Staff	1	10,000	1.20
Total				9.12

c) Expenses towards Support to M&H Directorate Staff

Support staff would be provided to the Medical Health Directorate for compilation of data and generation of reports. The requirement of personnel is mentioned below and the budgetary requirement would be met from the head 'Operationalization of HMIS' under Mission Flexipool

Sl.	Designation	Nos.	Annual (Rs. in lacs)
1	Data Manager	1	To be met from HMIS budget under Mission Flexipool
2	Data Assistant	4	

d) Other Operational Expenses for FW Directorate & SPMU

An amount of Rs.191 lacs has been budgeted for various miscellaneous expenses (telephone, fax, stationery, consumables, program managers travel expense, housekeeping, etc.)

Expenditure Head	Amount (Rs. in lacs)	
	DFW	State PMU
Rent for State PMU (@ Rs.1.25 lacs per month)	-	15.00
Statutory Audit, etc.	-	30.00
Telephones/Fax/Mobile Phones/Other communication methods/maintenance	5.00	12.00
Electricity Bills/Electrician on contract/AC maintenance/ gensets etc.	10.00	9.00
Stationary/Photo Copier Bills/AMC etc.	6.00	9.00
Computer/AMC/CDs/Floppies/Internet etc.	5.00	6.00
Vehicle Hire/POL etc.	15.00	30.00
Field visits/Mtngs at Gol for Officers as per norms	6.00	12.00
Office equipments/ furniture/ painting/ maintenance etc.	2.00	6.00
Library/research/surveys/study tours/seminars & workshops	2.00	30.00
Contingency support/imprest money/office daily expenditures etc.	5.00	6.00
Housekeeping, gardening, security	12.00	6.00
Total Expenditure	68.00	171.00

e) Operational Expenses for Divisional PMUs (to be met from Mission Flexipool)

Sl.	Description	Annual Expense (Rs. in lacs)
1	Honoraria to Divisional PMU Staff <ul style="list-style-type: none"> • Divisional Programme Manager (Rs. 20,000 per month) • Officer - MIS & Accounts (Rs. 12,000 per month) • Class IV Staff - 1 (Rs.4,500 per month) Total (@ Rs.36,500/- per month x 12 months x 17 units)	74.46
2	Other Operating Expenses of Divisional PMUs (@ Rs. 50,000/- per month x 12 months x 17 units)	102.00
Total		176.46

f) Operational Expenses for Divisional ADs (to be met from Mission Flexipool)

Sl.	Description	Annual Expense (Rs. in lacs)
1	Mobility Support for monitoring & supervision (@Rs. 1500 p.m. per district)	12.78
2	Contingencies (Rs. 5,000 per month x 18 Divisions)	10.80
Total		23.58

g) Operational Expenses for District PMUs

Sl.	Description	Annual Expense (Rs. in lacs)
1	Honoraria to District PMU Staff <ul style="list-style-type: none"> • District Programme Manager (Rs. 25,950/- per month) • District Community Mobilizer (thru ASHA Support System) • District Accounts Manager (Rs. 19,600/- per month) • District Data cum Accts. Assistant (Rs. 12,900/- per month) • Class - IV (Rs. 4900/- per month) Total (@ Rs. 63,350/- per month x 12 months x 71 units)	539.74
2	Other Operating Expenses of District PMUs (@ Rs. 42,000/- per month x 12 months x 71 units)	357.84
Total		897.58

h) Operational Expenses for Block Units (to be met from Mission Flexipool)

Sl.	Description	Annual Expense (Rs. in lacs)
1	Honoraria to Block Unit Staff • Block Data Assistant (Rs. 8,000 per month) (@ Rs. 8,000/- per month x 12 months x 823 units)	790.08
2	Other Operating Expenses of Block Units • Communication Support to Block Comm. Manager (Rs. 250 per month) • Contingencies (Rs. 1,000 per month to be met from ASHA Support system)	24.69
Total		814.77

i) Operational Expenses for Mission Director Support (to be met from Mission Flexipool)

Sl.	Description	Annual Expense (Rs. in lacs)
1	Honoraria to Mission Director's Support Staff • Executive Assistant (Rs. 26,000 per month) • Data Assistant (Rs. 12,000 per month) • Class-IV (Rs. 4,500 per month) Total (@ Rs. 42,500/- per month x 12 months)	5.64
2	Other Operating Expenses • Contingencies (Rs. 1,000 per month)	1.20
Total		6.84

15.6 Mobility Support for Monitoring & Supervision

For the purpose of improving programme management, monitoring & supervision, at the district and block levels, an amount of Rs. 1026.93 lacs has been budgeted.

Sl.	Description	Annual Exp. (Rs. in lacs)
1	Mobility Support to Addl./Dy. CMOs @ Rs.800/- per day x 5 days/month for 4 officers (excl. Nodal Officers for RCH and UIP) for 71 districts	136.32
2	Mobility Support to Medical Officer Incharge at CHC/ BPHCs (@ Rs.800/- per day/month x 5 days per month) for 823 units	395.04
3	Mobility Support to Medical Officers PHCs (30,000 popn) (@Rs.150/- per day x 5 days/month) for 2800 units	252.00
4	Mobility Support to District Communication Manager (@Rs.800/- per day x 8 days/month) for 71 districts	54.53
5	Mobility Support to District Accounts Manager (@Rs.800/- per day x 6 days/month) for 71 districts	40.90
6	Mobility Support to Block Communication Manager (@Rs.150/- per day x 10 days/month) for 823 blocks	148.14
Total		1026.93

Budget Summary (Programme Management to be met from RCH Flexipool)

Sl.	Description	Annual Amount (Rs. Lacs)
1	Honoraria to State PMU Staff	223.98
2	Operational Expenses of State PMU	171.00
3	Honoraria to District PMU Staff	539.74
4	Operational Expenses of District PMUs	357.84
5	Operational Expenses of FW Directorate	68.00
6	Support Staff for FW Directorate	9.12
7	Expenses of PCPNDT Cell	6.05
8	Human Resource Plan for SIHFW	17.72
9	Mobility support for Monitoring & Supervision	1026.93
Grand Total		2420.38

Programme Management Expenses to be met from Mission Flexipool

Sl.	Description	Annual Amount (Rs. Lacs)
1	Honoraria to Divisional PMU staff	74.46
2	Operational Expenses of Divisional Units	102.00
3	Operational Expenses for Divisional AD Offices	23.58
4	Honoraria to Block PMUs staff	790.08
5	Operational Expenses of Block Units	24.69
6	Expenses towards Procurement Cell	112.76
7	State Quality Monitors	65.64
8	Support Staff for Mission Director	6.84
Grand Total		1200.05

14 ADDITIONAL COMPONENTS

14.1 Health and Family Welfare Mela

It is proposed to organise 3-day health melas in each parliamentary constituency @ Rs. 8.00 lac per mela as per GOI norms.

Accordingly, for holding such melas in 80 constituencies an amount of Rs.640 lacs would be required for which separate allocation is expected from the IEC Division.

7. BUDGET SUMMARY (PART A - RCH FLEXIPOOL)

(Rs. in lacs)

SI	Component	Proposed Budget	Approved Budget as per ROP
		2009-10	2009-10
1	Maternal Health	721.94	721.94
2	Janani Suraksha Yojana	31027.50	31027.50
3	Child Health	843.88	843.88
4	Family Planning	168.40	168.40
5	Family Planning Compensation & NSV Camps	8312.52	8312.52
6	Adolescent Health	677.25	174.36 (SACH scheme not approved)
7	Urban RCH	1941.87	1692.03
8	Infrastructure & Human Resources	14010.36	13978.10 (HR for DCTC-FP not approved)
9	Institutional Strengthening	850.27	850.27
10	Training	4236.97	4080.47
11	Public Private Partnership (PPP)	377.10	377.10
12	PCPNDT & Sex Ratio	210.20	210.20
13	IEC/BCC	2136.00	2136.00
14	Procurement *	11700.31	6806.95 (Kits A & B, RTI/STI Kits to be provided by Gol)
15	Programme Management	2420.38	2420.38
Total		67934.64	66993.15

**To be met from Mission Flexipool*

(Rs. in lacs)

Budget head	07-08 (Actual expenditure)	08-09 (Actual/ estimated expenditure)	08-09								09- 10	10- 11	Total 08- 11	
			RCH II						NRHM	Others				Total
			Qtr I	Qtr II	Qtr III	Qtr IV	Total							
							Rs. lakhs	%						
1. Maternal Health														
(a) JSY			7,461.38	8,643.38	7,461.38	7,461.38	31,027.50	46.3%			31,027.50			
(b) Others			120.32	120.32	240.65	240.65	721.94	1.1%			721.94			
Sub total			7,581.70	8,763.70	7,702.02	7,702.02	31,749.44	47.4%			31,749.44			
2. Child Health			250.61	191.57	235.88	165.82	843.88	1.3%			843.88			
3. Family Planning														
(a) Sterilisation compensation			1,000.00	1,000.00	2,000.00	3,000.00	7,000.00	10.4%			7,000.00			
(b) NSV acceptance			30.00	30.00	300.00	315.00	675.00	1.0%			675.00			
(c) Others			193.01	164.61	239.16	209.16	805.92	1.2%			805.92			
Sub total			1,223.01	1,194.61	2,539.16	3,524.16	8,480.92	12.7%			8,480.92			
4. ARSH			46.09	46.09	46.09	46.09	184.36	0.3%			184.36			
5. Urban RCH			532.18	431.96	377.98	377.98	1,720.11	2.6%			1,720.11			
6. Tribal RCH			0.00	0.00	0.00	0.00	0.00	0.0%			0.00			
7. Vulnerable groups			0.00	0.00	0.00	0.00	0.00	0.0%			0.00			
8. Innovations / PPP/ NGO			171.73	138.53	138.53	138.53	587.30	0.9%			587.30			
9. Infrastructure & HR			3,494.53	3,494.53	3,494.53	3,494.53	13,978.10	20.9%			13,978.10			
10. Inst. strengthening (HRD, logistics, M&E/ HMIS, QA)			245.02	201.75	201.75	201.75	850.27	1.3%			850.27			
11. Training			1,113.35	897.82	1,055.77	1,013.53	4,080.47	6.1%			4,080.47			
12. BCC/ IEC			436.25	596.25	666.25	437.25	2,136.00	3.2%			2,136.00			
13. Procurement			0.00	0.00	0.00	0.00	0.00	0.0%			0.00			
14. Programme Management			605.10	605.10	605.10	605.08	2,420.38	3.6%			2,420.38			
TOTAL	0	0	15,699.56	16,561.90	17,063.04	17,706.73	67,031.23	100.0%			67,031.23			

8. BUDGET DETAILS (PART A - RCH FLEXIPOOL)

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
1. MATERNAL HEALTH										
1.1. Operationalise facilities										
1.1.1. Operationalise Block PHCs/CHCs/SDHs/DHs as FRUs	CHC/ DWH	120 (53 DH+ 6 Comb. Hosp. + 61CHCs)	180 (53 DWH + 20 Comb. Hosp.+ 107 CHCs)							Included under NRHM (upgradation as per IPHS)
1.1.1.1. Organise dissemination workshops for FRU guidelines										
1.1.1.2. Prepare plan for operationalisation across district	District plan		-							
1.1.1.3. Monitor progress against plan; follow up with training, procurement, etc	Per Facility									Included under NRHM (upgradation as per IPHS)
1.1.1.4. Monitor quality of service delivery and utilisation including through field visits.	Covered under 1.1.3			Covered under 1.1.3						
1.1.2. Operationalise PHCs to provide 24-hour services		401 CHCs and 215 BPHCs	426 CHCs, 374 Block PHCs and 50 Addl. PHCs							
1.1.2.1. Incentive for night deliveries at CHCs/BPHCs										
1.1.2.2. Monitor progress against plan; follow up with training, procurement, etc	District Monitoring									

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
1.1.2.3. Monitor quality of service delivery and utilisation including through field visits.	PHC/CHC									Monitoring through State Quality Monitors/PM U Staff/ACMOs
1.1.3. Operationalise MTP services at health facilities	CHC/DWH	53 DWHs + 200 CHCs	53 DWHs + 426 CHCs							
1.1.3.1. Prepare plan for operationalisation across districts (including training, equipment, drugs & supplies, etc.)	District	0	70	0						
1.1.3.2. Monitor progress against plan; follow up with training, procurement, etc	District	-	NA	NA						linked with other monitoring activities
1.1.3.3. Monitor quality of service delivery and utilization including through field visits.	District	-	NA	NA						
1.1.4. Operationalise RTI/STI services at health facilities	CHC/DWH	50	70							
1.1.4.1. Prepare plan for operationalisation across districts (including training, equipment, drugs & supplies, etc.)	District	50	70							
1.1.4.2. Monitor progress against plan; follow up with training, procurement, etc	District	-	NA	NA						linked with other monitoring activities
1.1.4.3. Monitor quality of service delivery and utilisation including through field visits.	District	-	NA	NA						
1.1.5. Operationalise sub-centres										
1.1.5.1. Prepare plan for operationalising services at sub-centres (for a range of RCH services including antenatal care and post natal care)	District	0	70							
1.1.5.2. Monitor quality of service delivery and utilisation including through field visits	District/Block	0								

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line	Target for the year		Q1	Q2	Q3	Q4		
		(current status)								
1.2. Referral Transport										
1.2.1. Prepare and disseminate guidelines for referral transport for pregnant women and sick newborns / children										
1.2.2. Implementation by districts										
1.3. Integrated outreach RCH services										
1.3.1 RCH Camp at Block PHCs/CHCs	Facility	14814	823*18= 14814	Rs. 4500 + IEC	120.32	120.32	240.65	240.65	721.94	
1.3.1.1. Implementation by districts of RCH Outreach Camps in un-served/ under-served areas										
1.3.1.2. Monitor quality of services and utilisation.										
1.3.2. Monthly Village Health and Nutrition Days at Anganwadi Centres										
1.3.2.1. Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres			60000							
1.3.2.2. Monitor quality of services and utilisation										Linked with RI monitoring
1.4. Janani Suraksha Yojana / JSY (details of IEC/BCC in section 12)										
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.	State-level	-	-							
1.4.2. Implementation of JSY by districts.										
1.4.2.1. Home deliveries	Per benef.		1 lac		120.00	140.00	120.00	120.00	500.00	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
1.4.2.2. Institutional deliveries	Per benef.		Urban - 3.00 lacs Rural - 14.00 lacs		6864.00	8008.00	6864.00	6864.00	28600.00	
1.4.2.3. Caesarean Deliveries	Per benef.		30,000		108.00	126.00	108.00	108.00	450.00	
1.4.3. Monitor quality and utilisation of services.	State & District	contd.	MIS/Review meetings/ WS		369.38	369.38	369.38	369.38	1477.50	
1.5. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
2. CHILD HEALTH										
2.1. Comprehensive Child Survival Programme for U.P. (IMNCI (details of training, drugs and supplies, under sections 11 and 13))	17 districts + 19 Districts	-								
2.1.1. Prepare detailed operational plan for IMNCI (CCSP-UP) across districts	18 distts.			State-5.0 Lacs, Rs. 0.15 Lac/distt & 0.10 lac/block	11.55	6.55			18.10	
2.1.3. Monitor progress against plan:	State + 17 Divisions + 36 Distt.	-	Monitoring by state/Div./Di stt levels	Review meetings to be organized by Unicef.						
2.2. Facility Based Newborn Care/FBNC (details of training, drugs and supplies, under sections 11 & 13)										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line	Target for the year		Q1	Q2	Q3	Q4		
		(current status)								
2.2.1. Prepare and disseminate guidelines for FBNC.									0.00	
2.2.2. Prepare detailed operational plan for FBNC across districts (including training, BCC/IEC, drugs and supplies, etc.)& Implementation of FBNC activities in districts.									0.00	
2.2.3. Monitor progress against plan; follow up with training, procurement, etc.	State + 17 Divisions + 36 Distt.	-		Built in with CCSP prog.						
2.3. Home Based Newborn Care/HBNC (details included under Child survival programme for UP)	The component is included under Child survival programme for UP)									
2.3.1. Prepare and disseminate guidelines for HBNC.										
2.3.2. Prepare detailed operational plan for HBNC across districts (including training, BCC/IEC, drugs and supplies, etc.).										
2.3.3. Implementation of HBNC activities in districts.										
2.3.4. Monitor progress against plan; follow up with training, procurement, etc.										
2.4. School Health Programme										
2.4.1. Prepare and disseminate guidelines for School Health Programme.										
2.4.2. Prepare detailed operational plan for School Health Programme across districts.										
2.4.3. Implementation of School Health Programme by districts.	Per district		32000 schools		142.79	142.79	142.79	142.79	571.17	
2.4.4. Monitor progress and quality of services.										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
2.5. Infant and Young Child Feeding/IYCF (details of training, drugs & supplies, under sections 11 and 13)										
2.5.1. Prepare and disseminate guidelines for IYCF.										
2.5.2. Prepare detailed operational plan for IYCF across districts (including training, BCC/IEC, drugs and supplies, etc.).	State & all 70 distt.		71							
2.5.3. Implementation of IYCF activities in districts.	71	Included under RCH-II regular	Seminars/ WS at State/Distt		10.20	29.40	10.20	10.20	60.00	
2.5.4. Monitor progress against plan; follow up with training, procurement, etc.	State									
2.6. Care of Sick Children and Severe Malnutrition at FRUs										
2.6.1. Prepare and disseminate guidelines.	Included under facility based care of sick children									
2.6.2. Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts (including training, BCC/IEC, drugs and supplies, etc.).	36 distt.									
2.6.3. Implementation of activities in districts.	4 distt				12.16	10.96	10.96	10.96	45.03	
2.6.3.1. Monitor progress against plan; follow up with training, procurement, etc.					1.79	1.79	1.79	1.79	7.16	
2.7. Management of Diarrhoea, ARI and Micronutrient malnutrition (Bal Swasthya Poshan Mah - BSPM)	71				70.06		70.06		140.12	
2.8. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
2.8.1. Evaluation & Infant Death Audit	2 distt.	-			2.06	0.08	0.08	0.08	2.30	
3. FAMILY PLANNING										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
(Details of training, IEC/BCC, equipment, drugs and supplies in sections 11, 12 and 13)										
3.1. Terminal/Limiting Methods										
3.1.1. Dissemination of manuals on sterilisation standards & quality assurance of sterilisation services	71 district WS		71	Rs.40000 per WS	28.40				28.40	
3.1.2. Prepare operational plan for provision of sterilisation services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).										
3.1.3. Implementation of sterilisation services by districts										
3.1.3.1. Provide female sterilisation services on fixed days at health facilities in districts										
3.1.3.2. Provide NSV services on fixed days at health facilities in districts										
3.1.3.4. Organise NSV camps in districts.	Camps (6 camps per distt. per yr)	0	426	Rs.30,000			74.55	74.55	149.10	6 camps per district between Oct. to Feb.
3.1.3.5. Compensation for Female Sterilisation	Clients	131000	700000	Rs.1,000	1000.00	1000.00	2000.00	3000.00	7000.00	
3.1.3.6. Compensation for NSV Acceptance	Clients	5637	45000	Rs.1,500	30.00	30.00	300.00	315.00	675.00	
3.1.3.7. Incentive to AWW/ASHA									0.00	
3.1.4. Monitor progress, quality and utilisation of services										
3.2. Spacing Methods										
3.2.1. Prepare operational plan for provision of spacing methods across districts (including training, BCC/IEC, drugs and supplies, etc.)										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
3.2.2. Implementation of IUD services by districts.	per case	12.49 lacs	22 lacs	Rs. 20.00	110.00	110.00	110.00	110.00	440.00	
3.2.2.1. Provide IUD services at health facilities in districts.	per facility			DH- Rs.15000, CHC- Rs.6000, PHC- Rs.3000	12.11	12.11	12.11	12.11	48.42	
3.2.2.2. Organise IUD camps in districts.										
3.2.3. Social Marketing of contraceptives										
3.2.3.1. Set up CBD Outlets										
3.2.4. Organise Contraceptive Update seminars for health providers										
3.2.5. Monitor progress, quality and utilisation of services.										
3.2.7 Establishment of Satellite Centres of Excellence for NSV	District		3	30 lacs	30.00	30.00	30.00		90.00	
3.3. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
3.3.1 FP Services through Pvt. Providers	District				12.50	12.50	12.50	12.50	50.00	
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH										
(Details of training, IEC/BCC in sections 11 and 12)										
4.1. Adolescent friendly services										
4.1.1. Disseminate ARSH guidelines.	State-level Workshop		Completed							
4.1.2. Prepare operational plan for ARSH services across districts	State/District									

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
4.1.3. Implementation of ARSH services - school going component	Schools		6584		17.44	58.32	58.32	58.32	174.36	
4.1.4. Monitor progress, quality and utilisation of services.										
4.2. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
5. URBAN RCH										
5.1. Urban RCH Services										
5.1.1.1 Identification of urban areas / mapping of urban slums	District		14	10	100.00	40.00			140.00	
5.1.1.2 GIS Mapping of 2 cities			2 cities		20.50				20.50	
5.1.1.3 Health facility assessment for 14 cities under NUHM			14 cities		10.00				10.00	
5.1.1.4 Sensitization Workshops			71 cities		23.70				23.70	
5.1.2. Prepare operational plan for urban RCH (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).										
5.1.3. Implementation of Urban RCH plan/ activities	District		71		377.98	377.98	377.98	377.98	1511.93	
5.1.3.1. Recruitment and training of link workers for urban slums										
5.1.3.2. Strengthening of urban health posts and urban health centres										
5.1.3.3. Provide Maternal Health services (please specify)										
5.1.3.4. Provide Child Health services (please specify)										
5.1.3.5. Provide Family Planning services (please specify)										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
5.1.3.6. Provide ARSH services (please specify)										
5.1.3.7. Study tours						13.98			13.98	
5.1.4. Monitor progress, quality and utilisation of services.										
5.2. Other Urban RCH strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
6. TRIBAL RCH										
6.1. Tribal RCH services										
6.1.1. Mapping of tribal areas										
6.1.2. Prepare operational plan for tribal RCH (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).										
6.1.3. Implementation of Tribal RCH activities										
6.1.3.1. Provide Maternal Health services (please specify)										
6.1.3.2. Provide Child Health services (please specify)										
6.1.3.3. Provide Family Planning services (please specify)										
6.1.3.4. Provide ARSH services (please specify)										
6.1.4. Monitor progress, quality and utilisation of services.										
6.2. Other Tribal RCH strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
7. VULNERABLE GROUPS										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line	Target for the year		Q1	Q2	Q3	Q4		
		(current status)								
Specific health activities targeting vulnerable communities such as SCs, STs, and BPL populations living in urban and rural areas (not covered by Urban and Tribal RCH)										
7.1. Services for Vulnerable groups										
7.1.1. Mapping of vulnerable groups										
7.1.2. Prepare operational plan for vulnerable groups (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).										
7.1.3. Implementation of activities										
7.1.3.1. Provide Maternal Health services (please specify)										
7.1.3.2. Provide Child Health services (please specify)										
7.1.3.3. Provide Family Planning services (please specify)										
7.1.3.4. Provide ARSH services (please specify)										
7.2. Other strategies/activities (please specify – PPP/ Innovations/NGO to be mentioned under section 8)										
8. INNOVATIONS/ PPP/ NGO										
8.1. PNDT and Sex Ratio										
8.1.1. Operationalise PNDT Cell										
8.1.2. Orientation of programme managers and service providers on PC & PNDT Act	State/ District	0	72		33.20				33.20	
8.1.3. Monitoring of Sex Ratio at Birth	District								0.00	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
8.1.4. Other PNDT activities (please specify)	State/ District	0	71		44.25	44.25	44.25	44.25	177.00	Sting operation, IEC, facilitation of legal cases & review mtgs. at state & district level
8.2. Public Private Partnerships - Saubhagyawati Yojana	No. of PP	142	150	Rs.1.85 lacs /provider	94.28	94.28	94.28	94.28	377.10	
8.3 NGO Programme	District									
9. INFRASTRUCTURE AND HUMAN RESOURCES										
9.1. Contractual Staff & Services										
9.1.1. ANMs recruited and in position			1500	9,000/- pm	405.00	405.00	405.00	405.00	1620.00	
9.1.2. Laboratory Technicians recruited and in position			426	9,000/- pm	115.02	115.02	115.02	115.02	460.08	
9.1.3. Staff Nurses recruited and in position			PHC- 1191 CHC- 1278 DWH -400	15,000/- pm	1291.05	1291.05	1291.05	1291.05	5164.20	
9.1.4. MBBS Doctors for CHCs/BPHCs recruited and in position			PHC- 397 CHC- 426	24,000/- pm	592.56	592.56	592.56	592.56	2370.24	
9.1.5. MBBS Doctors for DHs recruited and in position			150	24,000/- pm	108.00	108.00	108.00	108.00	432.00	
9.1.6. Specialists for CHCs/BPHCs recruited and in position			426	25,000/- pm	319.50	319.50	319.50	319.50	1278.00	
			On call 5000 calls/yr	Rs. 1000/- per case	12.50	12.50	12.50	12.50	50.00	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line	Target for the year		Q1	Q2	Q3	Q4		
		(current status)								
9.1.7. Specialists at DWH recruited and in position			400	25,000/- pm	300.00	300.00	300.00	300.00	1200.00	
			On call 10000 calls/yr	Rs. 1000/- per case	25.00	25.00	25.00	25.00	100.00	
9.1.8. Paramedics at DHs			300	9,000/- pm	81.00	81.00	81.00	81.00	324.00	
9.1.9. Data Assistant for DWHs			134	8,000/- pm	32.16	32.16	32.16	32.16	128.64	
9.1.10. Deployment of FW Counsellors in DHs	District	0	71		20.24	20.24	20.24	20.24	80.94	
9.1.11 Implementation of CCSP-UP (including IMNCI activities in districts)	36 distt.	-	-	Rs.2000/- per ASHA for 30,000 ASHAs	150.00	150.00	150.00	150.00	600.00	Incentive for mandatory visits.
9.2. Major civil works (New constructions/ extensions/additions)										
9.2.1. Major civil works for operationalisation of FRUS										
9.2.2. Major civil works for operationalisation of 24 hour services at PHCs										
9.2.2.1 Major civil works for operationalisation of Subcentre										
9.2.2.2 Major civil works for operationalisation of Main centre										
9.3. Minor civil works (New constructions/ extensions/additions)										
9.3.1. Minor civil works for operationalisation of FRUS										
9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
9.3.2.1 Minor civil works for operationalisation of Subcentre										
9.3.2.2 Minor civil works for operationalisation of Main centre										
9.4. IMEP Operationalise Infection Management & Environment Plan at health facilities (details of training, equipment, drugs and supplies, under sections 11 and 13)										
9.4.1. Organise dissemination workshops for IMEP guidelines										
9.4.2. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs & supplies, etc.)										
9.4.3. Monitor progress against plan; follow up with training, procurement, etc										
9.5. Operational support to SNCUs			7	20 lac	00	40.00	50.00	50.00	140.00	
9.6. Support to Medical Colleges for CCSP Trainings					7.50	7.50	7.50	7.50	30.00	
10. INSTITUTIONAL STRENGTHENING										
10.1. Human Resources Development										
10.1.1. HR Consultant(s) recruited and in position										
10.1.2. Mapping of human resources done										
10.1.3. Transfer and cadre restructuring policy developed										
10.1.4. Performance appraisal and reward system developed										
10.1.5. Incentive policies developed for posting in under-served areas										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
10.1.6. Management Development Programme for Medical Officers										
10.1.7. Other activities (please specify)										
10.2. Logistics management/ improvement										
10.2.1. Logistics consultant(s) recruited and in position										
10.2.2. Review of logistics management system done										
10.2.3. Training of staff in logistics management										
10.2.4 Logistic management at state/div. level	state/div.	1+11	12		37.51	27.75	27.75	27.75	120.75	
10.2.5. Decentralised fund for transportation of supplies			71		32.27	32.27	32.27	32.27	129.06	
10.3. Monitoring & Evaluation / HMIS										
10.3.1. <i>Strengthening of M&E Cell</i>										
10.3.1.1. M&E consultant(s) recruited and in position										
10.3.1.2. Provision of equipment at state & district levels										
10.3.2. <i>Operationalising the new MIES format</i>										
10.3.2.1. Review of existing registers										
10.3.2.2. Printing of new forms										
10.3.2.3. Training of staff										
10.3.3. Other M&E activities (concurrent evaluation, etc)					25.00	50.00	50.00	50.00	175.00	
10.4. Job Aids & Tools for ASHA	36 distt.	-			58.50				58.50	
10.5 Rent for Sub Centre	Sub Centre		Rent - 12232	Rent - Rs.250 p.m./ SC	91.74	91.74	91.74	91.74	366.96	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
11. TRAINING										
11.1. Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)										
11.1.1. Carry out repairs/ renovations of the training institutions										
11.1.1.1 Strengthening Clinical Training Sites for FP					40.00	10.00			50.00	
11.1.1.2 Strengthening training Sites for Child Health Trainings					33.86	56.43	22.57		112.85	
11.1.1.3 Strengthening training Sites for Anaesthesia Trainings					24.00				24.00	
11.1.2. Provide equipment and training aids to the training institutions										
11.1.3. Contractual staff recruited and in position										
11.1.4. Contractual staff recruited and in position at Directorate Training Cell	State level									
11.1.4. Other activities (pl. specify)										
11.2. Development of training packages										
11.2.1. Development/ translation and duplication of training materials (Module for CCSP)					50.00				50.00	
11.2.2. Specialised training equipment (for skills trainings) provided										
11.2.3. Other activities (pl. specify)										
11.3. Maternal Health Training										
11.3.1. <i>Skilled Attendance at Birth / SBA</i>										
11.3.1.1. Setting up of SBA Training Centres					10.00				10.00	
11.3.1.2. TOT for SBA					108.75	108.75	108.75	108.75	435.00	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks			
	Unit of Measure	Base-line	Target for the year		Q1	Q2	Q3	Q4					
		(current status)											
11.3.1.4. Training of Staff Nurses in SBA													
11.3.1.5. Training of ANMs / LHVs in SBA													
11.3.1.3. Training of Medical Officers in SBA					26.01	26.01	26.01	26.01	104.02				
11.3.2. EmOC Training													
11.3.2.1. Setting up of EmOC Training Centres													
11.3.2.2. TOT for EmOC					6.00				6.00				
11.3.2.3. Training of Medical Officers in EmOC					17.67	17.67	17.67		53.00				
11.3.2.4. Short Term CEmOC Training					3.38	3.38	3.38	3.38	13.50				
11.3.3. Life saving Anaesthesia skills training													
11.3.3.1. Setting up of Life saving Anaesthesia skills Training Centres	1	nil	5	6.1 lac/batch									
11.3.3.2. TOT for Anaesthesia skills training	1		5										
11.3.3.3. Training of Medical Officers in life saving Anaesthesia skills	1 batch (4 MOs)		10		24.00	24.00	24.00	24.00	96.00				
11.3.4. MTP training													
11.3.4.1. TOT on MTP using MVA					4.38	4.38	4.38	4.38	17.50				
11.3.4.2. Training of Medical Officers in MTP using MVA													
11.3.4.3. Training of MOs in MTP using other methods (pl. specify)													
11.3.5. RTI / STI Training													
11.3.5.1. TOT for RTI/STI training													
11.3.5.2. Training of laboratory technicians in RTI/STI							1.50	1.50	3.00				
11.3.5.3. Training of Medical Officers in RTI/STI													

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
11.3.5.4. Training of Staff Nurses in RTI/STI										
11.3.5.5. Training of ANMs / LHV's in RTI/STI										
11.3.6. <i>Orientation of Dai / TBAs on safe delivery</i>										
11.3.7. Other maternal health training (please specify)										
11.4. IMEP Training / Workshop										
11.4.1. TOT on IMEP										
11.4.2. IMEP training for state and district programme managers										
11.4.3. IMEP training for medical officers										
11.4.4 Training of Medical Offr. & LTs on Blood Storage										
11.5. Child Health Training										
11.5.1. CCSP-UP (IMNCI) Training (pre-service and in-service)					440.79	440.79	661.19	661.19	2203.97	
11.5.1.1. TOT on Child survival package (pre-service and in-service)										
11.5.1.2. CCSP-UP IMNCI Training for Medical Officers (Physicians)										
11.5.1.3. CCSP-UP IMNCI Training for ANMs / LHV's / ASHA										
11.5.1.4. CCSP-UP IMNCI follow up Training										
11.5.2. Facility Based Newborn Care / FBNC										
11.5.2.1. TOT on FBNC (State Level)					6.00				6.00	
11.5.2.2. Training on FBNC for Medical Officers					20.00	20.00	20.00	20.00	80.00	
11.5.2.3. Training on FBNC for SNs/ANMs										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
11.5.3. Home Based Newborn Care / HBNC										
11.5.3.1. TOT on HBNC (Included in child survival package)	(Included in Comprehensive Child Survival Training Package)									
11.5.3.2. Training on HBNC for ASHA (Included in child survival package- 3 days Trg.)										
11.5.4. Care of sick children and severe malnutrition at FRUs	(Included in Facility Based Sick Child care)									
11.5.4.1 Development & printing of module for Care of sick children and severe malnutrition at FRUs- 3 days Trg. Package.	State level									
11.5.4.2. TOT on Care of sick children and severe malnutrition at FRUs	State level									
11.5.4.3. Training on Care of sick children and severe malnutrition for Medical Officers	17 distt.					3.90	3.90	3.90	11.70	
11.5.5. Other child health training (please specify)	-									
11.5.5.1 Orientation of ASHAs	36 distt.	-			120.00				120.00	
11.6. Family Planning Training										
11.6.1. Laparoscopic Sterilisation Training										
11.6.1.1. TOT on laparoscopic sterilisation										
11.6.1.2. Laparoscopic sterilisation training for MOs					13.58	13.58	13.58	13.58	54.31	
11.6.2. Minilap Training										
11.6.2.1. TOT on Minilap										
11.6.2.2. Minilap training for medical officers					9.30	9.30	9.30	9.30	37.18	
11.6.3. Non-Scalpel Vasectomy (NSV) Training										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
11.6.3.1. TOT on NSV					4.74	4.74	4.74	4.74	18.95	
11.6.3.2. NSV										
11.6.4. IUD Insertion										
11.6.4.1. TOT for IUD insertion						151.65	175.82	175.82	503.29	
11.6.4.2. Training of Medical officers in IUD insertion										
11.6.4.3. Training of staff nurses in IUD insertion										
11.6.4.4. Training of ANMs / LHV's in IUD insertion										
11.6.5. Contraceptive update/ISD Training										
11.6.6. Other family planning training (please specify)										
11.7. Adolescent Reproductive and Sexual Health/ARSH Training										
11.7.1. TOT for ARSH training										
11.7.2. Orientation training of state and district programme managers										
11.7.3. ARSH training for medical officers										
11.7.4. ARSH training for ANMs/LHV's										
11.7.5. ARSH training for AWWs										
11.8. Programme Management Training										
11.8.1. Training of SPMSU staff										
11.8.2. Training of DPMSU staff										
11.9. Other training (pl. specify)										
11.10 Other Activities (Monitoring , Evaluation , Meetings, Seminars, Study Tours and Research, etc.)					5.00	9.00	9.00	7.00	30.00	
11.13.1 AGT - TOT										
11.13.2 VHSC Orientation training										Thru MFP

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
11.14 Dai Training										
11.15 DTS										
11.16 Management Development Trainings										
11.16.1 AD/CMO										Thru MFP
11.16.2 CMS										
11.16.3 MOs										Thru MFP
11.16.4 Programme Mgmt Trainings										
11.17 Development of Trainers Skill					0	2.10	2.10		4.20	
11.18 Foundation Course for new MOs					0	18.00	18.00		36.00	
12. BCC / IEC										
12.1 Strengthening of BCC/IEC Bureaus (state and district levels)										
12.1.1 Contractual staff recruited and in position										
12.1.2 Other activities (pl. specify)	0	0	0	0						
12.2 Development of State BCC strategy										
12.3 implementation of BCC strategy										
12.3.1 BCC/IEC activities/campaigns for maternal health	0	0	0	0						
12.3.1.1 BCC/IEC activities for maternal health intervention (except JSY)	State Level				80.00	200.00	300.00	59.00	639.00	
12.3.1.2 BCC/IEC activities for JSY	State Level									
12.3.1.2 BCC/IEC activities for JSY (distt. Level)	Distt. Level									
12.3.2 BCC/IEC activities/campaigns for child health	State/Distt Level				120.00	120.00	200.00	226.00	666.00	

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
12.3.3 BCC/IEC activities/campaigns for family planning	State/Distt Level				100.00	150.00	50.00	36.00	336.00	
12.3.4 BCC/IEC activities/campaigns for ARSH					25.00	15.00	5.00	5.00	50.00	
12.4 Any other activities (please specify)										
12.4.1 General IEC activities	State/Distt Level				111.25	111.25	111.25	111.25	445.00	
12.5 Health & Family Welfare Mela in MP constituencies	MP constituencies	0	80	Rs. 8.0 lacs/mela						Separate Allocation from IEC Division
13. PROCUREMENT										
13.1. Procurement of Equipment										
13.1.1. Procurement of equipment for Maternal Health										
13.1.1.1. Procurement of equipment of skills based services (anaesthesia, EmOC, SBA)	Included under NRHM under the component of upgradation of facilities as per IPHS									
13.1.1.2. Procurement of equipment of blood storage facility										
13.1.1.3. Procurement of MVA/EVA equipment for health facilities										
13.1.1.4. Procurement of RTI/STI equipment for health facilities										
13.1.1.5. Procurement of RTI/STI drug kits for selected 70 RTI/STI clinics										
13.1.1.6. Procurement of RTI/STI drugs for all BPHC/CHC										
13.1.1.7. Procurement of Kit A and Kit B										
13.1.1.8. Procurement of Kits for ASHA										
13.1.2. Procurement of equipment for Child Health										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
13.1.2.1. Procurement of equipment for CCSP-UP IMNCI (Child survival kit for ASHA)										Thru MFP
13.1.2.2. Procurement of equipment for facility based newborn care & care of sick children and severe malnutrition										
13.1.3. <i>Procurement of equipment for Family Planning</i>										
13.1.3.1. Procurement / repair of Laparoscopes / Laproscators										Thru MFP
13.1.3.2. Procurement of NSV kits										Thru MFP
13.1.3.3. Procurement of IUDs/IUD Kits										Thru MFP
13.1.3.4. Procurement of operating microscopes/accessories for recanalisation services										
13.1.4. <i>Procurement of equipment for IMEP</i>										
13.2. Procurement of Drugs and supplies										Thru MFP
13.2.1. Procurement of drugs and supplies for maternal health										
13.2.2. Procurement of drugs and supplies for child health (Buffer stock of key drugs)										
13.2.3. Procurement of key supplies (Other than drugs: recording formats/ Registers & weighing scales) for child health										
13.2.4. Drugs for Care of sick children and severe malnutrition at CHC/PHC										
13.2.3. Procurement of drugs and supplies for family planning										
13.2.4. Procurement of supplies for IMEP										
13.2.5. Procurement of general drugs and supplies for health facilities										
13.3. Other procurement (please specify)										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
13.3.1 Medicines kit for MTP										
13.3.1 DDKs										
13.3.4 Procurement of IFA for School Children										
13.3.4 Procurement of deworming tabs for School Children										
14. PROGRAMME MANAGEMENT										
14.1. Strengthening of State society/State Programme Management Support Unit (details of training under section 11)										
14.1.1. Contractual Staff for SPMSU recruited and in position					56.00	56.00	56.00	55.98	223.98	
14.1.2. Operational Expenses for SPMSU					305.43	305.43	305.43	305.43	1221.70	
14.1.3. Contractual Staff for FW Directorate recruited and in position					2.28	2.28	2.28	2.28	9.12	
14.1.4. Operational Expenses for State FW Directorate (Contingency Support for miscellaneous activities)					17.00	17.00	17.00	17.00	68.00	
14.2. Strengthening of District society/District Programme Management Support Unit (details of training under section 11)										
14.2.1. Contractual Staff for DPMSU recruited and in position					134.94	134.94	134.94	134.94	539.74	
14.2.2 Operational Expenses for DPMSU (Contingency Support for miscellaneous activities)					89.46	89.46	89.46	89.46	357.84	
14.3. Strengthening of Financial Management systems										
14.3.1. Training in accounting procedures										

Budget Head	Physical Target			Rate (Rs./unit)	2009 – 10				Annual Amount (Rs. Lakhs)	Remarks
	Unit of Measure	Base-line (current status)	Target for the year		Q1	Q2	Q3	Q4		
14.3.2. Audits										
14.3.2.1. Annual audit of the programme										
14.3.2.2. Concurrent audit										Under NRHM Addl.
14.3.3. Operationalise E-banking system upto district levels										
14.4 Other activities										
Total					15,490.04	16,605.02	17,160.44	17,784.02	67,031.52	

9. WORK PLAN (PART A - RCH II)

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
1. MATERNAL HEALTH								
1.1. Operationalise facilities (details of infrastructure & human resources, training, IEC/BCC, equipment, drugs and supplies in sections 9, 11, 12 and 13)								
1.1.1. Operationalise Block PHCs/CHCs/SDHs/DHs as FRUs								
1.1.1.1. Organize dissemination workshops for FRU guidelines	Completed							
1.1.1.2. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs & supplies, etc.)	Y	Y	Y	Y	Y	Y	State/District	NRHM
1.1.1.3. Monitor progress against plan; follow up with training, procurement, etc	Y	Y	Y	Y	Y	Y	District	NRHM
1.1.1.4. Monitor quality of service delivery and utilization including through field visits.	Y	Y	Y	Y			State/District	NRHM
1.1.2. Operationalise PHCs to provide 24-hour services								
1.1.2.1. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs & supplies, etc.)	Y	Y	Y	Y	Y	Y	State/District	RCH
1.1.2.2. Monitor progress against plan; follow up with training, procurement, etc	Y	Y	Y	Y	Y	Y	District	RCH
1.1.2.3. Monitor quality of service delivery and utilization including through field visits.	Y	Y	Y	Y	Y	Y	State/District	RCH
1.1.3. Operationalise MTP services at health facilities								
1.1.3.1. Prepare plan for operationalisation across districts (including training, equipment, drugs & supplies, etc.)	Y	Y	Y	Y	Y	Y	District	RCH
1.1.3.2. Monitor progress against plan; follow up with training, procurement, etc	Y	Y	Y	Y	Y	Y	District	RCH
1.1.3.3. Monitor quality of service delivery and utilization including through field visits.	Y	Y	Y	Y	Y	Y	State/District	RCH
1.1.4. Operationalise RTI/STI services at health facilities								

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
1.1.4.1. Prepare plan for operationalisation across districts (including training, equipment, drugs & supplies, etc.)	Y	Y	Y	Y	Y	Y	District	RCH
1.1.4.2. Monitor progress against plan; follow up with training, procurement, etc	Y	Y	Y	Y	Y	Y	District	RCH
1.1.4.3. Monitor quality of service delivery and utilization including through field visits.	Y	Y	Y	Y	Y	Y	State/District	RCH
1.1.5. <i>Operationalise sub-centres</i>								
1.1.5.1. Prepare plan for operationalizing services at sub-centres (for a range of RCH services including antenatal care and post natal care)	Y	Y	Y	Y	Y	Y	District	RCH
1.1.5.2. Monitor quality of service delivery and utilization including through field visits	Y	Y	Y	Y	Y	Y	State/District	RCH
1.2. <i>Referral Transport</i>								
1.2.1. Prepare and disseminate guidelines for referral transport for preg. women & sick newborns/ children	Y	Y					State	RCH
1.2.2. Implementation by districts	Y	Y	Y	Y	Y	Y	District	RCH
1.3. <i>Integrated outreach RCH services</i>								
1.3.1. <i>RCH Outreach Camps in un-served/under-served areas</i>								
1.3.1.1. Implementation by districts of RCH Outreach Camps in un-served/ under-served areas	Y	Y	Y	Y	Y	Y	District	RCH
1.3.1.2. Monitor quality of services and utilization.	Y	Y	Y	Y	Y	Y	District	RCH
1.3.2. <i>Monthly Village Health and Nutrition Days at Anganwadi Centres</i>								
1.3.2.1. Implementation by districts of Monthly Village Health and Nutrition Days at Anganwadi Centres	Y	Y	Y	Y	Y	Y	District	RCH
1.3.2.2. Monitor quality of services and utilization	Y	Y	Y	Y	Y	Y	District	RCH
1.4. <i>Janani Suraksha Yojana / JSY (details of IEC/BCC in section 12)</i>								
1.4.1. Dissemination of JSY guidelines to districts and sub-districts.	Completed							
1.4.2. Implementation of JSY by districts.	Y	Y	Y	Y	Y	Y	District	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
1.4.3. Monitor quality and utilization of services.	Y	Y	Y	Y	Y	Y	State/District	RCH
1.5. <i>Other strategies/activities (please specify - PPP/Innovations/NGO to be mentioned under section 8)</i>								
2. CHILD HEALTH								
2.1. <i>CCSP (IMNCI) (details of training, drugs and supplies, under sections 11 and 13)</i>								
2.1.1. Prepare detailed operational plan for CCSP (IMNCI) across districts (including training, BCC/IEC, drugs and supplies, etc.).	Completed						State/District	RCH
2.1.2. Implementation of CCSP (IMNCI) activities in districts	Y	Y	Y	Y	Y	Y	District	RCH
2.1.3. Monitor progress against plan; follow up with training, procurement, etc.	Y	Y	Y	Y	Y	Y	District	RCH
2.1.4. Pre-service CCSP (IMNCI) activities in medical colleges, nursing colleges, and ANMTCs								
2.2. <i>Facility Based Newborn Care/FBNC (details of training, drugs and supplies, under sections 11 & 13)</i>								
2.2.1. Prepare and disseminate guidelines for FBNC.	Completed						State	RCH
2.2.2. Prepare detailed operational plan for FBNC across districts (including training, BCC/IEC, drugs and supplies, etc.).	Completed						District	RCH
2.2.3. Implementation of FBNC activities in districts.	Y	Y	Y	Y	Y	Y	District	RCH
2.2.4. Monitor progress against plan; follow up with training, procurement, etc.	Y	Y	Y	Y	Y	Y	State/District	RCH
2.3. <i>Home Based Newborn Care/HBNC (details of training, drugs and supplies, under sections 11 and 13)</i>								
2.3.1. Prepare and disseminate guidelines for HBNC.	Completed						State	RCH
2.3.2. Prepare detailed operational plan for HBNC across districts (including training, BCC/IEC, drugs and supplies, etc.).	Completed						District	RCH
2.3.3. Implementation of HBNC activities in districts.	Y	Y	Y	Y	Y	Y	District	RCH

Strategy / Activity		Timeline					Responsibility State/District	Source of funds (Pls. specify)	
		2008-09				2009-10			2010-11
		Q1	Q2	Q3	Q4				
2.3.4.	Monitor progress against plan; follow up with training, procurement, etc.	Y	Y	Y	Y	Y	Y	State/District	RCH
2.4.	<i>School Health Programme</i>								
2.4.1.	Prepare and disseminate guidelines for School Health Programme.	Completed						State	RCH
2.4.2.	Prepare detailed operational plan for School Health Programme across districts.	Y						District	RCH
2.4.3.	Implementation of School Health Programme by districts.	Y	Y	Y	Y	Y	Y	District	RCH
2.4.4.	Monitor progress and quality of services.	Y	Y	Y	Y	Y	Y	District	RCH
2.5.	<i>Infant and Young Child Feeding/IYCF (details of training, drugs and supplies, under sections 11 and 13)</i>								
2.5.1.	Prepare and disseminate guidelines for IYCF.	Y							
2.5.2.	Prepare detailed operational plan for IYCF across districts (including training, BCC/IEC, drugs and supplies, etc.).	Y						District	RCH
2.5.3.	Implementation of IYCF activities in districts.	Y	Y	Y	Y	Y	Y	District	RCH
2.5.4.	Monitor progress against plan; follow up with training, procurement, etc.	Y	Y	Y	Y	Y	Y	State/District	RCH
2.6.	<i>Care of Sick Children and Severe Malnutrition at FRUs</i>								
2.6.1.	Prepare and disseminate guidelines.	Y						State	RCH
2.6.2.	Prepare detailed operational plan for care of sick children and severe malnutrition at FRUs, across districts (including training, BCC/IEC, drugs and supplies, etc.).	Y						District	RCH
2.6.3.	Implementation of activities in districts.	Y	Y	Y	Y	Y	Y	District	RCH
2.6.4.	Monitor progress against plan; follow up with training, procurement, etc.	Y	Y	Y	Y	Y	Y	State/District	RCH
2.7.	<i>Management of Diarrhoea, ARI and Micronutrient malnutrition</i>	Y	Y	Y	Y	Y	Y	District	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
2.8. <i>Other strategies/activities (please specify - PPP/Innovations/NGO to be mentioned under section 8)</i>								
3. FAMILY PLANNING								
(Details of training, IEC/BCC, equipment, drugs and supplies in sections 11, 12 and 13)								
3.1. <i>Terminal/Limiting Methods</i>								
3.1.1. Dissemination of manuals on sterilization standards & quality assurance of sterilization services.	Completed						State	RCH
3.1.2. <i>Prepare operational plan for provision of sterilization services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).</i>	Y						District	RCH
3.1.3. <i>Implementation of sterilization services by districts</i>								
3.1.3.1. Provide female sterilization services on fixed days at health facilities in districts	Y	Y	Y	Y	Y	Y	District	RCH
3.1.3.2. Provide NSV services on fixed days at health facilities in districts	Y	Y	Y	Y	Y	Y	District	RCH
3.1.3.3. Organize female sterilization camps in districts.	Y	Y	Y	Y	Y	Y	District	RCH
3.1.3.4. Organize NSV camps in districts.	Y	Y	Y	Y	Y	Y	District	RCH
3.1.4. <i>Accreditation of private providers to provide sterilization services</i>	Y	Y	Y	Y				
3.1.5. <i>Monitor progress, quality and audit of services through Quality Assurance Committees</i>	Y	Y	Y	Y	Y	Y		
3.2. <i>Spacing Methods</i>								
3.2.1. <i>Prepare operational plan for provision of spacing methods across districts (including training, BCC/IEC, drugs and supplies, etc.).</i>	Y						State	RCH
3.2.2. <i>Implementation of IUD services by districts.</i>								
3.2.2.1. Provide IUD services at all health facilities in districts.	Y	Y	Y	Y	Y	Y	District	RCH
3.2.2.2. Organize IUD camps in districts.	Y	Y	Y	Y	Y	Y	District	RCH
3.2.3. <i>Social Marketing of contraceptives</i>								

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
3.2.3.1. Set up CBD Outlets								
3.2.4. Organize Contraceptive Update seminars for health providers								
3.2.5. Monitor progress, quality and utilization of services.	Y	Y	Y	Y	Y	Y	State/District	RCH
3.3. Other strategies/activities (please specify - PPP/ Innovations/NGO to be mentioned under section 8)								
4. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH / ARSH								
(Details of training, IEC/BCC in sections 11 and 12)								
4.1. Adolescent friendly services								
4.1.1. Disseminate ARSH guidelines.	Y						State	RCH
4.1.2. Prepare operational plan for ARSH services across districts (including training, BCC/IEC, equipment, drugs and supplies, etc.).	Y						District	RCH
4.1.3. Implement ARSH services in districts.		Y	Y	Y	Y	Y	District	RCH
4.1.3.1. Setting up of Adolescent Clinics at health facilities.	Y	Y					District	RCH
4.1.4. Monitor progress, quality and utilization of services.	Y	Y	Y	Y	Y	Y	State/District	RCH
4.2. Other strategies/activities (please specify - PPP/ Innovations/NGO to be mentioned under section 8)								
5. URBAN RCH								
5.1. Urban RCH Services								
5.1.1. Identification of urban areas / mapping of urban slums	Y	Y	Y				District	RCH
5.1.2. Prepare operational plan for urban RCH (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).	Completed							

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
5.1.3. Implementation of Urban RCH plan/ activities	Y	Y	Y	Y			District	RCH
5.1.3.1. Recruitment and training of link workers for urban slums							District	RCH
5.1.3.2. Strengthening of urban health posts and urban health centres	Y	Y					District	RCH
5.1.3.3. Provide Maternal Health services (ANC, Spacing methods)	Y	Y	Y	Y	Y	Y	District	RCH
5.1.3.4. Provide Child Health services	Y	Y	Y	Y	Y	Y	District	RCH
5.1.3.5. Provide Family Planning services (ANC, TT))	Y	Y	Y	Y	Y	Y	District	RCH
5.1.3.6. Provide ARSH services (please specify)								
5.1.4. Monitor progress, quality and utilization of services.	Y	Y	Y	Y	Y	Y	District	RCH
5.2. <i>Other Urban RCH strategies/activities (please specify - PPP/ Innovations/NGO to be mentioned under section 8)</i>								
6. TRIBAL RCH								
6.1. <i>Tribal RCH services</i>								
6.1.1. Mapping of tribal areas								
6.1.2. Prepare operational plan for tribal RCH (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).								
6.1.3. Implementation of Tribal RCH activities								
6.1.3.1. Provide Maternal Health services								
6.1.3.2. Provide Child Health services								
6.1.3.3. Provide Family Planning services								
6.1.3.4. Provide ARSH services								
6.1.4. Monitor progress, quality and utilization of services.								
6.2. <i>Other Tribal RCH strategies/activities (please specify - PPP/ Innovations/NGO to be mentioned under section 8)</i>								

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
7. VULNERABLE GROUPS								
Specific health activities targeting vulnerable communities such as SCs, STs, and BPL populations living in urban and rural areas (not covered by Urban and Tribal RCH)								
7.1. <i>Services for Vulnerable groups</i>								
7.1.1. Health Posts in Urban Slums	Y	Y	Y	Y	Y	Y	District	RCH
7.1.2. Prepare operational plan for vulnerable groups (including infrastructure and human resources, training, BCC/IEC, equipment, drugs and supplies, etc.).								
7.1.3. Implementation of activities	Y	Y	Y	Y	Y	Y	District	RCH
7.1.3.1. Provide Maternal Health services	Y	Y	Y	Y	Y	Y	District	RCH
7.1.3.2. Provide Child Health services	Y	Y	Y	Y	Y	Y	District	RCH
7.1.3.3. Provide Family Planning services	Y	Y	Y	Y	Y	Y	District	RCH
7.1.3.4. Provide ARSH services								
7.2. <i>Other strategies/activities (please specify - PPP/Innovations/NGO to be mentioned under section 8)</i>								
8. INNOVATIONS/ PPP/ NGO								
8.1. <i>PNDT and Sex Ratio</i>								
8.1.1. Operationalise PNDT Cell	Completed						State	RCH
8.1.2. Orientation of programme managers and service providers on PC & PNDT Act	Y	Y					State	RCH
8.1.3. Monitoring of Sex Ratio at Birth	Y	Y	Y	Y	Y	Y	State	RCH
8.1.4. Other PNDT activities	Y	Y	Y	Y	Y	Y	State/District	RCH
8.2. <i>Public Private Partnerships</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
8.3. <i>NGO Programme</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
8.4. <i>Other innovations(if any)</i>								

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
9. INFRASTRUCTURE AND HUMAN RESOURCES								
9.1. <i>Contractual Staff & Services</i>								
9.1.1. ANMs recruited and in position	Y						District	RCH
9.1.2. Laboratory Technicians recruited and in position	Y	Y	Y	Y	Y	Y	District	NRHM
9.1.3. Staff Nurses recruited and in position	Y	Y	Y	Y	Y	Y	District	NRHM
9.1.4. Specialists (Anaesthetists, Paediatricians, Ob/Gyn, Surgeons, Physicians) recruited and in position	Y	Y	Y	Y	Y	Y	District	RCH
9.1.5. Others (specify) recruited and in position								
9.2. <i>Major civil works (New constructions/ extensions/additions)</i>								
9.2.1. Major civil works for operationalisation of FRUS	-	Y	Y	Y	Y	Y	Distt.	NRHM
9.2.2. Major civil works for operationalisation of 24 hour services at PHCs	-	-	-	-	-	-	-	-
9.2.2.1 Major civil works for operationalisation of sub centre	Y	Y	Y	Y		-	Distt.	NRHM
9.2.2.2 Major civil works for operationalisation of main centre	Y	Y	Y	Y			Distt.	NRHM
9.3. <i>Minor civil works</i>								
9.3.1. Minor civil works for operationalisation of FRUs	Y	Y	Y	Y				
9.3.2. Minor civil works for operationalisation of 24 hour services at PHCs	Y	Y	Y	Y				
9.3.2.1 Minor civil works for operationalisation of sub centre	Y	Y	Y	Y				
9.3.2.2 Minor civil works for operationalisation of main centre	Y	Y	Y	Y				
9.4. <i>Operationalise Infection Management & Environment Plan at health facilities (details of training, equipment, drugs and supplies, under sections 11 and 13)</i>								
9.4.1. Organize dissemination workshops for IMEP guidelines		Y	Y				State	RCH
9.4.2. Prepare plan for operationalisation across districts (including staffing, infrastructure, training, equipment, drugs & supplies, etc.)		Y	Y				District	RCH
9.4.3. Monitor progress against plan; follow up with training, procurement, etc		Y	Y	Y	Y	Y	State/District	RCH

Strategy / Activity		Timeline						Responsibility State/District	Source of funds (Pls. specify)
		2008-09				2009-10	2010-11		
		Q1	Q2	Q3	Q4				
9.5.	Other activities (pl. specify)								
10.	INSTITUTIONAL STRENGTHENING								
10.1.	<i>Human Resources Development</i>								
10.1.1.	HR Consultant(s) recruited and in position								
10.1.2.	Mapping of human resources done								
10.1.3.	Transfer and cadre restructuring policy developed								State
10.1.4.	Performance appraisal and reward system developed	Y							State
10.1.5.	Incentive policies developed for posting in under-served areas								
10.1.6.	Management Development Programme for Medical Officers								
10.1.7.	Other activities								
10.2.	<i>Logistics management/ improvement</i>								
10.2.1.	Logistics consultant(s) recruited and in position								
10.2.2.	Review of logistics management system done								
10.2.3.	Training of staff in logistics management			Y	Y			State	RCH
10.2.4.	Construction of Drug warehouse at district level	Y	Y	Y	Y	Y	-	District	NRHM
10.2.5.	Other logistics activities								
10.3.	<i>Monitoring & Evaluation / HMIS</i>								
10.3.1.	<i>Strengthening of M&E Cell</i>								
10.3.1.1.	M&E consultant(s) recruited and in position	Y						State	RCH
10.3.1.2.	Provision of equipment at state and district levels	Y	Y					State/District	RCH
10.3.2.	<i>Operationalizing the new MIES format</i>								
10.3.2.1.	Review of existing registers								
10.3.2.2.	Printing of new forms								
10.3.2.3.	Training of staff								
10.3.3.	Other M&E activities								

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
11. TRAINING								
11.1. <i>Strengthening of Training Institutions (SIHFW, ANMTCs, etc.)</i>								
11.1.1. Carry out repairs/ renovations of the training institutions	Y	Y	Y				State	RCH
11.1.2. Provide equipment and training aids to the training institutions	Y	Y					State	RCH
11.1.3. Contractual staff recruited and in position	Y						State	RCH
11.1.4. Other activities (pl. specify)								
11.2. <i>Development of training packages</i>								
11.2.1. Development/ translation and duplication of training materials	Y	Y					State	RCH
11.2.2. Specialized training equipment (for skills trainings) provided	Y						State	RCH
11.2.3. Other activities (pl. specify)								
11.3. <i>Maternal Health Training</i>								
11.3.1. <i>Skilled Attendance at Birth / SBA</i>								
11.3.1.1. Setting up of SBA Training Centres	Y						State	NRHM
11.3.1.2. TOT for SBA	Y	Y	Y	Y			State	NRHM
11.3.1.3. Training of Medical Officers in SBA	Y	Y	Y	Y	Y	Y	State	NRHM
11.3.1.4. Training of Staff Nurses in SBA	Y	Y	Y	Y	Y	Y	State	NRHM
11.3.1.5. Training of ANMs / LHV's in SBA	Y	Y	Y	Y	Y	Y	State/District	NRHM
11.3.2. <i>EmOC Training</i>								
11.3.2.1. Setting up of EmOC Training Centres	Completed							
11.3.2.2. TOT for EmOC	Completed						State	RCH
11.3.2.3. Training of Medical Officers in EmOC	Y	Y	Y	Y	Y	Y	State	RCH
11.3.3. <i>Life saving Anaesthesia skills training</i>								
11.3.3.1. Setting up of Life saving Anaesthesia skills Training Centres	Y							
11.3.3.2. TOT for Anaesthesia skills training	Y	Y						
11.3.3.3. Training of Medical Officers in life saving Anaesthesia skills	Y	Y	Y	Y	Y	Y	State	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
11.3.4. <i>MTP Training</i>								
11.3.4.1. TOT on MTP using MVA	Y	Y						
11.3.4.2. Training of Medical Officers in MTP using MVA	Y	Y	Y	Y	Y	Y	State	RCH
11.3.4.3. Training of MOs in MTP using other methods	Y	Y	Y	Y	Y	Y	State	RCH
11.3.5. <i>RTI / STI Training</i>	Included in skill upgradation training.							
11.3.5.1. TOT for RTI/STI training								
11.3.5.2. Training of laboratory technicians in RTI/STI		Y	Y	Y	Y	Y	State	RCH
11.3.5.3. Training of Medical Officers in RTI/STI		Y	Y	Y	Y	Y	State	RCH
11.3.5.4. Training of Staff Nurses in RTI/STI								
11.3.5.5. Training of ANMs / LHVs in RTI/STI								
11.3.6. Orientation of Dai / TBAs on safe delivery	Y	Y	Y	Y			State	RCH
11.3.7. Other maternal health training								
11.4. <i>IMEP Training</i>								
11.4.1. TOT on IMEP		Y					State	RCH
11.4.2. IMEP training for state and district programme managers		Y					State	RCH
11.4.3. IMEP training for medical officers			Y	Y			State	RCH
11.5. <i>Child Health Training</i>								
11.5.1. <i>IMNCI Training (pre-service and in-service)</i>							State	RCH
11.5.1.1. TOT on IMNCI (<i>pre-service and in-service</i>)	Completed						State	RCH
11.5.1.2. IMNCI Training for Medical Officers		Y	Y	Y			State	RCH
11.5.1.3. IMNCI Training for staff nurses					Y		State/District	RCH
11.5.1.4. IMNCI Training for ANMs / LHVs	Y	Y	Y	Y	Y	Y	State/District	RCH
11.5.1.5. IMNCI Training for ASHAs	Y	Y	Y	Y	Y	Y	State/District	RCH
11.5.2. <i>Facility Based Newborn Care / FBNC</i>								
11.5.2.1. TOT on FBNC	Y	Y					State	RCH
11.5.2.2. Training on FBNC for Medical Officers		Y	Y				State	RCH
11.5.2.3. Training on FBNC for SNs		Y	Y				State	RCH
11.5.3. <i>Home Based Newborn Care / HBNC</i>								
11.5.3.1. TOT on HBNC								
11.5.3.2. Training on HBNC for ASHA (2nd & 3rd Trg. PCG)			Y	Y	Y	Y	State	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
11.5.4. <i>Care of sick children and severe malnutrition</i>								
11.5.4.1. TOT on Care of sick children and severe malnutrition		Y	Y				State	RCH
11.5.4.2. Training on Care of sick children and severe malnutrition for Medical Officers		Y	Y				State	RCH
11.5.5. Other child health training								
11.6. <i>Family Planning Training</i>								
11.6.1. <i>Laparoscopic Sterilization Training</i>								
11.6.1.1. TOT on laparoscopic sterilization	Y	Y					State	RCH
11.6.1.2. Laparoscopic sterilization training for medical officers		Y	Y	Y	Y	Y	State	RCH
11.6.2. <i>Minilap Training</i>								
11.6.2.1. TOT on Minilap	Y	Y					State	RCH
11.6.2.2. Minilap training for medical officers		Y	Y	Y	Y	Y	State	RCH
11.6.3. <i>Non-Scalpel Vasectomy (NSV) Training</i>								
11.6.3.1. TOT on NSV		Y					State	RCH
11.6.3.2. NSV training for MOs			Y	Y	Y	Y	State	RCH
11.6.4. <i>IUD Insertion</i>								
11.6.4.1. TOT for IUD insertion	Y	Y	Y	Y			State	RCH
11.6.4.2. Training of Medical officers in IUD insertion	Y	Y	Y	Y	Y	Y	State	RCH
11.6.4.3. Training of staff nurses in IUD insertion	Y	Y	Y	Y	Y	Y	State/District	RCH
11.6.4.4. Training of ANMs / LHV's in IUD insertion	Y	Y	Y	Y	Y	Y	State/District	RCH
11.6.5. <i>Contraceptive Update/ISD Training</i>								
11.6.6. Other family planning training								
11.7. <i>Adol. Reproductive & Sexual Health/ARSH Training</i>								
11.7.1. TOT for ARSH training								
11.7.2. Orientation training of state and district programme managers		Y	Y				State	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
11.7.3. ARSH training for medical officers								
11.7.4. ARSH training for ANMs/LHVs								
11.7.5. ARSH training for AWWs								
11.8. <i>Programme Management Training</i>								
11.8.1. Training of SPMSU staff	Y	Y					State	RCH
11.8.2. Training of DPMSU staff	Y	Y	Y	Y			State	RCH
11.9. Other training (pl. specify) Mgmt. Trg. details annexed separately.								
12. BCC / IEC								
12.1 <i>Strengthening of BCC/IEC Bureaus (state & district)</i>								
12.1.1 Contractual staff recruited and in position	Y						State	RCH
12.1.2 Other activities (pl. specify)								
12.2 <i>Development of State BCC strategy</i>	Completed						State	RCH
12.3 <i>Implementation of BCC strategy</i>								
12.3.1 <i>BCC/IEC activities/campaigns for maternal health</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
12.3.1.1 BCC/IEC activities for maternal health interventions (except JSY)	Y	Y	Y	Y	Y	Y	State/District	RCH
12.3.1.2 BCC/IEC activities for JSY	Y	Y	Y	Y	Y	Y	State/District	RCH
12.3.2 <i>BCC/IEC activities/campaigns for child health</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
12.3.3 <i>BCC/IEC activities/campaigns for family planning</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
12.3.4 <i>BCC/IEC activities/campaigns for ARSH</i>	Y	Y	Y	Y	Y	Y	State/District	RCH
12.4 Any other activities								
13. PROCUREMENT								
13.1. <i>Procurement of Equipment</i>								
13.1.1. <i>Procurement of equipment for Maternal Health</i>								
13.1.1.1. Procurement of equipment of skills based services (Anaesthesia, EmOC, SBA)	Y	Y	Y				State	RCH
13.1.1.2. Procurement of equipment of blood storage facility							State	RCH

Strategy / Activity	Timeline						Responsibility State/District	Source of funds (Pls. specify)
	2008-09				2009-10	2010-11		
	Q1	Q2	Q3	Q4				
13.1.1.3. Procurement of MVA/EVA equipment for health facilities	Y	Y					State	Mission Flexipool
13.1.1.4. Procurement of RTI/STI equipment for health facilities	Y	Y					State	Mission Flexipool
13.1.2. <i>Procurement of equipment for Child Health</i>								
13.1.2.1. Procurement of equipment for IMNCI	Y	Y					State	RCH
13.1.2.2. Procurement of equipment for facility based newborn care	Y	Y					State	RCH
13.1.2.3. Procurement of equipment for care of sick children and severe malnutrition	Y	Y					State	RCH
13.1.3. <i>Procurement of equipment for Family Planning</i>								
13.1.3.1. Procurement / repair of Laparoscopes / Laparocators	Y	Y					State	RCH
13.1.3.2. Procurement of NSV kits	Y	Y					State	Mission Flexipool
13.1.3.3. Procurement of IUDs	Y	Y					State	Mission Flexipool
13.1.3.4. Procurement of operating microscopes/accessories for recanalisation services								
13.1.4. <i>Procurement of equipment for IMEP</i>								
13.2. <i>Procurement of Drugs and supplies</i>								
13.2.1. Procurement of drugs and supplies for maternal health	Y	Y					State	Mission Flexipool
13.2.2. Procurement of drugs and supplies for child health	Y	Y					State	Mission Flexipool
13.2.3. Procurement of drugs and supplies for family planning	Y	Y					State	Mission Flexipool
13.2.4. Procurement of supplies for IMEP								
13.2.5. Procurement of general drugs and supplies for health facilities	Y	Y					State	GoUP
13.3. Other procurement								

Strategy / Activity		Timeline					Responsibility State/District	Source of funds (Pls. specify)	
		2008-09				2009-10			2010-11
		Q1	Q2	Q3	Q4				
14.	PROGRAMME MANAGEMENT								
14.1.	<i>Strengthening of State society/State Programme Management Support Unit (details of training under section 11)</i>								
14.1.1.	Contractual Staff for SPMSU recruited and in position	Y						State	NRHM
14.1.2.	Provision of equipment/furniture and mobility support for SPMSU staff	Completed						State	NRHM
14.2.	<i>Strengthening of District society/District Programme Management Support Unit (details of training under section 11)</i>								
14.2.1.	Contractual Staff for DPMSU recruited and in position	Completed						District	NRHM
14.2.2.	Provision of equipment/furniture and mobility support for SPMSU staff	Completed						District	NRHM
14.3.	<i>Strengthening of Financial Management systems</i>								
14.3.1.	Training in accounting procedures		Y	Y				State	NRHM
14.3.2.	<i>Audits</i>								
14.3.2.1.	Annual audit of the programme				Y	Y	Y	State	NRHM
14.3.2.2.	Concurrent audit	Y	Y	Y	Y	Y	Y	State	RCH
14.3.3.	Operationalise E-banking system upto district levels	Completed							
14.4	Other activities								

10. DISTRICT-WISE ALLOCATION (PART - A)

Districts will be allocated funds based on the estimates incorporated for various interventions in the State Action Plan. Further, District Health Action Plans (DHAPs) have been prepared by the districts wherein district specific interventions have been proposed. Accordingly, districts would be provided additional funds for such district specific interventions after a review of their detailed action plan at the State level by concerned programme officers. A provision ranging from Rs.5 lacs to Rs.10 lacs per district has been made under the Mission Flexipool. Tentative districtwise allocation under RCH is as under:

Sl.	District	Total (Rs. in lacs)
1	Agra	1188.20
2	Aligarh	870.81
3	Allahabad	1593.88
4	Ambedkar Nagar	550.94
5	Auraiya	473.12
6	Azamgarh	1479.65
7	Badaun	1124.21
8	Baghpat	497.05
9	Bahraich	936.24
10	Ballia	1225.10
11	Balrampur	551.14
12	Banda	803.03
13	Barabanki	1321.49
14	Bareilly	932.99
15	Basti	797.22
16	Bhadohi	641.40
17	Bijnor	638.63
18	Bulandshahar	1055.42
19	Chandauli	725.70
20	Chitrakoot	515.70
21	Deoria	1152.83
22	Etah	717.41
23	Etawah	746.97
24	Faizabad	812.95
25	Farrukhabad	454.05
26	Fatehpur	892.96
27	Ferozabad	653.20
28	GB Nagar	244.75
29	Ghaziabad	553.68
30	Ghazipur	1188.53
31	Gonda	888.61

Sl.	District	Total (Rs. in lacs)
32	Gorakhpur	1012.67
33	Hamirpur	613.57
34	Hardoi	1255.47
35	Hathras	479.65
36	Jalaun	687.01
37	Jaunpur	1397.57
38	Jhansi	713.03
39	JP Nagar	449.24
40	Kannauj	609.25
41	Kanpur (Dehat)	664.52
42	Kanpur (Nagar)	898.53
43	Kanshi Ram Ngr	413.98
44	Kaushambi	661.55
45	Lakhimpur Khiri	940.01
46	Kushinagar	1257.57
47	Lalitpur	581.85
48	Lucknow	1222.70
49	Maharajganj	1002.38
50	Mahoba	392.60
51	Mainpuri	487.43
52	Mathura	707.36
53	Mau	739.06
54	Meerut	701.88
55	Mirzapur	974.74
56	Moradabad	993.04
57	Muzzafarnagar	864.37
58	Pilibhit	415.21
59	Pratapgarh	1259.47
60	Raebareilly	1393.64
61	Rampur	430.74
62	Saharanpur	755.85
63	Sant Kabir Nagar	721.85
64	Shahjahanpur	876.94
65	Shrawasti	454.26
66	Siddharthanagar	789.92
67	Sitapur	1558.52
68	Sonbhadra	730.47
69	Sultanpur	1459.58
70	Unnao	1125.24
71	Varanasi	900.83
Total		59821.41

11. MISSION FLEXIPOOL (PART - B)

1. ASHA SCHEME

The scheme is being implemented under following components:

i) Training of ASHAs

The implementation of the ASHA scheme is progressing satisfactorily. Training of ASHAs on the 2nd to 4th modules is almost complete and around 1.35 lac ASHAs would have been trained by the end of 2008-09.

The existing ASHAs would now undergo training on 5th module. The State Institute of Health and Family Welfare (SIHFW) has been working as coordination and implementing agency in the State of Uttar Pradesh for all categories of trainings under NRHM. This phase of training is being planned by SIHFW in partnership with NHSRC & NGOs.

Considering the size of ASHA programme in Uttar Pradesh, it is proposed to plan this training simultaneously in 9 zones of the State through at least 5 to 9 major State level NGO partners. Adaptation of ASHA Training module to a 4 days' training course is under progress and all the partners are coordinating at the State level for this task. To ensure uniform quality in implementation, it is proposed to train State level NGO trainers at SIHFW. Audiovisual aids are proposed to increase effectiveness of the training at the grassroot level.

In the year 2009-10, the 4 day training of all ASHAs on Module 5 will be completed. **A budget of Rs 3000 lacs is being proposed for this phase of training.**

ii) ASHAs Drug Kits and Replenishment

As per Gol norms every ASHA is to be provided with drug kit. During the year 2008-09, kits have been provided to ASHAs, however, the items would be required to be replenished. The following items would be provided to each ASHA:

i.	DDK	-	20
ii.	IFA Tablets (large)	-	1000
iii.	Tab Punarvadumandur (Iron)	-	1000
iv.	ORS packet (WHO)	-	100 packets
v.	Tab. Paracetamol	-	100 tabs
vi.	Tab. Dicyclomine	-	50 tabs
vii.	Povidine Ointment	-	2 tubes
viii.	Thermometer	-	1
ix.	Cotton Absorbent Roll (500gm)	-	1
x.	Bandage (4 cm x 4 mt.)	-	10
xi.	Tab. Chloroquine*	-	50 tabs
xii.	Condoms*	-	500
xiii.	Oral Pills (in cycles)*	-	300

** From existing stock at Sub Centre/PHC under Malaria and FW programmes.*

Estimated Cost of Kit is Rs. 500/- per kit. **Therefore, total requirement for 1.35 lac ASHA Kits is Rs. 675 lacs.**

Further, the medicines available with the ANM may be provided to the ASHA as per her need and some medicines will be stocked with the ASHA as a depot holder.

iii) Incentive to ASHAs

ASHA being a voluntary worker, her sustenance is dependent on incentives earned by her. The State has approved an incentive scheme for ASHAs, outside the interventions where the incentive is built-in into the scheme. The details of the additional incentives that are not covered under other programmes are as under:

Sl.	Activities	Activities Expected During the Year	Rate
1	PNC, care of the newborn & colostrum feeding	30 Delivery Per 1000	Rs. 50/-
2	On taking Complicated Pregnancy Cases or New Born Cases to the Health Facility	3 Cases	Rs. 200/-
3	Complete Immunization of children upto 1 year of age and Vitamin A Supplementation	30 Children	Rs. 100/-
4	Completion of Village Health Register	Once a Year	Rs. 500/-
5	Birth-Death Registration	30 Births & 9 Deaths	Rs. 5/-
6	Group Meetings in Village	24 Meetings (2 Meetings Per Month)	Rs. 100/-
7	Vision testing of non-school going children upto 15 years of age (40% per thousand)	Of 150 Children, 15 Children with weak eyesight	Rs. 25 per child
8	After post-operative follow-up of Cataract Patients	Per case	Rs. 50/-

It is expected that about 1 lac ASHAs will be able to earn on an average Rs.500/- per month other than JSY and National Programmes where incentives are already built in the scheme.

Accordingly, an amount of Rs.6000.00 lacs for 1 lac ASHAs is being budgeted.

iv) Mobility Support for Attending Monthly Meetings

Apart from the incentive payable to ASHA, she would be paid an amount of Rs. 30/- towards conveyance for attending the monthly meeting at the PHC once a month. **Therefore, an amount of Rs. 486 lacs for 1.35 lac ASHAs is being budgeted.**

v) ASHA Award Scheme

To motivate the ASHAs, a reward scheme for the best performing ASHA in each block was proposed. The activities conducted by her during the year would be evaluated and the best performers would be identified. This scheme would be

continued in this year. The minimum eligibility criteria for the award would be as follows:

- 80% children (<1 year) in her area have been fully immunised
- 80% of the deliveries in her area conducted at institutions
- More than 3 sterilizations conducted in her area
- Village Health Index Register (VHIR) is fully updated

The District Mission would make the final selection based on the overall performance under various programmes. The winners would be felicitated publicly and would be eligible to receive a certificate of appreciation and cash prizes of Rs.5,000/-.

Accordingly, for 823 ASHAs an amount of Rs. 41.15 lacs would be required.

vi) Annual ASHA Sammelan/Diwas

The ASHA scheme was launched in the State on 23rd August 2005. An annual programme for the ASHAs is organised in each district on the launch date, that is, 23 August. These programmes were organised in 2008 and a positive feedback has been received. It is proposed to continue the activity this year.

It is expected that around 60 percent ASHAs would participate in these meetings. A budget of Rs. 250/- per ASHA is being budgeted. **Therefore, for around 81,000 ASHAs, an amount of Rs. 202.50 lacs is being budgeted.**

vii) Newsletter for ASHAs

Newsletters for ASHAs is being published and distributed every quarter. The newsletter depicts their roles, success stories, government schemes, progress under various components of ASHA scheme, etc. It is proposed to continue publishing of around 1.50 lac copies each quarter.

Therefore, for printing of 6.0 lac newsletters @ Rs. 15/- per newsletter, an amount of Rs.90 lacs will be required for the year 2009-10.

viii) ASHA Mentoring Group

To support the ASHA scheme, an ASHA mentoring group has been constituted at the State and District levels. For the meeting of this group and field visits a provision of Rs.10,000 per district is being made for 71 districts. Further, an amount of Rs.2.90 lacs has been provisioned for the State level. Thus, a total amount of RS 10 lacs is being budgeted.

ix) ASHA Support System

Gol has recommended setting up of an ASHA support system at State, District and Block levels for facilitating and streamlining the functioning of ASHA scheme.

At the State level, support is being provided through NHSRC. At district level, District Nodal Officers and District Community Mobilizers have been positioned. At the block level, Block MOIC and the Block Health Education Officer under the State cadre, designated as Block Managers under NRHM, would act as the Nodal Officers. In absence of a Block Manager, an officer nominated by the Block Medical Officer will act as a Nodal Officer. A Data Assistant is being positioned at the block level to support the Nodal Officer.

To begin with, the state has decided to have one female block facilitators (ASHA Facilitator) for twenty ASHAs. It is proposed to hire NGOs for facilitating this function. The NGOs would be selected by the District Mission and allotted specific blocks based on their individual strengths. The team to be deployed by the NGO will be approved by the District Mission. The NGOs would deploy female graduates as ASHA Facilitators, however, in case of non-availability of a suitable female candidate, a male facilitator may be deployed, subject to approval by the District Mission. These NGOs/ASHA facilitators would report to the Block Nodal Officer. In areas where no NGOs are available or in area where it is feasible to involve HVs and ICDS Mukhya Sevikas, they would accordingly provide support.

Training of ASHA Facilitators

It is proposed to conduct 6 day training at the district level on the concept and activities under NRHM, role & responsibilities of ASHA, role & responsibilities of the Facilitator, supervision, verification of services, reporting, community mobilisation, convergence with other departments, such as, ICDS, PRI, Education, etc. A training module will be developed for the same. Each batch of training would have 25-30 participants.

It is proposed to conduct these trainings through state level NGOs/ Medical Colleges/ professional training institutions. The estimated budget for the training activity is as under:

Sl.	Description	Amount (Rs.)
A. Development of Training Module		
1	Expenses towards development of training module	2,00,000.00
2	Printing of Training Module (10,000 copies @ Rs. 200/- per copy)	20,00,000.00
Total		22,00,000.00
B. Expenses towards Training (1 Batch)		
1	TA to Trainees (@ Rs. 100/- per trainee x 30 trainees)	3000.00
2	DA to Trainees (@ Rs. 100/- per trainee/day x 30 trainees x 6 days)	18,000.00

Sl.	Description	Amount (Rs.)
3	Expenses towards Boarding of Trainees (@ Rs. 150/- per trainee/day x 30 trainees x 6 days)	27,000.00
4	Kit Material to Trainees (@ Rs. 100/- per trainee x 30 trainees)	3,000.00
5	Honoraria to Resource Persons (@ Rs. 500/- per person/day x 3 persons x 6 days)	9,000.00
6	DA to Resource Persons (@ Rs. 100/- per person/day x 3 persons x 6 days)	6,000.00
7	Expenses towards Boarding of Resource Persons (@ Rs. 800/- per person/day x 3 persons x 6 days)	14,400.00
8	Miscellaneous & Contingency expenses (Audio-visual aids, etc)	2500.00
9	Expenses towards 1 day Field Visit	3000.00
Total per Batch		85900.00

Accordingly, for training 6750 ASHA Facilitators around 225 batches of training will be required to be conducted. Thus, the total expense towards training works out to Rs. 215.28 lacs. During the year 2009-10, it is expected that around 80 percent of the trainings will be possible. **Hence, only 180 batches of training are being budgeted this year, which works out to Rs.175.10 lacs** (incl. development & printing of training module).

Monitoring and Supervision

A monthly reporting format will be developed which would be submitted by the ASHA Facilitators to the block Nodal Officer with a copy to the District Nodal Officer.

Summary of Budgetary Requirement for ASHA Support System

Sl.	Description	Amount (Rs. in Lacs)
1	State Level ASHA Resource Centre (for workshops, meetings, seminars, exposure visits, etc.)	5.00
2	District Level Support System (@ Rs.2.76 lacs per district x 71 districts)	195.96
3	Block level Support System	
	(i) ASHA Facilitators (6750 x Rs. 150/ day x 20 days/month)	2430.00
	(ii) Contingency for stationery and meetings (@ Rs.12,000/- per block for 823 blocks)	98.76
	(iii) Contingency Allowance to Block Nodal Officer for purchasing journals, magazines, etc. (@ Rs.6,000/- per block for 823 blocks)	49.38
4	Training of ASHA Facilitators	175.10
Total		2954.20

Summary of Budgetary Requirement for ASHA Scheme

Sl.	Description	Amount (Rs. in Lacs)
1	Training of ASHAs on Module 5	3000.00
2	Replenishment of Kits for ASHAs	675.00
3	Incentive to ASHAs	6000.00
4	Mobility Support for Attending Monthly Meetings	486.00
5	ASHA Award Scheme	82.30
6	Annual ASHA Sammelan/Diwas	202.50
7	Newsletter for ASHAs	90.00
8	Meetings of ASHA Mentoring Group	10.00
9	ASHA Support System	2954.20
Total		13500.00

2. VILLAGE HEALTH INDEX REGISTER (VHIR)

A Village Health Index Register has been developed and provided to most of the ASHAs. Training on filling up and maintenance of records on the same has also been conducted. The register includes, apart from basic family details, utilization of RCH and other health services, status of nutrition, water supply & sanitation. It is concurrently updated for vital events, disease status, services & other health related inputs & services utilization and can be used for annual planning. One register is supposed to be used for three years.

In the PIP for year 2008-09, printing of additional 50,000 VHIRs @ Rs.80/- each was proposed. Accordingly, an amount of Rs.40 lacs was budgeted. However, this amount could not be utilized during the year. **It is proposed to ensure printing of the same during the year 2009-10 and the budget Rs.40 lacs will be accordingly used.**

3. STRENGTHENING OF TRAINING INSTITUTIONS

The State has a number of training centres which require physical strengthening. The estimated budget for strengthening of these training centres is as follows:

Sl.	Training Centre	No. of training centres	Avg. Est. Cost per Centre (Rs. in lacs)	Budgetary Requirement (Rs. in lacs)
1	Major Repairs of RHFUTCs	4	20.00	80.00
2	Major Repairs of RHFUTCs	7	10.00	70.00
3	Strengthening of ANMTCs	40	5.00	200.00
4	Achal Prashikshan Kendra (DPTTs)	30	3.00	90.00
5	LHV/PHN Training Centres	5	15.00	75.00
Total				515.00

4. SUPPORT FOR PRE SERVICE TRAINING OF BASIC HEALTH WORKER MALE / FEMALE

Pre-service training of health workers has started from Dec. 2008. The State has prioritized 16 districts with high IMR/MMR and 2nd contractual ANM is planned to be placed in these districts. 60 Sub centres have been identified for placement of 2nd ANMs and ANMs have been selected from the same sub centre areas to serve their own community. These ANMs have started training from Dec 2008 at 16 ANM training centres. Similarly a batch of 450 BHW male and 954 BHW female has started training from Jan. 2009 to fill-up backlog positions at 11 RHFUTCs and 16 more ANMTCs respectively. It is planned to send a batch soon at remaining 8 ANMTCs in the state.

For improving the quality of training and maintenance of training facilities support will be provided in following areas.

1. **Hiring of vehicles** - A plan for hiring buses and vehicles at each of the training centre for transportation of students to rural training sites and clinical hospitals has been incorporated in the plan.
2. **Contractual manpower** - All the training centres will be provided 2 Chowkidars, 1 clerk and 1 warden /caretaker at each of the training centre on contract basis.
3. **Procurement of teaching aids for improving quality-** - It is planned that all 51 training centres, where training has started or starting soon, will be provided 1 Generator(10KV), 1computer, 1printer, 1LCD projector and one photocopier.
4. **Contingency** - A fixed amount of contingency support will be provided to each of the training centres to enable them communication, stationary and repair and maintenance of teaching/training equipments and POL for generators. They can also arrange for resource persons for teaching and training from this fund.

Budgetary Requirement

Sl.	Description	ANMTCs		RHFUTCs		Total Amount (Rs. in lacs)
		No of centres	Unit Rate/ Centre/ year (Rs. in lacs)	No of Centres	Unit Rate/ Centre/ year (Rs. in lacs)	
1	Hiring of Vehicles	40	3.0	11	1.5	136.50
2	Contractual manpower	40	3.6	11	3.6	183.60
3	Procurement of teaching aids	40	5.0	11	5.0	275.00
4	Contingency	40	1.8	11	1.8	91.80
Grand Total						686.90

5. STRENGTHENING AND UPGRADATION OF DHs & CHCs

The NRHM seeks to provide accessible, affordable and quality health care to the population, especially the vulnerable sections. Given the status of public health infrastructure in the State, it will not be possible to provide the desired services till the infrastructure is sufficiently upgraded. The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and fresh construction/renovation or strengthening wherever required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels. This involves simultaneous corrections in human resource planning, as well as, infrastructure strengthening.

Based on a facility survey of 169 CHCs that was conducted under the EC-SIP programme in 2005-06, 50 CHCs were strengthened during the yr 2006-07-08 in terms of physical infrastructure. Accordingly, a budgetary requirement of Rs.2425.12 lacs was proposed and approved in the PIP for the year 2008-09 for equipments, human resource & support services in these CHCs & district women hospitals.

The following activities are proposed for the year 2009-10

a) Strengthening of District Hospitals

The District Hospitals are responsible for rendering essential health services, hence, these need to be properly equipped in terms of physical infrastructure, equipment and human resources. The component of human resources for district hospitals has already been addressed in the section of 'Human Resources' under RCH Flexipool. The physical strengthening is proposed to be addressed through funds available under Mission Flexipool. With increasing population and JSY scheme the work load at the District Male /Combined & Women's Hospital has increased substantially. It is therefore proposed to ensure proper management of outpatient and inpatient services, hence, strengthening & renovations would be carried in the District Hospitals as per need to improve the OPD and inpatient facilities.

i) Refurbishment of Entrance Zone, OPD & Indoor facility

The outpatient department of a hospital has functional and administrative links with the hospital of which it is a part. Based on the expected demand and population to be served, the OPD would be refurbished. In view of the increasing volume of population to be served, proper arrangements would be made for sitting, accommodation and physical facilities, such as,

- Entrance - glow sign boards, direction signs, citizen charter, display boards to show services available with days & time etc.
- Proper reception area and enquiry centre.
- Comfortable waiting hall/ area for patients;
- Accessible registration and outpatient medical records;

- Patient friendly consultation and examination rooms;
- Proper toilet facilities;
- Safe drinking water facility;
- Injection and dressing room with adequate supplies;
- Pharmacy with adequate supplies & skilled human resource;
- Laboratory sample collection centre;
- Minor OT; and
- Circulation routes

Adequate and proper arrangements would be made to ensure all convenience for patients. Sufficient lighting, provision of fans, exhaust fans for proper ventilation, fire safety arrangements would also be ensured. Proper fabricated cubicles for consultation and examination of patients would be installed based on requirement. All furniture, fixtures, etc. to be installed would be of high quality.

It is also proposed to position AYUSH doctors at district hospitals, as per need, who would practice their own speciality. Necessary arrangements for patient consultation, examination and dispensing of medicines would be required to be made.

Indoor facilities, such as, laboratory services, OT/ labour rooms, sterilization rooms, blood banking/storage facilities, ancillary rooms, stores, record room, office would also be strengthened accordingly.

The estimated budgetary requirement is as follows:

Sl.	Type of Facility	No. of Facilities	Approximate Cost per Unit (Rs.)	Amount (Rs. in lacs)
1.	District Hospitals (Male, Female & Combined)	134 units (61+53+20)	10 lacs	1340.00
Total				1340.00

ii) Provision of Back-up Power

Since most of the generators available at the District Hospitals are in very poor condition and the cost of maintenance of these gensets is very high, it is proposed, to procure new gensets for the District Hospitals during the year 2009-10. Based on a survey, a requirement of around 57 gensets of 125 KVA and 64 gensets of 62.50 KVA for District Level Hospitals, has been identified. Each genset of 125 KVA is estimated to cost Rs.10 lacs and each genset of 62.50 KVA is estimated to cost Rs.7.75 lacs each (including installation). **Thus, a total amount of Rs. 1066 lacs is being budgeted for the year 2009-10.** Further, provision of inverters for emergency and OT would be done through funds available under RKS.

iii) Provision of Safe Drinking Water at District Health Facilities

Availability of safe drinking water at the District Hospitals in the State is a problem. A water purification set up has been installed at the District Male Hospital in Farrukhabad and is functioning well. Ground water extracted through jet pump is purified using reverse osmosis process. It is proposed to install such water purification systems at all the District Male, Female and Combined Hospitals. The scheme would be operated through PPP mode and the recurring cost would be met by the private provider. As per requirement a consultant will be hired for preparation of bid document, tendering & evaluation process. The estimated cost for the same is shown below:

Sl.	Type of Facility	No. of Facilities	Approx. Cost per Unit (Rs.)	Amount (Rs. in lacs)
1.	District Hospitals (Male, Female & Combined) excl. F'kbad DMH	133 units (60+53+20)	15 lacs	1995.00
Total				1995.00

iv) Improving Toilet Facilities at District Hospitals

The condition of basic amenities at most of the hospitals is poor. Apart from the provision of drinking water the toilet facilities also need to be improved. Most of them are in a condition of disrepair. Accordingly, a lumpsum provision of Rs.2 lacs per district hospital for repair of toilets and sewerage facilities is being made. **Thus, a total amount of Rs. 268 lacs would be required for 134 district level hospitals.**

v) Outsourcing of Cleaning, Upkeep and Laundry Services at District Hospitals

The performance of the healthcare services is greatly influenced by the effectiveness of non-clinical such as laundry, security, sanitation & housekeeping, gardening and dietary services. The UP Health Systems Development Project had supported outsourcing hospital cleaning (housekeeping) and gardening services in selected districts which had yielded good results. In view of the advantages, it is proposed to outsource cleaning and hospital upkeep services at all large district hospitals in the State. It is also proposed to outsource laundry services. The estimated average cost for each hospital works out to around Rs.2.50 lacs per month. **Accordingly, a budgetary provision of Rs. 4020 lacs for 133 district hospitals (61 - District Male Hospital, 53 - District Women Hospitals & 20 Combined Hospitals) is being made.** Dietary/kitchen services will also be strengthened through State budget.

vi) Hospital Waste Management System

A PPP model for management of hospital waste is being implemented by UPHSDP. Combined Treatment Facilities (CTFs) have been set up by private operators and contracts have been signed with them for collection and disposal of solid hospital waste. The facilities covered are District Hospital (Male/Female),

Combined Hospitals, Community Health Centre and Block Primary Health Centre of entire state. The Project has also developed Performance Monitoring Indicators for the hospital units and service providers which will be used during monitoring of the CTFs. Considering the success of the CTFs, it is proposed to sustain healthcare waste management activity through NRHM. **Accordingly, an amount of Rs.1300 lacs is being budgeted for the year 2009-10.**

vii) Upscaling Hospital Information System (HIS)

A Hospital Information System has been developed by UPHSDP and is being piloted in the District Hospital of Bahraich district. It is now proposed to upscale the same to selected 15 district level hospitals. The estimated expense for one district hospital is around 35 lacs. **Accordingly, for 15 District Level Hospitals, the estimated budget works out to around Rs. 525 lacs.**

viii) Mobility Support to DWH & DCH Staff

With the objective of improving monitoring, supervision and quality of services, it is proposed to provide mobility support to Officers at the District Women Hospitals and Combined Hospitals for conducting field visits. Hired vehicles are proposed to be used for the purpose. **A budgetary provision of Rs.2.50 lacs per annum for each hospital is being made.** Accordingly, an amount of Rs.182.50 lacs would be required for 53 District Women Hospitals and 20 Combined Hospitals.

Further, provision of essential medicines, reagents, consumables, X-ray plates and equipment that are not being met through State budget will be ensured from RKS funds. Dietary arrangements for patients, maintaining proper quality standards, would be done through State budget.

Budget Summary for Strengthening of District Hospitals

Sl.	Facility	Total Amount (Rs. In lacs)
1	Physical Strengthening of Entrance Zone & OPD	1340.00
2	Provision of Back-up Power	1066.00
3	Provision of Safe Drinking Water	1995.00
4	Improvement of Toilet Facilities & Sewerage System	268.00
5	Outsourcing Cleaning, Upkeep & Laundry Services	4020.00
6	Hospital Waste Management	1300.00
7	Piloting Hospital Information System	525.00
8	Mobility Support to DWH & DCH Staff	182.50
Total		10696.50

For procurement of services for safe drinking water, cleaning, upkeep & laundry, hiring of agencies for facility survey, etc. consultancy support would be hired, as per requirement for preparation of terms of reference, bid documents, legal contracts, facilitation in tendering process, etc. The budgetary requirement for the same has been included under programme management.

b) Upgradation of Selected District Hospitals & CHCs to IPHS

As already mentioned earlier, a facility survey of 169 CHCs was conducted under the EC-SIP programme in 2005-06. Further, facility survey of District Hospitals & CHCs for upgradation to IPHS was proposed in the PIP for the year 2008-09, however, the facility survey could not be initiated. During the year 2009-10, the facility survey of District Hospitals & remaining CHCs would be taken up through external agencies.

Meanwhile, apart from physical strengthening of all district hospitals during the year 2009-10, it is also proposed to take up upgradation of 20 selected District Level Hospitals, namely, Jhansi, Mathura, Lucknow (RML), Khiri, Allahabad, Sitapur, Lalitpur, Azamgarh, Fatehpur, Ghazipur, Gorakhpur, Moradabad, Kanpur Nagar, Meerut, Bulandshahar, Muzaffarnagar, Banda, Faizabad, Bareilly and Farrukhabad to IPHS at an average cost of Rs. 800 lac per district, totalling Rs.16000 lacs.

The number of beds available would be increased and expansion of wards would be done, wherever required, especially at District Women Hospitals to cope with the increasing load of delivery due to JSY.

Further, 50 selected CHCs will be strengthened at a cost of Rs.8795.57 lacs.

This year only the physical infrastructure will be strengthened and equipment and human resource provision will be ensured in the next year. On the basis of facility survey the remaining district level hospitals will be taken up in a phased manner in subsequent years.

The average estimated unit cost per facility and budgetary requirement is detailed in the table below:

Sl.	Facility	Nos.	Estimated Cost per Unit	Total Amount (Rs. In lacs)
1	Facility Survey of DHs & CHCs	134 DHs+100 CHCs	Lumpsum	300.00
2	Physical strengthening of DHs	20 distt.	800 lacs	16000.00
3	Strengthening of CHCs	50	-	8795.57
Total				25095.57

Thus, a fund requirement of Rs. 35,792.07 lacs is proposed under this component (a+b) for the year 2009-10.

c) Equipments for FRU & CHCs

FRU /CHC kits are an essential requirement for a functional facility. These kits were supplied a long time ago during RCH Phase -I, for limited number of facilities. At present there are 53 District Women Hospitals, 6 combined hospitals & 61 CHCs which are functional as FRUs. During the year 2009-10, it is proposed to operationalise additional units and the total number of FRUs would increase to 180 units (53 DWH + 20 Comb. Hospitals + 107 CHCs). For each FRU, 2 kits will be required. Other 155 CHCs, that are fully functional as 24x7, will also be provided with 1 kit per unit. Thus, a total of 515 kits will be procured, as per NRHM purchase guidelines. On an estimated cost of Rs.5.98 lacs per kit (as per Kerala State Purchase Order) a total cost of Rs.3100 lacs is being proposed and the cost has been projected under the head of 'Procurement' further ahead in this chapter.

6. PROCUREMENT OF EQUIPMENTS FOR DOTS PLUS

For implementation of the DOTS plus strategy there is requirement of additional equipments. The requirement is detailed ahead:

Sl.	Particulars	Amount (Rs. in lacs)
1	Equipment for IRL Lucknow <ul style="list-style-type: none"> ▪ Laminar Flow (@ Rs. 2.5 lacs) ▪ Cold Centrifuge (@ Rs. 4.5 lacs) ▪ Generator (@ Rs. 5.0 lacs) 	12.00
2	Generator for IRL/STDC Agra	5.00
3	Minor civil works and purchase of furniture at IRL/STDC Agra for record room for IQA of 35 districts	1.00
Total		18.00

Thus, the total budgetary requirement for the above works out to Rs. 18 lacs

7. MOBILE MEDICAL UNITS

During the year 2006-07, a proposal for operating 70 mobile medical units at a total cost of Rs.2611 lacs was approved. Total funds of Rs. 1995 lacs were released during 2006-07 and further Rs. 711.20 lacs were released in 2007-08.

Procurement bottlenecks have impeded the implementation of the activity and activities have been delayed. However, steps have been initiated during the year 2008-09 for operationalising Mobile Medical Units in selected districts with support from private sector. A PPP model has been developed for the same. It is proposed to operationalise the MMUs in districts which have difficult terrain and access to health facilities is a problem. In such district 4 MMUs will be deployed. Further, districts where the ratio of PHCs to population served is very poor and also have poor health indicators, such as, institutional delivery, IMR, etc., 2 units will be in operation.

Tentatively, the following 24 districts are proposed to be covered.

A. District with problems of access due to terrain (13 districts. with 4 MMUs)

Jhansi, Lalitpur, Jalaun, Banda, Chitrakoot, Hamripur, Chandauli, Shrawasti, Mahoba, Maharajganj, Kushinagar, Mirzapur, Sonbhadra

B. District with poor health indicators and ratio of PHCs to population served (11 districts with 2 MMUs)

Kaushambhi, Farrukhabad, Kannauj, J.P. Nagar, Balrampur, Bahraich, Pilibhit, Shahjahanpur, Etah, Kanshiram Nagar, Hathras

The total funds required for the year 2009-10 is shown below.

Sl.	Description	Physical	Estimated Unit Cost (Rs.)	Total Budget (Rs. in lacs)
<i>One-time Expenditure</i>				
1	Capital cost of MMUs for 24 districts	74 units	16.00 lacs	1184.00
<i>Annual Recurring Expenditure</i>				
2	Annual Recurring Expenses for 4 districts	74 units	18.00 lacs per MMU per year	1332.00
Total Estimated Expenses				2516.00

Thus, a total amount of Rs. 2516 lacs is being budgeted for the year 2009-10.

8. EMERGENCY MEDICAL TRANSPORT SERVICES

A scheme for operationalising referral transport services in 7 Comprehensive Child Survival Programme (CCSP) districts was proposed in the PIP for 2008-09, for transport of mother and children for which a budgetary provision of 1843.81 lacs

was made. However, this activity is being implemented with certain modification. It is proposed to have emergency transport services for all medical emergencies.

In view of the importance of access to ambulance services for reducing delays in access to care during emergencies, it is now proposed to have emergency transport services in all districts. Thus, with the objective of providing immediate response during emergencies the ambulance service would provide basic first aid to the patient and transport them to the nearest facility. This activity would be done in partnership with the private sector.

A control room (call centre) will be setup for receiving calls for the service through a toll free number. District control rooms will be established in each district for coordinating from the call centre and the ambulance provider.

Two types of ambulances would be maintained, one having basic life support services and another having advanced life support services. One ambulance would cater to a population of around 1.50 lacs. Thus, around 1300 vehicles would be required to cover the whole State. Around 10 percent of the vehicles would have advanced life support and the remaining 90 percent would be equipped with basic life support systems. The estimated cost for the entire activity is as shown below:

Sl.	Description	Physical	Estimated Unit Cost (Rs.)	Total Budget (Rs. in lacs)
<i>One-time Expenditure</i>				
1	Capital cost of equipped ambulance having Advanced Life Support systems	130 units	17.31 lacs	2250.30
2	Capital cost of equipped ambulance having Basic Life Support systems	1170 units	11.31 lacs	13232.70
3	Establishment of Emergency Response Centre (ERC)	1 unit	650 lacs	650.00
4	Establishment of District Coordination Centres (DCCs)	71 units	5 lacs	355.00
<i>Sub-total</i>				<i>16488.00</i>
<i>Annual Recurring Expenditure</i>				
1	For ALS Ambulances	130 units	0.96 lacs	1248.00
2	For BLS Ambulances	1170 units	0.72 lacs	8424.00
3	ERC	1 unit	16 lacs	160.00
4	DCC	71 units	1.50 lacs	1065.00
<i>Sub-total</i>				<i>10897.00</i>
Total Estimated Cost				27385.00

It is proposed to implement the scheme in a phased manner. During the year 2009-10, the activity would be implemented in 12 districts as shown in the table below. The estimated number of vehicles required in each district would be as follows:

Sl.	District	Estimated Population	No. of Ambulances Required (@ 1 per 1.50 lac popn.)
1	Lucknow	42.60 Lacs	28
2	Kanpur Nagar	47.90 Lacs	32
3	Gorakhpur	43.60 Lacs	29
4	Varanasi	36.40 Lacs	24
5	Meerut	34.70 Lacs	23
6	Agra	41.70 Lacs	28
7	Allahabad	57.00 Lacs	38
8	Aligarh	34.50 Lacs	23
9	Jhansi	20.20 Lacs	14
10	Bareilly	41.50 Lacs	28
11	Ghaziabad	38.00 Lacs	26
12	Saharanpur	32.90 Lacs	22
Total			315

Thus, of the 315 vehicles proposed to be deployed, 32 vehicles would be equipped with Advanced Life Support Systems (ALS) and 283 vehicles would be having Basic Life Support (BLS) Systems. Accordingly, funds would be required for setting of the Central Emergency Response Centre (ERC), 12 District Control Centres (DCCs) and procurement of 32 ALS Ambulances and 283 BLS ambulances. The setting up of control centres and procurement of ambulances would take around 2 months. Thus, recurring expenses are being budgeted for only 10 months for the year 2009-10, as shown below:

Sl.	Description	Physical	Estimated Unit Cost (Rs.)	Total Budget (Rs. in lacs)
<i>One-time Expenditure</i>				
1	Capital cost of equipped ambulance having Advanced Life Support systems	32 units	17.31 lacs	553.92
2	Capital cost of equipped ambulance having Basic Life Support systems	283 units	11.31 lacs	3200.73
3	Establishment of Emergency Response Centre (ERC)	1 unit	650 lacs	650.00
4	Establishment of District Coordination Centres (DCCs)	12 units	5 lacs	60.00
<i>Sub-total</i>				<i>4464.65</i>

Sl.	Description	Physical	Estimated Unit Cost (Rs.)	Total Budget (Rs. in lacs)
<i>Recurring Expenditure (10 Months)</i>				
1	For ALS Ambulances	32 units	0.96 lacs	307.20
2	For BLS Ambulances	283 units	0.72 lacs	2037.60
3	ERC	1 unit	32 lacs	320.00
4	DCC	12 units	1.50 lacs	180.00
<i>Sub-total</i>				<i>2844.80</i>
Total Estimated Cost for First Year				7309.45

Thus, a total sum of Rs.7309.45 lacs is being budgeted for the year 2009-10, as the scheme would be rolled out in a phased manner.

9. UNTIED GRANT TO HEALTH FACILITIES

Govt. of India has already approved provision of untied grant @ Rs. 0.50 lac per year per facility for CHCs & BPHCs, @ Rs. 0.25 lacs per APHC through Rogi Kalyan Samiti and @ Rs 0.10 lac for each sub centre through Village Health Sanitation Committee and @ Rs. 0.10 lac for Village Health & Sanitation Committee. As per Gol norms the total allocation works out to Rs.13,896.75 lacs.

During the year 2008-09, around 52002 VHSCs at Gram Panchayat level were established and accounts were opened. However, VHSCs are being constituted in every revenue village of the State, that is, 107,164 villages. Accordingly, the fund requirement is being proposed as under:

Sl.	Facility	Financial (In lacs)		
		No.	Rate	Total
1	CHCs	426	0.50	213.00
2	Block PHCs	397	0.50	198.50
3	PHCs	2867	0.25	716.75
4	Sub Centre	20521	0.10	2052.10
5	VHSCs	107164	0.10	10716.40
Grand Total				13896.75

At the Additional PHC (APHC) level, there is difficulty in operating the RKS, therefore the untied funds for the APHCs would be retained with the RKS of the Block PHC, within whose jurisdiction the APHC falls. The RKS would release funds to the APHCs and would have the flexibility to issue additional funds over and above the allocation of the APHC, if the Committee is convinced that the

requirement of funds is well justified. However, the additional funds released would have to come from the total pool of untied funds available with the Block PHC.

10. ANNUAL MAINTENANCE GRANT (AMG)

Govt. of India has already approved provision of AMG @ Rs.1.00 lac per year per facility for CHCs & BPHCs, @ Rs.0.50 lacs per APHC functional in Govt. building through Rogi Kalyan Samiti and @ Rs.0.10 lac for each sub centre in Govt. building through Village Health Sanitation Committee. The allocation as per Gol norm works out to Rs. 2457.50 lacs.

Budgetary Requirement

Sl.	Facility	Financial Requirement (Rs. in lacs)		
		No.	Rate	Total
1	CHCs	426	1.00	426.00
2	BPHCs	397	1.00	397.00
3	APHC	1609	0.50	804.50
4	Sub Centre	8300	0.10	830.00
Grand Total				2457.50

Accordingly, for the facilities in the government buildings the total requirement for year 2009-10 is Rs. 2457.50 lacs.

11. ANNUAL ASSISTANCE TO ROGI KALYAN SAMITIS (RKS)

Govt. of India provides assistance to RKS @ Rs. 5 lacs to district level hospitals & @ Rs. 1 lac for CHCs/PHCs according to which the allocation works out to Rs.4315 lacs. However, due to difference in the sizes, population catered, etc. the allocation has been reworked for the State as under:

Sl. No.	Component	Numbers	Financial (in Lacs)	
			Rate	Total
1	District Hospitals (DHM/DWH/DHC)	65+53+(20x2)	5.0	790.00
2	CHCs	426	3.0	1278.00
3	Block PHCs (BPHCs)	397	2.0	794.00
4	Additional PHCs (APHCs)	2867	0.20	573.40
Grand Total				3435.40

Total requirement for year 2009-10 is Rs. 3435.40 lacs.

12. CAPACITY BUILDING OF ROGI KALYAN SAMITIS (RKS)

Rogi Kalyan Samitis have been constituted at the designated health facilities. However, the concept is new and it is important that members of the RKS understand their roles, responsibilities and processes for functioning of the RKS. A training component was proposed in the PIP of 2008-09 and trainings have been conducted in the districts. However, not all the functionaries could be trained and it is proposed to continue the training activity in this year also. The capacity building of RKS members covers the following areas:

- Resource Mobilization
- Quality Assurance
- Material and Equipment Management
- Financial Management
- Human Resource Management
- Community Participation / Public Relations
- Legal / Ethical aspects of Hospital Management

It is estimated that 100 batches of trainings across the 71 districts would be required to be organised. **Thus, for organising 100 batches of training at an average expense of Rs.25,000/- per batch, a budgetary requirement of Rs. 25 lacs is proposed.**

13. ORIENTATION OF VHSC MEMBERS ON THEIR ROLES & RESPONSIBILITIES UNDER NRHM

Orientation of VHSC members was proposed under RCH Flexipool in the PIP for the year 2008-09. However, the activity was suspended as the committees were still being formed and their accounts were being opened. This year we have a strong network of managers at divisional, district, block level and also District Community Mobilizers hired and placed in each district to supervise community processes. Therefore it is planned that during the year 2009-10, members from 50 percent VHSCs formed will be oriented for 2 days on their roles and responsibilities under NRHM. TOTs have been completed this year and all levels of PMU managers are trained on NRHM programme implementation to facilitate this field level training. **The total requirement of funds for the same amounts to Rs.1056 lacs.**

14. BIENNIAL ORIENTATION OF PRIs DURING BDC MEETINGS

Block Development Committee meetings are held every quarter. It is proposed to utilize this opportunity for orientation PRIs regarding the NRHM programme and regarding their roles & responsibilities. An amount of Rs. 2000/- per meeting is

being budgeted. Thus, the total amount required would be 32.92 lacs during the year 2009-10.

15. SAAS BAHU SAMMELAN

With a view to improve communication within the family in relation to the health of daughters-in-law, it was proposed to organise 'Saas Bahu Sammelans' at the block and district levels. These joint meetings of daughters-in-law, mothers-in-law, elderly ladies of the family, female PRI members, ICDS functionaries, NGOs, and women's groups were organised during the year are proposed to be organised. During these meetings, women health issues, role of various family members, harmful social practices & beliefs, significance of nutrition, information of various programmes and schemes, role of other stakeholders in improving health practices in the community are discussed.

It is proposed to organise such meetings this year also. These meetings will be organised level once a year at the District and Block levels.

Accordingly, at the district level, an amount of Rs.1.50 lac per meeting (Rs.1 lac for organising the meeting incl. stalls and Rs.50,000 towards transportation of participants) is being budgeted. At the block level, Rs.25,000 per meeting is being budgeted. Thus, for organising 71 district meetings and 823 block meetings a total sum of Rs.312.25 lacs is being budgeted for the year 2009-10.

16. REPAIRS OF REGIONAL DRUG WAREHOUSES

There are 11 regional drug warehouses that were constructed in 2001-02. These drug warehouses need to be strengthened in terms of their physical condition. Accordingly, an average amount of Rs.10 lacs per warehouse is being budgeted. Thus, an amount of Rs.110 lacs is being budgeted for the year 2009-10.

17. CONSTRUCTION OF DRUG WAREHOUSES

There are 24 drug warehouses located in 24 districts, which were constructed under the EC-SIP programme. However, there is need for construction of drug warehouses in other districts for proper storage of drugs and supplies. Accordingly, it is proposed to take up construction of drug warehouses in 30 districts at an average cost of Rs.46.74 lacs. Accordingly, an amount of Rs.1402.20 is being budgeted for the year 2009-10.

18. OPERATIONAL EXPENSES OF DRUG WAREHOUSES AT DISTRICT LEVEL

The budget is required for provision of contractual staff and operating expenses. Each warehouse will have a contractual accountant, computer operator, forklift operator cum mechanic, electrician cum generator operator, loader, sweeper,

gardener and security personnel. An amount of Rs. 118.56 lacs was proposed and approved in the PIP for the year 2008-09. The expenses will be continued to be met from NRHM funds, accordingly the following budgetary requirement is proposed.

S.No.	Item	Unit cost (Rs in lacs)	Quantity	Total cost (Rs in lacs)
1	Contractual Staff	2.94	24	70.56
2	Contingent Expenditure	2.00	24	48.00
Total				118.56

19. CONSTRUCTION OF 110 CHCs

At present there are 426 CHCs that are functional in the State. Further, 198 CHCs are under construction. To operationalise at least one CHC in each block, it is proposed to construct/upgrade 110 selected Block PHCs to CHC level. Accordingly, a budgetary requirement of Rs. 33330 lacs has been proposed out of which in the first phase only Rs 11,000 lacs is being asked for.

20. PROVISION OF ACCOMMODATION FOR EMERGENCY DUTY DOCTORS AT CHCs

Since the physical condition of residences at the CHCs is very poor, it is proposed that one residence at 100 Non-FRU CHCs is properly refurbished for common use by emergency duty doctors. As per estimates prepared, a sum of Rs.245 lacs would be required for the same, which is being budgeted accordingly.

21. REPAIRS OF RESIDENCES AT CHCS

Most of the CHCs in the State had been constructed quite some time ago and the residential buildings are in a state of disrepair as hardly any maintenance funds are available for the same. Therefore, to ensure proper residential facility for medical Officers and key personnel at the CHCs, it proposed to undertake repair work of the residences in around 277 CHCs. A total of 16 residences of various types are available at the CHCs, the total covered area of which is around 1000 sq m. Accordingly, as per estimates prepared, a sum of Rs.6534.08 lacs would be required for repair of the residences.

22. CONSTRUCTION OF NEW SUB-CENTRES

Out of the 20,521 Sub centres in the State, around 8300 are operating in own buildings and another 4993 Sub Centres are under construction from various sources of funding. In the PIP for 2008-09, construction of 1000 Sub Centres was proposed at an average cost of Rs. 8 lacs per Sub Centre which is under progress. This year too, a further construction of 3000 Sub Centres is proposed for which a budgetary provision of Rs.24000 lacs is being made.

23. REPAIR OF SUB-CENTRES

Among the Sub Centres operating in own buildings 6494 Sub Centres were constructed before 2004. These buildings were in poor physical condition since the available budget for maintenance was too low. Of these 4067 were strengthened under the EC-SIP and RCH-II programmes in 2005-06. Further, repair of 500 Sub Centres is being carried out from the funds received under the NRHM plan for 2008-09. This year it is proposed to strengthen 1000 Sub Centres of the remaining 1947 Sub Centres. An average cost of Rs. 2.0 lacs is estimated for repair of each Sub Centre. **Accordingly, an amount of Rs.2000 lacs is being budgeted for the repair of 1000 Sub Centres.**

24. ELECTRICITY PROVISION AT SUB-CENTRES

There are a number of Sub Centres, where electricity connections are not available. It is proposed to ensure provision of electricity at 1000 centres, for which **a budget of Rs.300 lacs is proposed at an average cost of Rs.30,000/- per Centre.**

25. ESTABLISHING CLOSED USER GROUP (CUG) NETWORK

The proposal was included in the PIP for 2009-10, although actions had been initiated and negotiations with BSNL are underway for finalising the package. It is expected that the CUG will become operational this year. The estimated cost for per user would be around Rs.640/- per month. **Accordingly, a fund requirement of Rs. 76.80 lacs for 1000 users is being proposed for the year 2009-10.**

26. SCHEME FOR MEDICAL OFFICERS AND NURSES FOR PURSUING POST-GRADUATION

It is a well established fact today that the limited success of the various health programs/interventions in the State is the result of poor program management rather than the programs having inherent flaws per se. The need for imparting systematic education in public health therefore gains importance. To meet this need and also to provide an incentive to young Medical Officers in the cadre, it is proposed to sponsor candidates each year for pursuing post graduation in Public Health from reputed institutions in the country. Further, there are courses for professional development and on Family Medicine, etc. that are being run by reputed institutions. Medical Officers would also be sponsored for studying such

courses. Also nurses who are interested in pursuing M.Sc. Nursing or to attend Speciality Nursing Courses, would be sponsored. **A total budgetary provision of Rs.50 lacs is being made for the same.**

28. DEPLOYMENT OF CONTRACTUAL AYUSH DOCTORS AT 24 HOUR NON-FRU CHCs AND PHCs

As already mentioned under the section on 'Human Resources' under RCH Flexipool, it is proposed to continue with the deployment of ISM practitioners, the cost of which would be met from Mission Flexipool.

Additionally, as mandated under NRHM for deployment of additional AYUSH practitioners at PHCs, it is proposed to deploy 300 AYUSH male doctors on contract @ Rs. 24,000/month. Further, there are 1678 AYUSH doctors posted at the PHCs in the State and are practicing their own pathies. However, these doctors are not receiving sufficient medicines from the State budget and also do not have a pharmacist of their pathy.

Under NRHM, AYUSH Ministry is committed to providing infrastructure strengthening, training, equipments and medicines @ Rs.3 lac per unit every year, if human resources are provided through Mission Flexipool. It is proposed to strengthen 1000 identified units in the first phase by providing trained AYUSH Pharmacist of respective pathies at these facilities. Thus, budgetary provision for deployment of 1000 AYUSH Pharmacist @ Rs. 9000/- per month is being made.

Therefore, the total funds required under Mission Flexipool for deployment of 766 ISM Lady Doctors, 300 AYUSH Male Doctors and 1000 AYUSH Pharmacists works out to Rs. 4150.08 lacs which is being budgeted under Mission Flexipool.

Sl.	Position	No. Proposed to be Deployed	Honoraria per month (Rs.)	Annual Expense (Rs. in lacs)
1	ISM Lady Doctor	766 (CHC-319, BPHC-397, APHC-50)	24,000/- pm	2206.80
2	AYUSH Male Doctor	300	24,000/- pm	864.00
3	AYUSH Pharmacist	1000	9,000/- pm	1080.00
Total				4150.80

29. ESTABLISHING CONCURRENT AUDIT SYSTEM FOR NRHM

A concurrent audit system was proposed in the PIP for 2008-09 and a budget of Rs. 51.56 lacs was approved. Salient features of the interventions proposed are as under:

- A Chartered Accountant / CA Firm will engaged for developing the model for the State including concurrent audit, development of formats, norms and reports on monthly audit will be carried out.
- Monthly implementation of monthly audit system and providing support and guidance to district units, coordinating with district level auditors.
- Setting up of the feedback mechanism.
- Support in statutory audit
- Sensitization of field officers and units, orientation training for PMU officials.

A concurrent audit system has already been put in place and district health society accounts are being audited. This year it is proposed to strengthening the concurrent audit system by deploying finance professionals on contract. Accordingly, one Chartered Accountant, an Accounts Assistant and support staff. would be deployed. Audit of district health society accounts would be continued. The budgetary requirement is as shown in the table ahead.

S.No.	Description	Total cost (Rs in lacs)
1	Contractual Staff and operational expenses @ Rs. 60,000 per month	7.20
2	Audit of District Society Accounts through External Auditors @ Rs.4000 per month / district	34.08
Total		41.28

Accordingly, an amount of Rs. 41.28 lacs is being budgeted for the year 2009-10.

30. OPERATIONALISATION OF HEALTH MIS

A proposal for strengthening MIS was proposed in the PIP for 2009-10. Activities have been initiated. As already explained in the section of Monitoring & Evaluation In Part A, NHSRC is supporting the State in operationalising the HMIS in the State.

In order to implement HMIS, all blocks and district facilities, CMOs Office and PMUs would be trained and provided with computers, backup power and personnel for ensuring timely entry of data and reporting.

Apart from HMIS, a robust and sound financial accounting system at the State, district and block levels is also necessary to ensure uniform accounting systems, smooth fund flow and strong internal control system. Tally accounting package is proposed to be used to maintain mandatory records, fund flow issues and to

generate cashbook, Ledgers, trial balance and other accounting statements. To implement tally software at state, district and block level one desktop computer, printer and UPS would be required. Contractual staff would also be required at the State level. As mentioned under programme management, staff would be deployed for data compilation & generation of reports at the Medical & Health Directorate. Also around 20 Computer Operators would be required at the M&H Directorate.

A budgetary requirement of Rs.1200 lacs is accordingly being proposed for the various activities in the year 2009-10 as detailed ahead.

Sl.	Description	State	Districts	Blocks	Total (Rs. in lacs)
1	Expenses towards procurement of servers, computer system, printer, back-up power, furniture, networking, development of software, etc.	40.00	60.00	700.00	800.00
2	Training of staff	4.00	6.00	70.00	80.00
3	Recurring Expenses including Contractual Staff for 12 months	92.00	18.00	210.00	320.00
Grand Total					1200.00

30. DISTRICT ACTION PLANS (DAPs)

As mandated under NRHM a bottom-up approach for preparation of DAPs is being followed. This year, for the preparation of the plans a complete decentralised process, starting from the village level could not be followed. However, a participatory approach was adopted which included block and district level consultations. It is proposed to follow the decentralised approach, including preparation of village health plans, their consolidation at the block level for preparing the DAPs for 2010-11. **Accordingly, a requirement of Rs.355 lacs @Rs.5 lacs per district for 71 districts is being proposed during the year 2009-10.**

31. COMMUNITY MONITORING ACTIVITIES

Community monitoring is one of the core strategies under NRHM. It was proposed to operationalise community monitoring activities with support from GOI, development partners and NGOs during the year 2008-09, however, the activity could not be taken-up. It is now proposed to pilot community monitoring models in 5 districts. A tentative budgetary provision of Rs.20 lacs for initiating community monitoring activities is proposed for the year 2009-10.

32. MANAGEMENT DEVELOPMENT TRAININGS

A partnership is being developed with national level public health management Institutes for enhancement of managerial capacity of district and block level health

programme managers. NRHM programme requires knowledge and skills for planning district action plans, monitoring and evaluation of the schemes for mid course correction and also optimal utilization of funds for maximum health benefit. 3 categories of trainings have been planned for health managers at various levels-

- a. Programme management training for districts level managers - A training package has been planned for year 2009-10 for Additional CMOs / Dy. CMOs who are looking after NRHM in the districts. The course contents include more knowledge and hands on practise for planning and implementation of NRHM schemes and guidelines. A plan to train 200 district programme managers (at least 3 from each of the 71 districts) has been included in PIP for this year.
- b. Programme management training for block programme managers- Similar a course is being planned for block level managers. This training will be conducted at the state level by a team of state level programme managers. It is planned to cover 200 block managers.
- c. Hospital Management Training for CMSs of district hospitals - A course for hospital managers has been revised in partnership with prime training institutes of India: IHMR, Jaipur and NIHFV, Munirka, New Delhi. 2 types of training packages have been planned separately for managers from small and large hospitals. A 5 days package has been planned for hospital managers from hospitals with less than 100 beds. For hospital managers from hospitals with more than 100 beds, a 11 days training package has been designed. A total of 80 doctors, 40 in each category, at various managerial posts will be trained on these packages.
- d. Training of Medical Officers on Public Health - Training would be provided to Medical Officers on Public Health Management.

The estimated budget for the trainings is as under:

Sl.	Description	No. of Participants	Total (Rs. in lacs)
1	Managerial skill up-gradation training for District Managers	200	15.50
2	Skill up-gradation for Medical Officers	200	10.50
3	Hospital Management Training for CMSs of Dist. Hospitals	80	20.00
3	Training on Public Health Management	80	20.00
Total			66.00

33. PROGRAMME MANAGEMENT

As already described in Part A (RCH-II) of the PIP, the following programme management expenses would be met from Mission Flexipool.

Sl.	Description	Annual Amount (Rs. in lacs)
1	Honoraria to Divisional PMU staff	74.46
2	Operational Expenses of Divisional Units	102.00
3	Operational Expenses for Divisional AD Offices	23.58
4	Honoraria to Block PMUs staff	790.08
5	Operational Expenses of Block Units	24.69
6	Expenses towards Procurement Cell	112.76
7	State Quality Monitors	65.64
8	Support Staff for Mission Director	6.84
Grand Total		1200.05

34. COLD CHAIN STRENGTHENING

For cold chain strengthening, it is proposed to deploy contractual staff at the stores at State and Regional levels as detailed below:

Sl.	Description	Nos.	Honoraria per month	Total (Rs. in lacs)
1	Deployment of Contractual Refrigerator Mechanics (where no mechanics are available)	12	Rs.10,000/- per month	14.40
2	Attendant at Regional Stores where Walk-in - Coolers are installed	15	Rs.7,000/- per month	12.60
3	Attendant for Walk-in-Cooler, Walk-in-Freezer and other equipment at Vaccine Store at State Warehouse	2	Rs.7,000/- per month	1.68
4	Physical Strengthening of Store at State HQ.	-	-	2.00
Grand Total				30.68

35. IEC/BCC CAMPAIGN FOR PROMOTION OF PROPER HEALTH & HYGIENE BEHAVIOURS

As already mentioned under the component of 'IEC/BCC' under RCH Flexipool, a comprehensive State IEC/BCC strategy has been developed. Appropriate health &

hygiene behaviours would be promoted in the community. The components of the campaign are:

➤ **IPC and Community Level**

- Promotion of S&C measures through IPC, VHND and group meetings
- Home visit by ASHA to promote Use of dipper, hand washing with soap etc.
- Community level interventions through VHSC provision

➤ **Facility Level**

- Leaflet and other material on priority behaviours pertaining to S&C
- Integration with SHP at school level

➤ **Mass Media**

- Use of TV/CD spots are suggested.
- Use of radio to enhance the reach
- Role of the VHSC as to promote related priority behaviours
- CD Spot in schools and community meetings
- Print advertisement in news papers.

As per sub-group meeting comments from GoI, the fund requirement of Rs. 55.50 lacs is budgeted under Mission Flexipool. The details are available on page no. 117 under BCC.

36. PROCUREMENTS

Details regarding procurement have been provided under the relevant section, in RCH Flexipool.

Further, ensuring safe drinking water supply is a mandate under NRHM. Provision is being made for safe drinking water supply upto the level of district hospitals in the present PIP. To ensure safe drinking water facilities under NRHM guidelines, the following proposal is being made at Sub-Centre, PHC and CHC level:

- a) Bacteriological Test (H₂S vial) for testing of drinking water at sub-centre level @ Rs. 18 per kit - 200 kit for a year X 20521 sub-centre = 41,04,200 kits thus requiring approval of Rs.738.76 lacs
- b) Field Test kits for testing drinking water at PHCs level @ Rs.2400 per kit - 1 kit X 3264 PHC=78.34 lacs
- c) Field Test kits for testing drinking water at CHCs level @ 2400 per kit - 2 kits X 426 =10.22 lacs

Various procurements proposed during the year 2009-10 that would be funded through the Mission Flexipool are as follows:

Sl.	Particulars	Rs. in lacs
1	Procurement for Maternal Health Interventions	
	Kit A (22,000 kits @ Rs. 6,500 per kit)*	1430.00
	Kit B (21,400 kits @ Rs. 5,000 per kit)*	1070.00
	MVAs (1 per CHC and 2 per DWH & Combined Hospital) 570 nos @ Rs.2500/- (426 for CHCs +144 for DWH & Comb. H)	14.25
2	Procurement for Child Health Interventions	
	Procurement of Child Survival Kits for ASHAs	227.75
	Procurement of IFA Tabs. (30 mg elemental iron and 250mcg Folic Acid) @ Rs. 14/- for 100 tabs per child for 49.38 lac children	691.32
	Procurement of Deworming Tabs. (1 tab. six monthly) @ Rs. 2/- per tab. x 2 tabs per child x 49.38 lac children	197.52
	Zinc tabs. (36 CCSP districts - 16 cases x 30,000 x Rs.10/- per case)	48.00
	Vitamin A (3.58 lac bottles)	164.70
3	Procurement for Adolescent Health Interventions	
	Deworming Tablets (School going - Rs.2/- per tab x 2 tabs/girl x 12,34,500 girls) (Non-School going - Rs.2/- per tab x 2 tabs/adol. x 64,800 adol.)	49.38 2.60
	IFA Tablets (School going - Rs.0.14/- per tab x 48 tabs/girl x 12,34,500 girls) (Non-School going - Rs.0.14/- per tab x 48 tabs/adol x 64,800 adol.)	82.96 4.36
4	Procurement for Family Planning Interventions	
	Laparoscopes (500 nos. @ Rs. 5 lacs/unit)	2500.00
	IUD Kits (for Sub Centres) (5000 nos @ Rs.2000/unit)	100.00
	NSV kits (2 per CHC) (852 nos @ Rs.600/unit)	5.11
	Repair & Maintenance of Laparoscopes/Laparocators	219.00
5	Procurement of Kits for CHCs and FRUs	
	Kits for CHCs/FRUs (515 kits @ Rs.6 lacs per kit)	3090.00
6	Water Testing Kits	
	Bacteriological Test (H2S vial) for drinking water at sub-centre level (@ Rs. 18 per kit - 200 kit for a year X 20521 sub-centre = 41,04,200 kits)	738.76
	Field Test kits of drinking water at PHCs level @ Rs.2400 per kit - 1 kit X 3264 PHC)	78.34
	Field Test kits of drinking water at CHCs level @ Rs. 2400 per kit - 2 kits X 426 = 852 kits)	10.22
7	Drugs & Consumables for Urban RCH	
	For Urban RCH Lucknow	43.92
	For Urban RCH interventions in NUHP of 13 Large Districts.	88.92
	For Urban RCH Interventions in NUHPs in 55 districts	88.92
Total		10946.03
*Kit A & B will be procured by the State for 4 months only for which Rs. 2500 lacs have been approved. Rest to be provided by Gol.		
**RTI/STI drug & diagnostic kitS to be provided by SACO.		

37. STRENGTHENING OF JE EPIDEMIC WARD AT BRD MEDICAL COLLEGE, GORAKHPUR

The eastern region of the State is a JE endemic region and most cases are treated at the BRD Medical College at Gorakhpur. It is proposed to strengthen the JE epidemic ward in the medical college. The upgradation would include physical strengthening, provision of equipment and contractual staff, both specialist & support staff.

Site visit has been conducted by Govt. of India officials and the proposal of the team has already been examined by the Ministry and sum of Rs. 588.17 lacs was found to be appropriate for funding, including both recurring and non-recurring cost. A budgetary requirement of Rs.588.17 lacs is accordingly being incorporated in the PIP.

38. HARDWARE FOR IMMUNIZATION

An amount of Rs.43.80 lacs is being budgeted for purchase or replacement of computers for DIOs including Monitor ,CPU Printer and UPS @ Rs. 60000/- per computer /District (71 sets) and 2 computers for State HQ.

12. BUDGET SUMMARY (PART B - MISSION FLEXIPOOL)

SI	Component	Proposed Budget 2009-10 (Rs. in lacs)	Approved Budget 2009-10 (Rs. in lacs)
1.	ASHA Scheme	13500.00	13500.00
2.	Printing of Village Health Index Register (VHIR)	40.00	40.00
3.	Strengthening of Training Institutions	515.00	515.00
4.	Training Support for BHW (M) & BHW (F)	686.90	686.90
5.	Strengthening & Upgradation of District Hospitals	35792.07	35792.07
6.	Equipments for DOTS Plus	18.00	18.00
7.	Mobile Medical Units	2516.00	2516.00
8.	Emergency Medical Transport Services	7309.45	7309.45
9.	Untied Grant	13610.05	13896.75
10.	Annual Maintenance Grant	1875.55	2457.50
11.	Annual RKS Grant	3435.40	3435.40
12.	Capacity Building of RKS Members	25.00	25.00
13.	Orientation of VHSCs	1056.00	1056.00
14.	Pradhan Sammellan	93.6	0
15.	Biannual Orientation of PRIs during BDC Meetings	32.92	32.92
16.	Saas Bahu Sammelan	312.25	312.25
17.	Repairs of Regional Drug Warehouses	110.00	110.00
18.	Construction of District Drug Warehouses	1402.20	1402.20
19.	Operational Expense for Drug Warehouses at District Level	118.56	118.56
20.	Provision of Accommodation for Emergency Duty Doctors	245.00	245.00
21.	Construction of CHCs	33330.00	11000.00
22.	Repair of residential buildings at CHCs	6534.08	6534.08
23.	Construction of Sub Centres	16000.00	24000.00
24.	Repair of Sub Centres	2000.00	2000.00
25.	Electricity connection at Sub Centres	300.00	300.00
26.	Establishing CUG Network	76.80	76.80
27.	Scheme for MOs for PG in Public Health, etc.	50.00	50.00
28.	Deployment of AYUSH Providers	4150.08	4150.08
29.	Concurrent Audit System	41.28	41.28

SI	Component	Proposed Budget 2009-10 (Rs. in lacs)	Approved Budget 2009-10 (Rs. in lacs)
30.	Operationalising HMIS	1200.00	1200.00
31.	District Innovations	2840.00	0
32.	District Action Planning	355.00	355.00
33.	Piloting community monitoring activities	20.00	20.00
34.	Management Development Trainings	66.00	66.00
35.	Programme Management	1200.05	1200.05
36.	Cold Chain Strengthening	30.68	30.68
37.	IEC/BCC Campaign for Promotion of Health & Hygiene	55.50	55.50
38.	Procurement	15617.63	10724.27
39.	JE Gorakhpur	588.17	588.17
40.	Hardware for Immunization	43.80	43.80
41.	Drugs & consumables for Urban RCH	249.84	249.84
Total		167442.86	146154.55

13. ROUTINE IMMUNIZATION (PART C) - UIP PLAN

A. ROUTINE IMMUNISATION PROGRAMME

Introduction to Uttar Pradesh

Uttar Pradesh, as the name suggests, is situated in the north of India. A landlocked State it is bordered by Uttaranchal, Haryana & Delhi in the North, Madhya Pradesh in the South, Rajasthan in the West and Bihar in the East. The State is traversed by river Ganga, Yamuna, Ram Ganga, Gomti and Ghaghra and a sizeable tract of land comprising fertile alluvial plains. The State, which spans most of the Indo-Gangetic plain of the country, has been the seat of ancient Hindu culture, religion and learning and has always played a prominent role in Indian political and cultural movements.

Uttar Pradesh is the largest state in India. Therefore, its performance in preventing communicable diseases, including for immunization delivery, has a huge impact on overall disease transmission in India.

1. Summary of regular activities performed in the State

- **State Level Task Force for Strengthening RI**

The State has an established Task force group under the chairmanship of Principal Secretary Family Welfare- UP. This task force meets once every quarter to review RI program. Besides different wing representatives of Health & Family welfare Deptt, the members include Secretaries of other Deptt like ICDS, Panchayati Raj, Education, Urban development authorities, representatives of NPSP(WHO), UNICEF, Immunization BASICS, CARE, Rotary, SIFPSA, IMA, IAP others.

- **Core Group**

Core group at State level under the chairmanship of Director General (National Program, Monitoring & Evaluation) provides technical support as well as monitors the progress made on a regular basis. The members of the Core group include Director (FW), AD UIP, AD MCH, AD IEC, AD RCH, CCO, GM & DGM from SPMU, Partner agencies - UNICEF, NPSP (WHO), Immunization BASICS and CARE. The Core group meets every month to discuss and review the implementation strategies, monitoring results and suggest new strategies for improvement.

- **Funds and Norms for distribution to Districts under RCH II (Part C)**

Districts are been provided funds for operational implementation of the RI programme with directives/norms for proper utilization of these funds. Checks and balances at all levels have been taken into account, for example - voucher has been designed for payment by ANM to Social mobilizer.

- **RI Monitoring**

Monitoring of RI sessions is taking place for the last 3 years by Govt, and supported by Development Partners as WHO/NPSP and UNICEF and others. This is further being strengthened through intensive efforts by Government and partner agencies. At present the State is monitoring RI sessions on a standardized RI monitoring format, which is in the process of revision. The compilation of data for each district is being done by NPSP district SMO units and being forwarded to the NPSP (WHO) State RI Cell for analysis and corrective actions.

- **Review Meeting** : DIO review meeting are being regularly held & minutes of meeting have also been shared

- **Partnerships with other departments:**

Involvement of ICDS:

- Anganwadi centres are being used as session sites
- AWW share information/records of pregnant mothers and newborns with ANMs
- AWW help in tracking beneficiaries and bring them for immunization
- They keep community informed of next session's date
- AWW reports disease outbreaks in the village to ANM

2. Steps taken in last years to improve the quality of RI services

- Availability and use of AD syringes have been around 99% in the session sites, indicating the replacement of glass syringes thereby ensuring safe injection practices.
- **Details of Pits constructed & shelf life of the pits:** Immunization waste disposal pits have been constructed & were functional in conjugation with the use of hub-cutters in all Districts of UP .Total no. of pits constructed in the State (as per information received from Districts are 630 out of 1000 cold chain points in 70 Districts).

The shelf life of previously made pits was less because of wrong interpretation in the use of pits and also in Districts with JE campaign where huge no. of injection were used .In many of the blocks, pits prepared during previous years have filled or are non functional. Therefore funds are requested this year for preparing pits in 50% of vaccine storage points. Remaining 50% points will be provided with funds during next year Construction and functioning of Immunization waste disposal pit have been done in PHCs/CHCs; while fund is being provided to re-construct the same if the earlier built is found filled-up.

3. New Initiatives taken in the State:

- **Urban RI strengthening initiated in selected 11 districts with big urban population:**

For strengthening of Routine Immunization in Urban Areas of Uttar Pradesh 11 Districts have been selected. Districts are Kanpur Nagar, Lucknow, Agra, Varanasi, Ghaziabad, Aligarh, Bareilly, Meerut, Moradabad, Gorakhpur and Allahabad. Programme has begun from the month of Nov. 08. Detailed microplans have been prepared. Total sessions planned 3300 covering approximately 65 lakhs slum population (34% of total urban population in these cities).

It is recommended that in addition to Govt.Vaccinators (regular) contractual ANMs & Hired vaccinators will do immunization services in slums areas of these 11 Districts. Vaccinators will be hired in Districts Agra & Allahabad (for 600 sessions) and for rest of the 9 Districts It is planned that two ANM s will be posted in each Urban Health Posts on contractual basis under NHRM and they will cater to the RI services of the urban slums in the area

It is expected that this Programme will result in achieving 60% full immunization coverage by end of first year in the intervention areas

- **Review of Microplans in all 71 Districts:** Microplans have been revised & process of compilation at State level .This includes Rural & Urban areas both.
- Tracking of Newborns from Polio Tracking Booklet for RI in Western UP Districts
- Name wise Tally Sheet for beneficiaries started in all RI sessions
- **Training** - 80 % target was decided to train Health Workers out of which 74% ANM/Vaccinators have been trained till now & Remaining (4000) Female Health Workers and Male Health Workers; additional LHVs will be trained in 2009-1010.

Status of RI Health Worker Trainings

S.No	District Name	Total in Position	No of Trained Participants	% Trained
1	AGRA	359	250	70
	ALIGARH	322	297	92
	ETAH	303	220	73
	FIROZABAD	204	180	88
	HATHRAS	177	165	93
	MAINPURI	299	191	64
	MATHURA	296	220	74

S.No	District Name	Total in Position	No of Trained Participants	% Trained
2	ALLAHABAD	582	231	40
	FATEHPUR	345	277	80
	KAUSHAMBI	178	160	90
	PRATAPGARH	419	303	72
3	AZAMGARH	552	161	29
	BALLIA	426	100	23
	MAU	244	180	74
4	BADAUN	383	322	84
	BAREILLY	441	340	77
	PILIBHIT	206	180	87
	SHAHJAHANPUR	333	221	66
5	BASTI	320	363	113
	SANT KABIR NAGAR	200	180	90
	SIDDARTH NAGAR	276	261	95
6	BANDA	251	263	105
	CHITRAKOOT	133	119	89
	HAMIRPUR	226	200	88
	MAHOBA	131	154	118
7	BAHRAICH	368	158	43
	BALRAMPUR	217	200	92
	GONDA	379	280	74
	SHRAWASTI	130	120	92
8	AMBEDKAR NAGAR	300	283	94
	BARABANKI	451	180	40
	FAIZABAD	227	160	70
	SULTANPUR	475	120	25
9	DEORIA	386	140	36
	GORAKHPUR	545	338	62
	MAHARAJGANJ	405	240	59
	KUSHI NAGAR	291	100	34
10	JALAUN (ORAI)	156	149	96
	JHANSI	531	273	51
	LALITPUR	177	160	90
11	AURIYA	181	87	48
	ETAWAH	191	172	90
	FARUKKHABAD	199	99	50
	KANNAUJ	209	141	67
	KANPUR DEHAT	250	180	72
	KANPUR NAGAR	357	232	65
12	HARDOI	488	300	61
	LAKHIMPUR KHERI	439	297	68
	LUCKNOW	342	361	106
	RAEBARELI	481	240	50
	SITAPUR	493	235	48
	UNNAO	406	300	74

S.No	District Name	Total in Position	No of Trained Participants	% Trained
13	BAGPAT	161	100	62
	BULANDSHAR	377	190	50
	G.B.NAGAR	109	75	69
	GHAZIABAD	287	136	47
	MEERUT	313	227	73
14	BHADOHI	161	160	99
	MIRZAPUR	312	242	78
	SONEBHADRA	160	164	103
15	BIJNOR	369	241	65
	J.P. NAGAR	288	144	50
	MORADABAD	416	336	81
	RAMPUR	205	179	87
16	MUZAFFAR NAGAR	419	250	60
	SAHARANPUR	354	321	91
17	CHANDAULI	265	199	75
	GHAZIPUR	472	339	72
	JAUNPUR	279	289	104
	VARANASI	344	237	69
TOTAL		21971	14912	68

Remaining Female Health Workers and Male Health Workers, additional LHVs will be trained in 2009-1010.

- a. **Medical Officers training for RI initiated:** One TOT held for Division Moradabad & Medical Officers training will be done this years

Comprehensive Training Plan (CTP) and Districtwise Training Load For 3 Days Training of Medical Officers on RI - Uttar Pradesh (2008-2009)

Sl. No.	District	No. of Medical Officers In Position	80% of posts (in position) to be trained	Number of batches required (@ 20 participants/ batch)	Funds Required per Batch @ Rs.45700
1	AGRA	172	138	7	319900
2	ALIGARH	99	79	4	182800
3	ETAH	86	69	3	137100
4	FIROZABAD	85	68	3	137100
5	HATHRAS	51	41	2	91400
6	MAINPURI	107	86	4	182800
7	MATHURA	102	82	4	182800
	AGRA	702	476	24	1096800
8	ALLAHABAD	254	203	10	457000
9	FATEHPUR	118	94	5	228500
10	KAUSHAMBI	60	48	2	91400
11	PRATAPGARH	120	96	5	228500
	ALLAHABAD	552	442	22	1005400

Sl. No.	District	No. of Medical Officers In Position	80% of posts (in position) to be trained	Number of batches required (@ 20 participants/ batch)	Funds Required per Batch @ Rs.45700
12	AZAMGARH	161	129	6	274200
13	BALLIA	103	82	4	182800
14	MAU	90	72	4	182800
	AZAMGARH	354	201	10	457000
15	BADAUN	94	75	4	182800
16	BAREILLY	134	107	5	228500
17	PILIBHIT	70	56	3	137100
18	SHAJAHANPUR	101	81	4	182800
	BAREILLY	399	319	16	731200
19	BASTI	107	86	4	182800
20	SANTKABIR N.	57	46	2	91400
21	SIDHARTH NAGAR	125	100	5	228500
	BASTI	289	231	12	548400
22	BAHRAICH	105	84	4	182800
23	BALRAMPUR	51	41	2	91400
24	GONDA	104	83	4	182800
25	SHRAWASTI	25	20	1	45700
	DEVIPATAN	285	228	11	502700
26	AMBEDKAR NAGAR	71	57	3	137100
27	BARABANKI	167	134	7	319900
28	FAIZABAD	92	74	4	182800
29	SULTANPUR	140	112	6	274200
	FAIZABAD	470	376	19	868300
30	DEORIA	111	89	4	182800
31	GORAKHPUR	154	123	6	274200
32	KUSHI NAGAR	92	74	4	182800
33	MAHARAJ GANJ	89	71	4	182800
	GORAKHPUR	446	357	18	822600
34	BANDA	93	74	4	182800
35	CHITRKOOT	55	44	4	182800
36	HAMIRPUR	58	46	2	91400
37	MAHOB	41	33	2	91400
	CHITRAKOOT	247	154	8	365600
38	JALAUN	68	54	3	137100
39	JHANSI	127	102	5	228500
40	LALITPUR	87	70	4	182800
	JHANSI	282	226	11	502700
41	AURRAYA	45	36	2	91400
42	ETAWAH	78	62	3	137100

Sl. No.	District	No. of Medical Officers In Position	80% of posts (in position) to be trained	Number of batches required (@ 20 participants/ batch)	Funds Required per Batch @ Rs.45700
43	FARRUKHABAD	64	51	3	137100
44	KANNAUJ	60	48	2	91400
45	KANPUR(D)	85	68	3	137100
46	KANPUR(U)	206	165	8	365600
	KANPUR	538	430	22	1005400
47	HARDOI	116	93	5	228500
48	KHERI	117	94	5	228500
49	LUCKNOW	584	467	24	1096800
50	RAEBAREILLY	167	134	7	319900
51	SITAPUR	157	126	6	274200
52	UNNAO	146	117	6	274200
	LUCKNOW	1287	562	28	1279600
53	BAGHPAT	41	33	2	91400
54	BULANDSHAHR	137	110	6	274200
55	GAUTAM B.NAGAR	73	58	3	137100
56	GHAZIABAD	137	110	6	274200
57	MEERUT	137	110	6	274200
	MEERUT	525	420	21	959700
58	BIJNOR	90	72	4	182800
59	JYOTIBA F.NAGAR	36	29	1	45700
60	MORADABAD	147	118	6	274200
61	RAMPUR	93	74	4	182800
	MORADABAD	366	293	15	685500
62	MUZAFFARNAGAR	142	114	6	274200
63	SAHARANPUR	131	105	5	228500
	SAHARANPUR	273	218	11	502700
64	BHADOHI	62	50	3	137100
65	MIRZAPUR	125	100	5	228500
66	SONBHADRA	68	54	3	137100
	MIRZAPUR	255	204	10	457000
67	CHANDAULI	76	61	3	137100
68	GHAZIPUR	142	114	6	274200
69	JAUNPUR	174	139	7	319900
70	VARANASI	164	131	7	319900
	VARANASI	556	445	22	1005400
		7826	5582	280	12796000

Trainings of Medical Officers (3 days) will be organized this year in 150 batches following training of trainers in 3 batches & remaining batches will be taken next year.

- b. **Training of Cold chain handlers:** This activity was proposed in 08-09 but because of non availability of modules this training could not be conducted. Funds have been released to districts in 08-09 & this training will be taken this year
- c. **Training of block level data handlers by DIO and District Cold chain Officer**
- d. **One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM-**

4. Strengthening of Cold Chain System in the State:

Requirement of Cold Chain Equipment PIP 2009-10 (including the demand of 2008-09)

Sl.	Name of Equipment	Requirement for Replacement against CFC to Non CFC	Additional Requirement for expansion	Total Requirement
1	Walk in Cooler	11	5	16
2	Walk in Freezer	2	1	3
3	Deep Freezer (Large)	350	1500 (for pulse polio)	1850
4	Ice Lined Refrigerator (ILR Large)	500	100	600
5	Ice Lined Refrigerator (ILR Small)	2000	500	2500
6	Deep Freezer (Small)	2000	500	2500
7	Genset 10 KVA for District, PHC/CHC with KNOP	896	—	896
8	1 KVA Voltage Stabilizer (For Float Assembly)	2000	500	2500
9	Tool Kit	35	1	36
10	Cold Box (large + ice pack)	2000	500	2500
11	Cold Box (Small)	3000	1000	4000
12	Vaccine Carrier(4 ice pack)	100000	—	100000
13	Vaccine van insulated for all (71) Seventy one districts, 18 Division & State H.Q.	87	3	90
14	Hub Cutter for each ANM		25000	25000
15	Vaccine Van			90

- The requirement of cold chain equipment (for replacement as well as expansion) was projected in past PIP 2008-09. The CFC equipment are very old and CFC refrigerators are not available in market as the use of R-12 is banned. Therefore this equipment is urgently required for replacement, similarly the number beneficiaries of routine immunization are increased due to increasing the population and new vaccine (J.E & HIP-B) has been included in routine immunization.

- The pulse polio immunization campaign is continuing for last about 10 years. The demand of Deep Freezers is being sent regularly but against the demand of 1500 Deep Freezers (Large) only few D/F (S) have been provided to states of U.P. The main reason for high sickness rate of Deep Freezer is overloading being used for freezing the ice packs. The position of freezing capacity in state is as under.
- To minimize the distance for transportation of vaccines for PHC to Sub-centre or immunization site the additional vaccine storage points are to be established in new PHCs, where electricity is available & running in Govt. Building For this purpose, The demand of ILR/DF has been projected as additional requirement of Cold Chain equipment.
- In most of the places the separate connection of electricity has been taken for WIC locations & there no provision for the payment of electric bill to electricity board, Resultant the users are facing the problem for running the cold chain equipment at their division. Therefore some amount for the payment of electricity charges has been added in PIP 2009-10.
- The demand of vaccine carriers and cold boxes are regularly is being sent to GOI. During the polio campaign approx. 125000 vaccine carriers are used and one lack vaccine carriers were demanded but only 20000 vaccine carriers have been supplied in last month only. The demand of remaining 80000 vaccine carriers has been projected in PIP 2009-10.
- The requirement for this year is provided in the table below and is expected that procurement would be done by Govt. of India

5. AEFI surveillance and establishment of AEFI committees at State & Districts level:

46 Districts level AEFI committees have been formed & remaining Districts are being instructed to form the committee to improve reporting of AEFI cases.

6. Support from Developmental Partners:

The presence of the Development Partners who support Routine Immunization as their thematic areas of operation has been a great strength to the State. The development partners are WHO/NPSP, UNICEF and Immunization BASICS beside others & provide day-to-day technical inputs and other operational support to the State RI cell.

I. Plan of activities for 2009-10 by WHO/NPSP in Uttar Pradesh:

- a. Establishing a system of tracking of children in Routine Immunization: in 8 Districts of Western UP
- b. Monitoring of Routine Immunization and Feedback

- c. Technical support in implementation and strengthening of Routine Immunization Monitoring Software
- d. WHO/NPSP will continue to provide Technical Assistance in Routine Immunization areas at State Level and at designated District level in reporting system, RI micro planning, training ,AEFI investigation & VPD outbreak investigation

II. UNICEF Work Plan for strengthening RI in Uttar Pradesh (09-10)

- a. Planning
- b. Vaccine Preventable Disease outbreak reduction, control and management
- c. Capacity Building
- d. Strengthening of cold chain

III. IMMUNIZATION BASICS - Uttar Pradesh FY08 Work Plan

- a. Provide technical assistance to GOUP and Partners on implementation of UIP.
- b. Implementation of uniform formats for microplanning, monitoring and supervision checklists and recording reporting.
- c. Provide limited technical input into Polio eradication efforts and strategies to strengthen links with routine immunization.
- d. Provide technical assistance with operational plans for introduction of new vaccines (Hepatitis B and others)

7. Assessment of critical bottlenecks for full coverage

a. Availability

- The flow of vaccine from GOI needs to be regular and sufficient as per State target with timely prior information.
- Erratic power supply at Block storage (vaccine) level hampers maintenance of cold chain.
- Also that more than 10 year running gensets should be replaced.
- Hub-cutters required for having fully functional injection safety can be maintained only if adequate numbers are supplied by GOI
- Vaccine Carriers required for maintaining the cold chain in the field needs replacement.

b. Accessibility

- Alternate Vaccine Delivery system needs to be sustained over time for better accessibility of services and streamlining daily recording and reporting mechanism through better flow of funds from GOI
- Monitoring of session by Govt. Medical Officers and district level officers is also not adequate. Involvement of Addl. PHC medical officers must be done.

c. Utilization / Adequate Coverage

- Lack of awareness about Vaccine Preventable Diseases in Community.
- Lack of Coordination between ANM, Anganwadi Worker and ASHA
- Planning for missed sessions still not functional
- Poor M.I.S. and record keeping leading to high drop outs which ANM is not able to track.

8. Action Plan

In the state of Uttar Pradesh, the RI sessions are held for 2 days in a week - Wednesdays and Saturdays, thus 8 sessions per sub centre per month is presumed to be held. The state proposes to hold 4 - 8 session in a month for any sub-centre as required according to its population, for effective service delivery to fill the huge gap in service delivery.

The components of Alternative Vaccine Delivery, Mobilization of Children for RI at session sites by ASHA/ Link Worker and hiring service provider/Alternate Vaccinator in urban slums and underserved areas are being emphasized in all districts of UP. For strengthening monitoring and supervision, funds are always been provided to DIOs, MO I/C of PHCs for monitoring and supervision of RI sessions. Review meetings for DIOs at the State level and also similar meetings at the District levels are been held for review of RI progress by State and Divisional Officials.

9. Key areas of initiatives for UP:

- Train all Health Workers (Both Female and Male) on current UIP policies, guidelines and skills with special emphasis on micro planning, injection safety, waste disposal, record maintenance and reporting;
- Training of Medical Officers will be taken up according to GOI module
- Strengthen monitoring and supervision at all levels.
- Ushering coordination between ANM, ASHA and AWW for effective conduct of quality sessions and reducing the drop outs in a particular village.

- Additional support to difficult to reach or hard to reach areas for providing outreach area services.
- Special emphasis to be laid on the Districts performing poor in DLHS-3 with comparison to DLHS-2 survey result
- Develop a vaccine management system where vaccine requirements are based on accurate target population (from community level surveys) and working Cold Chain storage capacity.
- Replacement of Cold Chain Equipments which needs immediate replacement.
- Streamlining SOE and Expenditure system in RI.

Measles Surveillance Plan

Measles Situation in the State of Uttar Pradesh:

Existing Reporting System:

- Reporting of Cases of Measles is ongoing in the State of Uttar Pradesh by the following mechanisms:
 - Regular VPD Surveillance; ANMs report during the field Visit, Medical Officers report through the Monthly UIP report
 - Epidemic Cell, Department of Health reports to CBHI (Central Bureau of Health Intelligence) through weekly/monthly reporting of Epidemics
 - Integrated Disease Surveillance Project (IDSP)
- Govt of UP issues directives to all Districts annually on case management protocol. Vitamin A administration and Follow-up RI session campaigns in the affected village and neighbouring villages are carried out by the concerned Block and report is submitted by the concerned District to State.

Status:

The birth cohort of Uttar Pradesh is 5,500,000. The Measles vaccine coverage (MCV1) as per the DLHS 3 data for 2007- 2008 is 47%. This gives estimated 3,302,750 (60% of a birth cohort) unprotected children.

From a GOI-WHO/UNICEF workshop in Delhi in April 2007, an estimated 60,000 measles related deaths occurs annually in the state. The state VPD reporting system however reported only 2018 measles cases and 47 deaths from April to December 2008.

Plans:

Since the difference between the number of cases detected by the present system and the estimated number of cases is significant, it is essential that the existing surveillance system be further strengthened.

This would enable the state to identify the morbidity and mortality burden for measles and help to prioritize the areas for further strengthening of UIP and plan catch-up measles immunization campaigns targeting affected age groups.

Steps Ahead:

The state proposes the following activities for accelerating measles control.

- a. Strengthening UIP
- b. Establishing a sustainable Outbreak based measles surveillance system
- c. Phased implementation plan for measles catch-up campaigns

b. Measles surveillance system: Establishing a sustainable Outbreak based measles surveillance system - To be initiated in 9 districts, spread over the 3 regions viz. Eastern, Central and Western UP.

Timeline:

Starting from April 2009 in phases to cover the 9 identified district

Specific assistance will be requested from GoI and partners to establish the system (Including trainings, lab support, technical assistance etc). The system that is thus established will ensure

- Coordinated data flow mechanisms with the AFP surveillance system and with pre-existing IDSP and other surveillance systems in the state.
- Reporting of suspected measles cases from the existing network
- Identification of suspected outbreaks
- Outbreak investigation
- Collection and testing of specimens to confirm type of outbreak
- Case management
- Strengthening RI

All data will be shared with partners (WHO, UNICEF, Others).

A. Baseline Information

S.No	Beneficiaries	Target	
		2008-09	2009-10
1	Pregnant Women	6591559	6543526
2	0 to yr infants	5554886	5538203
3	1-2 Yr	5233115	5217398
4	2-5 Yr	0	0
5	5 Yr	4678927	4664874
6	10 Yr	4532477	4518864
7	16 Yr	3737921	3726694

S.No	Routine Immunization Sessions	2008-09	2009-10
1	Session planned in urban areas	2836	6836
2	Session planned in rural areas	2060180	2191136
3	Total sessions planned	2063016	2197972
4	No. of sessions with hired vaccinators	353	550
5	No. of hired vaccinators	18	30

B. Trend of IMR

S.No	Year	IMR of the State
1	2003	76
2	2004	72
3	2005	73
4	2006	71
5	2007	69

C. District wise Coverage Reports (In Numbers)

S.No	Name of Districts	Yearly Target 2007-		Yearly Target 2008-		BCG		OPV-1		OPV-3		DPT-1		DPT-3		Hep B-Birth		Hep B-1		Hep B-3		Measles				T12 + Booster		JE Routine (Where		VIT A 1st Dose	
		Infants	PW	Infants	PW	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)	2007-2008	2008-2009 (Till Dec 2008)		
1	AGRA	118295	140464	120994	143575	124090	83567	121392	78851	122513	81788	116280	59506	121969	60437							121106	81849	139469	91093		0				
2	ALIGARH	97978	116340	100000	118662	102570	47461	103350	49136	98373	44417	104680	47094	98529	42356							101621	48082	83703	35441		0				
3	ALLAHABAD	161918	192262	164984	195774	175678	108589	162857	109517	160010	103873	162459	80346	159448	75906							157747	90860	146262	80002		0				
4	AMBEEKARNAGAR	65394	78799	67747	80389	66772	47881	72910	51148	56394	46194	72910	51148	66384	46194							66372	45088	74773	47659		0				
5	AURRAYA	38623	45861	39439	46799	40162	30834	37199	28679	38861	27090	39982	22150	38861	25197							38628	24526	40554	22360		0				
6	AZAMGARH	129474	153737	131689	156265	136143	97299	138833	96892	132820	82600	138833	66480	132820	58405							122899	82272	120949	78198		1402631				
7	BADALUN	100551	119394	102578	121722	104773	64076	93991	62685	98887	55861	101224	62004	92990	56416							83212	44549	92150	62688		0				
8	BAGHPAT	38120	45264	38902	46164	38248	25857	40591	27191	38189	25656	40487	26275	38096	25473							39068	25340	41879	27151		0				
9	BAHRAICH	78104	92741	79583	94435	80541	56920	67094	69930	79944	59687	67094	69930	79944	59687							82538	53101	95057	69397		0				
10	BALLIA	90140	107033	92320	109549	90347	58962	93313	56332	90273	49863	94806	48566	90312	44100							87348	46210	68479	41615		0				
11	BALRAMPUR	55184	65526	56221	66713	55886	40227	65296	42457	58286	39689	65328	39953	57235	36990							76018	37710	65742	40559		0				
12	BANDA	49152	58362	51373	60961	58333	42626	49338	36300	53245	37700	51589	35696	53595	36985							55687	39149	53307	43421		0				
13	BARABANKI	87597	104013	89361	106038	100359	55503	95662	60848	91318	59224	95662	60848	91318	59224							89278	59694	94586	57173		0				
14	BAREILLY	117940	140042	120952	143524	117493	85419	105438	88598	98126	82448	110155	81307	105320	77951							105674	52882	105872	78546		0				
15	BASTI	67783	80485	69692	82697	72197	50462	76721	49754	68926	42439	76721	44615	68926	37873							68142	40913	76882	42023		3563				
16	BHADOHI	44302	52604	45256	53705	45039	34876	47472	34017	44265	36076	47472	29773	44265	30666							44300	30448	36432	38032		0				
17	BUNOR	102591	121816	104678	124213	100202	39808	91955	70109	95109	64844	100082	63342	98993	62568							99500	68169	112422	77190		0				
18	BULANDSHAHR	95760	113705	97365	115535	93201	72373	82253	76321	76641	70624	85932	74117	79861	69049							83005	70835	75361	65858		0				
19	CHANDAUJI	53706	63770	54910	65158	53695	38435	58295	40684	53794	35358	58155	39713	53791	35422							53688	34691	55230	26892		0				
20	CHITRAKOOT	26203	31112	25602	30380	29161	23340	28000	21135	26399	20295	28000	21135	26399	20295							25774	19888	23165	18109		0				
21	DEORIA	89490	106261	90673	107593	97815	64625	94770	62752	91734	59953	97335	40357	90303	32544							95695	49370	67567	45838		0				
22	ETAH	91383	108508	50355	59753	91840	35336	94036	37746	91551	34908	96509	37746	91502	34958							91604	34773	78663	30959		0				
23	ETAWAH	43888	52112	44751	53103	43891	33725	42892	31013	40541	33823	44345	26380	43193	33578							43892	33566	40453	37173		0				
24	FAZABAD	67753	80451	69818	82848	73502	53950	70584	46802	69597	45354	70584	46802	69597	45354							68596	45229	74746	46260		651455				
25	FARRUKHABAD	51665	61347	52473	62265	54966	38975	49541	32996	51700	33070	49541	32996	51700	33070							51777	34810	46088	22272		0				
26	FATEHPUR	75560	89721	77131	91526	75589	51485	65310	46647	66657	44502	73069	35343	69021	32947							68716	46118	55840	45110		0				
27	FIROZABAD	67073	79643	68620	81426	67673	45444	68425	40607	67283	39902	68721	38192	67079	36745							67182	36461	56220	32821		0				
28	GAUTAM B.NAGAR	39008	46317	40172	47669	44271	30159	35039	27506	36765	28967	35039	27506	36765	28967							37753	28032	34178	25770		0				
29	GHAZIABAD	107797	127998	110004	130533	111821	77022	103325	64325	98866	60984	104156	58566	98131	53694							102080	70214	93009	58259		0				
30	GHAZIPUR	98899	118620	101535	120484	94955	54599	109436	52259	95036	38346	109436	45228	95036	34088							84390	43763	92056	55579		0				
31	GONDA	90643	107630	92462	109716	90853	67871	95188	67871	95188	67871	95188	67871	95188	67871							90796	55135	96124	49637		0				
32	GORAKHPUR	124062	147311	125996	149510	126742	91283	129485	92227	124099	79900	129432	56184	124071	50050							122455	71276	102208	82655		15508				
33	HAMIRPUR	29414	32336	34888	41399	30442	23283	29234	22521	30196	20559	29234	20699	30196	19548							29659	27129	31390	21448		0				
34	HATHRAS	43680	51866	44667	53002	42476	27796	38145	25881	40379	25228	40738	25877	41261	25228							42509	25546	42731	28762		0				
35	JALAIUN	47702	56642	48598	57668	50223	36351	50069	38465	48311	33840	50069	38465	49277	32210							49092	36764	50069	32906		0				
37	JALUNPUR	128202	152227	130745	155145	132526	95074	140085	96642	129366	81289	140180	52584	128008	41802							126496	87537	124340	81218		0				
38	JHANSI	52073	59849	58320	69204	59899	40620	61256	41318	59613	38363	61256	31318	59613	38353							53091	38451	54826	35416		0				
39	JYOTI BA F.N.A	49122	58327	50105	59456	50809	36139	53246	35795	49952	34670	53312	35899	50108	34661							49813	35060	56073	39049		0				
40	KANUNJ	45366	53868	46428	55092	41934	33413	34486	24956	28888	29619	36829	24956	30855	29619							39117	29560	28828	22194		0				
41	KANPUR(D)	51931	61664	52247	61998	53475	39988	44088	35740	41552	35027																				

D. Districts wise VPD Reports in 2008-2009 (In Numbers)

S.No	Name of Districts	Diphtheria		Pertussis		Neonatal Tetanus		Tetanus (Other)		Measles		Polio-PI		Polio-P3		AES	
		Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
1	AGRA									7	0	1					
2	ALIGARH									49	1	5		3			
3	ALLAHABAD									0	0	9				2	
4	AMBEDKARNAGAR									16	0	1					
5	AURRAYA									7	0	1					
6	AZAMGARH									0	0	1				6	1
7	BADAUN									73	2	24		24		1	
8	BAGHPAT									107	0						
9	BAHRAICH									36	4	12				132	14
10	BALLIA									0	0					7	2
11	BALRAMPUR									65	1	1				7	2
12	BANDA									141	10						
13	BARABANKI									29	0	1					
14	BAREILLY									21	0	7		3			
15	BASTI									0	0					59	13
16	BHADOHI									0	0	3					
17	BIJNOR									0	0						
18	BULANDSHAHR									25	4	2		1			
19	CHANDAULI									6	0	1					
20	CHITRKOOT									29	0						
21	DEORIA									5	0					379	68
22	ETAH									46	0	1					
23	ETAWAH									11	0	1					

S.No	Name of Districts	Diphtheria		Pertussis		Neonatal Tetanus		Tetanus (Other)		Measles		Polio-PI		Polio-P3		AES	
		Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
24	FAIZABAD									4	0					1	
25	FARRUKHABAD									53	0	30					
26	FATEHPUR									0	0	3					
27	FIROZABAD									30	0	16		1			
28	GAUTAM B.NAGAR									0	0						
29	GHAZIABAD									0	0	2		3			
30	GHAZIPUR									56	3	3				2	1
31	GONDA									64	1	1				4	1
32	GORAKHPUR									13	0	2				755	137
33	HAMIRPUR									27	0						
34	HARDOI									4	0	10		1			
35	HATHRAS									1	0						
36	JALAUN									51	0	2					
37	JAUNPUR									0	0						
38	JHANSI									0	0						
39	JYOTIBA PHULE NGR									10	0			5			
40	KANNAUJ									18	3	8					
41	KANPUR(D)									27	0						
42	KANPUR(U)									35	0	1					
43	KAUSHAMBI									38	0	10					
44	KHERI									208	6	2					
45	LALITPUR									0	0						
46	LUCKNOW									30	0					2	
47	MAHARAJ GANJ									2	0					230	48
48	MAHOBAB									138	0						
49	MAINPURI									0	0	13					

S.No	Name of Districts	Diphtheria		Pertussis		Neonatal Tetanus		Tetanus (Other)		Measles		Polio-PI		Polio-P3		AES	
		Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death	Cases	Death
50	MATHURA									0	0	3					
51	MAU									6	0					12	3
52	MEERUT									4	0						
53	MIRZAPUR									2	0	4		1			
54	MORADABAD									0	0	10		8			
55	MUZAFFARNAGAR									7	0					1	1
56	PADAROUNA									10	0					768	128
57	PILIBHIT									0	0	2				1	
58	PRATAPGARH									31	3	2					
59	RAEBAREILLY									48	0						
60	RAMPUR									2	0	1		1			
61	SAHARANPUR									0	0	28		1		13	6
62	SANTKABIR N.									3	0					143	28
63	SHAJAHANPUR									22	0						
64	SHRAWASTI									18	0	3				36	4
65	SIDHARTH NAGAR									6	1	5				157	26
66	SITAPUR									44	3					12	
67	SONBHADRA									0	0						
68	SULTANPUR									174	5	1					
69	UNNAO									14	0	1					
70	VARANASI									16	0	3					
71	KASHI RAM NAGAR									129	0	5		9			
Total										2018	47	242		61		2730	483

E. Total Reported VPD Outbreaks in Uttar Pradesh

VPDs	No of Outbreaks Reported		No of Outbreaks Investigated		No of Cases in Outbreaks		No of Deaths in Outbreaks		Measures Taken	Remarks
	2007-2008	2008-2009 (till Dec 08)	2007-2008	2008-2009 (till Dec 08)	2007-2008	2008-2009 (till Dec 08)	2007-2008	2008-2009 (till Dec 08)		
Diphtheria	19									
Pertussis	0									
Measles	2018									
AES										

F. District wise AEFI Surveillance

DISTRICT	AEFI Committee Constituted (Y/N)	Serious AEFI Cases (Till Dec 08)	AEFI Deaths (Till Dec 08)	No. of FIRs Sent	No. of PIRs Sent	No. of DIRs Sent	Remark
AGRA	N	1	1	1			
ALIGARH	Y	1	1	1		1	
ALLAHABAD	Y						
AMBEDKAR NAGAR	N						
AURIAYA	N						
AZAMGARH	Y						
BADAUN	Y	4	4	4	4		
BADOHI	N						
BAGHPAT	Y						
BAHRAICH	Y						
BALLIA	N						
BALRAMPUR	N						
BANDA	Y						
BARABANKI	N						
BAREILLY	Y	2	1	2	1		
BASTI	Y						
BIJNOR	N						
BULANDSHAHR	Y						
CHANDAULI	N	1	1	1	1		
CHITRAKOOT	N						
DEORIA	N						
ETAH	Y	4	3	4			

DISTRICT	AEFI Committee Constituted (Y/N)	Serious AEFI Cases (Till Dec 08)	AEFI Deaths (Till Dec 08)	No. of FIRs Sent	No. of PIRs Sent	No. of DIRs Sent	Remark
ETAWAH	N						
FAIZABAD	Y						
FARRUKHABAD	Y						
FATEHPUR	Y						
FEROZABAD	Y	1	1	1	1		
G.B.NAGAR	N						
GHAZIABAD	N						
GHAZIPUR	Y						
GONDA	Y	1	1	1	1		
GORAKHPUR	Y						
HAMIRPUR	Y						
HARDOI	Y	1	1	1	1		
HATHRAS	N						
J. P. NAGAR	Y						
JALAUN	N						
JAUNPUR	Y						
JHANSI	Y						
KANNAUJ	N						
KANPUR(DEHAT)	N	1	1	1	1		
KANPUR(NAGAR)	N						
KAUSHAMBI	Y						
KHERI	Y						
KUSHINAGAR	Y						
LALITPUR	Y						
LUCKNOW	Y	1	1	1			

DISTRICT	AEFI Committee Constituted (Y/N)	Serious AEFI Cases (Till Dec 08)	AEFI Deaths (Till Dec 08)	No. of FIRs Sent	No. of PIRs Sent	No. of DIRs Sent	Remark
MAHARAJGANJ	Y						
MAHOBA	N						
MAINPURI	N	1		1	1		
MATHURA	Y						
MAU	N						
MEERUT	Y						
MIRZAPUR	N						
MORADABAD	Y						
MUZAFFARNAGAR	Y	2	2	2		1	
PILIBHIT	Y						
PRATAPGARH	Y						
RAEBARELI	Y	1	1		1		
RAMPUR	Y						
SANT KABIR NAGAR	Y						
SHAHARANPUR	Y						
SHAHJAHANPUR	N						
SIDDHARTH NAGAR	N						
SITAPUR	N	1	1	1	1	1	
SONBHADRA	N						
SRAWASTI	Y						
SULTANPUR	N						
UNNAO	Y	2	2	2	2		
VARANASI	N						
Total UP		25	22	24	15	3	

G. District wise AEFI Surveillance

S.No	District	RIMS Installed and Operational	Computer Assistant in Position	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
1	AGRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
2	ALIGARH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	ALLAHABAD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
4	AMBEDKAR NAGAR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
5	AURAIYA	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
6	AZAMGARH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
7	BADAUN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
8	BADOHI	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
9	BAGHPAT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	BAHRAICH	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	No	No
11	BALLIA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
12	BALRAMPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
13	BANDA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
14	BARABANKI	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
15	BAREILLY	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
16	BASTI	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No
17	BIJNOR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
18	BULANDSHAHAR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19	CHANDAULI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
20	CHITRAKOOT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
21	DEORIA	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
22	ETAH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
23	ETAWAH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24	FAIZABAD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

S.No	District	RIMS Installed and Operational	Computer Assistant in Position	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
25	FARRUKHABAD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
26	FATEHPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
27	FEROZABAD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
28	GAUTAM BUDH NAGAR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
29	GHAZIABAD	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
30	GHAZIPUR	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
31	GONDA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
32	GORAKHPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
33	HAMIRPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
34	HARDOI	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
35	HATHRAS	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes
36	JALAUN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
37	JAUNPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
38	JHANSI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
39	JYOTIBA PHULE NAGAR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No
40	KANNAUJ	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
41	KANPUR(DEHAT)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
42	KANPUR(NAGAR)	Yes	Yes	No	No	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No
43	KAUSHAMBI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
44	KHERI	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
45	KUSHINAGAR	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
46	LALITPUR	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
47	LUCKNOW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
48	MAHARAJGANJ	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
49	MAHOBAB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
50	MAINPURI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

S.No	District	RIMS Installed and Operational	Computer Assistant in Position	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
51	MATHURA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
52	MAU	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
53	MEERUT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
54	MIRZAPUR	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
55	MORADABAD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
56	MUZAFFARNAGAR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
57	PILIBHIT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
58	PRATAPGARH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
59	RAEBARELI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
60	RAMPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No
61	SANT KABIR NAGAR	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
62	SHAHARANPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
63	SHAHJAHANPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
64	SIDDHARTHANAGAR	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	No	No	No
65	SITAPUR	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
66	SONBHADRA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
67	SRAWASTI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
68	SULTANPUR	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
69	UNNAO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
70	VARANASI	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

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G. Vaccine Cold Chain & Other Logistics

S. No	Item	Requirement			Remarks
		Stock (Functional)	2009-10	2010-11	
1	Cold Chain Equipment-				
2	WIC		16		
3	WIF		3		
4	ILR- 140 L (Small)		2500		
5	ILR- 300 L (Large)		600		
6	DF - 140 L (Small)		2500		
7	DF-300 L (Large)		1850		
8	Cold Boxes		4000		
9	Vaccine Carrier		100000		
10	ICE Pack				
11	Vaccine Van		90		
	Vaccine Stock and requirement (Including 25% wastage and 25 % buffer				
11	TT				
12	BCG				
13	OPV				
14	DPT*				
15	Measles				
16	Hep B				
17	JE (Routine)				
	Syringes including wastage of 10% and 25% Buffer				
17	0.1 ml				
18	0.5 ml				
19	Reconstitution syringes				
20	Hub Cutters		25000		

B. PULSE POLIO IMMUNIZATION

Guidelines for Pulse Polio for the year 2009-10 will be issued by Govt of India as per IEAG recommendations. Rs. 21922.00 lacs has been approved for the purpose. The details, number of rounds of NIDs/SNIDs/Special Mop-up rounds and their specific dates with instruction etc. will be disseminated from time to time.

14. BUDGET SUMMARY - IMMUNIZATION STRENGTHENING (2009-10)

(Rs. in Lacs)

Sl.	Activity Proposed	Amount Proposed	Amount Approved
1	Mobility support for Supervision and Monitoring at districts and state level	37.50	37.50
2	Cold Chain maintenance	11.215	11.215
3	Alternate Vaccine Delivery to Session sites	1009.00	1009.00
4	Focus on urban slum & underserved areas	168.00	168.00
5	Social Mobilization by ASHA/Link workers	3027.02	3027.02
6	Computer Assistants support at State and district level	71.04	71.04
7	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	330.00	330.00
8	Quarterly review meeting at state level	10.65	10.65
9	Quarterly review meeting at district level	9.88	9.88
10	Quarterly review meeting at block level	435.00	217.50
11	Two days Training of Health workers (ANMs, LHV, MPHW etc.)	46.18	46.18
12	Three training of MOs on RI	76.50	75.00
13	One day refresher training of Comp. Assistants	6.00	1.10
14	One day training of cold chain handlers	40.00	40.00
15	One day training of block level Data handlers on vaccine & cold chain logistics	2.47	2.47
16	Micro Planning at SC level.	20.52	20.52
17	Micro Planning at block and district level.	9.65	9.65
18	POL for vaccine delivery from State to district and from district to PHC/CHC level.	71.00	71.00
19	Consumables for computer including internet access	3.41	3.41
20	Purchase of red/black polythene bags	80.72	80.72
21	Purchase of bleach/Hypochlorite solution	5.00	5.00
22	Purchase of twin buckets	4.00	4.00
23	Purchase of small polythene zipper bags to keep vaccines in vaccine carriers	11.32	11.32
24	Construction of waste disposal pits	12.50	12.50
25	For social mobilization in session organized in urban areas of big cities	59.40	59.40
26	For alternate vaccine delivery in session organized in urban areas of big cities	19.80	19.80
27	Operational expenses at divisional vaccine storage points	4.25	4.25
28	Operational expenses at district vaccine storage points	14.20	14.20
29	AMC of repair of WIC/WIF	8.40	8.40
Total		5612.375	5380.725

ACTIVITIES & BUDGETARY REQUIREMENT FOR ROUTINE IMMUNIZATION (2009-10)

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
1.	Mobility support for supervision : Supervisory visits by state and district level officers for monitoring and supervision of RI									
1.1	@Rs.50,000 per District for district level officers (this includes POL and maintenance) per year	1,140,741	1,183,314	1,603,227	No of sessions Supervised	131,328	No of sessions Supervised	3,550,000	No of sessions Supervised	AS PER THE STANDARD NORM Rs. 50,000/ district X 71 districts
1.2	By State level officers @ Rs.100,000 /year	1,387	73,181	10,171	No of districts visited for RI review	67,514	No of districts visited for RI review	200,000	No of districts visited for RI review	Uttar Pradesh being a large state with 71 districts, amount of Rs.1,00,000/- is inadequate to ensure mobility of State officials on regular basis. Therefore Rs.2,00,000 have been requested herein.
SUB TOTAL								3,750,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
2.	Cold Chain maintenance									
2.1	@ Rs 500 per PHC/CHC per year District Rs 10,000 per year				% Funds used		% Funds used	1,121,500	% Funds used	AS PER THE STANDARD NORM Rs. 500/ Block /year X 823 blocks Rs. 10,000 / district / year X 71 districts
SUB TOTAL								1,121,500		
3.	Focus on slum & underserved areas in urban areas:									
3.1	Hiring an ANM @ Rs.300/session for four sessions/month/slum of 10000 population and Rs.200/- per month as contingency per slum of i.e. total expense of Rs. 1400/- per month per slum of 10000 population.	3,472,099	4,680,711	2,747,071	No of sessions with hired vaccinators		No of sessions with hired vaccinators	16,800,000	No of sessions with hired vaccinators	AS PER THE STANDARD NORM Rs. 350 (Rs. 300/- as honorarium and Rs. 50/- as contingency) / session for maximum 4 sessions/month in a slum of 10000 population X 1000 slum clusters X 12 months.
									353	

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
Strengthening Immunization Service Delivery in urban areas of 11 identified big cities of Uttar Pradesh										
3.2	Organizing sessions in urban areas of 11 big cities @ 50 sessions/city/month							*4,140,000 (Not approved)		Rs. 50/session as contingency X 300 sessions/city/month X 11 cities X 12 mnths. Vaccinators will be hired in Districts Agra & Allahabad (total 600 sessions) and for rest 9 Districts, it is planned that in the urban areas 2 ANMs will be hired in each Urban Units and they will cater to the RI services of the urban slums in the area
SUB TOTAL								20,940,000 (Only Rs. 168.00 lacs has been approved)		
4.	Mobilization of children through ASHA/mobilizers									
	@ Rs 150/session (for all states/UTs)				No. of sessions with ASHA		No. of sessions with ASHA		No. of sessions with ASHA	AS PER THE STANDARD NORM For rural areas : Rs. 150/session X 20521 SCs X 8 sessions/SC/month X 12 months For urban slum areas : Rs. 150/ session X 1000 urban slum clusters X 4 sessions/month X 12 months
4.1	For Rural areas	97,755,524	139,290,538	150,289,570		17,279,132		295,502,400		
4.2	For urban slum areas			939,581				7,200,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
4.3	For social mobilization in sessions organized in urban areas of big cities @ Rs. 150/session							5,940,000		HONORARIUM PAID AS PER NORM FOR URBAN SLUMS Rs. 150/session X 300 sessions/city/ month X 11 cities X 12 months
SUB TOTAL								308,642,400		
5.	Alternative Vaccine Delivery:									
					No of sessions with AVD		No of sessions with AVD		No of sessions with AVD	AS PER THE STANDARD NORMS In rural areas: Rs. 50/session X 20521 subcenters X 8 sessions/SC/ month X12 mnths: It is presumed that 25% of the RI sessions is expected in Difficult to reach areas of the State. While 75% of the sessions happen in other normal areas. In urban slum areas : Rs. 50/ session X 1000 urban slum clusters X 4 sessions/slum/ month X 12 months
5.1	NE States, Hilly terrains and geographically hard to reach areas eg. Session site>30 kms from vaccine delivery point, river crossing etc.@ Rs.100 per session							24,625,200		
5.2	For RI session in other areas @ Rs.50 per session.	33,591,285	48,792,680	53,996,061		5,684,850		73,875,600		
	For urban slum areas							2,400,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
5.4	For alternate vaccine delivery in sessions organized in urban areas of big cities @ Rs. 50/session							1,980,000		AVD AS PER NORM FOR URBAN SLUMS Rs. 50/session X 300 sessions/city/ month X 11 cities X 12 months
SUB TOTAL								102,880,800		
6.	Support for Computer Assistant for RI reporting (with annual increment of 10%)									
6.1	State @Rs 12,000-15,000 p.m.	20,985	83,898	65,800		63,000		288,000		AS PER THE REVISED STANDARD NORM State level CA - @ Rs. 12000/month for 2 CAs' X 12 months District level CA - @ Rs. 8000/month X 71 districts X 12 months
6.2	Districts @ Rs 8000-10,000 p.m	637,379	2,753,144	4,446,184	No of C.A. in position	545,534	No of C.A. in position	6,816,000	No of C.A. in position	
SUB TOTAL								7,104,000		
7.	Printing and dissemination of immunization cards, tally sheets, monitoring forms, etc.									
7.1	@ Rs 5 per beneficiary	324,750	894,304	94,600		136,135		33,000,000		AS PER THE STANDARD NORM Rs. 5/beneficiary X 60,00,000 pregnant women beneficiaries +10% wastage
SUB TOTAL								33,000,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
8.	Review Meetings									
8.1	Support for Quarterly State level Review Meetings of district officers @ Rs 1250/participant/day for 3 persons (CMO/DIO/Dist Cold Chain Officer)	Rs. 128,530.00	Rs. 149,427.00	Rs. 74,200.00	No of meetings held	58,182	No of meetings held	1,065,000	No of meetings held	AS PER THE STANDARD NORM Rs. 1250/ participant X 3 participants/district X 71 districts X 4 times/year
8.2	Quarterly Review & feedback meeting for exclusive for RI at district level with one Block MO.s, ICDS CDPO and other stakeholders @ Rs 100/- per participant for meeting expenses (lunch, organizational expenses)				No of meetings held		No of meetings held	987,600	No of meetings held	AS PER THE STANDARD NORM Rs. 100/participant X 3 participants/ block X 823 blocks X 4 times/year
8.3	Quarterly review meeting exclusive for RI at Block level @Rs 50/-pp as honorarium for ASHAs (travel) and Rs 25 per person at the disposal of MO-I/C for meeting expenses(refreshments, stationery and misc. expenses)				No of meetings held		No of meetings held	*43,500,000 (only Rs. 217.50 approved)	No of meetings held	AS PER THE STANDARD NORM Maximum Rs. 50/Asha participant X (137000 ASHA) X 4 times/year Rs. 25/- participants 137000 ASHA+24000 ANMs X 4 times/year
SUB TOTAL								*45,552,600 (Only Rs. 238.03 lacs has been approved)		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
9.	Trainings									
9.1	District level orientation training for 2 days of ANM, Multi Purpose Health Worker (Male), LHV, Health Assistant (Male / Female), Nurse Mid Wives, BEEs & other specialist (as per revised RCH norms)				No of persons trained		No of persons trained	4,618,000	No of persons trained	4000 ANMs and male health workers are remaining who have not received 2 day training on immunization. 200 batches of trainings will be organized this year @ Rs. 23090/batch X 200 batch with 20 participants in each batch
9.2	Three day training of Medical Officers on RI using revised MO training module				No of persons trained		No of persons trained	*7,650,000 (Only Rs. 75.0 lacs has been approved)	No of persons trained	Trainings of Medical Officers (3 days) will be organized in 150 batches following training of trainers in 3 batches. @ Rs. 50,000/batch X 3 batch TOT @ Rs. 50,000/ batch X 150 batches of MO training

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
9.3	One day refresher training of District RI Computer Assistants on RIMS/HMIS and Immunization formats under NRHM							600,000 (Only Rs. 1.10 lacs has been approved)		Refresher training will be organized this year in 3 batches @ Rs.2,00,000/ batch. The training requires arrangement for computers and other logistics.
9.4	One day cold chain handlers training for block level cold chain handlers by state and district cold chain officers for a batch of 25-30 per batch, for 410 cold chain handlers				No of persons trained		No of persons trained	0	No of persons trained	The training of cold chain handlers was proposed in 08-09 and funds have been released for the same but because no availability of modules training could not be conducted and this activity will be taken in year 2009-2010
9.5	One day Training of block level data handlers by DIO and District Cold chain Officer to train about the reporting formats of Immunization and NRHM				No of persons trained		No of persons trained	246,900	No of persons trained	One day training will be organized for block level data handlers of all 823 blocks of the State. @ Rs.300/ participant
SUB TOTAL								13,114,900		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
10	Microplanning : To develop sub-center and PHC microplans using bottom up planning with participation of ANM, ASHA, AWW									
10.1	@ Rs 100/- per subcentre (meeting at block level, logistic)							2,052,100	100% of SC/PHC/CH C/Districts have updated microplans every year	AS PER STANDARD NORM Block level meeting: Rs. 100/meeting/ subcenter X 20521 subcenters
10.2	For consolidation of microplan at PHC/CHC level @ Rs 1000/- block & at district level @ Rs 2000/- per district	379,952	108,000	1,500		40,500		965,000		Consolidation of Microplan : Rs. 1000/block X 823 blocks Rs. 2000/district X 71 districts
SUB TOTAL								3,017,100		
11.	POL for vaccine delivery from State to District and from district to PHC/CHCs									
11.1	.@ Rs. 100,000/ district/year				% Funds used		% Funds used	7,100,000	% Funds used	AS PER STANDARD NORM Rs.100,000/district/ year X 71 districts
SUB TOTAL								7,100,000		
12.	Consumables for computer including provision for internet access for RIMS									
12.1	@ 400/ - month/ district							340,800		AS PER THE STANDARD NORM Rs. 400/month/ district X 71 districts X 12 mnths
SUB TOTAL								340,800		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
13.	Injection Safety									
13.1	Red/Black Plastic bags etc @ Rs 2/bags/session	19,960	254,329	111,393	% funds used	308,272	% funds used	8,072,064	% funds used	AS PER STANDARD NORM Rural : Rs. 2/bag/ session X 2 bags/ session X 20521 subcenters X 8 sessions/month/ subcenter X 12 months Urban slum : Rs. 2/bag/session X 2 bags/session X 1000 slum clusters X 4 sessions/slum/ month X 12 months
13.2	Bleach/Hypochlorite solution @ Rs 500 per PHC/CHC per year	71,365	82,078	36,404	% funds used	2,070	% funds used	500,000	% funds used	AS PER STANDARD NORM Rs. 500/vaccine storage point/year X 1000 vaccine storage points
13.3	Twin bucket @ Rs 400 per PHC/CHC per year				% funds used		% funds used	400,000	% funds used	AS PER STANDARD NORM Rs. 400/set X 1000 vaccine storage points
SUB TOTAL								8,972,064		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
STATE SPECIFIC ACTIVITIES										
14	Strengthening of Cold Chain System in the State									
14.1	Operational expenses at divisional vaccine storage points @ Rs. 25000/divisional store/year X 17 divisional stores							425,000		Reason : Separate earmarked funds for repair & maint. of Genset & other expenses at Divisional Vaccine Storage points
14.2	Operational expenses at district vaccine storage points @ Rs. 20000/district store/year X 71 districts							1,420,000		Reason : Separate earmarked funds for repair & maint. of Genset & other expenses at District Vaccine Storage points
14.3	Funds for POL expenditure for Generator sets at District store and PHC/CHC level vaccine storage points @ Rs. 300/day/cold chain point (district +PHC/CHC)							0		This has been projected in RCH PIP
14.4	Funds for electricity consumption for WIC at Divisional HQ vaccine store @ Rs. 1,50,000/Division/Year X 12 divisions with WIC							*1,800,000 (Not approved)		All Additional Director have taken separate electric city connection for WIC and Cold Chain Stores therefore the bills projected by electric city board , to be paid by AD for which no funds are available from State Government
14.5	Funds for electricity consumption for WIC/WIF at 4 additional Depots @ Rs. 3,00,000/Depot/Year X 4 depots							*1,200,000 (Not approved)		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
14.6	Funds for annual maintenance contract of WIC/WIF @ Rs. 40,000/unit/year X 21 units of WIC and WIF							840,000		
14.7	Funds for operational expenses at State Cold Chain Cell for communication, mobility, electricity bill, loading and unloading of vaccine at State HQ and contingency @ Rs. 50,000/month X 12 months							600,000		Most of the vaccines are being received at State level by air for which recurring expenditure , transportation loading & unloading required. Similarly for the office of the cold chain officers contingency is required for recurring expenditure , separate electricity connection and 20 KVA generator for which approximate bill of 30000/- month is being paid by State cold chain office
SUB TOTAL								6,285,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
15	Injection Safety									
15.1	Funds for preparing disposal pit for disposal of sharp immunization waste. @ Rs. 2500/pit X 500 vaccine storage points		85,200	292,890				1,250,000		Reason : In many of the blocks, pits prepared during previous years have filled or are non functional. Therefore funds are requested this year for preparing pits in 50% of vaccine storage points. Remaining 50% points will be provided with funds during next year
15.2	Funds for purchase of small polythene zipper bags to keep vaccines in the vaccine carriers @ Rs. 0.5/polythene bag X total number of sessions/year +10% wastage	620,296	4,446,589	141,470		61,311		1,131,689		Total of 171468 sessions are organized every month in the state. The break-up is as follows: Rural subcenters - 20521 with 8 sessions/month i.e. 164168 sessions/mnth Urban slums - 1000 clusters with 4 sessions/month i.e. 4000 sessions/month

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
SUB TOTAL								2,381,689		
16	Additional activities									
16.1	Operational Expenses for RI cell at State for report generation of RIMS and etc.							600,000		Rs. 50000/ month X 12 months. Funds for operational expenses at State RI Cell for communication for State / Division and district (CMO and DIO) level officers and recurring cost for computer handling at State level.
16.2	Fund for AEFI and Vaccine Preventable Disease Outbreak Investigation							150,000		Rs. 1500 / event X 100 events
SUB TOTAL								750,000		
17	Printing of training module @ Rs. 100/- per participants for 3500							350,000		Rs. 100 X 3500 participants
SUB TOTAL								350,000		

Sl.	Activity Head and Norms*	Expenditure & Achievement						2009-10		Remarks
		2005-06	2006-07	2007-08		2008-09 (Dec'08)				
		Expenditure	Expenditure	Expenditure	Achievement	Expenditure	Achievement	Fund Requirement	Target	
18	Printing of temperature log book @ Rs. 25/- per participants for 7000							175,000		Rs. 25 X 7000 participants
SUB TOTAL								175,000		
19	Printing of genset log book @ Rs. 50/- Per participants for 1000							50,000		Rs. 50 X 1000 participants
SUB TOTAL								50,000		
GRAND TOTAL								569,907,853		

15. NATIONAL DISEASE CONTROL PROGRAMMES (PART D)

1. NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

During the year 2008-09 a PIP for Rs.2430.80 lacs was approved and the total amount released till October 2008 was Rs.1999.10 lacs. The opening balance during the year was to the tune of Rs.98.97 lacs and thus total availability of fund during the year was Rs.2098.07 lacs.

The component wise status of implementation is as under:

Sl.	Intervention	Targets	Achievement till Jan 09	Expected achievement by Mar-09	Remarks
1	Cataract Operation	714000	367309 (352014-IOL)	7,14,000	The targets will be achieved till March because maximum operations are to be held in winter season.
2	School eye Screening	26,66,667	2310562	30,00,000	A special activity under School Health Programme is going on. So we can screen more children than targets.
3	Free Spectacles for Poor Children	56000	34685	56,000	Due to restructuring of targets for spectacles distribution according to the funds released by GOI.
4	Corneal Collection	700	287	500	Due to lack of public awareness and less co-operation of peoples.
5	Vision Centre	60	60	-	All Functional
6	Eye donation Centre	5	0	-	After full functioning of eye banks it will take off gradually.

During the year there were liabilities of Rs.1000.00 lacs of Mission Flexipool and Rs.650.00 lacs in districts of previous years. Thus, total amount required to clear the liabilities is Rs.1650.00.

Major Bottlenecks in Programme Implementation:

- School Eye Screening Programme: Against requirement of Rs. 70 lacs for providing the Spectacles to 56,000 children @ 125/spectacle, the allocation and release by GOI was Rs. 30 lacs only. This affected the implementation of the programme and the State could only provide spectacles to 30,000 children @ Rs.100.
- Delay in IOL Supply due to delay in procurement.

- As regards proposal of non-recurring grant for up gradation for 5 NGOs. Only one NGO has been sanctioned for such grant. Four more proposals are under consideration.
- IEC components have been sluggish; steps have been initiated to utilize the available funds.
- Training of Ophthalmic Assistant.
- Strengthening of the State Cell as per norms.
- Eye Donation Centre. Lack of response from the field.
- Unable to appoint the approved contractual Staff at State level NPCH cell at Swasthya Bhawan.

Strategy for the year 2009-10

- Improve the performance of the cataract surgery and quality assurance.
- Improve the school eye screening performance and distribution of free spectacles.
- Improve the performance of eye banks and corneal collection.
- Operational diabetic retinopathy, Glaucoma. Laser Treatment, low vision aid, vitriol retinal surgery clinic and treatment of Childhood Blindness to be included in programme.
- Integrated IEC.

Magnitude of the Problem:

India was first country to launch the National Programme for Control of Blindness in 1976. The goal of the programme was to reduce the prevalence of blindness. Out of the total estimated 45 million blind people (3/60) in the world, 7 million are in India and 1.85 million in Uttar Pradesh. This is due to the large population base and increased life expectancy. Every year 0.3% of the population, which means about 5.5 lac blind persons, are added to the total blind population. Out of 5.5 lacs total blind 3.5 lacs become blind every year due to cataract.

As the prevalence of cataract is reducing, blindness due to degenerative diseases like diabetes and glaucoma and injuries related corneal opacities are increasing. The programme has to tackle emerging challenges.

Objectives of the Programme:

At present U.P. has blindness prevalence rate of 1.0%, it is committed to reduce this rate from 1.0% to 0.3% by the end of year 2020, 0.5% by the end of 2012 and 0.9% by the end of 2009-10

Main Activities of the Programme:

- a. Cataract Surgery.
- b. School Eye Screening.
- c. Corneal Blindness (Eye Banking).
- d. Diseases other than Cataract (Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery and treatment of Childhood blindness)

1. Cataract Operation Activities

At present about 11.50 lacs cataract blindness cases exist in the state. To this almost 3.5 lacs new cases are added every year. If 6.0 lacs cataract surgeries are conducted every year, back log of 11.50 lacs will be cleared in 6 years. If 7.5 lacs cataract surgeries are conducted every year the back log will be cleared in next 4 years and the resources could be deployed to address other degenerative causes of blindness.

a. Target of Cataract Operations for the year 2009-2010:

Sl.	Year	Target (In lacs)	Cataract Surgical Rate Achieved	Achievements
1	2007-08	5.50	317	5.97 lacs
2	2008-09	7.14	371	7.14 lacs (expected)
3	2009-10	7.14	400	7.83 aimed

b. Target of IOL Operations for the year 2009-2010:

Sl.	Year	% Achievement of IOL Operations against total Cataract Operations
1	2007-08	93.66%
2	2008-09	95.02%
3	2009-10	96.00% (expected)

Strategies to Achieve the Targets of 2009-10

1. Primary Screening by ASHA, MPW to identify with visual impediments.
2. Case selection by eye surgeon at screening camps, base & Distt Hospital.
3. Transportation of Cataract Blind to base hospital for IOL Surgery, free for all.
4. Follow up of operated cases carrying out refraction and providing best corrected glasses.
5. Training of eye surgeons in IOL, SICS and Phaco.
6. Promotion of good & high technical NGOs.

7. Extended IEC Programme by electronic media, print media & local agencies, AIR & National Channels to approach rural & remote areas supported by local IEC.

As an estimate, among the total target of cataract surgeries 30% will be done by Govt agencies and 20% will be done by NGO and 50% will be done by private sector. Thus, for 3.57 lac cataract operations (50% of target 7.14 lacs) @ Rs. 750 per cataract operation, a cost of Rs 2677.50 lacs will be incurred.

In the year 2009-10 the Microscopes which have been supplied before 5-10 years are old and not functioning well so for strengthening 71 District Hospitals need a new one and 45 Sub-Districts Hospitals and New IOL Centres at CHCs will be provided a new microscope. The cost of a microscope will be 4.25 lacs each. So for purchase of 116 microscopes we will require Rs.493 lacs (Rs. 4.25 lacs X 116)

In the year 2009-10 the 30 Phacoemulsification Machines are required for 30 Good performing District Hospitals as per list attached. The cost of a good Phacomachine will be 15.00 lacs each, hence, for purchase of 30 Phacomachines Rs.450 lacs will be required (Rs. 15 lacs X 30 = 450 lacs)

Total amount required for this activity is Rs 3620.50 lacs.

2. School Eye Screening Activities

It is estimated that 5-7% of school going children aged 8-14 yrs have problems with their eye sight effecting their participation and learning at school. This can be corrected by a pair of spectacles.

All school having children in the age group of 8 -14 years are expected to under take eye screening activities. It is proposed that this activity will be under taken by ASHA/ MPW (Male) and primary school teachers trained for the purpose and Optometrists under school health programme under NRHM. These workers will be trained for under taking screening process and making referral for refraction to block PHCs. District Health Society will supply the refractive glass to eligible students.

- a. Target of Screening of 50 lacs children of aged 8-14 years in the year 2009-10
- b. Target of Free Distribution of 2.00 lacs spectacles to poor children in year 09-10

Strategies to Achieve the Targets of 2009-10:

- a. Training of ASHA, MPWs and school teachers at primary level.
- b. Suspected refractive error children referred to PHC/CHC/NGO Hospitals/ trained Optometrist for proper refraction.
- c. Provide free spectacles to poor children.

- d. Involvement of NGO's in Screening of Children having low Vision for non school going children.
- e. Development of 100 VISION CENTRES at PHC/CHC level each in every 71 districts and rest 29 in NGO/PVT sector with the equipment & furniture and fixture in the year 2009-10. The concept of vision centre arises from fact that one time provision of equipments and supportive material hardly ever gets replaced resulting into non functional facility. It is proposed that in next 4 years all block health facility will have a vision centre each centre requires Rs.50,000 for replacing obsolete and non-functional equipments / material. For setting up 100 vision centres sum required is Rs 50 lacs (@ Rs 50,000 each).
- f. Through local IEC all schools will have wall painting/writing in relation to eye screening programme.
- g. The training of ASHA for eye screening is already included in regular ASHA training programme by NRHM.
- h. For providing free spectacles to 2.00 lacs students @ Rs 200 each, the total sum required is Rs 400.00 lacs.

Total amount required is Rs 450.00 lacs for this activity.

3. Corneal Blindness Activities

The prevalence of corneal blindness is about 1% of total blindness. There are about 18000 people in need of corneal transplant. The lack of corneal donation and functional institutions are major bottlenecks to address corneal blindness.

During the year 2009-10, around 2000 eye collection and 2000 Corneal Transplantation are targeted

Objective

1. Vitamin A Solution Programme.
2. Collection of Donated eye & providing Keratoplasty Services in all Medical Colleges and registered Eye Banks.

Strategies to Achieve the Targets of 2009-10

1. Primary eye care medicines will be available at PHC/CHC level.
2. Vitamin A Cap. & solution distribution at village level by ASHA.
3. 16 Eye Banks are already registered till 2008-2009 and 10 eye banks will be registered in 2009-2010.
4. Among all 26 registered eye banks 5 eye banks have received the grant of Rs.10 lacs and rest 21 will be required non recurring grant. But in the year of 2009-10 we can provide assistance to only 2 eye banks @ of Rs. 15 lacs /per bank (Revised rates). So we require Rs. 30 lacs for this purpose.

5. 2 eye Donation centres will be provided @ of Rs. 1 lacs for eye collection and preservation. Thus Rs. 2 lacs will be required for this purpose.
6. 2000 eye collection and banking @ 500 each eye will require Rs.10.00 lacs and 2000 corneal transplantation @1000 per case will required Rs 20.00 lacs.

Total amount required for this activity is Rs 62 lacs.

4. Diseases other than Cataract Surgeries (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)

About 16% of total blindness is due to diabetes, glaucoma and above mentioned diseases. Currently there is no mechanism to address this category of blind persons which is gradually increasing. It is proposed to setup screening clinic in every district hospital and treatment centre at every divisional hospital and medical colleges. Equipment for diagnosis diabetes related problem by Govt. of UP. Only indirect ophthalmoscopes are required to undertake screening process for both diseases diabetic retinopathy and other posterior segment disorders.

Strategies to achieve targets:

1. All known diabetics to be examined by eye surgeon /ophthalmic asstt.
2. Tonometry, fundoscopy and indirect ophthalmoscope will be done at weekly clinic at all district hospitals.
3. Medical and surgical management of glaucoma at district and divisional level hospital diabetic retinopathy posterior segment disease at medical colleges and NGO Hospitals.
4. For operation of equipments optometrist should trained at medical colleges by state government.
5. Eye surgeons to be trained in diabetic retinopathy and Glaucoma by central government.

Financial requirement

1. A direct ophthalmoscope for each district hospital will cost (Rs.15,000 X 100= Rs.15 lacs)
2. An auto perimeter, green laser, retinal angiography and slit lamp for 2 best divisional level hospital will cost (50 lacs X 2 Div. Hosp= 100 lacs only)

Sl.	Ophthalmic Diseases	Estimated Patients in UP According to Vision 2004 GOI Surgery and Every Year 15% Patients Added	Est. Patients for Treatment by Govt. and NGO sectors 2009-10 @ 50%	Grants Required @ Rs 1000 per case
1	Other than Cataract, corneal blindness and refractive errors	304000	1,52,000 (At the beginning of the activity around 25,000 patients are expected)	2,50,00,000

Total amount required is Rs 365.00 lacs for this activity.

5. Human Resource Development

In order to bring about improvement in quality of services following substantial efforts have been made:

(i) Training of PMOA (Eye Assistant/Optometrists)

To be trained by State Level in Refraction & instrumentation on 4 training centres namely - Medical College, Lucknow, Meerut, Agra and Allahabad.

(ii) Training of PHC Medical Officer

In Community Ophthalmology at Medical Colleges by State on 4 training centres at Medical College, Lucknow, Meerut, Agra and Allahabad namely above.

(iii) Staff Nurses Training in Ophthalmic OT and Ward Management

At Medical Colleges in Lucknow, Meerut, Agra and Allahabad

Total amount required for this activity is Rs 10.00 lacs.

6. Strengthening of State Cell of Blindness Control Programme

Gol has recommended staff and financial norms for strengthening State Cell of NPCB at Directorate. Fund for this activity is available. With the integration of the State Health Society NRHM, the strengthening component will be integrated with the State Programme Cell. The fund requirement for 2009-10 is as under:

S.No.	Staff on Contract Basis	Monthly Rate	Annual Req. (In Rs.)
A.	1 Budget & Finance Officer	15000	180000.00
	2 Admin. Asstt./ Statistical Assistant	7000	84000.00
	3 Data Entry Operator	7000	84000.00
	4 Peon	5000	60000.00
B.	1 TA/DA to Staff	8000	96000.00
	2 POL and Vehicle maintenance	15000	180000.00
	3 Stationery & Consumables	8000	96000.00
	4 Hiring Of Vehicles	8000	96000.00
	5 Contingency and Other expenses	10000	344000.00
	6 Monthly Review Meeting	15000	180000.00
	Sub-Total		9,92,000.00
C.	Appointment of 30 PMOAs on contract Basis	30 x Rs.8000 x 12 Months	28.80,000.00
	Appointment of 10 Grief Counsellors at Eye Banks	10 x Rs.10000 x 12 Months	12,00,000.00
Total			54,80,000.00

7. Infrastructure Development

In the year 2009-10 following new Centres will be added for eye care services.

Sl.	Level	Infrastructure to be developed in 2009-10	Funds required
1	Up gradation of 5 NGO Hospitals	5 NGO hospitals will be provided non-recurring grant of Rs. 30.00 lacs for the strengthening /up-gradation of their Hospital.	150.00 lacs.

Summary of Financial requirement for NPCB (NRHM) for the Year 2009-2010

Sl.	Description	Total Amt. (Rs. in lacs)
A1	Grant-in-aid for free Cataract Operation (50% of target 7.14 lacs i.e. 3.57 lacs @ of Rs.750.00 per Cataract Operation)	2677.50
A2	GIA for 116 Ophthalmic Microscopes to District Hospitals and CHC.(One microscope to each district hospital @ 4.25 lacs X 71=301.75 lacs) and one for 45 Other Hospitals and good performing Tehsil level CHCs @ 4.25 lacs X 45=191.25 lacs)	493.00
A3	30 Phacoemulsification Machines are required for 30 Good performing District Hospitals and other big hospitals. The cost of a Phacomachine will be 15.00 lacs each. So for purchase of 30 Phacomachine we will require (15 lacs X 30=450lacs)	450.00
A	Cataract Sub Total	*3620.50 (*Rs. 2757.40 lacs approved including B1, C2, D, G1, H2 *I1)
B1	Grant-in-aid for School Eye Screening (2 lacs Specs. @ 200/- each = 400.00lacs)	400.00
B2	Non-recurring GIA for Vision Centres (100 nos. @ 50000/each = 50.00 lacs)	*50.00 (Rs. 25 lacs approved for 50 units)
B	School Eye Screening Sub Total	450.00
C1	Corneal Activities - Non-Recurring GIA to Eye Banks (15 lacs X 2 Eye Banks)	30.00 (Rs. 15 lacs approved for 1 unit)
C2	Recurring GIA to Eye Banks (2000 Eye Donation x Rs 1500.00 per case)	30.00
C3	Non-recurring GIA to Eye Donation Centres (1 lacs X 2 EDC)	2.00
C	Corneal Activities Screening Sub Total	62.00
D	GIA for Diseases other than cataract (Diabetic Retinopathy, Glaucoma, Childhood Blindness, Vitreoretinal Surgery, Laser Technique, Low vision aid etc.)	365.00
E1	GIA to Strengthening of Govt. Medical College and NGO Hospitals GIA for Ophthalmic Equipments for Medical Colleges. (40 .00 lacs X 5 Med.Colleges)	200.00 (Rs. 80 lacs approved for 2 units)
E2	Non-recurring GIA to NGOs for strengthening (30 lacs X 5 NGO)	150.00 (Not approved)
F1	Repair and maintenance of Ophthalmic Equipments at District Hospitals- 71, Sub-district hospitals-15 and IOL Centres at 234 CHC. (@ 5.00 lacs/district X 71)	355.00 (Not approved)
G1	Training- PMOA, Staff Nurse, PHC Medical Officer.	10.00
H1	Support towards the salaries of Ophthalmic Manpower (PMOA - 30 @ 8000/PM; Grief Counsellors -10 @ 10000/ PM (30 X 8000 X 12=2880000 and 10 X 10000 X12= 1200000)	40.80 (Rs. 135.60 lacs has been sanctioned for various man power)

Sl.	Description	Total Amt. (Rs. in lacs)
H2	Office Expenses of State NPCB under NRHM, Other activities & contingency.	14.00
I1	Comprehensive IEC (Including World Sight Day and Eye Donation Fortnight Activities) (2 lacs X 71 districts= 142 lacs and Eye Donation Fortnight (0.35 lacs X 71districts and Rs. 15 lacs for State Level IEC activities) will be spent on Hoardings, Posters and Booklets, AIR, FM, Local Cable T.V. etc	185.00
Total		5437.30

2. NATIONAL LEPROSY ERADICATION PROGRAMME

1. Overview of the project in year 2008-09

a) Financial Details.

For the year 2008-09 a proposal of Rs. 604.56 lacs had been sent to Government of India and Government of India has sanctioned an amount of Rs. 604.56 lacs GOI released funds of Rs. 302.30 lacs out of which Rs. 88.86 is towards Cash Assistance, An opening balance of Rs. 64.49 lacs was available at the beginning of the year 2008-09. Against total availability of fund Rs. 366.52 during the current year an expenditure of Rs. 245.45 lacs has been incurred upto Dec 2008.

Financial Position of NLEP in last 4 Years

		(Rupees in Lacs)			
Details		2005-2006	2006-2007	2007-2008	2008-2009
1	Balance at the beginning of the financial year	212.00	198.00	89.98	64.49
2	Funds received from GOI	216.00	391.00	302.78	302.03
3	Expenditure during the year	286.31	398.45	328.27	245.45
4	Balance at the end of the financial year	198.00	192.11	64.49	
5	Balance at State level & District level at the end of December 2008				121.07

b) General Performance

National Leprosy Eradication Programme was launched in the State with the National Objective to achieve elimination level i.e. 01 patient per 10,000 population so that leprosy no longer remains a public health problem .The vertical leprosy services were maintained up to year 2003 and thereafter the leprosy services were integrated into the General Health Care System , so that the persons suffering from leprosy find themselves treated as general patients. Diagnosis & treatment of leprosy is available in all Hospitals, Community Health Centres and Primary Health Centres . The following outcome has been visualized after systematic and concerted efforts of leprosy elimination:-

S.No.	Particular	At the end of March 2008	At the end of December 2008
1	Total recorded patients	18254	18142
2	Prevalence Rate of leprosy	0.94 per 10,000	0.93 per 10000
3	Deformity Rate among new cases	1.52 %	1.87 %
4	Child Rate among new cases	5.67 %	6.20%
5	MB Case among new cases		40.01 %
6	Annual New Case Detection Rate	15.9 per lac	15.2 per lac

c) Key Achievements

Under Deformity Prevention and Medical Rehabilitation scheme Major Reconstructive Surgery have been done on deformed leprosy patients -33 RCS by Chatrapati Shahuji Maharaj Chikitsa Vishwavidyalaya, Lucknow and 226 RCS at TLM Hospital, Allahabad, Naini.

Details of district according Prevalence Rate of Leprosy

Prevalence Rate	Period-wise Detail of Districts (in 2008 1 additional District)		
	31-03-2007	31-03-2008	31-12-2008
< 1	36	39	42
<1-2	34	31	29
>1-5	0	0	0
>5	0	0	0

d) Major bottlenecks in implementation .

- Residual social stigma about leprosy in the society.
- Integration of leprosy vertical staff into the primary health care system and restricted involvement of primary health staff in leprosy work No full function integration of primary health care staff in the leprosy work. This has lead to poor follow-up of cases, reduction in healthy contact examinations and poor counselling of cases.

2. Situation analysis and trends

The programme epidemiological assessment of last 6 years is as under :-

Year	Popn in lacs	New cases detected during the year	Cases discharged	Balance cases at the end of the year	ANCD R per 10,000 popn.	PR per 10, 000	Deformity proportion among new case %	Child proportion %	MB proportion %
2002-03	17.40	90586	103764	71647	5.17	4.10	1.51	8.32	44.1
2003-04	17.80	80323	91515	61634	4.50	3.50	1.32	7.64	46.8
2004-05	18.18	48110	75934	33884	2.64	1.86	1.24	7.51	42.5
2005-06	18.60	36409	48590	21761	1.96	1.17	1.02	6.10	41.9
2006-07	19.03	32413	36070	18104	1.70	0.95	1.15	5.80	39.4
2007-08	19.03	26018	23889	1.59	1.59	0.94	1.52	5.67	40.91

The above table shows the decreasing trends of the following of last six years :

- Annual New Cases Detection Rate decreased from 5.17 to 1.59 per 10,000 population.
- Prevalence Rate decreased from 4.10 to 1.59 per 10,000 population .
- Deformity Rate decreases from 1.51 to 1.52 %
- Child rate among new cases decreases from 8.32 to 5.67 %
- MB Proportion decreases from 44.1 to 40.91 % among new cases.

3. Objectives of Programme.

1. Further reduce the burden of leprosy- To achieve the goal of elimination i.e. Prevalence rate less than 1 patient per 10,000 population from district level to block level.
2. Provide High Quality Services - To improve the quality of diagnosis and treatment the Medical & Para Medical Staff of General Health Care System will be given Orientation and Re-orientation training.
3. Enhance Disability Prevention and Medical Rehabilitation - Prompt vigilance will be kept on primary state of disability, reaction and relapse by Health worker and the same will be reported to Medical Officer for prompt and efficient treatment . The Medical Rehabilitation will be provided by surgical correction of deformity.
4. To cut down the quantum of Social Stigma - To cut down the quantum of social stigma effective measures of behaviour change communication methods .

4. Proposal for the year 2009-2010

The main goal of the programme to bring down the prevalence rate of disease to less than 01 per 10, 000 population at district level and block level.

Milestones at the end of 31st March 2010

SI	Particulars	At the end of December 2008	At the end of March 2009
1	Prevalence Rate of leprosy	0.93 /10,000	0.8 /10,000
2	Deformity Rate among new cases	1.87 %	1.50 %
3	Child rate among new cases	6. 2%	5.00%
4	Female patients rate	31.19 %	35 .00%

- 1) Reduction of burden of leprosy - To reduce the burden of leprosy the regular and intensified supervision & monitoring will be made by the District Nucleus. The Epidemiological Status of SIS indicator will be monitored . The Health worker will be motivated to carry out follow up of cases and healthy contact examination by providing them adequate incentive like TA & DA.

- 2) High Quality Leprosy Services : To build capacity of all Medical and ISM doctors & Para Medical Staff of General Health Care System by on job training and short Re-orientation trainings. ISM Doctors and Private practitioners shall be sensitized at town & Block level.
- 3) Enhance Disability Prevention and Medical Rehabilitation : The Grade-1 deformity, reaction and relapse will promptly referred by Health Workers to Medical Officers and they shall be promptly and efficiently treated. For Medical Rehabilitation, cured deformed patients will be identified by District Nucleus and field staff. They shall be screened for surgery and sent to Physical Medicine and Rehabilitation Institutions. 200 Reconstructive Surgery Operations will be performed in a year. For social and vocational rehabilitation community opinion leaders of the areas will be sensitized e.g. ANMs, ASHAs and village health and Sanitation Committee members.
- 4) To reduce social stigma : Various town & village level activities have been planned for sensitization of
- 5) Monitoring & Evaluation: For effective monitoring and supervision each District Nucleus will be provided for field mobility and review meetings on monthly basis.
- 6) Maintenance of Contractual Services : The Contractual Services of 2008-2009 will be maintained up to 2009-2010
- 7) Co-operation of NGOs: The co-operation of Non Governmental Organizations working under modified SET Scheme till 2008-2009 as per norms of Government of India will be continued during the year 2009-2010.

Components

a) HRD and Training :

For the efficient functioning under integrated set up of leprosy programme in the primary health care system training is an integral part of the programme.

Training

- Newly recruited Medical Officers & Health staff shall be trained at the State Institute of Health & Family Welfare with inputs from State Leprosy Facilitators.
- 2 days Technical cum DPMR Re-orientation Training of District Nucleus Staff at State HQ.
- 2 days Technical cum DPMR Training of PHCs Medical Officers & Health Workers
- 5 day Smear Technology Training of Laboratory Technicians

b) Management Information System

For the proper monitoring, evaluation, supervision and guidance in each district a District Nucleus is functioning.

For monitoring, evaluation and guidance of programme activities the following components are functioning in the programme.

- WHO has posted one State NLEP Co-ordinator at state level supported by two Zonal NLEP Co-ordinators.
- Under ILEP support Netherlands Leprosy Relief Association and The Leprosy Mission have taken 34 and 37 districts respectively for monitoring and supervision of programme activities by posting of Leprosy Programme Advisors and 2 Technical Resource Units respectively.
- At State level Quarterly Review Meetings of District Leprosy Officers are organized at the end of each quarter.
- At district level monthly review meetings may be organized as per need by District Nucleus.

c) NGO Support

NGO	Staff	Activities
I WHO	3 Officers	Technical Support - Support at State and District level in Planning , Implementation , Supervision , Monitoring , Training NO FINANCIAL SUPPORT
	1 State NLEP Co-ordinator	
	Zonal NLEP Co-ordinator	
	Zonal NLEP Co-ordinator	
II ILEP		
a) Netherlands Leprosy Relief	5 Leprosy Advisors along with Driver and a vehicle	Cover 34 Districts. Technical Support - Support at State and District level in Planning , Implementation , Supervision , Monitoring , Training + FINANCIAL SUPPORT
b) The Leprosy Mission	Technical Resource Units (TRUs) having 1 MO , 1 NMS, 1 PTT & 1 Driver each along with vehicle	Cover 37 District. TECHNICAL SUPPORT - Support at State and District level in Planning , Implementation, Supervision, Monitoring and Training + FINANCIAL SUPPORT

Budgetary Requirement

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
	Infrastructure & Manpower	District Leprosy Officer - Regular in 34 Districts, Dy DLO in 12 Districts, Incharge in 25 Districts							
		HE-71, NMS-538, NMA-1800, PTT- 44							
		Urban Hospital - 162							
		CHC-515, Block PHC- 308							
		APHC- 3690							
		Sub Centre-20521							
i.	Strength	Functional Integration in place in the state and all health facilities of govt. providing leprosy services. Elimination level achieved in 40 Districts by the end of Nov 2008	Capacity Building & Training of GHS Staff for quality services						
ii.	Weakness	Late detection of cases. All cases with disabilities report after developing the disability. Reaction cases not managed satisfactorily due to shortage of Prednisolone at PHC and lack of skills in recognizing neuritis and reaction	Promote Early Case Detection and Efficient & Prompt management of cases with neuritis & reaction						

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
iii.	Threat	Complacency among Programme Managers & staff after achieving elimination	Sustained and quality services for leprosy						
iv.	Opportunity	Availability of ASHAs in leprosy work	Involvement of ASHAs in referral of suspects and follow up of patients						
		Man power of trained and motivated vertical leprosy staff still eager to render services to Leprosy affected	Continue to take services of trained and motivated vertical leprosy staff for providing leprosy services and utilize them as experts for GHS staff						

A	Training & Capacity Building	Expected Outcome: Early Case Detection by trained field staff & Quality diagnosis and treatment & Prevention of Disabilities. (At State HQ Rs5,08,200 + At District HQ 39,98,000) BUDGET Rs. 45,06,200							
		All trainings to be integrated with trainings of NRHM							508200
i	Technical cum DPMR Training of newly recruited Medical Officers at State HQ	4 days Technical cum DPMR training - for 2100 untrained Medical Officers given at District level	Technical cum DPMR training to approx.500 Medical Officers to be conducted at State HQ by State Institute (SIHFW) as part of the Foundation Course under NRHM. NLEP State Trainers shall be facilitators. Education material to be provided to trainees by State HQ	As per recruitment	500	50	25,000	State Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
ii	<u>Technical cum DPMR Training of newly recruited Health Workers at State HQ</u>	4 Days Technical cum DPMR Training has been given to 600 Health Workers (Male & Female) at District level	Technical cum DPMR Training of newly recruited 1000 Health Workers at State Institute (SIHFW) as part of the Foundation Course. LEP State Trainers shall be facilitators. Education material to be provided to trainees by State HQ	As per recruitment	1000	50	50,000	State Health Society	
iii	<u>2 Day Refresher Technical cum DPMR Training of District Nucleus Staff at State HQ</u>	2 days Technical and DPMR orientation training given to all District Nucleus staff (5 members from each District) in batches of 30	2 days Refresher Technical cum DPMR training - 140 DLOs and Deputy DLOs & 217 Leprosy Staff- Total 357 Trainees	July to October, 2009	357	28000	333,200	State Health Society	
iv	<u>5 days Training of Laboratory Technicians by State HQ</u>	5 days Training of Laboratory Technicians in Skin Smear Examination - 17 Laboratory Technicians from District Hospitals have been trained in 2008-2009 at TLM , Allahabad	5 days Training of Laboratory Technicians in Skin Smear Examination - 25 Laboratory Technicians from District Hospitals to be trained at The Leprosy Mission Hospital & Training Centre, Allahabad	October, 2009	25	4000	100,000	State Health Society	
	At District								3998000

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
v	2 Day Refresher Technical cum DPMR Training of Medical Officers at District HQ	2 days Technical and DPMR orientation training given to 2100 Medical Officers(Male & Female) of Primary Health Care Services of high priority 38 Districts in batches of 30	2 Day Refresher Technical cum DPMR Training at District HQ to 1980 Medical Officers of Primary Health Centres	July to October, 2009	1980	28000	1,848,000	District Health Society	
vi	2 Day Refresher Training of Health Workers / Leprosy Staff at District HQ	Two days Orientation Technical & DPMR training of Leprosy Staff in batches of 30 completed in 2008-2009	2 Day Refresher Technical & DPMR training of Health Workers/ Leprosy Staff - for selection of deformed leprosy cases for RCS and their post operative care to be trained in batches of 30	June to August, 2009	2580	25000	2,150,000	District Health Society	

B	Community Education (IEC) and Advocacy Efforts	Expected Outcome: Create Awareness about leprosy among masses, Encourage early case detection by voluntary reporting. Reduce stigma in Society, Social & Vocational Rehabilitation of Leprosy affected persons. (At State HQ-Rs 9,60,8000 + At District HQ Rs. 40,82,500) BUDGET: Rs.*1,36,90,500 (Approved Rs. *115.00 lacs)							
		The following IEC activities have been carried out during the year 2008-09	Planned IEC activities for 2009-2010 are as under						9608000

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
i	By State HQ	Installation of Hoarding - 300	Hoardings 200 for public places	September, 2009 to November, 2009	200	16000	3,200,000	NRHM (NLEP) State Health Society	
ii	By State HQ	Display Board 500 in priority Block level Primary Health Centres are being done	Display Board 500 are proposed for public places in priority Districts	September, 2009 to November, 2009	360	2800	1,008,000	NRHM (NLEP) State Health Society	
iii	By State HQ	Posters 100000 printed & distributed in 2008-2009	Posters -1,00,000 to be provided to Districts on basis of leprosy problem and density of DPMR work.	September, 2009	100000	6	600,000	NRHM (NLEP) State Health Society	
v	By State HQ	Booklets for Staff of Primary Health Centres printed in 2008-2009	Booklets - 50,000 on Self Care to be printed for distribution to Leprosy Affected persons and to field staff	September, 2009	30000	20	600,000	NRHM (NLEP) State Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
vii	By State HQ	Folk Shows- 1400 Magic Shows, Short Plays, Nukkad Natak and Puppet shows have been organised during the year 2008-09	Folk Shows- Magic Shows, Puppet Shows and Cultural Programmes for spreading knowledge of leprosy. It is proposed that 20 Magic Shows, 20- Puppet shows and 20 Cultural Programmes to be organized in high endemic districts	August, 2009 to January, 2010	1400	3000	4,200,000	NRHM (NLEP) State Health Society	
	By District HQ								4082500
xi	By District - at District level	Rallies -140 Rallies organized @ 2 per District	2 Rallies @ Rs 6000 each on 2nd October 2009 & 30th Jan 2010	October, 2009 ,January, 2010	142	5000	710,000	NRHM (NLEP) DHS	
xii	By District - at Block level	140 Quiz have been organised @ two Quizzes per district in School/college.	10 High School Level Quiz @ Rs. 1000 each	January, 2010	710	1000	710,000	NRHM (NLEP) DHS	
xiv	By District - at Block level	70 IPC workshops of Medical Officer & Health Workers have been organised @ one workshop per district.	IPC Workshop of 500 ASHAs in each district @ Rs 65 per ASHA (Rs 15 refreshment and Rs 50 TA)	July 2009- Feb 2010	35500	65	2,307,500	NRHM (NLEP) DHS	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
xvi	By District - at Block level	One Health Melas have been organised in each district.	For IEC in Health Melas, Local Festivals, Melas, ASHA Sammelan, Saas- Bahu Sammelan, etc. @ Rs.5000 depending on population of Districts	April 2009 to March 2010	71	5000	355,000	NRHM (NLEP) DHS	

C	D.P.M.R. Activity	Expected Outcome : Prevention of Disabilities, prevention of deterioration of existing deformities by specialist Care at Referral Units at District Hospitals, Medical & Social Rehabilitation of Leprosy Affected Persons, Mobilization of operable cases for Reconstructive surgeries at Tertiary Hospitals of State . (State HQ -Rs 23,00,000 + District HQ -Rs 38,84,200) BUDGET : Rs. *61,84,200 (Approved Rs. 70.00 lacs *)							
	BY State HQ								2300000
i	<u>RCS in ILEP Supported Institutions</u>	Selected deformed leprosy affected persons have been referred for RCS operations to The Leprosy Mission Hospital & Home, Naini, Allahabad and at Motinagar, Faizabad	Selected deformed leprosy affected persons to be referred for RCS to The Leprosy Mission Hospital & Home at Naini (Allahabad) and at Motinagar (Faizabad)	April 2009 to March 2010				The Leprosy Mission	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
ii	<u>RCS by Central Govt. Institutions</u>	Central Jalma Institute for Leprosy, Agra is conducting RCS operations. Selected deformed patients of Western U.P. districts have been sent for RCS operation to Central Jalma Instt. For Leprosy, Agra.	Selected deformed patients of Western U.P. districts shall be sent for RCS operation to Central Jalma Instt. For Leprosy, Agra.	April 2009 to March 2010				JALMA	
iii	<u>RCS by Medical College, Lucknow & DDU Hosp., Varanasi under State HQ</u>	CSM Medical University, Lucknow has been identified as Physical Medicine and Rehabilitation Institution for the state during the year 2007-08. For Major R.C.S. Operations at CSMU College, Lucknow, Rs. 5000/= per operation has been provided in 2008-2009	Selected deformed patients shall undergo Major RCS at Medical College, Lucknow & Pandit Deen Dayal Upadhyay Hospital Varanasi. Cost of Major RCS Operation shall be reimbursed to the Departments by State HQ	April 2009 to March 2010	200	5000	1,000,000	NRHM (NLEP)- State Health Society	
iv	<u>Compensation for loss of wages to RCS patients by State HQ</u>	To mobilize deformed leprosy affected persons for RCS , those belonging to Below Poverty Line category compensation for loss of wages has been provided @ Rs5000 per patient.	Leprosy affected persons belonging to Below Poverty Line category ,undergoing RCS , compensation for loss of wages shall be provided @ Rs5000 per patient.	April 2009 to March 2010	200	5000	1,000,000	NRHM (NLEP)- Distt. Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
vi	<u>Supportive Medicines Aids & Appliances to RCS institutions by State HQ</u>	Crutches & Splints have been provided to deformity patients. Aids and Appliances have been given to Deformity patients for 200 patients @Rs.3000	Supportive Medicines ,Crutches & Splints, Aids and Appliances, Footwear are to be provided to leprosy patients (to 200 patients @ upto Rs.2000 each)	April 2009 to March 2010	200	2000	400,000	NRHM (NLEP)- State Health Society	
vii	<u>Sensitization of Patient's attendants for Post Op Care</u>		Sensitization of Patient's attendants for Post Op Care @ Rs 2000 per RCS patient	April 2009 to March 2010	200	2000	400,000	NRHM (NLEP)- State Health Society	
vii	<u>Equipment for Reconstructive Surgery at Medical College ,Lucknow</u>	No provision made for infrastructure strengthening	Surgery Equipment for Reconstructive Surgery at Medical College ,Lucknow	June 2009 to July 2009		500000	500,000	NRHM (NLEP)- State Health Society	
	By District HQ								3884200
	Screening Camp for RCS	NO provision made for Screening Camp Organization	DPMR- Camp for Disabled for RCS Screening & Self Care Education	April 2009 to March 2010	71	10000	710,000	NRHM (NLEP) District Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
	MCR Footwear	MCR Footwear provided to Leprosy Affected Persons	MCR Footwear have been procured for Grade-1 deformity patients, 60 pairs of MCR footwear per district be provided @ Rs. 300/- per pair to patients found under deformity.	April 2009 to March 2010	4260	300	1,278,000	NRHM (NLEP) District Health Society	
xii	Self Care Kits for LAP	Self Care Kits not provided	Self Care Kits-4485 for Disability Grade 1 & 2 cases @ Rs 200	April 2009 to March 2010	4481	200	896,200	NRHM (NLEP) District Health Society	

D	URBAN LEPROSY CONTROL		Expected Outcome : Increase urban coverage by involvement of Health Facilities in Urban areas e.g. ESI, Railway, Municipality, Industrial, Private , NGO etc. BUDGET : Rs.18,39,100						
	By District HQ								1839100
	Urban Leprosy Control	Under Urban Leprosy Project 52 Projects were implemented. Mega City-1, Metropolitan City-1, Medium City-9 and Urban Township's-41 were included	52 Projects to be continued in the state and expenses are as per heads below:	April 2009 to March 2010					
i			<u>Supportive Medicine includes Prednisolone, & Dressing materials</u>					NRHM (NLEP) District Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
			Mega City (Popn.>20 lakhs)		1	40000	40,000		
			Metropolitan City (Popn 20lakhs)		1	36000	36,000		
			Medium City (Popn.10lakhs)		9	18000	162,000		
			Township (Popn.5lakhs)		41	9000	369,000		
ii			<u>MDT Delivery services and follow up of under treatment patients</u>					NRHM (NLEP) District Health Society	
			Mega City		1	56500	56,500		
			Metropolitan City		1	56500	56,500		
			Medium City		9	28200	253,800		
			Township		41	11300	463,300		
iii			<u>Monitoring, supervision and Coordination which includes periodic meetings and mobility</u>					NRHM (NLEP) District Health Society	
			Mega City		1	24000	24,000		
			Metropolitan City		1	24000	24,000		

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
			Medium City		9	12000	108,000		
			Township		41	6000	246,000		

E	Procurement Plan at District HQ	Expected Outcome : Provide medicines (other than MDT) , splints, crutches, MCR Footwear, welfare items for leprosy affected persons . BUDGET : Rs.*1,77,5000 (Approved Rs. 36.92 lacs*)							1775000
i	MDT Drugs	MDT Supply has been received from Govt. of India free of cost.	MDT Drugs to be supplied by GOI free of cost on Quarterly Indenting as per case load	April 2009 to March 2010					
ii	Supportive Medicines	Supportive medicines procured at District level	Procurement of Supportive Medicines at District level @ avg Rs15000 per district	Jul-09	71	15000	1,065,000	NRHM (NLEP) District Health Society	
iii	Splints and Crutches	Splints and Crutches & Items for Deformed Leprosy affected Persons have been provided	Splints and Crutches, Items for Deformed Leprosy affected Persons will be provided to deformity patients @ avg Rs 4000 per District	April 2009 to March 2010	71	4000	284,000	NRHM (NLEP) District Health Society	
iv	Patients Welfare	Needy patients have been provided help as per their needs.	Needy patients will be provided help as per their needs @ avg Rs 6000 per District	Sept 08	71	6000	426,000	NRHM (NLEP) District Health Society	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
F	N.G.O. Services :	Expected Outcome : Generate Community awareness for early case detection, Provide Ulcer care, POID services to affected persons and Case follow-up of cases under treatment. BUDGET : Rs 60,63,440 TOTAL Rs 60,63,440							6063440
	Funding under SET SCHEME	NGOs already working to continue work but their role shall be redefined - IEC, Surveillance, Prevention of Deformity & Ulcer Care, case follow-up, absentee retrieval etc	NGOs already working to continue work but their role shall be redefined - IEC, Surveillance, Prevention of Deformity & Ulcer Care, case follow-up, absentee retrieval etc.	April, 2008 to March, 2009				NRHM (NLEP)- State Health Society	
		a) Gramya Vikas Sansthan, Lucknow (Mohammadi Tehsil, Kheri)	a) Gramya Vikas Sansthan, Lucknow (Mohammadi Tehsil, Kheri)	For 2008-09 & 2009-10		460,000	460,000		
		b) Jawahar Lal Nehru Sewa Sansthan, Deoria (Bhatni & Bhulouni Block)	b) Jawahar Lal Nehru Sewa Sansthan, Deoria (Bhatni & Bhulouni Block)			680,480	680,480		
		c) Mahila Avam Bal Vikas Samiti, Naini Lar, Deoria (Kopa & Ghosi Block, Mau)	c) Mahila Avam Bal Vikas Samiti, Naini Lar, Deoria (Kopa & Ghosi Block, Mau)			500,000	500,000		
		d) Maksad, Chandan Chouki, Paliyakalan, Kheri (Palia Tehsil, Kheri)	d) Maksad, Chandan Cookie, Paliyakalan, Kheri (Palia Tehsil, Kheri)			510,060	510,060		

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
		e) Nehru Yuva Chetana Kendra, Deoria (Deoria & Baharaj Bajar Block Deoria)	e) Nehru Yuva Chetana Kendra, Deoria (Deoria & Baharaj Bajar Block Deoria)			502,660	502,660		
		f) Poorvanchal Sewa Sansthan, Deoria (Dasai Deoria, Kasiya Block Deoria)	f) Poorvanchal Sewa Sansthan, Deoria (Dasai Deoria, Kasiya Block Deoria)			796,620	796,620		
		g) Poorvanchal Sewa Sansthan, Deoria (Siswa & Nichloul, Maharajganj)	g) Poorvanchal Sewa Sansthan, Deoria (Siswa & Nichloul, Maharajganj)			436,000	436,000		
		h) Sanjay Gandhi Sewa Sansthan, Deoria (Rudrapur, Gouri Bazar, Deoria)	h) Sanjay Gandhi Sewa Sansthan, Deoria (Rudrapur, Gouri Bazar, Deoria)			753,660	753,660		
		i) Swargiya Lal Bahadur Shastri Sewa Kusht Sewa Ashram, Azamgarh (Tarwa Firozpur Block)	i) Swargiya Lal Bhadur Shastri Sewa Kusht Sewa Ashram, Azamgarh (Tarwa Firozpur Block)			432,060	432,060		
		j) Tripurari Sewa Avam Shiksha Sansthan, Goura Deoria (Brahmpur, Sardar Nagar Block, Gorakhpur)	j) Tripurari Sewa Avam Shiksha Sansthan, Goura Deoria (Brahmpur, Sardar Nagar Block, Gorakhpur)			496,000	496,000		
		k) Trinity Association for Social Service, St. Kabir Nagar (Brijmanganj & Noutanwa Block, Mahrajganj)	k) Trinity Association for Social Service, St. Kabir Nagar (Brijmanganj & Noutanwa Block, Mahrajganj)			495,900	495,900		

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10

G	MDT Management ASHA /USHA	Expected Outcome : Creating awareness about the early signs of leprosy among the people and ensure timely treatment completion . BUDGET : Rs 23,06,100							2306100
		ASHAs have been trained in Leprosy and started referral of suspect cases	ASHA has to create awareness about the early signs of leprosy in her village and ensure timely treatment completion of cases in her village.					NRHM (NLEP) District Health Society	
		For M.B. Cases incentive given @ Rs.500 per patient	For M.B. Cases incentive to be given @ Rs.500 per patient				2,306,100		
		P.B. Cases incentive given @ Rs.300 per patient	P.B. Cases incentive to be given @ Rs.300 per patient						
H	Programme Management	Expected Outcome : Efficient functioning of SLO & DLO Offices (Contractual Services- At State HQ 3,81,600 + At District HQ 45,78,000 Total BUDGET Rs *49,59,600) (Approved Rs. 25.44 lacs*) Office Maintenance- State HQRs.4,87,000 + District HQ Rs 58,93,000 Total BUDGET Rs. *63,80,000) (Approved Rs. 53.68 lacs*) TOTAL Rs *1,13,39,600 (Approved Rs79.12 lacs*)							
	Contractual Services :	At State HQ							381600
i		SLO Office (Rs3,81,600)	Budget & Finance Officer cum Administrative Officer 1 @ Rs15000 per month		1	15000	180,000	NRHM (NLEP) State	

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
ii			Data Entry Operator 1 @Rs 8000 per month		1	8000	96,000	Health Society	
iii			Contractual Driver 1 @ Rs 4500 per month		1	4500	54,000		
iv			TA/DA Driver @ Rs 500 per month		1	500	6,000		
v			Contractual Peon 1 @ Rs 3800 per month		1	3800	45,600		
	Contractual Services :	At District HQ							4578000
x		DLO Office	Contractual Driver @ Rs 4500 per month		69	4500	3,726,000	NRHM (NLEP) District Health Society	
xi			TA/DA Driver @ Rs 500 per month		71	6000	426,000		
xii			Accountant Honorarium @ Rs500 per month		71	6000	426,000		

I	Office Maintenance	At State HQ						NRHM (NLEP) State Health Society	487000
i		SLO Office	Telephone/Fax/Internet				150,000		
ii			Office Operation & Maintenance				60,000		
iii			Consumables Stationary				60,000		

S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
iv			Printing of Records @ Rs. 12,000 per year				12,000		
v			Replacement & Maintenance of Heavy Duty Photocopy Machine for SLO Office		1	175000	175,000		
vi			Mobile Phone Rental for SLO @ Rs2500 per month		1	30000	30,000		
	Office Maintenance	At District HQ						NRHM (NLEP) District Health Society	5893000
vii		DLO Office	Telephone /Fax/Internet/Communication @ Rs. 18,000 per year		71	18000	1,278,000		
viii			Office Operation & Maintenance @ Rs. 20,000 per year		71	20000	1,420,000		
ix			Consumables Stationary @ Rs. 20,000 per year		71	20000	1,420,000		
x			Printing of Records @ Rs. 15,000 per year		71	15000	1,065,000		
xi			Equipment , Furniture @ Rs 10000 for the year		71	10000	710,000		

J	NLEP Monitoring & Review	Expected Outcome : Improvement in quality of services BUDGET : Rs.*77,96,000 (Review Meetings At State HQ Rs 1,00,000 + At District HQ Rs 4,26,000 TOTAL -Rs 526000 POL Mobility & Hiring Vehicle At State HQ Rs1,70,000 + At District HQ Rs71,00,000 Total Rs 72,70,000) (Approved Rs. 68.61 lacs*)							
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S.No.	Heads	Present Status	Activities planned	Time Schedule	No. Required	Rate (In Rs.)	Costs (In Rupees)	Source of cost	Total Budget Head wise
1	2	3	4	5	6	7	8	9	10
		At State HQ	4 Review Meetings @ Rs 25,000	April, 2009 to March, 2007	4	25000	100000	NRHM (NLEP) State Health Society	270000
			Vehicle Operation & Hiring for 2 Vehicles @ Rs. 85,000 per year	April, 2009 to March, 2008	2	85000	170000		
		At District HQ	Review Meetings of MOs / Staff at District / Block level @ Rs 500/=	April, 2009 to March, 2009	71	6000	426000	NRHM (NLEP) District Health Society	7526000
			Vehicle Operation & Hiring for 2 Vehicles @ Rs. 50,000/= P.A.	April, 2009 to March, 2010	71	100000	7100000		
							Total		55500140
								Cash Assistance	6000000
								Grand Total	*61500140 (Total approved budget Rs. 576.80 lacs*)

Budget Summary

S.No.	Heads	For Districts	For State HQ	TOTAL (Rs.)
A	Training & Capacity Building	3998000	508200	4506200
B	Community Education (IEC) and Advocacy Efforts	4082500	9608000	13690500
C	DPMR Activity	3885000	2300000	6184200
D	Urban Leprosy Control	1839100	0	1839100
E	Procurement	1775000	0	1775000
F	NGO Services	0	6063440	6063440
F	ASHA	2306100	0	2306100
H	Contractual Services	4578000	381600	4959600
I	Office Maintenance	5893000	487000	6380000
J	NLEP Monitoring & Review Meetings +POL	7526000	270000	7796000
Total Budget		35882700	19618240	55500140
Cash Assistance				6000000
Grand Total				*61500140 (Approved Rs. 576.80 lacs*)

3. INTEGRATED DISEASE SURVEILLANCE PROJECT

1. Background

GOI has initiated the decentralized, state based Integrated Disease Surveillance Project. The project would enable State to detect early warning signals of impending outbreak and initiate an effective response in timely manner. It is also expected to provide essential data to monitor progress of ongoing disease control programmes and to allocate health resources accordingly.

The State presented its PIP for year 2008-2009 initiating this programme in 5 Districts- Kanpur, Agra, Varanasi, Allahabad, Lucknow and also at State Head quarter.

The IT equipments for Data Cell and Training Cell have been provided to State HQ and 70 Districts and are in process of installation. The IT equipments for 71st District Kanshiram Nagar has been requested from Central Surveillance Unit.

All the Districts are sending Weekly Outbreak Report. The guidelines and proforma (Form S, Form P and Form L) have been provided to all the Districts.

The GOI has employed Data Managers for SSU and Districts.

As soon as budget becomes available, the Districts will distribute proforma to Health Workers and online entry will start at District Surveillance Units.

2. Objectives

- To improve the information available to the govt. health services and private health care providers on a set of high priority diseases and risk factors with the view to improving the responses to such diseases and risk factors.
- To establish a decentralized state based system of surveillance for communicable and non communicable diseases to ensure timely and effective public health action in response to health challenges in the country at the state and national level.
- To improve the efficiency of existing surveillance system and facilitate sharing of relevant information with the health administration, community and other stake holders so as to detect disease trend and evaluate control strategies.

3. Components

- Establish state and district level disease surveillance unit.
- Strengthening of data quality, analysis and linkages to action
- Improve laboratory support system.
- Train stakeholder in disease surveillance and action

- Coordinate and decentralize surveillance activities
- Integrate disease surveillance at all level and involve communities and other stake holders.

4. Progress in 2008-09

- ✓ State and District Surveillance Units have been established
- ✓ The data will be captured by health workers and reporting units using Form S, Form P and Form L. The on-line entry will be done every week in Monday morning at DSUs.
- ✓ The laboratory system is being improved.
- ✓ 17 District Surveillance Officers have been trained in JIPMER Pondicherry. Rest proposed to be trained at IMS BHU Varanasi and at BJMC Pune.
- ✓ Co-ordination involving private health service providers and other government departments is being done through State and district Surveillance Committees. Medical Colleges are being involved.
- ✓ Integration is being done at all level and community is reporting outbreaks using toll-free number 1075
- ✓ Weekly Outbreak Report is being received from DSUs through e-mail and the compiled report is sent to NPO every Monday through e-mail.

Diseases/Conditions under the Surveillance Programme

a. Regular surveillance

Vector Borne Diseases	1. Malaria
Water Borne Diseases	2. Acute Diarrhoeal Disease (Cholera)
	3. Typhoid
Respiratory Diseases	4. Tuberculosis
Vaccine Preventable Diseases	5. Measles
Diseases under Eradication	6. Polio
Other conditions	7. Road Traffic Accidents
Other International commitments	8. Plague
Unusual Clinical Syndrome (causing death/ hospitalization)	9. Meningoencephalitis/ Respiratory distress, hemorrhagic fevers, other undiagnosed conditions

b. Sentinel Surveillance

- | | |
|--------------------------------|---|
| Sexually Transmitted Diseases/ | 10. HIV/ HBV, HCV |
| Blood Borne Other conditions | 11. Water quality |
| | 12. Out door air quality(Large urban centres) |

c. Regular Periodic Surveys

- | | |
|------------------|---|
| NCD risk factors | 13. Anthropometry, Physical Activity, Blood Pressure, Tobacco Nutrition Blindness |
|------------------|---|

d. State Priorities Disease

- 14. Japanese Encephalitis
- 15. Dengue/ DHF
- 16. Filaria
- 17. Kala-azar

Other Conditions of interest for Surveillance:

- 1. Arsenicosis
- 2. Fluorosis
- 3. Epidemic Dropsy
- 4. Lathyrism

5. Key performance indicators

The performance of surveillance system will be assessed using following indicators.

- No. and %age of districts providing monthly surveillance report on time.
- No. and %age of responses to disease specific triggers on time.
- No. and %age of responses to disease specific triggers assessed to be adequate.
- No. and %age of laboratories providing adequate quality of information.
- No. of districts in which private providers are contributing to disease information.
- No. of reports derived from health care providers.
- No. of reports derived from private laboratories.

6. Expectations

It is expected that IDSP will avert a sufficient number of disease outbreak and epidemics and reduce human suffering and improve the efficiency of all existing health programme. This programme will also allow monitoring of resource allocation and form a tool to enhance equity in health delivery.

7. Strategy

The four main strategies for implementation of IDSP are -

1. Information Technology and Networking
2. Laboratory Upgradation
3. Human Resource Development
4. Disease Surveillance and Response Mechanism.

8. Intervention Plan

8.1 Establishment of state and district level disease surveillance unit.

8.1.1 State Surveillance Unit (SSU)

SSU has been set up under Director General of Medical and Health Services, U.P. with the following Members.

State Surveillance Officer	- Joint Director level-IV (from existing staff of State Govt.)
Consultant, Technical & Training	- On contractual basis
Consultant, Finance	- On contractual basis
Data Manager	- On contractual basis by GOI
Data entry operator (2)	- On contractual basis
Assistant	- On contractual basis
Helper	- On contractual basis

SSU will have the following responsibilities -

- The collection and analysis of all data being received from the districts and transmitting the same to the central surveillance unit.
- Coordinating the activities of the rapid response teams and dispatching them to the field whenever the need arises.
- Monitoring and reviewing the activities of the district surveillance units including checks on validity of data, responsiveness of the system and functioning of the laboratories.

- Coordinating the activities of the state public health laboratories and the medical college laboratories.
- Sending regular feedback to the district units on the trend analysis of data received from them.
- Coordinating all training activities under the project.
- Coordinating meetings of the state surveillance committee, which is referred to in later paragraphs

8.1.2 State Surveillance Committee

A State Surveillance Committee has been set up under the chairmanship of the Secretary, Medical & Health Department to oversee all the surveillance activities in the state and will be administratively responsible for implementation of the programme.

The members of the committee will consist of the following:

- Chairperson** : Secretary, Medical & Health, Govt. of U.P.
- Co-Chairperson** : Director General, Medical & Health
- Member Secretary** : State Surveillance Officer
- Members** :
1. Director, Health, GoUP
 2. Programme Officers (TB, Malaria, Polio, AIDS, Blindness Control, Leprosy Eradication)
 3. Representative nominated by the Principal Secretary, Home, Govt. of U.P.
 4. Representative from Pollution Control Board, U.P.
 5. In-charge State Public Health Lab.
 6. State Representative of IMA
 7. Representative of State Medical College
 8. Representative of Health related NGOs

The state surveillance committee would meet at least twice in a year and as and when required.

8.1.3 Manpower Requirement

Sl.	State Unit	District Unit
1	Jt. Director (State Surveillance Officer-SSO)*	Dy. CMO (District Surveillance Officer-DSO) *
2	Consultant (Technical and Training)	Accountant -1
3	Consultant (Finance and Procurement)	Data Entry Operator-2

Sl.	State Unit	District Unit
4	Data Manager (hired by GOI)	Administrative Assistant-1
5	Data Entry Operator-2	Data Manager (hired by GOI)
6	Office Assistant-1	
7	Class IV-1	

8.1.4 Administrative Structure at District Level

1. District Surveillance Committee :

Constitution of the committee as follows :

Chairperson : District Magistrate
Co-Chairperson : Chief Medical Officer.
Member Secretary : District Surveillance Officer

Members :

1. Programme Officers (TB, Malaria, Polio, AIDS, Blindness Control, Leprosy Eradication)
2. Representative of Sentinel Private Practitioners
3. Superintendent of Police
4. Representative of Jal Nigam
5. Representative of NGOs
6. Chairman, Distt. Panchayat
7. In-Charge District Public Health Lab.

The District Surveillance Committee will meet once a month regularly and as often as needed during an epidemic. A routine report of this meeting should be forwarded to the State Surveillance office to give a feedback on the progress and problems in various districts. Reports of these meeting will be forwarded to the National Surveillance cell once in three months.

8.1.5 District Surveillance Unit (DSU)

Constitution of the DSU will be as follows :

District Surveillance Officer (1) - Nominated by the Chief Medical Officer
Consultant Public Health (2) - Medical Graduates on contractual basis
Accountant (1) - On contractual basis
Data entry operator (2) - On contractual basis
Administrative Assistant (1) - On contractual basis

8.1.6 Outbreak Response

There will be District Outbreak Investigation Team (**DOIT**) in each district to look after the various aspects of an outbreak composition of the team will be as follows -

1. Nodal Officer(Epidemiologist)
2. Clinician(Physician or Paediatrician)
3. Microbiologist
4. District Administrative nominee (not below the rank of Tehsildar)
5. One member of surveillance consultant of DSO
6. Health Assistant

At the state level there will be three state level Rapid Response Teams to investigate at the time of out break of epidemic. Members of the team is as follows -

1. State Surveillance Officer/ Nominee
2. Micro Biologist
3. Nodal Officer In charge of disease control programme in the state
4. Consultant Epidemiologist
5. Representative of Medical College

➤ **Strengthening of data quality, analysis and linkages to action**

Main activities under this head

- Online entry, management and analysis of surveillance data through use of computer and internet and WWW
- Reporting surveillance data using standard software including GIS, with flexibility with new system
- E-mail services between state head quarter, district, blocks, laboratories and Gol.
- Linkages with institution and personnel involved in public health.
- Using feedback from health worker/community to take action
- Rapid dissemination of health alerts to public health staff and civil societies
- Quality Assurance surveys of laboratory information.

➤ **Improve laboratory support system.**

Correct diagnosis of the communicable and non-communicable disease is crucial to dispel rumours and undertake scientific interventions. Currently, laboratory services are rudimentary in nature. These need to be revamped and strengthened.

Under the IDSP project Gol has provided norms to strengthen laboratory support system. For Uttar Pradesh following units need to be strengthened

- State laboratory at State HQ and SSU
- District lab at every district head quarter
- Peripheral labs at all CHCs

Strengthening norms of above units includes components of

- Civil Works
- Procurement of laboratory equipment
- Consumables
- Office equipments
- Furniture and fixtures.

➤ **Train stakeholders in disease surveillance and action**

To improve knowledge, understanding of program objective & guidelines, role of other support personnel and units, skills, application and commitment is essential for effective implementation of the program. To this end intensive capacity building/ training are to be undertaken under the program. The details of the training program are as under:

- The training components include epidemiology, laboratory, data management, quality assurance
- It will be three tier training process, state and district level trainer 10 at each level will be trained by Gol at identified institutions. Who intern will train block level trainer who intern will trained the sub block staff and community members
- Training material will be provided by Gol
- For training two levels of trainers have been identified. Level-2 trainers (State and district) who have been trained by Level-1 trainer (National level). They will in turn train district and sub district personnel.
- State/district level training will be undertaken by the Gol at national institute.
- Peripheral level training will be given by the block Medical Officer at the sub block level.
- Total no. of trainees will be include MPWs (male & female), state surveillance team, medical officer, peripheral worker, lab technicians/ assistants, data managers, district surveillance team and ASHAs.

➤ **Integrate disease surveillance at all levels and involve communities and other stakeholders.**

The success of any programme depends upon the participation of stakeholders, maintaining of regular linkage, coordination, hand-holding, sharing of information and feedback. The various stakeholders under the programme are as under:

- Under IDSP the stakeholders at periphery would be medical officer PHC, sentinel private practitioners, participating laboratories

- At district peripheral level member of district surveillance unit, district public health lab, cantina private hospitals, programme officer of different disease control programme, medical colleges
- At state level all members of SSU, state disease control programme officer, state laboratories, medical colleges in the state.
- Coordination between all the stakeholders will be insured by the SSU through IT networking.

10. Information, Education and Communication

People's knowledge and participation is crucial for the success of the programme. Different sections of the service providers and community groups should be given specific role and tool to facilitate their contribution in the programme and understand role of other group of workers and community to facilitate smooth action at the ground level.

Toward this end a robust BCC intervention is proposed to be undertaken on regular basis to facilitate the process of understanding cooperation and coordination in respect of various components of the program. The communication may focus on specific needs of target audience, expected outcomes and progress made from time to time. The interpersonal communication material be developed and used by leveraging through community mobilization activities under RCH-II or other programmes. Convergence with other BCC interventions under NRHM would also be ensured.

11. Contribution of SSU and DSUs in other programmes

Besides regular on-line entry of Form S, Form P and Form L , the District Surveillance Unit will submit following reports regularly to State for State level compilation and onward submission:

1. Weekly Outbreak Report through e-mail
2. Weekly Epidemic Prone Diseases through Courier
3. Monthly Statement of Institutional cases and Deaths due to Communicable Diseases. CBHI proforma
4. Monthly Statement of Institutional cases and Deaths due to Non-Communicable Diseases. CBHI proforma

The other programmes to be implemented by DSUs are

- **Health Information Management System** vide MOHFW D.O. N 2020/2/2008-Stats(M&E) Dated 9th Sept 2008 **Annexure-1**
- **CBHI GIS mapping** vide CBHI DGHS M-11014/1(5)/2005 CBHI Dated 4th Aug 2008 **Annexure-2**
- **International Health Regulation** vide NICD DO 12-3/2006-IHD Dated 7th May 2008 **Annexure-3**

The Component wise budgetary provisions according to National PIP.

1. Staffing Expenses at State Surveillance Unit

Title	Type	No.	Monthly Fees (Rs.)	Annual Cost (Rs. In Lac)	Procedure
Consultant Finance/ Procurement	Full Time	1	10000	1.20	Consultancy
Consultant Training/ Technical	Full Time	1	10000	1.20	Consultancy
Data Entry Operator @ 6000/- per month	Full Time	2	12000	1.44	On contract
Assistant	Full Time	1	5000	0.60	On contract
Helper	Full Time	1	3000	0.36	On contract
TOTAL		6	40000	4.80	

The unit cost for personnel required for SSU on GoI norms is Rs. 4.80 lac per year.

2. Staffing Expenses at District Surveillance Units

Title	Type	No.	Monthly Fees (Rs.)	Annual Cost (Rs. In Lac)	Procedure
Accountant	Full Time	1	7000	0.84	On contract
Data Entry Operator @ 6000/- per month	Full Time	2	12000	1.44	On contract
Administrative Assistant	Full Time	1	5000	0.60	On contract
TOTAL		4	24000	2.88	
Total for 71 District Surveillance Units				204.48	

3. Operational Cost of SSU

Activity	Annual Cost (Rs. In Lac)	Procedure
Travel cost, POL, Maintenance and Hiring of vehicles	1.00	Hiring by direct contracting
Office expenses on telephone, fax, electricity	0.60	Paid by SSU
Office stationery and other consumable items	0.60	Local purchase
DA to officers and staff engaged under IDSP	0.80	Paid by SSU
Miscellaneous including contingency	0.50	Paid by SSU
SUB-TOTAL	3.50	

4. Operational Cost of DSU

Activity	Annual Unit Cost (Rs. In Lac)	Annual Cost for 71 DSUs (Rs. In Lac)	Procedure
Travel cost, POL, Maintenance and Hiring of vehicles	40000	28.40	Hiring by direct contracting
Office expenses on telephone, fax, electricity	20000	14.20	Paid by DSU
Office stationery and other consumable items	20000	14.20	Local purchase
D.A. to officers and staff engaged under IDSP	30000	21.30	Paid by DSU
Miscellaneous including contingency	20000	14.20	Paid by DSU
TOTAL	130000	92.30	

5. IEC

A. State Level

Activity	Annual Unit Cost (Rs. in lacs)	Procedure
1. Development of communication material	10.00	By SSU
2. Sensitization workshops	1.00	By SSU
3. Review meeting of State Committee/ DSUs	0.50	By SSU
4. Press Advertisement	1.50	By calling 3 or more proposal from 3 newspapers
5. Print Media (Pamphlets, brochures etc.)	1.50	By calling 3 or more proposal from 3 newspapers
6. Telecasting of TV spots	4.00	Quality & Cost based selection
7. Broadcasting on Radio	1.50	Quality & Cost based selection
TOTAL	20.00	

B. District Level

Activity	Annual Unit Cost (Rs. in lacs)	No. of units	Cost for one year (in lacs)	Procedure
1. Organization of sensitization of work shops	0.30	71	21.3	By DSU
2. Review meeting of District Committee	0.10	71	7.1	By DSU
3. Press advertisement	0.20	71	14.2	By calling 3 or more proposal from 3 newspapers
4. Print Media (Pamphlets, brochures etc.)	0.20	71	14.2	By calling 3 or more proposal from 3 newspapers
5. Other media incl. indigenous methods	0.20	71	14.2	Single source
TOTAL	1.00	71	71.0	

6. Furniture and Fixtures

Sites	Total No.	Total Cost (in lacs)
State Surveillance Unit @ Rs.0.30 lac	1	0.30
TOTAL		0.30

7. Material & Supplies for Laboratories

Sites	Total No.	Total Cost (in lacs) Per Yr.
Lab at State Level @ Rs.3.0 lac/yr	1	3.00
Payment for Lab Investigation for Districts	71	10.00
TOTAL		13.00

Budget Summary for IDSP for Year 2009-10

Activity	Expenditure Level		Total (Rs. in lacs)
	State	District	
	SSU (1)	71	
Staffing of SSU	4.80	-	**4.80
Staffing of DSUs	-	204.48	**204.48
Operational Cost of SSU	3.50	-	**3.50
Operational Cost of DSUs	-	92.30	**92.30
IEC	20.00	71.00	*91.00 (Approved Rs. 10.00 lacs*)
Furniture & Fixtures	3.00	-	3.00
Lab Supply & Payment for Lab Investigations at District	13.00	-	13.00
Remuneration of Contractual Staff (72 Epidemiologists, 3 Microbiologists and 1 Entomologist)	24.00	340.80	**364.80
Training			453.85 (Approved Rs. 100.00 lacs*)
Total Estimated Expenditure			1230.73
<i>Total Budget Required for the year 2009-10</i>		<i>1230.73</i>	
<i>Estimated Unspent Balances</i>		<i>273.00</i>	
<i>Additional Funds Required</i>		*957.73 (Total funds approved Rs. 577.43 lacs*)	

**Funds approved Rs. 455.23 lacs.

4. REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME

Objectives:

1. To achieve and maintain a cure rate of at least 85% among newly detected infectious (new sputum smear positive) cases, and
2. To achieve and maintain detection of at least 70% of such cases in the population

This action plan and budget have been approved by the STCS

Section-A - General Information about the State

1	State Population (in lac) <i>projected population for next year</i>	1940.31
2	Number of districts in the State	71
3	Urban population	360.39
4	Tribal population	84.65
5	Hilly population	10.63
6	Any other known groups of special population for specific interventions (e.g. nomadic, migrant, industrial workers, urban slums, etc.)	16.70

No. of districts without DTC: One (New District - Kanshi Ram Nagar)

No. of districts that submitted annual action plans, which have been consolidated in this state plan: 71

1. Overview Of the Project Year 2008-09

A. Financial Details (Till 30/09/08)

(Rs. In Lacs)

Activity	Proposal Sent	Approved Outlay	Releases Received From GOI	Releases From State To Districts	Fund Utilization	Committed Liabilities	Projected Expenditure January To March 2009	Total Projected Expenditure April 2008 To March 2009
RNTCP	4449	3507	1610	1496	1255	401	2252	3507

B. General Performance (till 30/09/08)

State Performance

Year	Population Covered (in Lacs)	Annualised CDR (Lac/Yr)	New Sputum +Ve Detection Rate (lac/Yr)		Conversion Rate (%)	Cure Rate (%)
		Expected 180	Expected 67 (70%)		Expected 90	Expected 85
2005	1820	119	47	49%	90	84
2006	1839	122	50	53%	89	84
2007	1874	131	53	56%	90	83
2008	19.08					
Ist Quarter		136	57	60%	90	85
IInd Quarter		166	71	75%	90	85
IIIrd Quarter		148	63	66%	91	85

C. Key Achievements - (Corresponding 3 Quarter Average)

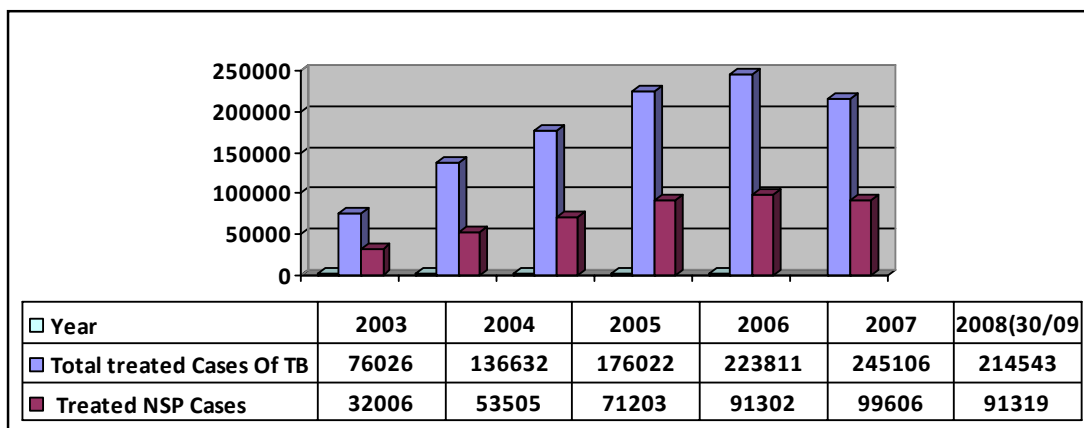
- Annualised case detection rate is increased to 150 from 133 of 2007.
- New sputum +ve detection rate is increased to 67% from 57% of 2007.
- Maintaining conversion rate 90% and cure rate is 85%.

D. Major Bottlenecks in Implementation -

- a. TB suspects are not being referred to DMCs from PHIs as per indicator i.e. 2 to 3% of total adult OPD.
- b. Untrained DTOs and MOTCs because of frequent transfer & retirement.
- c. No. of TUs and DMCs are not as per population norms because of shortage of BM's
- d. Medical colleges are not involved to the extent, they should be. They are reporting only 2% to 3% cases in place of 15% to 20%.
- e. Lack of supervision and monitoring by District Officials.
- f. Lack of awareness generation in slums, SC dominated areas, densely populated areas and urban slums.
- g. Non involvement of private practitioners.
- h. Delayed disposal of files & bills at CMO Levels

3. Situational Analysis and Trends

Total Cases/ NSP treated under RNTCP in U.P.



Total Population of the State is being covered under RNTCP. There is an increasing trend in detection of total cases of Tuberculosis & New Smear Positive Cases & their treatment.

4. Components of the Programme

1. Civil Work
2. Laboratory Consumables
3. Honorarium
4. IEC/Publicity Activities
5. Equipment Maintenance
6. Training
7. POL & Vehicle Maintenance
8. Vehicle Hiring
9. NGO/PP Support
10. Miscellaneous Activities
11. Contractual Services
12. Printing
13. Research & Studies
14. Medical Colleges
15. Procurement of Vehicle
16. Procurement of Equipment
17. Nutrition
18. Treatment of MDR cases

5. Proposal for year 2009-10

Organization of services in the state:

S. No.	Name of the District	Projected Population (in Lacs)	Please indicate number of TUs of each type		Please indicate no. of DMCs of each type in the district		
			Govt	NGO	Public Sector*	NGO	Private Sector^
1	Agra	42	8	0	41	3	0
2	Aligarh	35	7	0	29	0	3
3	Allahabad	58	11	0	48	5	1
4	Baghpat	14	3	0	12	0	0
5	Bahraich	28	6	0	29	2	0
6	Barabanki	31	6	0	28	0	0
7	Bareilly	42	8	0	37	1	4
8	Basti	24	5	0	24	0	0
9	Bijnor	37	7	0	37	0	0
10	Budaun	36	7	0	31	0	6
11	Bulandshahar	34	7	0	33	0	0
12	Etah	20	3	0	19	0	1
13	Kanshi Ram Nagar	13	3	0	13	0	0
14	Etawah	16	3	0	16	0	0
15	Faizabad	24	4	0	19	0	0
16	Fatehpur	27	5	0	22	1	0
17	Firozabad	24	5	0	24	0	0
18	Gautam Budh Nagar	14	3	0	14	2	1
19	Ghaziabad	39	8	0	39	5	4
20	Gonda	32	6	0	32	1	0
21	Hamirpur-UP	12	2	0	11	0	0
22	Hathras	16	3	0	16	1	0
23	Jaunpur	46	9	0	42	4	0
24	Jhansi	20	4	0	18	0	0
25	Jyotiba Phule Nagar	18	3	0	15	2	0
26	Kanpur Nagar	48	9	0	40	3	0
27	Kheri	37	7	0	32	0	0
28	Lucknow	43	8	0	39	7	0
29	Mainpuri	19	4	0	18	0	0
30	Mathura	24	5	0	24	7	0
31	Meerut	35	7	0	32	7	0
32	Mirzapur	25	5	0	24	1	0
33	Moradabad	44	9	0	43	6	2
34	Muzaffarnagar	41	8	0	39	1	0
35	Pilibhit	19	4	0	19	0	0
36	Pratapgarh	32	6	0	25	0	0
37	Rae Bareli	34	7	0	33	0	1

S. No.	Name of the District	Projected Population (in Lacs)	Please indicate number of TUs of each type		Please indicate no. of DMCs of each type in the district		
			Govt	NGO	Public Sector*	NGO	Private Sector^
38	Rampur	23	5	0	22	2	0
39	Saharanpur	33	7	0	32	3	0
40	Shahjahanpur	30	6	0	30	0	0
41	Sitapur	42	8	1	28	1	0
42	Sultanpur	37	7	0	37	1	0
43	Unnao	32	6	0	30	0	0
44	Varanasi	37	7	0	32	11	0
45	Ambedkar Nagar	24	5	0	23	0	0
46	Auraiya	14	3	0	14	0	0
47	Azamgarh	46	9	0	47	1	0
48	Ballia	32	6	0	32	0	0
49	Balrampur	20	4	0	21	1	0
50	Banda	18	4	0	18	0	0
51	Chandauli	19	4	0	20	0	0
52	Chitrakoot	9	3	0	9	0	0
53	Deoria	32	6	0	32	0	0
54	Farrukhabad	18	4	0	16	0	0
55	Ghazipur	36	7	0	35	0	0
56	Gorakhpur	44	9	0	43	3	0
57	Hardoi	40	8	0	37	0	0
58	Jalaun	17	3	0	16	0	0
59	Kannauj	16	3	0	15	0	0
60	Kanpur Dehat	19	3	0	18	0	0
61	Kaushambi	15	3	0	16	3	0
62	Kushinagar	34	7	0	33	0	0
63	Lalitpur	11	2	0	11	0	0
64	Maharajganj	25	5	0	24	1	0
65	Mahoba	8	3	0	10	0	0
66	Mau	22	4	0	19	1	0
67	Sant Kabir Nagar	17	3	0	16	0	0
68	Sant Ravidas Nagar	16	3	0	15	1	0
69	Shravasti	10	2	0	10	0	0
70	Siddharthnagar	24	5	0	23	0	0
71	Sonbhadra	17	5	0	24	3	0
Total		1940	384	1	1825	91	23

* Public Sector includes Medical Colleges, Govt. health department, other Govt. department and PSUs i.e. as defined in PMR report

^ Similarly, Private Sector includes Private Medical College, Private Practitioners, Private Clinics/Nursing Homes and Corporate sector

RNTCP performance indicators:

Performance for the last 4 quarters i.e. Oct 2007 to Sep 2008.

S. No.	Name of district (World Bank)	Total No. of Pts put on treatment	Ann. total case detection rate(4Q07 to 3Q08)	New Smear Pos. patients put on treatment	Ann. NSP case detection rate (4Q07 to 3Q08)	Ann. NSP case detection rate-Plan for Next year	Cure rate (4Q06 to 3Q07)	Cure rate-Plan for next year
1	Agra	8125	196	2338	56	67	83%	>85%
2	Aligarh	6615	192	2620	76	85	88%	>85%
3	Allahabad	8605	151	3242	57	67	67%	>85%
4	Baghpat	2139	160	974	73	87	90%	>85%
5	Bahraich	5236	170	2113	69	82	88%	>85%
6	Barabanki	5319	177	2324	77	93	86%	>85%
7	Bareilly	7385	179	2961	72	86	85%	>85%
8	Basti	3288	138	1241	52	75	85%	>85%
9	Bijnor	3780	105	1982	55	67	84%	>85%
10	Budaun	5519	156	2608	74	89	85%	>85%
11	Bulandshahar	6816	203	2526	75	90	91%	>85%
12	Etah	4763	149	2117	66	79	86%	>85%
13	Etawah	2448	159	1034	67	81	86%	>85%
14	Faizabad	2445	102	1081	45	67	88%	>85%
15	Fatehpur	3339	133	1578	60	71	79%	>85%
16	Firozabad	4443	189	1585	67	81	77%	>85%
17	Gautam_Budh_Nagar	3412	249	1224	89	95	87%	>85%
18	Ghaziabad	10384	275	3696	98	95	90%	>85%
19	Gonda	4392	138	1772	56	69	85%	>85%
20	Hamirpur-UP	1844	154	575	48	71	87%	>85%
21	Hathras	1947	127	1004	66	79	86%	>85%
22	Jaunpur	6796	151	2064	46	67	85%	>85%
23	Jhansi	2834	141	1343	67	76	86%	>85%
24	Jyotiba_Phule_Nagar	2135	124	1244	72	87	86%	>85%
25	Kanpur_Nagar	6862	144	2545	54	67	78%	>85%
26	Kheri	5636	153	2341	64	76	80%	>85%
27	Lucknow	7986	189	3176	75	90	81%	>85%
28	Mainpuri	2582	141	1011	55	67	88%	>85%
29	Mathura	3768	158	1596	67	80	86%	>85%
30	Meerut	6608	192	2894	84	95	91%	>85%
31	Mirzapur	3125	129	1483	61	73	88%	>85%
32	Moradabad	6312	146	3458	80	96	82%	>85%
33	Muzaffarnagar	5602	138	2849	70	84	85%	>85%
34	Pilibhit	3444	182	1156	61	73	86%	>85%
35	Pratapgarh	2736	87	951	30	67	78%	>85%
36	Rae_Bareli	5364	162	2171	66	79	81%	>85%
37	Rampur	3735	169	1706	77	93	85%	>85%
38	Saharanpur	5595	171	2216	68	81	86%	>85%
39	Shahjahanpur	3620	124	1691	58	69	81%	>85%
40	Sitapur	6836	164	2280	55	67	85%	>85%
41	Sultanpur	4275	117	2103	57	69	86%	>85%
42	Unnao	5123	165	2115	68	82	86%	>85%
43	Varanasi	6201	171	2508	69	83	85%	>85%
Total (World Bank Districts)		209419	159	85496	65	80	85%	>85%

GFATM	Total number of patients put on treatment*	Annualised total case detection rate (per lac pop.)	No of new smear positive cases put on treatment *	Annualised New smear positive case detection rate (per lac pop)	Cure rate for cases detected in the last 4 corresponding quarters	Plan for the next year	
Name of the District (also indicate if it is notified hilly or tribal district)						Annualized NSP case detection rate	Cure rate
Ambedkar_Nagar	1995	86	1146	49	84%	67	>85%
Auraiya	2060	152	933	69	85%	83	>85%
Azamgarh	4641	102	1884	41	86%	67	>85%
Ballia	2515	79	901	28	81%	67	>85%
Balrampur	2184	113	1098	57	86%	68	>85%
Banda	2443	142	878	51	76%	67	>85%
Chandauli	1816	96	947	50	85%	67	>85%
Chitrakoot	1173	127	399	43	81%	67	>85%
Deoria	2306	73	1194	38	82%	67	>85%
Farrukhabad	2225	123	1070	59	86%	71	>85%
Ghazipur	2896	83	1507	43	82%	67	>85%
Gorakhpur	2808	65	1286	30	80%	67	>85%
Hardoi	6110	156	2525	65	85%	78	>85%
Jalaun	2888	173	1103	66	84%	79	>85%
Kannauj	1907	120	929	58	91%	70	>85%
Kanpur_Dehat	2045	112	1046	57	81%	69	>85%
Kaushambi	1974	133	1062	71	87%	86	>85%
Kushinagar	2602	78	1320	40	86%	67	>85%
Lalitpur	1949	173	876	78	84%	94	>85%
Maharajganj	1984	80	976	39	88%	67	>85%
Mahoba	1096	135	493	61	84%	73	>85%
Mau	1980	93	840	40	85%	67	>85%
Sant_Kabir_Nagar	1604	98	774	47	87%	67	>85%
Sant_Ravidas_Nagar	2500	161	1014	65	94%	78	>85%
Shravasti	985	97	587	58	88%	70	>85%
Siddharthnagar	2003	85	907	39	84%	67	>85%
Sonbhadra	1750	104	1089	65	90%	78	>85%
Total (GFATM)	62439	105	28784	49	85%	72	>85%
Total State (World Bank and GFATM)	271858	142	114280	60	85%	76	>85%

* Patients put on treatment under DOTS regimens only are to be included.

Section B - Priority areas at the State level for achieving the objectives planned:

S. No.	Priority areas	Activity planned under each priority area
1	To sustain & further improvement in case detection activities	1 a) Further improvement in referral of TB suspects from PHIs to DMCs by strengthening of health system, Encourage referral of TB suspects through ASHA 1 b) Awareness about free diagnostic & treatment services by effective ACSM activities Thrust on involving more NGO & PPs in revised schemes under the programme 1 c) Further improving quality of microscopy services by monitoring under EQA by both IRLs (Lucknow & Agra) 1 d) Further strengthening & monitoring of other sectors: Medical College, ESI, Railway, Corporate, CGHS etc. 1 e) Support to IMA-GFATM-RNTCP-PPM partnership project under IMA 1 f) Support to CBCI initiative project in the state, Involving all CBCI institutions in the programme. 1 g) Implementation of TB-HIV collaborative activities in all districts & monitoring referral of chest symptomatics from ICTC & vice versa. 1 h) Opening new TU s/DMCs to meet population norms
2	Case holding activities	2 a) Further strengthening of DOT network by involvement of ASHA, AWW and general health staff. 2 b) Retrieval of defaulting patients by general health staff & ASHA ; Monitoring default through MO- PHIs. 2 c) Minimising initial default by strengthening inter district/inter state referral feedback mechanism through Nodal referral centres, developed in DTCs of Medical College districts 2 d) Thrust on involvement of NGOs in DOTS adherence schemes under the programme. 2 e) Emphasis on patient provider & community meetings 2 f) Intersectoral collaboration between various departments
3	Supervision & Monitoring	3 a) Divisional review by State officials/Additional Directors 3 b) To continue "Intensified monitoring strategy" of the districts by state level teams 3 c) Internal Evaluations of 2-3 districts in each quarter 3 d) Regular monitoring of the programme through NRHM at all levels 3 e) Ensuring movement of DTOs & MO TCs as per guidelines 3 f) Intensifying supervision at all levels
4	Trainings	4 a) Filling up the posts of DTOs/Dy. DTOs, MOTCs, Training of untrained DTOs, TOTs & MO TCs at National & state level 4 b) Refresher trainings of MOs & other staff 4 c) Ongoing training activities in Medical colleges 4 d) Training of MOs from other sectors 4 e) Training of >50% of MPW & MPHS, Paramedical staff
5	Strengthening of IRLs & Lab network	5 b) Further strengthening of IRL at Lucknow & STDC Agra for future DST & DOTS plus. Microbiologist appointment in IRL Increase in the visits by IRL teams & all components of EQA to be monitored by IRL Accreditation of IRL Lucknow & Agra
6	MDR & DOTS plus	Action plan for DOTS plus submitted by the State to CTD. DOTS Plus activities will be initiated with assistance from JALMA institute Agra, followed by IRL Lucknow & Agra Interim management of MDR patients as per consensus guidelines, Chennai

S. No.	Priority areas	Activity planned under each priority area
7	Implementation of TB-HIV co ordination programme	7 a) Constitution Distt. TB-HIV Co ordination committees in all districts
		7 b) Training of staff at all levels under TB-HIV co ordination programme (Coordinated with UP SACS)
		7 c) Cross referral to ICTC & vice versa & reporting under standard formats
8	ACSM activities	8 a) School awareness programme
		8 b) Involving more NGOs in revised ACSM schemes.
		8 c) General awareness in the community about the facilities available for free diagnosis & treatment under DOTS. Emphasis on community meetings and continuous Patients Providers Interaction Meetings
		8 d) More community Meetings in urban slums/densely populated/SC dominated areas
		8 e) Recruitment of Communication Facilitators to promote IEC activities at Distt. level
		8 f) Sensitization of PPs
		8 g) Awareness about free diagnostic & treatment services in Masjids, Gurudwara, & other religious places regularly

Priority Districts for Supervision and Monitoring by State during the next year

<i>S.No</i>	<i>District</i>	<i>Reason for inclusion in priority list</i>
1	Pratapgarh	Lower case detection & cure rates
2	Faizabad	Lower cases detection
3	Jaunpur	Lower cases detection
4	Hamirpur-UP	Lower cases detection
5	Basti	Lower cases detection
6	Kanpur_Nagar	Lower case detection & cure rates
7	Sitapur	Lower cases detection
8	Bijnor	Lower cases detection
9	Mainpuri	Lower cases detection
10	Gonda	Lower cases detection
11	Agra	Lower cases detection
12	Allahabad	Lower case detection & cure rates
13	Sultanpur	Lower cases detection
14	Shahjahanpur	Lower cases detection
15	Fatehpur	Lower case detection & cure rates
16	Mirzapur	Lower cases detection
17	Pilibhit	Lower cases detection
18	Kheri	Lower cases detection
19	Hathras	Lower cases detection
20	Rae_Bareli	Lower cases detection
21	Etah	Lower cases detection
22	Firozabad	Low cure rates

<i>S.No</i>	<i>District</i>	<i>Reason for inclusion in priority list</i>
23	Ballia	Low NSP case detection
24	Gorakhpur	Low NSP case detection
25	Deoria	Low NSP case detection
26	Siddharthnagar	Low NSP case detection
27	Maharajganj	Low NSP case detection
28	Mau	Low NSP case detection
29	Kushinagar	Low NSP case detection
30	Azamgarh	Low NSP case detection
31	Ghazipur	Low NSP case detection
32	Chitrakoot	Low NSP case detection
33	Sant_Kabir_Nagar	Low NSP case detection
34	Ambedkar_Nagar	Low NSP case detection
35	Chandauli	Low NSP case detection
36	Banda	Low detection & Low cure rate

Section C - Consolidated Plan for Performance and Expenditure under each head, including estimates submitted by all districts, and the requirements at the State Level

1. Civil Works

Norms: Rs. 4,00,000/- Per DTC upgrad,, TU upgrad Rs. 35000/- Per, DMC upgrad Rs. 30000/- Per, Maintenance of DTC Rs. 4500/-, Maintenance of TU Rs. 1300/-, Maintenance of DMC Rs. 1000/-, State and STDC Rs. 10000/- Per Year

Activity	No. required as per the norms in the state	No. already upgraded/ present in the state	No. planned to be upgraded during next financial year	PI provide justification if an increase is planned in excess of norms (use separate sheet if required)	Estimated Expenditure on the activity	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(f)
State Level	1	1	0	Maintenance	20,000.00	3 Quarter'09
STDC/ IRL	1	1	0	Maintenance	19,200.00	2 Quarter'09
SDS	4	4	0		0.00	
DTCs	71	70	1		4,00,000.00	Kanshiram Nagar New District
TUs	397	384+2 (*Two TU in upgrading process in current FY)	11	As per norms due to population increase	3,85,000.00	2 Quarter'09

Activity	No. required as per the norms in the state	No. already upgraded/ present in the state	No. planned to be upgraded during next financial year	PI provide justification if an increase is planned in excess of norms (use separate sheet if required)	Estimated Expenditure on the activity	Quarter in which the planned activity expected to be completed
	(a)	(b)	(c)	(d)	(e)	(f)
DMCs	1950	1825	81	As per norms due to population increase	24,30,000.00	2 Quarter'09
Maintenance of DTC's	70	67	67	(*For 3 DTC's upgradation budget already released in F/y 2008-09)	9,93,000.00	3 Quarter'09
Maintenance of TU's	385	375	370	-	4,81,000.00	2 Quarter'09
Maintenance of DMC's	1841	1775	1162	-	13,09,000.00	2 Quarter'09
TOTAL					60,37,200.00	

2. Laboratory Materials (Norms-Rs.1.5 lac/million pop).

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Procurement planned during the current financial year (in Rupees)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Purchase of Lab Materials by Districts	2,91,04,635.00	2,10,10,827.00	2,81,97,682.00	2,90,76,682.00	Due to increase in NSP Case Detection, Also increase in the prices of Lab Reagents & Taxes
Lab materials for EQA activity at STDC	33,00,000.00	73,523.00	1,60,000.00	17,50,000.00	Since Culture & sensitivity Lab is going to start at IRL, STDC Agra
Total				3,08,26,000.00	

NOTE:

The utilization in the above head reflects lower than expected because of the committed liability to be cleared in the ending SOE of the FY 2008-09.

3. Honorarium

Activity	Amount permissible as per the norms in the state	Amount actually spent in the last 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Honorarium for DOT Providers (both tribal & non tribal districts)	6,79,64,500.00	93,93,044.00	2,92,01,375.00	1,99,50,000.00	Honorarium permissible: (Rs 250 * 75% of registered cases)
Honorarium for DOT Providers of CAT IV patients	100X2500			50,000.00	DOTS Plus planned in next F.Y.
Total				2,00,00,000.00	

Description	No. presently involved in RNTCP	Additional enrolment proposed for the next fin. year
<i>Community volunteers in all the districts*</i>	14978	10137

* These community volunteers are other than salaried employees of Central/State government and are involved in provision of DOT e.g. Anganwadi workers, trained dais, village health guides, ASHA, other volunteers, etc.

4. IEC/Publicity:

Permissible budget for State and all Districts as per Norms: (Norms-Rs. 75000/million pop.)

Rs.10,00,000.00+1,83,49,228.00+14,00,000.00 (Communication Facilitator)=Rs 2,07,49,228.00

Estimated IEC activities and Budget at the State level (excluding districts) for the next financial year proposed as per action plan detailed below: **Rs. 2,00,90,000.00**

5. Equipment Maintenance: (Rs. 30000 per year per District & Rs 1500 per Microscope per year)

Item	No. actually present in the state	Amount actually spent in the last 4 quarters	Amount Proposed for Maintenance during current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ Remarks for (d)
	(a)	(b)	(c)	(d)	(e)
Computer maintenance includes AMC, software and hardware upgrades, Printer Cartridges and Internet expenses)	75	21,88,196.00	28,00,550.00	28,98,000.00	
Photocopier (includes AMC, toner etc.)	71				
Fax	15				
OHP	47				
Binocular Microscopes	1896		27,13,140.00	40,21,000.00	SINCE CMC OF BM's IS PLANNED NEXT FY.
IRL Equipment, Lucknow (Computer & Incubator, Cold Room Laminar & Bio Safety Cabinet)				81,000.00	
Any Other (pl. specify)					
TOTAL				70,00,000.00	

6. Training: (Rs. 55000/ million Pop. District and State Rs.15000/million Pop.)

Activity	No. in the State	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure planned for current financial year	Estimated Expenditure for the next financial year	Justification / Remarks
							(Rs.)	(Rs.)	
	(a)	(b)	1 Q	2 Q	3 Q	4 Q	(d)	(e)	(f)
Training of DTOs (at National level)	71	52	15	5	10	10	200000	300000	
Training of MO-TCs	372	230	40	40	20	20	290000	586800	
Training of MOs (Govt + Non-Govt)	6385	3951	349	368	318	220	5341028	1945250	
Training of LTs of DMCs- Govt + Non Govt	2327	1783	128	149	44	70	533990	246330	
Training of MPWs	19326	9223	938	1152	541	680	4070173	2085930	

Activity	No. in the State	No. already trained in RNTCP	No. planned to be trained in RNTCP during each quarter of next FY (c)				Expenditure planned for current financial year	Estimated Expenditure for the next financial year	Justification / Remarks
							(Rs.)	(Rs.)	
	(a)	(b)	1 Q	2 Q	3 Q	4 Q	(d)	(e)	(f)
Training of MPHS, pharmacists, nursing staff, BEO etc	9206	2739	418	402	279	130	2167139	813330	
Training of Comm Volunteers	19929	5736	1660	2150	1553	1700	1542020	1483230	
Training of Pvt Practitioners	6697	1116	440	460	381	450	2270580	865500	
Other trainings #	0	0	0	0	0	0	0	0	
Re- training of MOs	2869	1301	432	437	259	337	1586578	1172000	
Re- Training of LTs of DMCs	977	398	446	399	344	360	1093926	1869600	
Re- Training of MPWs	5122	1822	300	240	255	221	373750	254000	
Re- Training of MPHS, pharmacists, nursing staff, BEO	4778	897	330	270	258	251	970648	277250	
Re- Training of CVs	5424	2365	470	510	444	428	399564	370400	
Re-training of Pvt Practitioners	1343	69	50	51	0	60	301560	53130	
TB/HIV Training of MO-TCs and MOs	1432	32	150	165	160	198	3323000	145000	
TB/HIV Training of STLS, LTs , MPWs, MPHS, Nursing Staff, Community Volunteers etc	12516	1363	210	150	101	130	3000000	110100	
TB/HIV Training of STS	83	18	29	0	9	26	121500	13800	
Provision for Update Training at Various Levels #	0	0	0	0	0	0	0	121500	
Review Meetings at State Level	4	4	1	1	1	1	200000	200000	
Training at State Level STS, STLS, Accountant, DEO, etc							450380	406850	
Training under DOTS Plus ----STDC /State Level Training								280000	
Training under DOTS Plus ----- District Level Training								400000	
Total							1,40,00,000.00		

7. Vehicle Maintenance:

(Rs 25000 per year (2-wheeler) & Rs. 1.25 Lac per Year (4-wheeler)

Type of Vehicle	Number permissible as per the norms in the state	Number actually present	Amount spent on POL and Maintenance in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
Four Wheelers	20	20	86,50,676.00	1,08,55,000.00	29,00,000.00	
Two Wheelers	271	253			98,75,000.00	
TOTAL					1,27,75,000.00	

8. Vehicle Hiring*:

Rs 700/day for DTO upto 25 days & Rs 700/day upto 7 Days (in case of Hilly & Tribal Areas it is Rs. 850/day)

Hiring of Four Wheeler	Number permissible as per the norms in the state	Number actually requiring hired vehicles	Amount spent in the prev. 4 qtrs	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)	(f)
For STC/ STDC	4	4	1,26,16,063.00	6,00,000.00	5, 02,600.00	2 State MOs , 2 IRL
For DTO	52	52		2,72,12,800.00	1,08,45,000.00	
For MO-TC	271	271			2,30,12,400.00	
Urban TB Coordinator	6	6		5,40,000.00	5,40,000.00	
TOTAL					3,49,00,000.00	

* Vehicle hiring permissible only where RNTCP vehicles have not been provided

9. NGO/ PP Support:

Since NGO/PP Schemes have been revised by Central TB Division, for encouragement of more & more NGO/PPs involvement in the programme; enhanced budget in this head has been planned in next year.

Proposed schemes under revised New NGO / PP guidelines:

- ACSM Scheme: TB Advocacy ,Communication, & social mobilization-
- SC Scheme: Sputum Collection Centre/s:
- Transport Scheme: Sputum Pick-up & Transport service-
- DMC Scheme: Designated Microscopy Cum Treatment Centre (A&B)
- LT SCHEME: Strengthening RNTCP diagnostic services
- CULTURE & DST SCHEME: Providing Quality Assured Culture & Drug Susceptibility Testing Services
- ADHERENCE SCHEME---PP Promoting Treatment adherence
- ADHERENCE SCHEME---NGO Promoting Treatment adherence
- SLUM SCHEME: Improving TB Control in Urban Slums
- TU MODEL:
- TBHIV SCHEME: Delivering TB-HIV interventions to high HIV Risk groups(HRG's)

10. Miscellaneous: (Rs.1.5 lac/million pop.)

Activity* e.g. TA/DA, Stationary, etc	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
For IRL Lucknow	3,00,000.00	25,610.00	4,00,000.00	1,20,000.00	
For STDC Agra	3,00,000.00	67,319.00	400000.00	2,00,000.00	
SDS		3,32,160.00		17,00,000.00	For Drug Transportation
Preparatory Activities For DOTS Plus				1,70,000.00	----Sputum Transportation to Jalma ,Agra Rs.140000 --- Printing of Forms, Rs.30000, Registers for DOTS Plus
State Level	6,00,000.00	4,87,521.00	13,00,000.00	13,30,000.00	10% increase due to enhanced prices & also increase in TA/DA norms under NRHM
District Level	2,91,04,635.00	1,50,48,149.00	2,80,47,000.00	2,34,80,000.00	
TOTAL				2,70,00,000.00	

** Please mention the main activities proposed to be met out through this head*

11. Contractual Services:

Category of Staff	No. permissible as per the norms in the state	No. actually present in the state	No. planned to be additionally hired during this year	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current fin. year	Estimated Expenditure for the next financial year	Justification/ remarks		
				(Rs.)	(Rs.)	(Rs.)			
	(a)	(b)	(c)		(d)	(e)			
TB/HIV Coord.	1	0	1	143254791.00	194881650.00	2358000.00	Contractual Staff Remuneration includes increment since RNTCP Phase -II (October 2005)		
Urban TB Coord.	6	6							
MO-STCS	2	2							
State Acctt	2	2							
State IEC Offr	1	1							
Pharmacist	4	4							
Secretarial Asst	1	1							
MO-DTC	4								
STS	396	369	27			42372000.00			
STLS	399	362	37			42516000.00			
TBHV	327	203	34			22768200.00			
DEO	71	71	1			6148800.00			
Accountant - part time	70	54	16			2896080.00			
Contractual LT	114	638	98			67360800.00			
Driver	6	6	0			388800.00			
contractual post approved under RNTCP (Microbiologist for IRL, Lucknow	1	0	1			3,60,000.00			
TOTAL						18,71,68,680.00			

12. Printing: (Rs.1.15 lac / million popn.)

Activity	Amount permissible as per the norms in the state	Amount spent in the previous 4 quarters	Expenditure (in Rs) planned for current financial year	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)	(e)
Printing-State level:*	2,91,04,635.00	39,42,492.00	2,76,01,363.00	70,00,000.00	Printing of Modules, Reporting Formats, Referral Registers, Forms etc. (10 % increase due enhanced prices)
Printing- Distt. Level:*		69,22,554.00		1,35,00,000.00	Treatment Cards, I cards, TB & Lab registers EQA Forms, registers, reporting formats etc. (10 % increase due enhanced prices)
Total				2,05,00,000.00	

13. Research and Studies (excluding OR in Medical Colleges):Any Operational Research projects planned (Yes/No): **Yes**Whether submitted for approval/already approved? (Yes/No): **No**Estimated Total Budget : **Rs. 24,86,600****14. Medical Colleges:**

Activity	Amount permissible as per norms	Estimated Expenditure for the next financial Year (Rs.)	Justification/ remarks
	(a)	(b)	(c)
Contractual Staff: <ul style="list-style-type: none"> ▪ MO-Medical College (Total approved in state - 9) ▪ STLS in Medical Colleges (Total no in State - 3) ▪ LT for Medical College (Total no in State - 10) ▪ TBHV for Medical College (Total no in State - 12) ▪ GFATM (Total) 	20,73,600 3,24,000 9,36,000 11,44,800 4,03,650	26,58,650	
Research and Studies: <ul style="list-style-type: none"> ▪ Thesis of PG Students ▪ Operations Research* 	2,40,000	2,40,000	
Travel Expenses for attending STF/ZTF/NTF meetings	2,70,000	2,70,000	
IEC: Meetings and CME planned	60,000	60,000	
STF Meeting	2,00,000	2,00,000	
Equipment Maintenance at Nodal Centres		Nil	
Total		34,28,650	

** Expenditure on OR can only be incurred after due approvals of STF/ STCS/ZTF/CTD (as applicable)*

15. Procurement of Vehicles: (For 2-Wheeler Rs 50,000 each)

Equipment	No. actually present in the state	No. planned for procurement this year (only if permissible as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
4-wheeler **	19	0	Nil	
2-wheeler	376	43	21,50,000	11 for New TU and 32 for Replacement
Total			21,50,000	

*** Only if authorized in writing by the Central TB Division .*

16. Procurement of Equipment: (Norms ---Rs 60,000 for Computer, Photocopier Rs. 1,10,000)

Equipment	No. actually present in the state	No. planned for this year (only as per norms)	Estimated Expenditure for the next financial year for which plan is being submitted (Rs.)	Justification/ remarks
	(a)	(b)	(c)	(d)
Computer	75	13	4,20,000	
Photocopier	71	4	2,20,000	1 old for condemnation
OHP	47	0		
Inverter, Scanner & Printer	71	44	7,10,000	Inverter needed for Power backup & scanner for scanning documents
TOTAL			13,50,000	

Section D: Summary of proposed budget for the State

Category of Expenditure	Budget estimate for the coming FY 2009 - 2010		
	World Bank	GFATM	Total State
1. Civil works	39.94	20.43	60.37
2. Laboratory materials	213.26	95.00	308.26
3. Honorarium	153.00	47.00	200.00
4. IEC/ Publicity	120.90	80.00	200.90
5. Equipment maintenance	50.00	20.00	70.00
6. Training	85.00	55.00	140.00
7. Vehicle maintenance	93.00	34.75	127.75
8. Vehicle hiring	222.00	127.00	349.00
9. NGO/PP support	200.00	200.00	400.00
10. Miscellaneous	170.00	100.00	270.00
11. Contractual services	1431.23	440.45	1871.69
12. Printing	125.00	80.00	205.00
13. Research and studies	24.86		24.86
14. Medical Colleges	30.00	4.29	34.29
15. Procurement -vehicles	21.00	0.50	21.50
16. Procurement - equipment	7.50	6.00	13.50
TOTAL	2986.69	1310.42	4297.12

*** Only if authorized in writing by the Central TB Division*

5. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

THE VISION

1. To provide effective health care to the rural population.
2. To implement effective village health plan under the head of the village health and sanitation Committee
3. To improve public health indicators and weak infrastructure.
4. Training of Paramedics, ASHA and others to improve health care delivery system.

GOALS

1. Reduction in morbidity and mortality of all vector borne diseases.
2. Prevention and Control of vector borne diseases by giving area wise specific priorities.
3. Universal access to public health services and promotion of health life styles with the help of Integrated Vector Management.

NRHM OBJECTIVES

1. Malaria morbidity & mortality reduction rate 50% upto 2010, additional 10% by 2012 .
2. Elimination of Filariasis by 2015, 70% by 2010 and 80% by 2012.
3. Elimination of Kala-azar by 2010.
4. Reduction in J.E. mortality rate by 50% by 2010.
5. Reduction in Dengue mortality rate by 50% by 2010.
6. Effective Control over Chikungunya morbidity.

COMPONENTS OF THE PROGRAMME

1. Malaria Control Programme
2. Filariasis Control Programme
3. Kala-azar
4. Japanese Encephalitis
5. Dengue & Chikungunya

PRESENT STATUS OF VECTOR BORNE DISEASE IN UTTAR PRADESH

S. No.	Year	Malaria			Filaria		J.E./AES		Dengue		Kala-azar	
		Total	Pf	Death	Disease	Mf	Cases	Death	Cases	Death	Cases	Death
1	2004	85868	2142	0	7999	1088	1030	228	7	0	36	2
2	2005	105302	3149	0	7613	619	5581	1593	121	4	68	2
3	2006	91566	1875	0	5738	725	2073	476	617	14	83	0
4	2007	83019	2132	0	5791	637	2675	577	130	2	69	1
5	2008	92689	2302	0	5134	477	2730	486	51	2	25	0

Pf= Plasmodium *falciparum* (Species Causing cerebral malaria)

Mf= Micro filariae (stage of filarial parasite detected in blood examination)

MALARIA

Situational Analysis of Malaria

Malaria is present through out the state of Uttar Pradesh. The great challenge malaria is that it is unstable, appears suddenly and at other time disappears suddenly but the spray programme is implemented in about 50 districts on the basis of norms laid down by Govt. of India. The endemicity is persisting in interstate border districts. The ABER is inadequate due to short fall of resources i.e. man, money and material.

Identified High Risk Districts

Distribution of High Risk Districts

S. No	Name of the Districts	Population	BSE	Positive	Pf.	SPR (%)	Pf %	API	ABER
1	Aligarh	3404222	70191	1800	132	2.56	7.33	0.53	2.06
2	Hathras	1402730	41429	1326	331	3.20	24.96	0.95	2.95
3	Mathura	2171849	78322	333	16	0.43	4.80	0.15	3.61
4	Mainpuri	1645529	72719	4172	412	5.74	9.88	2.54	4.42
5	Etah	2333526	26346	2065	14	7.84	0.68	0.88	1.13
6	Firozabad	2055306	59346	825	68	1.39	8.24	0.40	2.89
7	Bareilly	2834071	92101	1189	18	1.29	1.51	0.42	3.25
8	Moradabad	2865592	127805	271	32	0.21	11.81	0.09	4.46
9	Bijnore	3598867	154472	1348	43	0.87	3.19	0.37	4.29
10	Kheri	3492354	89168	568	21	0.64	3.70	0.16	2.55
11	Basti	3025718	36562	71	14	0.19	19.72	0.02	1.21
12	Chandauli	1673936	21805	943	65	4.32	6.89	0.56	1.30
13	Mirzapur	2459717	169302	12416	25	7.33	0.20	5.05	6.88

S. No	Name of the Districts	Population	BSE	Positive	Pf.	SPR (%)	Pf %	API	ABER
14	Sonbhadra	1784065	102066	22985	89	22.52	0.39	12.88	5.72
15	Allahabad	4878373	115090	6675	21	5.80	0.31	1.37	2.36
16	Fatehpur	2441900	71636	1605	14	2.24	0.87	0.66	2.93
17	Kanpur Nagar	4200505	55671	892	20	1.60	2.24	0.21	1.33
18	Kanpur Dehat	1660564	70388	2538	34	3.61	1.34	1.53	4.24
19	Farrukhabad	1747849	32181	2411	64	7.49	2.65	1.38	1.84
20	Etawah	1419489	23413	827	37	3.53	4.47	0.58	1.65
21	Jhansi	1641360	77277	1434	63	1.86	4.39	0.87	4.71
22	Jalaun	1572671	59800	1048	30	1.75	2.86	0.67	3.80
23	Lalitpur	1058679	83387	848	25	1.02	2.95	0.80	7.88
24	Chitrakoot	811760	19696	692	37	3.51	5.35	0.85	2.43
25	Banda	1529551	78449	1712	62	2.18	3.62	1.12	5.13
26	Hamirpur	1078893	61705	1905	61	3.09	3.20	1.77	5.72
27	Mahoba	848101	52835	1529	56	2.89	3.66	1.80	6.23
28	Bulandshahar	2853300	149342	935	165	0.63	17.65	0.33	5.23
29	Saharanpur	3200560	94941	1090	131	1.15	12.02	0.34	2.97
30	Muzaffar Nagar	3947452	156065	3984	111	2.55	2.79	1.01	3.95
Sub Total		69638489	2343510	80437	2211	3.43	2.75	1.16	3.37
TOTAL		174474908	4150306	93383	2310	2.25	2.47	0.54	2.38

2. Specific Constraints for implementation of Programme

Active surveillance is not been conducted effectively due shortage of Multi Purpose Worker (Male). The population has increased relative to which infrastructure not strengthened. Presently ANMs (MPW, Female) are not able to fully contribute in Vector Borne Disease Control Programme because of other programmes.

3. Prioritization of the areas including the criterion of prioritization

The 30 districts-Aligarh, Hathras, Mathura, Mainpuri, Etah, Firozabad, Bareilly, Moradabad, Bijnore, Kheri, Basti, Chandauli, Mirzapur, Sonbhadra, Allahabad, Fatehpur, Kanpur Nagar, Kanpur Dehat, Farrukhabad, Etawah, Jhansi, Jalaun, Lalitpur, Chitrakoot, Banda, Hamirpur, Mahoba, Bulandshahar, Saharanpur, Muzaffar Nagar are high risk because of high A.P.I. and High S.P.R. and Pf. percentage. Sonbhadra districts show Pf. resistance to Chloroquine.

4. Strategy and innovations proposed

The strategy is

- Surveillance
- Early diagnosis and treatment
- Vector Control : Anti larval and anti adult measures and control of mosquitoes breeding by vector management
- Capacity building

Training of ASHAs in making blood smears.

Training of ASHAs in using Rapid Diagnostic Kits by Medical Officer Incharge of specified PHCs. Training of LTs of PHCs in identifying Malaria parasite by expert pathologist and LTs training of Health Workers and Supervisors in making solution of Insecticides and in using spray pumps and fogging machines by District Malaria Officers and Malaria Inspectors. The Medical Officer should also be well conversant with equipments and with techniques and in precaution to be taken.

- BCC/ IEC Activities

Health Education material to be supplied to ASHA and village health society for proper display at proper places and also to be distributed in meetings at block level. Educating people for getting blood examined in fever. Educating for sanitation, proper drainage, getting all pits and other places of water stagnation filled up.

Information, education and communication before spraying and fogging operation and about precautions to make it successful.

- **Involvement of ASHA and remuneration through ASHA incentives and through Village Health and Sanitation Society.**

As active surveillance is unsatisfactory because of shortage of MPW male worker so it is proposed to involve ASHA and to give her remuneration. As per the strategy implemented under NVBDCP, the fever cases are to be screened through blood slide collection and examination for the presence of Malaria parasites. The surveillance is primarily done by Multipurpose Health Workers (M) and to some extent the female workers and ANMs are also involved. The patients going to the primary health centres or hospitals are also screened by the lab. Technicians placed at PHCs under NRHM, ASHAs have been engaged at village level for improvement in services, delivery, mechanism in various health programmes. ASHA gets performance based incentives and it is proposed that for strengthening the surveillance and treatment, the ASHAs may be involved. NVBDCP has also issued instructions for incentives to ASHA for high malaria endemic district in North Eastern states and hard core Pf. predominant states. On the same principle, it is requested that the proposal for involvement of ASHA in

malaria surveillance and prompt treatment may be allowed and if the assistance is not met from NVBDCP cash assistance, it may be met from Mission Flexipool from the funds available with Village Health and Sanitation Committee.

5. Requirement for commodity as per technical norms and considering balance of stores, consumption capacity and justification

Commodity requirement for Malaria and Filaria

Item	Technical Requirement	Stock available	Net requirement
Chloroquine Tablets	30000000	13802000	16198000
Primaquine 2.5mg	2000000	1049000	951000
Primaquine 7.5mg	2500000	18000	2482000
Artesunate Tab	5000	0	5000
Inj. Quinine	1000	0	1000
Tab. Quinine	2000	1000	1000
Artesunate Sulphadoxine Pyremethamine Tabs	20000	1346	18654 (in the state of U.P., P.f. resistance has been noticed in one districts namely Sonbhadra and to takely the P.f. resistance alternate drug i.e. ASP has been proposed)
Tab DEC	270000000	500000	269500000
DDT	705 MT	268 MT	437MT
Malathion Technical	15 MT	5.75 MT	9.25 MT
Temephos	10000 Litres	30 Litres	9970 Litres
Pyrethrum	10000 Litres	50 Litres	9950 Litres
MLO	35000 Litres		35000
ITN Bed nets	600000		600000 (for BPL families of Banda, Sonbhadra and other districts with high API) 900500 (for Mainpuri and Hathras and other districts with high P.f. % having remote and inaccessible areas, labourer's settlement to be used by ASHAs who will be trained by MOs.
Rapid Diagnostic Kits	1000000	99500	

Rapid Diagnostic Kits:

We fully acknowledge that adequate numbers of blood slides are not getting prepared because of shortage of manpower. There is delay in reporting and in administration of radical treatment. The present generation of lab technicians are also not so competent in detecting Malaria parasite and are also involved in other programmes. We are trying to improve the situation.

As Falciparum Malaria is fatal condition and demands immediate treatment, therefore it is requested that rapid diagnostic kits be provided for areas having high percentage of falciparum cases. These kits will be supplied to ASHA who will be trained for it. Thus some deaths due to falciparum malaria could be prevented.

6. Cash assistance required from centre and unspent balance available with state

The centre is giving commodity assistance in Malaria. The state expects it to consider incentive of Rs.2/- to ASHA for blood slide collection and total assistance remuneration to ASHA Rs. 2,74,00,000/-. There 137000 ASHAs working and each expected to make 100 slides per annum. Maximum Rs.500/- per ASHA per annum. The remuneration for ASHA in her contribution to blood slide formation amounting Rs.6,85,00,000/- will be paid through Village Health and Sanitation Society.

**7. Assistance for Capacity building and IEC/BCC/PPP activities may be incorporated
IEC - Rs. 20. lacs**

Health Education material to be supplied to ASHA & village Health Society for proper display at proper places and also to be distributed in Meeting at block level. Educating people for getting blood examined in fever. Educating for sanitation, proper drainage, getting all pits and other places of water stagnation filled up. The village & Health Society will arrange Health Education campaign and fairs in the village. Health Education material will be displayed at schools, bus stations, markets and marts.

8. Training of Medical & Paramedics - Rs. 3 lacs

Training of ASHAs in making blood smears.

Training of ASHAs in using Rapid Diagnostic Kits by Medical Officer Incharge of specified PHCs. Training of LTs of PHCs in identifying Malaria parasite by expert pathologist and LTs training of Health Workers and Supervisors in making solution of Insecticides and in using spray pumps and fogging machines by District Malaria Officers and Malaria Inspectors. The Medical Officer should also be well conversant with equipments and with techniques and in precaution to be taken.

General Vector Control Strategy

Main strategy for control of vector borne diseases is vector management

- to control conditions promoting mosquito breeding
- one week day- Saturday to be made dry day
- Larvicide- Temephos in open drains
- Two rounds of DDT - IRS

In PHCs having *falciparum* death, SPR double of atleast 3 years but not less than 4%, SPR more than 5% in average of last 3 years or SPR 3% or more having more than 30% of Pf. cases. Population 69638489 of 30 malaria affected districts meeting the above criteria.

- DDT Focal Spray or Pyrethrum
- Malaria Positive
- Dengue Positive
- J.E./ AES cases
- Fogging by Malathion Technical

To control out door mosquitoes density in villages affected with J.E./ AES (larvicide in the morning) Fogging at dusk and dawn. **Information, Education and Communication before spraying and fogging operations and about precaution to make it successful.**

FILARIA

Proposed date of M.D.A. 11th November, 2009.

1. Situational Analysis

Filaria is endemic in 50 districts with present Mf rate 1.50%. The great challenge is to eliminate filarial and to bring down Mf rate less than 10%.

Situation Analysis of Filaria

Year	Cases	MfPositive
2004	7999	1088
2005	7613	619
2006	5738	725
2007	5791	637
2008	5134	477

In year 2006, in MDA survey, 145584 Lymphoedema cases 41463 Hydrocele cases were detected.

In year 2007, in MDA survey, 104828 Lymphoedema cases 39711 Hydrocele cases were detected

2. Specific constraints for implementation of programme

Apart from this disability management is the great challenge to remove social stigma from the population suffering from the disease. Filaria is mainly the urban disease and due to rapid Urbanization diseases cases increasing to manifolds. No method for detecting the parasite at early stage of infection. Resources are inadequate and insufficient due to 29 Filaria Units and 02 Filaria Clinics.

MDA is expected to be successful. Intensive Health Education and intersectoral co-operation is needed.

3. Prioritization of the areas including the criterion of prioritization

50 districts

4. Strategy and Innovations proposed

Mass Drug Administration

Morbidity Management

5. Requirement for commodity as per technical norms and considering balance of stores, consumption capacity and justification

6. Cash assistance required from centre and unspent balance available with state

District level officers training	Rs.50000
IEC	Rs.1250000
MDA Assessment through Medical Colleges / ICMR institutions	Rs.450000
POL/ Mobility	Rs.250000
District Level Activities	
IEC including DCC meetings sensitization	Rs.12500000
Training of MOs including Govt. and Pvt. Doctors	Rs.3000000
Training of Paramedical staff at PHC HQ	Rs.2500000
Night Blood Survey	Rs.2350000
POL/ Mobility	Rs.2500000
Training of Drug Distributors	Rs.6700000
Honorarium to Drug Distributors	Rs.30000000
Honorarium to Drug Supervisors	Rs.3500000
Morbidity Management this includes line listing and mapping, hydrocele operation and demonstration of home based management	Rs.2000000
TOTAL	Rs.6,70,00,000

7. Assistance for capacity building and IEC/ BCC/ PPP activities may be incorporated in above

The state has 29 Filaria Control units and 31 Filaria Clinics. These institutions were implementing the National Filaria Control Programme in the specified area of urban localities for anti larval operations, detections and treatment and delimitation survey in non endemic districts. After the World Health Assembly resolution 1997, the lymphatic filariasis has been targeted for elimination. Initially the pilot project was started in selected districts in which two districts namely Varanasi and Gorakhpur of UP were also selected. As per national health policy-2002 the national goal for elimination for lymphatic filariasis has been set for the year 2015.

The total requirement for the population of 112722544 in 50 filaria endemic districts will be 315000000 no. of DEC tablets.

KALA-AZAR

1. Situational Analysis of Disease

Kala-azar is endemic in 10 districts of Eastern U.P. bordering Bihar State. Among these 0.4 districts are hyper endemic i.e. Kushinagar, Deoria, Ballia, Varanasi. The principles of elimination are anti adult measures and complete treatment of the patients. The disease is not detectable at early stage and patients receiving incomplete treatment. Incubation period is very long.

Year	Cases	Deaths
2004	36	2
2005	68	2
2006	83	0
2007	69	1
2008	26	0

Kala-azar is endemic in eastern district, the 4 border districts bordering with Bihar- Kushinagar, Deoria, Ballia and Varanasi are hyper endemic. The cases are of sporadic occurrence in 18 villages spread over in 12 PHCs of these 4 districts.

2. Specific Constraints for implementation of Programme

The disease has long incubation period and not detectable in early stages. The economical simple to perform and reliable kits not available. The houses of affected population are kachcha.

3. Prioritization of the areas including the criterion of prioritization

4 districts bordering Bihar-Kushinagar, Deoria, Ballia and Varanasi.

4. Strategy and innovations proposed

- Complete treatment of cases
- Behaviour change communication
- Vector control

5. Requirement for commodity as per technical norms and considering balance of stores, consumption capacity and justification

rK-39 kits	2,00,000 tests for BPL families (not received so far)
DDT	187.5 MT (<i>Technical requirement</i>)
Inj. SSG	750 vials
Tab.Miltefosine	19,600 (<i>not supplied earlier</i>)

6. Cash assistance required from centre and unspent balance available with state

1. Spray wages	Rs. 25.00 lac
2. Kala-azar survey	Rs. 3.00 lac
3. Kala-azar fortnight campaign	Rs. 5.00 lac
4. BCC/ ICC	Rs. 10.00 lac
5. Training	Rs. 7.00 lac
Total	Rs.50.00lakh

7. Assistance for capacity building and IEC/ BCC/ PPP activities

Capacity building : Training of Health Workers and Supervisors in case detection. Training in making solution of insecticides and in use of pump and in changing nozzle and in doing minor repair. The MOs should also be well conversant.

IEC : The poor people to be educated that their wages will be compensated in case they are admitted and get injections out door.

Information, Education and Communication before spraying operations and about precaution to make it successful.

Details of Kala-azar affected districts-

S. No.	Districts	Total PHCs	KA Affected		
			PHCs	Villages	Names of PHCs
1	Deoria	15	2	2	Bankata Bhapaparrani
2	Kushinagar	14	4	7	Ramkola Fajil Nagar Dudahi Kubernath
3	Ballia	17	2	4	Reoti Dubahar
4	Varanasi	8	4	5	Kashividyapeet Chiraigaon Harhua Cholapur
TOTAL		54	12	18	

Survey campaign in Kala-azar affected districts-

S. No.	Activity Particulars	Amount per PHC (Rs. Lac)	No. of PHCs	Total Amount (Rs. Lac)
1	Camp Organization (Tent, furniture, mike etc.)	0.40	12	1.00
2	Mobility for camp	0.02	12	0.50
3	Contingency	0.40	12	1.00
4	(Stationary & misc. items)	-	-	0.50
TOTAL				3.00

GOI has allocated 252.22 lac (150 as cash + 102.22 lac for commodity)

JAPANESE ENCEPHALITIS/ A.E.S.

1. Situation analysis of disease

Year	Cases	Deaths
2004	1030	228
2005	5581	1593
2006	2075	476
2007	2675	577
2008	2730	486

2. Specific Constraints for implementation of Programme

The pigs play role of amplifying hosts and pig rearing is means of livelihood for many people in affected region.

The vector breeds in paddy fields and paddy is main agricultural product of the region.

Hon'ble High Court has instructed to remove piggeries from human habitation. Concern departments requested for implementation.

3. Prioritization of the areas including the criterion of prioritization

Eastern region- Gorakhpur, Basti, Faizabad, Devipatan and Azamgarh Mandals and Saharanpur, Muzaffar Nagar districts of West are affected and where 90% of cases are found.

4. Strategy and innovations proposed

AES/J.E. intervention measures

- Early diagnosis and treatment
- Vector Control
- Immunization against J.E.
- Behaviour Change Communication
- Rehabilitation Centres for the treatment of physically handicap patients has been established at Gorakhpur
- Establishment of 15 sentinel labs-CSMM University Lucknow and 14 districts Hospitals
- Strengthening of treatment facilities at periphery.
- Establishment of epidemic ward at BRD Medical College, Gorakhpur

- Vaccination of children 1 to 15 years with SA-14-14-2 vaccine. 27 districts have been covered. This year, Rest districts will be covered.

J.E. vaccination had been done in 27 most affected districts. Next Rest districts will be covered this year. Nodal Centre established at D.G. Medical and Health. Epidemic Ward at Gorakhpur medical college. Viral research Centre is being established by NIV Pune.

5. Requirement for commodity as per technical norms and considering balance of stores, consumption capacity and justification

Diagnostic & Management	10.00 Lakhs
Training	10.00 Lakhs
IEC	5.00 Lakhs
Malathion Technical	7.00 Lakhs
Monitoring & Evaluation	5.00 Lakhs
Total	37.00 Lakhs

Rs.588.17 lakhs for strengthening of J.E. Epidemic ward of BRD Medical College, Gorakhpur has been budgeted under Mission Flexipool

Strengthening of VBD Surveillance Units (BRD Medical College, Gorakhpur) Rs.15.00 Lakhs and J.E. Sub office Govt. of India at Gorakhpur Rs.5.00lakhs. The above Budget will be release directly from Govt. of India

State Contribution

ITN Bed nets for BPL families in JE affected districts

For 50,000 ITN Bed nets Rs.5,00,000

DENGUE

A. DENGUE

In 2003, 738 cases and 08 deaths were reported of which maximum number of cases reported from Ghaziabad district (272) followed by Lucknow (248), Kanpur (105). In 2004 only 08 cases were reported with nil death. Again in 2006 upsurge of cases reported from various districts of the state. Total 639 cases and 14 deaths were reported. The maximum number of affected districts was Lucknow (186 cases and 03 deaths), G.B.Nagar (86 cases and nil death), Ghaziabad (66cases and 01 death). Similarly in 2007, total 131 cases and 02 deaths were reported. Month-wise analysis of the Dengue cases reported during the last three years (2005-2007) has revealed that transmission of this disease takes places throughout the year. In the year 2008, 51 cases & 2 deaths were reported .

The disease tends to follow seasonal pattern i.e. the cases peaking after monsoon and it is not uniformly distributed over the years.

The factors contributing the transmission of the Dengue is mainly rapid urbanization, lifestyle changes and deficient water management including improper water storage practices in urban, peri-urban and rural areas, leading to proliferation of mosquito breeding sites. The districts adjacent to Delhi has revealed rise in number of cases. In 2007, 57.5% were reported by only 2 districts namely- Ghaziabad and G.B.Nagar, which are included in the National Capital Region (NCR).

The various factors responsible for high endemicity of dengue in these districts are unprecedented human population growth; unplanned and uncontrolled urbanization; inadequate waste management; improper water supply; lack of effective public health infrastructure in addition to man-made ecological and lifestyle changes.

As per the guidelines of GOI, the state has established 9 Sentinel Surveillance Hospitals with laboratory facility for enhancing the diagnostic facility of Dengue in the state. For back up support these institutes were linked with SGPGI, Lucknow which has been identified as one of the Apex Referral Laboratories in the country with advanced diagnostic facility. Dengue IgM ELISA test kits are being provided by GOI to these institutes through NIV, Pune. The name of the sentinel surveillance hospitals are as under–

1. Regional Lab., Swasthya Bhawan, Lucknow
2. District Hospital, Ghaziabad
3. LLRM Medical College, Meerut

4. MLB Medical College, Jhansi
5. MLN Medical College, Allahabad
6. Institute of Medical Sciences, BHU, Varanasi
7. S.N. Medical College, Agra
8. GSVM Medical College, Kanpur
9. CSMMU, Lucknow
10. Distt. Hospital, G.B.Nagar (Proposed)

The sentinel hospitals will collect blood samples from the suspected patients with viral syndrome and process to detect the presence of specific IGM anti body. They will maintain line listing of Dengue positive cases. As soon as Dengue case is confirmed by Serological test (IgM Capture ELISA test) the respective district vector borne disease control officer/ district CMO or Municipal Health Officer is intimated so that he/she can immediately initiate remedial measure in respect of vector control in the affected area(s).

B. CHIKUNGUNYA

Chikungunya fever is a viral disease, caused by an arbovirus of the family Togaviridae, genus Alphavirus and transmitted by *Aedes aegypti* mosquito. It is a debilitating, but non fatal viral illness and occurs principally during the rainy season. The disease resembles dengue fever and is characterized by severe, sometimes persistent, joint pain (arthritis), as well as fever and rash. It is rarely life-threatening. Chikungunya is diagnosed by blood tests (ELISA). Since the clinical appearance of both Chikungunya and dengue is similar, laboratory confirmation is important. The disease has re-appeared in the country after a quiescent of almost 30 years. In India, a major epidemic of Chikungunya fever was reported during the last millennium. During 2006 the state has reported only 4 cases of Chikungunya, out of which 3 were reported from Jhansi districts and 1 was from Kanpur district. Similarly, in 2007 also 4 imported cases (Native of Kerala state) were reported by SGPGI, Lucknow. Upto November 2008, 11 cases have been reported.

There were no vaccines or drug available for Dengue and Chikungunya. Therefore, the prevention and control of the vector mosquito is crucial for containment of these diseases. Further the transmission occurs mainly at home, therefore community participation and co-operation is of paramount importance for successful implementation of programme strategies for prevention and control of both Dengue and Chikungunya. Therefore considerable efforts have been made through advocacy and social mobilization for community education/ awareness. For effective community participation, people are

informed about Chikungunya and the fact that major epidemics can be prevented by taking effective preventive measures by community itself.

The same vector *Aedes aegypti* is involved in the transmission of both dengue and Chikungunya therefore, the strategy of prevention and control is similar for both the disease.

1. Situation Analysis of DENGUE

Year	Cases	Death
2001	21	0
2002	2	0
2003	738	8
2004	8	0
2005	121	4
2006	639	14
2007	131	2
2008	51	2

2. Specific Constraints for implementation of Programme

The public need to be educated to control breeding of mosquitoes. One weekday-Saturday to be made Dry Day to empty all water stored in pots, tyres and coolers etc. intensive IEC measures will be undertaken.

3. Prioritization of the areas including the criterion of prioritization

National Capital Region districts-Ghaziabad and Gautam Buddha Nagar. The Joint Hospital Noida to be developed as sentinel Surveillance Hospital.

4. Strategy and innovations proposed

1. BCC/IEC
2. Strengthening of sentinel Surveillance Labs-immediate testing and reporting positive cases immediately to concerned CMO.

5. Requirement for commodity as per technical norms and considering balance of stores, consumption capacity and justification

Ig M ELISA Kits of Dengue and Chikungunya to all 10 sentinel Labs.

6. Cash assistance required from Centre and unspent balance available with State

SI	Description	Amount
1.	Apex Referral Lab @ 1.00lakh	Rs. 1,00,000
2.	10 Sentinel Surveillance Hospital @ Rs.50,000/-	Rs. 5,00,000
3.	Monitoring, Evaluation and Rapid Response	Rs. 21,50,000
4.	Epidemic preparedness (logistic and operational cost)	Rs. 20,00,000
5.	Fogging machines	Rs. 4,80,000
6.	Training Workshop	Rs. 5,00,000
TOTAL		Rs. 57.30,000

ROLE OF VILLAGE HEALTH & SANITATION SOCIETIES

1. Sanitation and keeping mosquitoes breeding controlled by covering the drains, cleaning the drains, putting kerosene oil or burnt mobil oil in open drains, to keep water flowing in the drain by de0silting and correcting the gradient, filling the pits.
2. To arrange health education camps, discussions and fairs. To display health education material at proper places.
3. To pay spray wages.: about Rs.5000/- per year per village.
4. To pay remuneration to ASHAs for making blood slides.: maximum Rs.500/- per annum to one ASHA.
5. To remove piggeries or to keep these covered by wire screen and get cleaned and disinfected.
6. **Information, Education & communication before spraying and fogging operations and about precaution to make it successful.**

Summary of Budgetary Requirement

(Figures in Rs. Lac)

S.No	Name of Activity	Allocation in B.E. 2009-10	Cash Assistance	Commodity Assistance
1	Malaria	1941.51	23.00	1918.51
2	Kala-azar	152.22	50.00	102.22
3	Filaria	670.00	670.00	0.0
4	JE	37.00	37.00*	0.0
5	Dengue & Chikungunya	57.30	57.30	0.0
Total		2858.03	837.30	2020.73

*Rs. 5 lacs for JE SO Gorakhpur & Rs. 15 lacs for VBDSU, Gorakhpur have been approved additionally.

Budget requirement from State

<i>Sl.</i>	<i>Description</i>	<i>Amount</i>
1.	<i>Surveillance: (Block PHCs 823)</i>	
	<i>Logistics (Chemicals, glasswares, stationery, glass slides, cotton swabs, spirit, disposable pricking needles etc.)</i>	
	<i>176 PHCs of highly endemic 15 districts</i>	
	<i>Rs. 3000 per PHC</i>	<i>Rs.5,28,000</i>
	<i>647 PHCs of remaining 56 districts</i>	
	<i>Rs. 2000 per PHC</i>	<i>Rs. 12,94,000</i>
2.	<i>Vector Control</i>	
	<i>Incentive to Ash for Blood slide Collection</i>	<i>Rs.2,74,00,000</i>
	<i>Spray wages for DDT 705MT</i>	<i>Rs.2,31,00,000</i>
	<i>Space spray Pyrethrum 2% ext.</i>	
	<i>Cost of K.Oil</i>	<i>Rs. 19,00,000</i>
	<i>Malathion Technical Fogging</i>	
	<i>for 15 MT operation cost</i>	<i>Rs.84,00,000</i>
3.	<i>Monitoring and Evaluation</i>	
	<i>Mobility 15 distt. @ Rs.20000/- per districts</i>	<i>Rs.3,00,000</i>
	<i>Monitoring and evaluation mobility 56 districts @ Rs.10000/- per district</i>	<i>Rs.5,50,000</i>
4.	<i>Sonbhadra package</i> <i>District Sonbhadra is most affected district having tribal population and inaccessible areas. It needs special attention</i>	
	<i>ITN Bed nets 50000</i>	<i>Rs.50,00,000</i>
5.	<i>Alphacypermethrin 5% 60 M.T (60,000Kg) @ Rs.305.59 Per Kg.</i>	<i>Rs. 1,83,35,400</i>
6.	<i>Malathion 25% WDP 500M.T. @ Rs. 47,000 Per Kg.</i>	<i>Rs.5,50,000</i>
<i>Total State Share</i>		<i>Rs. 11,03,00,7400</i>

(The spray wages 23100000 will be paid by Village Health and Sanitation Society, and the remuneration of ASHA Rs.27400000/- will also be paid by Village Health and Sanitation Society).

6. NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

Iodine is an important micronutrient for the health of human beings. A lack of iodine in the diet can lead to iodine deficiency disorders, ranging from miscarriage, cretinism, retarded psychomotor development and goitre. Iodine deficiency is the single most important and preventable cause of mental retardation worldwide. Iodine deficiency leads to a much wider spectrum of disorders, commencing with the intrauterine life and extending through childhood to adult life.

In 1966 National Goitre Control Programme was launched in U.P. and surveys were undertaken. Out of 70 districts 44 districts are surveyed in a phased manner & 24 districts were found to be endemic. For effective control of IDD the Govt. took a decision to universalize iodization of all edible salt. Govt. of U.P. under PFA Act has banned entry of uniodised salt from 2nd Oct. 1987. In 1992 programme was renamed as National Iodine Deficiency Disorder Control Programme (NIDDCP).

NIDDCP focuses on the following

- Survey & resurvey to know IDD prevalence.
- Supply of only iodized salt for human consumption (salt having 15ppm Iodine at consumer level)
- Creating demand by consumers for iodized salt.
- IEC & Health Education

General Performance

Recent Surveys

• Total Districts in U.P.	:	71
• Total Districts surveyed	:	54
• Total Districts found endemic	:	24 (Goitre rate above 10%)

Structure of NIDDCP

IDD Cell: This cell was established in the Nutrition Wing of state Health Institute, Lucknow in 1987. Additional Director, state Health Institute is the programme officer of NIDDCP in U.P. The Additional Director is working under the Director General, Medical & Health Services.

Main Activities of IDD Cell

- To monitor the supply and distribution of iodized salt in the state.
- Monitoring the complete ban on the sale of non-iodized salt.
- IEC activities implementation.
- To coordinate the IDD surveys conducted by various agencies of Govt., medical colleges.
- Training of PHC Lab. Tech. for estimation of iodine content in iodized salt.

- Receive salt samples collected from districts and analyze them quantitatively at state IDD Lab.
- Organize state, divisional and district level IDD workshops.
- Meeting of state coordination committee.
- Monitor the activities of district level coordination committee.

IDD Lab

The lab works under the IDD Cell and is manned by an LT & LA. Presently officers, lab technicians and staff of nutrition wing of SHI are working in IDD Cell & IDD Lab.

Goal

To bring down Total Goitre Rate (TGR) to less than 10%.

Objective

- To ensure 90% households consume iodized salt. (15ppm at consumer level)
- Supply of iodized salt through PDS.

Strategy

Supply & use of Iodized salt is an effective programme strategy in preventing Iodine deficiency. The work plan would simultaneously concentrate on increasing demand of iodized salt as well as supply of only iodized salt (preferably powdered packet salt). Creation of demand would be through multi-sectoral agencies such as anganwadi, medical health workers, panchayat members, school teachers & children, NGOs.

The district monitoring system is to be strengthened. The involvement of Public Distribution System (PDS) would also be advocated for ensuring supply through the network of fair price shops.

For the strategy, it is necessary to train and create awareness among the various health functionaries, ICDS functionaries, block officers, teachers, panchayat members and the beneficiaries.

Surveys would be conducted to assess the magnitude of the Iodine Deficiency Disorders. Resurvey after every 5 years to assess the extent of Iodine Deficiency Disorders. Laboratory testing of iodised salt would be continued.

Activities

1. Strengthening of IDD Cell

Presently staff of State Health Institute is working in this programme. For proper functioning of IDD Cell & IDD Lab. adequate staff is required. Post of Technical Officer, SA, LDC, LT & LA are to be filled during 2008-09. These posts are sanctioned on regular basis by GOI but are lying vacant. Contractual staff

(Computer Operator-1, Data Analyser-1, Record Keeper-1, Driver-2, IVth Class-2) are also required in this programme.

2. Maintenance of IDD lab

Funds are required for the maintenance of the IDD Lab. At the State headquarter.

3. Survey

In 2009-10 surveys would be carried out in 10 districts. Resurvey in 5 districts - Agra, Pilibhit, Saharanpur, Sultanpur, Lakhimpur Khiri. New Survey in 5 districts - Kannauj Chandauli, Auraiya, Kanshi Ram Nagar, Ambedkar Nagar. These surveys will be conducted by Medical Colleges in the State.

4. Health, Education & Publicity

IDD Day on 21st. Oct will be celebrated at the State HQ and in 24 endemic districts. IDD Day will be celebrated by involving schools. IEC activities are the main stay of the programme. It is proposed to print publicity material. It will be distributed and displayed at CHCs, PHCs, Anganwadi Centres, etc. Iodine in salt will be tested at the consumer level through rapid Salt Testing Kits (STKs). This is a very good tool for awareness creation & monitoring. STKs will be provided by GOI for testing of salt at field level

5. Monitoring of the Programme

Monitoring will be done through joint efforts of Medical & Health department, ICDS, Medical Colleges, PRI, NGOs. At village and district levels by MOIC, Supdt., CMO, Addl. CMO will be responsible. At division level monitoring will be done by AD (Division). At state level the programme officer would monitor the programme. It would be reviewed time to time by the Mission Director.

6. Procurement

Rapid Salt Testing Kits for testing salt samples are required for monitoring the programme progress. Kits are proposed to be provided by GOI and will be distributed to grass root level workers of M&H, ICDS, PRI & NGOs. 71,000 kits (average 1000 kits per district) would be required.

Some IEC material will be supported by Unicef. Additional provision has also been made in the proposal for 2008-09.

Budgetary Estimate for 2009-10

Sl.	Activity	Amount (Rs. in lacs)
1	IDD Cell at State HQ	*7.50 (Amount approved Rs. 6 lacs*)
2	Establishment of IDD monitoring labs and maintenance of State IDD Lab.	*1.00 (Approved Rs. 3.5 lacs*)
3	Survey @ Rs. 50,000/- per district for 10 districts (<i>New Survey</i> - Kannauj Chandauli, Auraiya, Kanshi Ram Nagar, Ambedkar Nagar) (<i>Resurvey</i> - Agra, Pilibhit, Sultanpur, Saharanpur, Lakhimpur Khiri)	*5.00 (Amount approved Rs. 2.5 lacs*)
4	Health Education & Publicity	
	▪ IDD Day H.Q.(Lko.) - Rs. 50,000/-	0.50
	▪ IDD Day in Endemic Districts (24) - Rs. 20,000/- per district	4.80
5	IEC Activities	6.95
Total Amount		*25.75 (Approved Rs. 24 lacs*)

16. BUDGET SUMMARY (PARTS A to D) : 2009-10

(Rs. in Lacs)

Sl.	Scheme	Amount Proposed	Amount approved
1	RCH-II (Part A)	67934.64	66993.15
2	Mission Flexipool (Part B)	170355.72	146154.60
3	Routine Immunization (Part C)	5612.375	5380.73
4	Pulse Polio	21922.00	21922.00
5	National Disease Control Programmes (Part D)		
	RNTCP	5909.12	4297.10
	NLEP	615.00	576.80
	IDSP	1911.73	577.43
	NIDDCP	30.00	24.00
	NPCB	5437.30	3015.00
	NVBDCP	2858.03	2856.03
Total		282585.92	251796.84
5	Infrastructure Maintenance (through Treasury)	38395.00	38257.00
Total		320980.92	290053.84

17. INTERSECTORAL CONVERGENCE (PART E)

Inter-sectoral coordination is a key strategy that can lead to cost-effective results and sustain them over the long run. Hence, if relevant sectors can work in close coordination with each other to bring about a common objective to be achieved, then outcomes can be achieved in a shorter span of time and in a cost-effective manner. Inter-sectoral coordination, especially between the Departments of Health, Department of, Women and Child Development, AYUSH, Panchayat Raj Department, Water & Sanitation, Education, is critical for increasing the coverage of the health programmes and improving implementation.

Many of the programme components have been designed with the clear understanding that they will be implemented in close convergence and coordination with other departments and agencies within the State and outside that are working in the same area.

16.1 Mainstreaming of AYUSH :

Mainstreaming of AYUSH is one of the key strategies under the National Rural Health Mission (NRHM) under which it is envisaged that all PHCs/CHCs would be provided AYUSH facilities under the same roof. It is proposed to position AYUSH practitioners at PHCs, arranged either by relocation of AYUSH doctors from existing dispensaries or from contractual hiring of AYUSH doctors.

AYUSH lady medical officers and General Nursing Midwives are being deployed at the Block PHCs to promote institutional deliveries. Further, at the unmanned APHCs, AYUSH providers are proposed to be deployed.

It is also proposed to co-locate public sector AYUSH providers, who do not have proper infrastructure to function, at the Block PHCs. Also AYUSH practitioners who are operating from rented/donated buildings in the vicinity would be co-located to the Block PHCs. These practitioners would be provided with a separate room and a store and would practice their respective pathies. A process of identification of such practitioners and Block PHCs was initiated last year. It was found that a number of Block PHCs would require construction of additional rooms and provision of furniture, etc. Request for funds for construction of additional rooms and furniture has been made in the PIP.

16.2 Convergence with Department of Women & Child Development:

The Departments of Health & Family Welfare is closely working at the village level through the Anganwadi system to bring about better nutrition outcomes of women, children and adolescents in the villages through ICDS. Better nutrition and reduction in anaemia can have a direct impact on the pregnancy related

complications, reduce maternal mortality and infant & child mortality and can bring about better health outcomes.

Convergence of services with the Department of Women and Child Development include involvement of the anganwadi workers in identification of pregnant women, weighing babies as soon as possible after delivery, improving the coverage of Vitamin A in children and in improving the compliance of IFA among pregnant women, identification of undernourished pregnant women and lactating mothers and pre-school children to ensure they get priority in food supplementation programs under the ICDS and appropriate health care from the ANMs and doctors, etc.

Village Health and Nutrition Days are being organized on every Saturdays at Anganwadi Centre in the State. Department of Health and Department of Women & Child Development have initiated actions for facilitating the activity by fixing roles and responsibilities of all the three grass root level functionaries (ANM AWW and ASHA).

The objective of organizing this VHND is to provide impetus to the efforts towards increasing early registration, ANC checkups, institutional deliveries, counselling on Infant & Young Child feeding (IYCF), Family Planning, Immunization, Counselling on Nutrition, Safe drinking water, Sanitation, etc.

16.3 Convergence with Panchayati Raj Department:

Government Orders have been issued for convergence between Health and PRI, to ensure well coordinated implementation of NRHM.

Village Health and Sanitation Committees comprising members from the community and some of the prominent persons like school teacher, ANM, Anganwadi worker, ASHA etc. will be developing a holistic plan for a village covering health, sanitation and other relevant health related aspects.

This will not only help them in planning and organizing things in a more realistic manner but will also help them in facilitating the identification of the problems, priorities, possible solutions, and implementation and obviously to plan out the budget and expenditure processes. Under NRHM these VHSCs are supposed to receive an untied fund of Rs.10,000/- for such activities. Pradhan Sammelans, orientation during biannual BDC meetings, etc. are planned for increasing involvement of PRIs

16.4 Convergence with Development Partners:

A number of international agencies and reputed NGOs are working in the State. Their active role is envisaged in implementation of NRHM. Brief details of working of the agencies are provided below:

a) State Innovations in Family Planning Services Agency (SIFPSA)

The Innovations in Family Planning Services (IFPS) Project was designed to serve as a catalyst for the Government of India in reorienting and revitalizing the country's family planning services. In light of this thinking the IFPS Project Agreement came into being as a joint endeavour of Government of India and USAID on 30th September, 1992. The project structure envisaged that all activities would be implemented by a registered society, 'State Innovations in Family Planning Services Project Agency' (SIFPSA).

The IFPS Project has been a large and complex project with elements of services, training, logistics, contraceptive marketing and research & evaluation. However, the four major components are:-

- Public sector activities
- NGO based activities
- Contraceptive social marketing programme
- Research & evaluation activities related to key strategic and programmatic areas

SIFPSA has also been nominated as Regional Resource Centre under the MNGO Programme, which is also a part of RCH-II Programme. Hence, their expertise will be utilized in all the fields as required

b) UNICEF & Other Agencies

UNICEF is providing technical support in various areas which includes:

- Support in implementation of RI activities and biannual Vitamin A supplementation
- Social mobilization to create awareness.
- Effective supervision by providing mobility support
- ANM training regarding use of AD syringes and supply of AD syringes
- Establishment of technical support units at division level
- Medical officers training regarding Routine Immunization
- Cold Chain support in terms of repair of cold chain equipments all over state.

Other agencies such as, WHO, CARE, PATH - Sure Start Project, AED-A2Z, IntraHealth - Vistaar Project and some reputed NGOs are supporting the State in various areas of health, such as, pulse polio programme, micronutrient supplementation, community mobilization, evidence reviews, demonstration & learning projects, advocacy and capacity building.

A development partners group has been constituted which meets at regular intervals and due convergence is being ensured between the partners.

16.5 Convergence with Education Department:

A school health programme is proposed to be implemented in the State for which due coordination will be established with the education department at State, district and block levels. Participation of concerned education department functionaries would be ensured before finalising school related activities.

16.6 Convergence with AIDS Control Programme:

Due convergence is being maintained with the AIDS Control programme in the State. SACO is ensuring provision of blood storage units at FRUs (CHCs). It is also proposed to establish referral linkages for counselling of adolescents and testing for suspected cases.

16.7 Institutional Arrangements for Convergence at the District Level:

Convergence in program implementation at the district level is also envisaged. The District Magistrate is the chairperson of the District Mission that is entrusted with monitoring and review of the various interventions being implemented. District Action Plans have been prepared in a consultative manner which shall help in achieving the required convergence in program implementation at the district level.

NRHM PIP 2009-10 (Executive Summary)

1. Budget allocation for UP is Rs. 1745.00 crs plus unspent balance of 2008-09, which is likely to be about Rs 400 crores, thus total comes to around Rs. 2145.00 crs excluding budget through treasury route which is 383.95 crs. (the estimated demand from directorate of F.W. is Rs 638 crores)
2. Revised PIP is being proposed for Rs. 2150.64 crs. against Rs. 2564.70 crs. as presented on 26.02.09.
3. JSY funds brought down to Rs. 310.27 crores against previous proposal of Rs. 344.92 crs as ASHA is accompanying beneficiaries only in about 70% cases of rural area & there is no ASHA in urban areas.
4. Urban budget has been brought down from Rs. 30.37 crores to Rs. 19.41 crores. It has been decided that rent & contingency/consumables for the Urban Family Welfare Centres & Health Posts which are already functional for many years, will be paid through funds available under treasury route. Only the honoraria for additional contractual human resource will be paid through NRHM.
5. School health programme has been revised as per GoI guidelines. Annual visits by medical teams, training of education department trainers & 2 teachers from each school for screening purposes has been included.
6. PIP has been revised for IEC/BCC as per GoI comments.
7. A revised comprehensive proposal has been prepared for strengthening of District Hospitals for quality service delivery & patient friendly facilities which includes minor physical infrastructure strengthening, cleanliness-upkeep & laundry, waste disposal management, provision of safe drinking water, improvement in toilet & sewerage etc. This also includes establishing Hospital Information system in 15 selected District Hospitals.
8. Up-gradation of District Hospitals as per IPHS is being taken up in a phased manner. Facility survey is proposed for District Level Hospitals & CHCs and Up-gradation of district level hospitals in 20 districts to the IPHS norms will be done in the year 2009-10 whereas rest would be taken up in subsequent years.
9. On the basis of facility survey available for 169 CHCs, 50 CHCs have already been upgraded. Up-gradation of 50 selected CHCs to IPHS is being proposed in 2009-10 and the rest would be taken up in subsequent years.
10. Provision of inverters at District Hospitals will be done through RKS funds.
11. The original proposal for Mobile Medical Units across the State has been cut down to 74 units in 24 selected districts.
12. Emergency Medical transport services (108 model) will now be piloted in selected 12 districts with 315 units (32 Advance Life Support & 283 Basic Life Support Ambulances) instead of 1300 units in 71 districts.
13. Untied grants (Rs. 10,000) has been proposed for all 1,07,164 revenue villages in place of 52002 Gram Panchayats.
14. As per GoI suggestions capacity building of PRIs, VHSCs & RKS members has been shifted to Mission Flexipool.

15. Hiring of vehicles for CHCs has been dropped.
16. Repair of residences at CHCs has been dropped. Only provision of accommodation for emergency duty doctors has been made in 100 places.
17. Proposal of scheme for sponsoring MOs & Nurses for PG courses has been increased to Rs. 50 lacs from Rs. 40 lacs.
18. As suggested by GoI, strengthening of nurses training, telemedicine project, oral health programme, cancer awareness & detection project & deafness control programme are being proposed separately in the same PIP but in a separate section to be considered over & above NRHM envelope.
19. RI component has been brought down from Rs.86 crores to Rs.57 crores as suggested by GoI.
20. All the proposals of National Diseases Control Programmes have been revised as per suggestions given by corresponding sections of GoI.

(Chanchal Kumar Tewary)
Mission Director, NRHM-UP &
Principal Secretary, MH & FW
Government of Uttar Pradesh

SELF ASSESSMENT OF STATE PIP (2008-09) AGAINST APPRAISAL CRITERIA

CRITERIA	REMARKS (Yes (Y) or No (N)) <i>If Yes, specify page no. of state PIP</i>
A. OVERALL	
1 Has the state PIP been reviewed in detail by a single person to ensure internal consistency? If yes, by whom? (Mandatory)	Y (Mission Director)
2 Has a chartered accountant reviewed the budget in detail? (Mandatory)	Y
B. RCH II PROGRAMME MANAGEMENT ARRANGEMENTS Has the state PIP spelt out the programme management arrangements already in place and additional steps to be taken. These include: (Mandatory)	
1 Firming up the background and tenure (at least 3 yrs) of person having overall responsibility for RCH II at state & district levels; delegation of powers	(Under consideration, GoUP to decide)
2 Steps to ensure that RCH II is high priority for the District Collector	Y Ensuring regular meetings of District Health Mission and regular correspondence with DMs by Mission Director for personal commitment & leadership. (Pg. 130)
3 Extent to which programme management support structure at state and district / sub-district levels is consistent with expertise required for programme strategies; job descriptions including person specifications, delegation of powers and basis for assessment of performance; strategy and time bound plan for sourcing of staff vacancies, if any	Y State Divisional, District & Block Prog. Mgmt units have been established (Pg 134-138)
4 Steps to establish financial management systems including funds flow mechanisms to districts; accounting manuals, training, audit	Y Training of District Accounts Managers completed.
5 Steps to ensure performance review of district program managers	Y State programme officers to visit each division on quarterly basis to review performance of Districts. Standard checklist developed. Review meetings at Divisional AD level also planned. (Pg 129-130)

CRITERIA	REMARKS (Yes (Y) or No (N)) If Yes, specify page no. of state PIP
6 Capacity building of programme management staff at state and district levels	Y Included in training plan (Pg. 94-95)
7 Steps to ensure/establish quality assurance committees in the districts	Y State Quality Monitors in each division put in place for monitoring quality on regular basis. District Women Hospital Officers to conduct visits for monitoring quality (Pgs 129 and 207)
8 Step to ensure systems for holistic, monitoring (outcomes, activities, costs) against the state PIP including variance analysis	Y Establishment of a Monitoring Cell at State level proposed (Pg.130)
C. INSTITUTIONAL STRATEGIES Has the state PIP spelt out the steps undertaken for the following and additional steps required? (Mandatory)	
1 Have DHAPs been prepared for all districts? If not, for how many? Has the approach to incorporating DHAPs in the SPIP been spelt out?	Y (All 71 Districts have prepared their Action Plans through participatory process and have been approved by DHS. Innovative interventions have been taken into consideration in the State PIP (Pg 7)
2 Review of HRD practices in order to motivate staff and increase effectiveness e. g. appropriate criteria for placement of staff (especially CMOs), rationalisation of work load of ANMs, performance appraisal based on e. g. improvement in MMR/IMR/TFR related process indicators, package of incentives for postings in less developed districts, transfer and posting policies, improved supervision	Y
3 Strengthening of HMIS with emphasis on improved decision making/ initiation of corrective action based on timely availability of reliable and relevant information at appropriate levels e. g. community, SHC, block, district and state; system for monitoring of utilisation of health facilities in terms of volume and quality. Steps to ensure implementation of new MIES format.	Y Operationalisation of HMIS is being undertaken with support of NHSRC. Operationalisation of HMIS included under Mission Flexipool. (Pg.129)

CRITERIA	REMARKS (Yes (Y) or No (N)) If Yes, specify page no. of state PIP
4 Improved logistics/ management of drugs & medical supplies in order to ensure continuous availability of essential supplies at various health facilities including SHC and the community	Y A procurement cell proposed to be established at State PMU/ FW Directorate. Divisional warehouses functionalised and District level warehouses proposed under NRHM. (Pg. 88-89, 216-217)
5 Development of revised criteria (e. g. travel time, cost, potential patient load, referral arrangements, etc) for location of facilities	Y (Component being taken care under up-gradation of facilities under IPHS)
(Desirable criteria)	
6 Provision for MoU with districts	(Not required)
7 Strategy for piloting public-private partnerships and social franchising and subsequent scale up	Y PPP for Institutional Deliveries, Mobile Medical Unit/ Referral transport services, proposed. Accreditation of facilities under JSY. Social franchising through SIFPSA (Pg. 102, 209-210)
8 Functional review of State Health and Family Welfare Department including respective roles of state, district, block and community level (including PRI) institutional structures; delegation of powers; organisational emphasis to key functions such as quality, HRD and training	N
9 Optimising the utilization of existing health facilities/ scope of relocation based on load/ utilisation, distance/ travel time and cost especially for the poor/women and taking into account availability of private/ NGO run facilities, referral transport arrangements	Y (Component being taken care under up-gradation of facilities under IPHS)

CRITERIA	REMARKS <i>(Yes (Y) or No (N))</i> <i>If Yes, specify page no. of state PIP</i>
<p>10 Training Strategy (Mandatory)</p> <p>The training strategy should strengthen existing training schools to function as District Health Resource Centres. Training should be channelised through these institutions. The strategy should also indicate target groups (e.g. medical officers, ANMs, AWWs, link workers, community health team, etc), estimate training load and provide broad details of training programmes including objective, broad course content, duration of training, and mechanisms for assessment of quality/ impact. Strengthening the training management function including the institutional arrangement at state/ district levels, especially seniority of head of training function is particularly important.</p>	<p>Y</p>
<p>11 BCC strategy (Mandatory)</p> <p>Development of a service oriented BCC strategy should be based on an assessment of the current status of knowledge, attitudes, beliefs and practices regarding issues concerned with MMR, IMR, TFR and ARSH; and factors likely to influence necessary change in behaviour. Creation of awareness of key aspects such as breast feeding and PNDT act is particularly important. Based on evidence, the strategy should aim to determine appropriate combination of messages and media and a mechanism for assessing impact at appropriate stages. The institutional arrangement including role of state and district and strengthening capacities for BCC is again important.</p>	<p>Y</p> <p>A Comprehensive BCC strategy has been developed, which is proposed to be implemented. (Pg. 111)</p>
<p>12 Convergence/ coordination arrangements (Mandatory)</p> <p>Have steps taken to ensure convergence within state DHFW (e.g. how to leverage Mission Flexipool for RCH) and with other key departments such as DWCD and PRI? Have all externally funded programs/projects having a bearing on RCH been reflected in the State PIP and convergence (organisation structures; staff; resources) arrangements spelt out?</p>	<p>Y</p> <p>Involvement of PRIs/ICDS in Committees at various levels including Village Health & Sanitation Committee, RKS. Regular joint meetings (Pgs 215-216)</p>

CRITERIA	REMARKS (Yes (Y) or No (N)) If Yes, specify page no. of state PIP
<p>13 Pro poor strategy (Mandatory) Does the SPIP demonstrate how pro poor and gender strategies are mainstreamed into RCH II? The recommendations of the equity and gender studies and contained as <i>supporting documents in the National PIP</i> are of relevance. Some steps that could be taken are e. g. a arrangements for collection and reporting of disaggregated data; gender needs of female health service providers e. g. addressing the needs of ANMs, LHVs, and doctors; policy for encouraging staff to work in less developed districts; strategy developed for creating gender and equity consciousness amongst various stakeholders especially programme staff and community.</p>	<p>Y (Implementation of PPP for institutional deliveries, referral transport, outreach camps in urban slums, mobile medical units and free treatment to BPL families)</p>
<p>14 Infection Management and Environmental Plan / IMEP (Mandatory) Does the SPIP have a clear plan for dissemination of IMEP guidelines and operationalising IMEP in health facilities in a phased manner?</p>	<p>Y Orientation proposed</p>
<p>15 Sustainability (Mandatory) In the case of facilities and resources created from state funds, the strategy to ensuring sustainability is another criterion for appraisal of state PIPs. Sustainability could be addressed through e. g. introduction of user charges with cross-subsidy for BPL families, higher allocations in the state budget and taking steps to place family welfare in the community's agenda.</p>	<p>Y (Partial) Higher allocation in State budget</p>
<p>D. TECHNICAL STRATEGIES (Mandatory) (Has the state spelt out steps taken / or constraints faced so far in RCH II and identified corrective actions for the following?).</p> <p>1 Separate goals and strategies for MMR, IMR, TFR and ARSH based on evidence and in consonance with the results of the situational analysis. The SPIP should specify, for example:</p>	<p>Y</p>

CRITERIA	REMARKS (Yes (Y) or No (N)) If Yes, specify page no. of state PIP
2 MMR: steps to ensure availability of anaesthetists and gynaecologists, at FRUs; 24 hour delivery services at 50% PHCs with skilled providers to provide BEmOC services; coverage of inaccessible villages by ANMs; emergency transportation between village, BEmOC centres and FRUs. If states plan to pursue PPP or demand side financing options these should also be shown as strategies.	Y
3 IMR: steps to ensure acceleration of immunization activities, essential new born care, promotion of breast feeding and timely initiation of complementary feeding, micronutrient supplementation collaborating arrangements with ICDS for immunisation and IMNCI services and ensuring IMNCI service package is delivered	Y (Comprehensive Child Survival Programme)
4 TFR: steps to increase the availability of quality sterilization services by training more providers or increasing the range of sterilisation methods by emphasizing NSV, minilap and traditional tubectomy in addition to laparoscopy and ensuring service availability on fixed days at specified no of CHCs and PHCs. For increasing the use of spacing methods, approaches to be pursued to increase availability of methods at the community levels through community based distributors, social marketing or private sector	Y
5 Quality strategy Has the PIP spelt out the strategy and activities for assuring quality of service delivery at public facilities? This would include steps for implementation of GoI guidelines, an accreditation system and necessary institutional arrangements. The institutional arrangement for implementing the accreditation system is particularly important.	Y
6 Strategy and activities for quality assurance of private sector facilities/ service providers similar to the above (<i>Desirable</i>).	
E. WORK PLAN (<i>Mandatory</i>) 1 Is the work plan consistent with stated components/ objectives, strategies and activities? and whether the proposed phasing of activities	Y

CRITERIA	REMARKS (Yes (Y) or No (N)) If Yes, specify page no. of state PIP
would lead to targeted increase in delivery/ utilisation of services ? The Work Plan should separately address each component of the PIP showing objectives, strategies, activities and should be in quarters for 07-08 with physical targets against activities.	
F. COSTS/ BUDGET (Mandatory) Key criteria are:	
1 Does the budget follow the prescribed formats?	Y
2 Are districts allocated a certain amount / % of total allocation as genuinely untied i.e. districts can propose district schemes? If yes, how much?	Y (as per requirement in DAP ranging from Rs. 20-50 lacs) Pg. 221
3 Absorptive capacity: If very ambitious utilisation of funds is envisaged compared to performance in 05-06/ 06-07, then what are the steps proposed to be taken to bring this about?	Y Support of Divisional, District and Block PMUs, strict monitoring

List of All Functional FRUs (2008-09)

Sl.	Division	Sl.	District	Sl.	FRU
1	Agra	1	Agra	1	DWH
				2	Kheragarh
				3	Bah
		2	Mathura	4	DWH
				5	Farah
		3	Firozabad	6	DWH
		4	Mainpuri	7	Tundla
				8	DWH
2	Aligarh	5	Aligarh	9	DWH
				10	Atrauli
				11	Khair
		6	Kanshi Ram Nagar	12	Kasganj
3	Allahabad	7	Hathras	13	DWH
		8	Allahabad	14	Karchana
				15	DWH
				16	Handia
		9	Pratapgarh	17	Kunda
				18	DWH
		10	Kaushambi	19	Sarai Akil
4	Azamgarh	11	Fathepur	20	DWH
				21	DWH
				22	Lalganj
		12	Azamgarh	23	Phoolpur
				24	DWH
				25	Ghosi
		13	Mau	26	DWH
5	Bareilly	14	Ballia	27	DWH
				28	DWH
				29	Baheri
		15	Bareilly	30	Fardipur
				31	DWH
		16	Badaun	32	Ujhani
				33	DWH
6	Basti	17	Pilibhit	34	DWH
				35	DCH
		18	Shajahanpur	36	Khalilabad
				37	DWH
7	Chitrakoot	19	Basti	38	DWH
		20	Sidharth Nagar	39	DWH
		21	Sant Kabir Nagar	40	Rath
		22	Chitrakoot		
		23	Banda		
		24	Hamirpur		

Sl.	Division	Sl.	District	Sl.	FRU
8	Devipatan	24	Gonda	41	DWH
		25	Baharaich	42	DWH
		26	Balrampur	43	DWH
		27	Shrawasti	44	Ikauna
9	Faizabad	28	Faizabad	45	DWH
				46	Bikapur
				47	Rudauli
		29	Sultanpur	48	DWH
				49	Kadipur
				50	Jagdishpur
		30	Barabanki	51	DWH
				52	Haidergarh
		31	Ambedkar Nagar	53	DCH
				54	Tanda
10	Gorakhpur	32	Gorakhpur	55	DWH
				56	Sahjanwa
		33	Deoria	57	DWH
		34	Kushinagar	58	Kasya
		35	Maharajganj	59	Maharajganj
11	Jhansi	36	Jhansi	60	DWH
		37	Lalitpur	61	DWH
12	Kanpur	38	Kanpur Nagar	62	DWH
				63	Sarsaul
		39	Kanpur Dehat	64	DWH
		40	Etawah	65	DWH
		41	Farrukhabhad	66	DWH
				67	Kayamganj
13	Lucknow	42	Lucknow	68	Rani Laxmibai Hosp
				69	DWH Avantibai
				70	Jhalkari Bhai
				71	RML
				72	Mohanlalganj
				73	Gosaiganj
		43	Hardoi	74	DWH
				75	Sandila
				76	Pihani
		44	Raibareilly	77	DWH
				78	Lalganj
				79	Bacchrawan
		45	Unnao	80	DWH
				81	Nawabganj
				82	Hasanganj

Sl.	Division	Sl.	District	Sl.	FRU
		46	Sitapur	83	DWH
				84	Sidhauli
		47	Khiri	85	DWH
				86	Gola
14	Meerut	48	Meerut	87	Mawana
				88	Sardhana
				89	DWH
		49	Baghpat	90	Baghpat
				91	Baraut
		50	Ghaziabad	92	DWH
		51	G.B Nagar	93	Dadri
15	Mirzapur	53	Mirzapur	94	DWH
				95	DWH
		54	Sonbhadhra	96	Chunar
				97	DWH
				98	Chopan
				99	Meorpur
16	Moradabad	56	Moradabad	100	Bhadoi
				101	DWH
		57	JP Nagar	102	Sambhal
				103	Amroha
				104	Gajraula
17	Saharanpur	58	Bijnore	105	DWH
				106	DWH
		59	Rampur	107	DWH
				108	Deoband
				109	DWH
18	Varanasi	60	Saharanpur	110	Shamli
				111	Khautali
		61	Muzaffernagar	112	DWH
				113	Cholapur
				114	DWH
		62	Chaundali	115	Chakiya
				116	DWH
				117	Kerakat
		63	Jaunpur	118	Badlapur
				119	DWH
		64	Gazipur	120	Saidpur

List of CHCs Proposed as FRUs in 2009-10

Sl.	Division	Sl.	District	Sl.	Name of Proposed CHCs as FRU
1	Agra	1	Mathura	1	Kosi
		2	Firzobad	2	Jasrana
		3	Mainpuri	3	Karhal
				4	Bewar
2	Aligarh	4	Etah	5	Aliganj
		5	Hathras	6	Sadabad
				7	Sikandra
3	Allahabad	6	Fathepur	8	Bindiki
				9	Khaga
4	Azamgarh	7	Ballia	10	Rasra
5	Bareilly	8	Badaun	11	Dataganj
		9	Pilibhit	12	Puranpur
		10	Shajahanpur	13	Tilhar
6	Basti	11	Sidharth Nagar	14	Dumuriaganj
				15	Uska Bazar
7	Chitrakoot	12	Banda	16	Naraini
		13	Chitrakoot	17	Manikpur
		14	Mahobha	18	Panwari
8	Devipatan	15	Gonda	19	Mankapur
		16	Bahraich	20	Kaiserganj
9	Faizabad	17	Faizabad	21	Bikapur
		18	Barabanki	22	Fathepur
10	Gorakhpur	19	Deoria	23	Salempur
		20	Maharajganj	24	Partawal
11	Jhansi	21	Jhansi	25	Babina
		22	Lalitpur	26	Talbehat
		23	Jalaun	27	Kalpi
12	Kanpur	24	Kannauj	28	Haseran
		25	Etawah	29	Bharthana
		26	Auraiya	30	Ajitmal
		27	Farrukhabad	31	Nawabganj
		28	Kanpur Dehat	32	Pukhrayan
				33	Akbarpur
13	Lucknow	29	Sitapur	34	Laherpur
		30	Khiri	35	Palia
14	Meerut	31	Meerut	36	Daurala
		32	Ghaziabad	37	Sanjay Nagar
		33	G.B. Nagar	38	Badalpur
		34	Bulandshair	39	Sikandrabad
				40	Khurja
15	Moradabad	35	Bijnore	41	Dhampur
		36	Rampur	42	Milak
16	Saharanpur	37	Saharanpur	43	Fathepur

Sl.	Division	Sl.	District	Sl.	Name of Proposed CHCs as FRU
17	Varanasi	38	Varanasi	44	Araziline
		39	Chaundali	45	Sakaldiha
		40	Gazipur	46	Mohamadabad

List of District Women Hospitals Proposed as FRUs in 2009-10

Sl.	Name of District	Sl.	District Women Hospital
1	Agra	1	DWH, Agra
2	Aligarh	2	DWH, Aligarh
3	Etah	3	DWH, Etah
4	Firozabad	4	DWH, Firozabad
5	Hathras	5	DWH, Mahamayanagar, Hathras
6	Mainpuri	6	DWH, Mainpuri
7	Mathura	7	DWH, Mathura
8	Allahabad	8	DWH, Allahabad
9	Pratapgarh	9	DWH, Pratapgarh
10	Fatehpur	10	DWH, Fatehpur
11	Azamgarh	11	DWH, Azamgarh
12	Ballia	12	DWH, Ballia
13	Bareilly	13	DWH, Bareilly
14	Pilibhit	14	DWH, Pilibhit
15	Shahjahanpur	15	DWH, Shahjahanpur
16	Badaun	16	DWH, Badaun
17	Balrampur	17	DWH, Balrampur
18	Bahraich	18	DWH, Bahraich
19	Gonda	19	DWH, Gonda
20	Barabanki	20	DWH, Barabanki
21	Faizabad	21	DWH, Faizabad
22	Sultanpur	22	DWH, Sultanpur
23	Basti	23	DWH, Basti
24	Deoria	24	DWH, Deoria
25	Gorakhpur	25	DWH, Gorakhpur
26	Hamirpur	26	DWH, Hamirpur
27	Lalitpur	27	DWH, Lalitpur
28	Banda	28	DWH, Banda
29	Jalaun/Orai	29	DWH, Jalaun/Orai
30	Jhansi	30	DWH, Jhansi
31	Mahoba	31	DWH, Mahoba
32	Kanpur Nagar	32	DWH, Kanpur Nagar
33	Farrukhabad	33	DWH, Farrukhabad
34	Etawah	34	DWH, Etawah
35	Unnao	35	DWH, Unnao
36	Raibareilly	36	DWH, Raibareilly
37	Hardoi	37	DWH, Hardoi
38	Sitapur	38	DWH, Sitapur
39	L.Kheri	39	DWH, L.Kheri
40	Lucknow	40	Virangana Avanti Bai Mahila Hospital, Lucknow
		41	Virangana Jhalkari Bai Women Hospital, Lucknow

Sl.	Name of District	Sl.	District Women Hospital
41	Ghaziabad	42	DWH, Ghaziabad
42	Meerut	43	DWH, Meerut
43	Bulandshaher	44	DWH, Bulandshaher
44	Saharanpur	45	DWH, Saharanpur
45	Muzaffarnagar	46	DWH, Muzaffarnagar
46	Moradabad	47	DWH, Moradabad
47	Rampur	48	DWH, Rampur
48	Bijnaur	49	DWH, Bijnaur
49	Jaunpur	50	DWH, Jaunpur
50	Mirzapur	51	DWH, Mirzapur
51	Ghazipur	52	DWH, Ghazipur
52	Varanasi	53	DWH, Varanasi

List of District Combined Hospitals Proposed as FRUs in 2009-10

Sl.	Name of District	Sl.	Combined District Hospital
1	Firozabad	1	DCH, Shikohabad & Firozabad
2	Hathras	2	DCH, Hathras
3	Aligarh	3	PDDU, DCH, Aligarh
4	Kaushambi	4	DCH, Kaushambi
5	Mau	5	DCH, Mau
6	Ambedkar Nagar	6	DCH, Ambedkar Nagar
7	Siddharth Nagar	7	DCH, Siddharth Nagar
8	Maharajganj	8	DCH, Maharajganj
9	Kushinagar	9	DCH, Kushinagar
10	Chitrakoot	10	DCH, Chitrakoot
11	Mahoba	11	DCH, Mahoba
12	Kanpur Dehat	12	DCH, Kanpur Dehat
13	Kannauj	13	DCH Kannauj
14	Lucknow	14	Rani Laxmi Bai Combined Hospital, Rajajipuram, Lucknow
		15	Bhaurao Devras Combined Hospital, Mahanagar, Lucknow
15	Bulandshaher	16	DCH, Bulandshaher
16	Gautambudh Nagar	17	DCH, Gautambudh Nagar
17	Ghaziabad	18	DCH, Ghaziabad
18	Bijnaur	19	DCH, Bijnaur
19	Sonbhadra	20	DCH, Sonbhadra

List of CHCs/Block PHCs Working as 24x7 Facilities

Sl.	District	Name of 24 X 7 Units
1	Agra	Atmadarpur
2	Agra	Khandauli
3	Agra	Bichpuri
4	Agra	Achnera
5	Agra	Fathepursikiri
6	Agra	Akola
7	Agra	Kheragarh
8	Agra	Jagner
9	Agra	Sayia
10	Agra	Shamshabad
11	Agra	Barauli Ahir
12	Agra	Fathehabad
13	Agra	Pinhat
14	Agra	Baah
15	Agra	Jaitpurkala
16	Agra	Kirawalui
17	Agra	Anchal Khera
18	Agra	Batheshwar
19	Aligarh	ATRAULI
20	Aligarh	KHAIR
21	Aligarh	JAWAN
22	Aligarh	CHHARRA
23	Aligarh	IGLAS
24	Aligarh	BIJAULI
25	Aligarh	LODHA
26	Aligarh	TAPPAL
27	Aligarh	AKRABAD
28	Aligarh	HARDUAGANJ
29	Aligarh	GONDA
30	Aligarh	CHANDAUS/GHABHANA
31	Allahabad	PHC KAUNDHIARA
32	Allahabad	PHC HOLAGARH
33	Allahabad	CHC SORAON
34	Allahabad	PHC MAUAIMA
35	Allahabad	CHC PHOOLPUR
36	Allahabad	PHC PRATAPPUR
37	Allahabad	PHC KOTWA
38	Allahabad	PHC SAIDABAD
39	Allahabad	PHC DHANUPUR
40	Allahabad	PHC BAHERIA
41	Allahabad	CHC CHAKA
42	Allahabad	CHC JASRA

Sl.	District	Name of 24 X 7 Units
43	Allahabad	CHC SHANKERGARH
44	Allahabad	CHC KAUNDHIARA
45	Allahabad	CHC RAM NAGAR
46	Allahabad	CHC MANDA
47	Allahabad	CHC MEJA
48	Allahabad	CHC KORAON
49	Ambedkar Nagar	Akbarpur
50	Ambedkar Nagar	Bhiti
51	Ambedkar Nagar	Katherui
52	Ambedkar Nagar	Bhiwa
53	Ambedkar Nagar	Jalalpur
54	Ambedkar Nagar	Baskhari
55	Ambedkar Nagar	Ramnagar
56	Ambedkar Nagar	Jhangirganj
57	Auriya	Bidhuna
58	Auriya	Divyapur
59	Auriya	Sahar
60	Auriya	Achhalda
61	Auriya	Airwa Katra
62	Auriya	Ayana
63	Auriya	Auraiya
64	Azamgarh	CHC Atraullia
65	Azamgarh	CHC Harriya
66	Azamgarh	CHC Mehnagar
67	Azamgarh	CHC Pawai
68	Azamgarh	PHC Ahiraula
69	Azamgarh	PHC Azmatgarh
70	Azamgarh	PHC Biliriaganj
71	Azamgarh	PHC Jahanganj
72	Azamgarh	PHC Maharajganj
73	Azamgarh	PHC Martinganj
74	Azamgarh	PHC Mirzapur
75	Azamgarh	PHC Mohemmadpur
76	Azamgarh	PHC Palhani
77	Azamgarh	PHC Rani Ki Sarai
78	Azamgarh	PHC Sathiyaon
79	Azamgarh	PHC Tehbarpur
80	Azamgarh	PHC Tarwa
81	Azamgarh	PHC Thekma
82	Azamgarh	CHC Parusharampur
83	Azamgarh	CHC Mubarakpur
84	Azamgarh	CHC Jiyanpur
85	Azamgarh	CHC Bardah
86	Azamgarh	CHC Mehnajpur

Sl.	District	Name of 24 X 7 Units
87	Badhaun	Bisouli
88	Badhaun	Usawa
89	Badhaun	Gunnour
90	Baghpat	Daula
91	Baghpat	Chaprauli
92	Ballia	Sarai Bharti
93	Ballia	Nagra
94	Ballia	Kotwa
95	Ballia	Ratsar
96	Ballia	Pandah
97	Ballia	Dubhar
98	Ballia	Bansdeeh
99	Ballia	Siar
100	Ballia	Chilkahar
101	Ballia	Narhi
102	Ballia	Maniyar
103	Ballia	Beruarbari
104	Ballia	Rewti
105	Ballia	Vayana
106	Ballia	Baghudi
107	Ballia	Sonwani
108	Ballia	Murli Chapra
109	Balrampur	Utraula
110	Balrampur	Shivpur
111	Balrampur	Panchpawera
112	Balrampur	Gendasuburjurk
113	Balrampur	Ghasandi
114	Balrampur	Balrampur
115	Balrampur	Shridatganj
116	Balrampur	Raherabazar
117	Banda	PHC Mahau
118	Banda	NPHC Mathodh
119	Banda	PHC Tindwari
120	Banda	PHC Bisanda
121	Banda	PHC Kamasin
122	Banda	CHC Jaspura
123	Barabanki	Dewa
124	Barabanki	Jatabarauli
125	Barabanki	Harak
126	Barabanki	Jaidpur
127	Barabanki	Sidhaur
128	Barabanki	Suratganj
129	Barabanki	Trivediganj
130	Barabanki	Tikaitnagar

Sl.	District	Name of 24 X 7 Units
131	Barabanki	Badagoan
132	Barabanki	Ramsanehighat
133	Barabanki	Dariyabad
134	Barabanki	Ramnagar
135	Barabanki	Gunghtair
136	Barabanki	Sirauligoshpur
137	Bareilly	Nawabganj
138	Bareilly	Bhojipua
139	Bareilly	Fatheganj W
140	Bareilly	Meerganj
141	Bareilly	Awala
142	Bareilly	Bhamaur
143	Bareilly	Bithari Chainpur
144	Basti	CHC Bhanpur
145	Basti	PHC Marawtia
146	Basti	PHC Sahughat
147	Basti	PHC Banakthe
148	Basti	PHC Bhadhurpur
149	Basti	PHC Khudhara
150	Basti	PHC Kaptanganj
151	Basti	PHC Gaur
152	Basti	PHC Vikramjot
153	Basti	PHC Parasrampur
154	Basti	PHC Raudauli
155	Basti	PHC Saltoha
156	Bharaich	Jarwal
157	Bharaich	Mahasi
158	Bharaich	Shivpur
159	Bharaich	Hazuurpur
160	Bharaich	Babaganj
161	Bharaich	Fakharpur
162	Bharaich	Chittora
163	Bharaich	Payagpur
164	Bharaich	Visheswarganj
165	Bharaich	Rasia
166	Bharaich	Tezwapur
167	Bharaich	Amwahussainpur
168	Bharaich	Motipur
169	Bijnore	PHC Dhampur
170	Bijnore	PHC Kasimpurgarhi
171	Bijnore	PHC Nahtor
172	Bijnore	PHC Chandak
173	Bijnore	PHC Siyhora
174	Bijnore	PHC Haldor

Sl.	District	Name of 24 X 7 Units
175	Bijnore	PHC Kotwali
176	Bijnore	PHC Jalilpur
177	Bijnore	PHC Nazibabad
178	Bijnore	PHC Noorpur
179	Bijnore	PHC Kiratpur
180	Bulandshair	Maalgarh
181	Bulandshair	Vhair
182	Bulandshair	Dharpa
183	Bulandshair	Munni
184	Bulandshair	Dhanpur
185	Bulandshair	Kesarkala
186	Bulandshair	Toli
187	Bulandshair	Ucchagoan
188	Bulandshair	Gulawati
189	Bulandshair	Lakhawati
190	Bulandshair	B.B Nagar
191	Bulandshair	Sayana
192	Bulandshair	Jhangirabad
193	Bulandshair	Phasau
194	Bulandshair	Shikharpur
195	Bulandshair	Dhibai
196	Bulandshair	Khurja
197	Bulandshair	Anoopshair
198	Bulandshair	Sikanadrabad
199	Chaundali	Naugarh
200	Chaundali	Sahabganj
201	Chaundali	Niymtabad
202	Chaundali	Chandauli
203	Chaundali	Barhani
204	Chaundali	Chaniya
205	Chaundali	Dhanapur
206	Chaundali	Mugalsarai
207	Chitrakoot	PHC Shivrampur
208	Chitrakoot	PHC Pahari
209	Chitrakoot	PHC MAU
210	Chitrakoot	PHC Ramnagar
211	Deoria	Bharhaj
212	Deoria	Laar
213	Deoria	Gauri Bazar
214	Deoria	Bhatpar Rani
215	Deoria	Bhalunai
216	Deoria	Mehan
217	Deoria	Bhatni
218	Etaha	Aliganj

Sl.	District	Name of 24 X 7 Units
219	Etaha	Jaithara
220	Etaha	Sakeet
221	Etaha	Kharahoa
222	Etaha	Nitholi Kala
223	Etaha	Mirhachi
224	Etaha	Awagarh
225	Etaha	Jaleshar
226	Etawa	Basrehar
227	Etawa	Mahewa
228	Faizabad	Sohawal
229	Faizabad	Masodha
230	Faizabad	Tarun
231	Faizabad	Milkipur
232	Faizabad	Maya Bazar
233	Faizabad	Pura Bazar
234	Faizabad	Haringthon Ganj
235	Faizabad	Khandasa
236	Faizabad	Mawai
237	Farrukhabad	Kamalgunj
238	Farrukhabad	Rajepur
239	Farrukhabad	Barrun
240	Farrukhabad	Faizbag
241	Farrukhabad	Mohamudabad
242	Fathepur	CHC Jahanabad
243	Fathepur	PHC Gopalganj
244	Fathepur	PHC Amoli
245	Fathepur	PHC Khuja
246	Fathepur	Ghata
247	Firozabad	Tundala
248	Firozabad	Usainin
249	Firozabad	Kotla
250	Firozabad	Khergarh
251	Firozabad	Jasrana
252	Firozabad	Sirsaganj
253	Firozabad	Ekha
254	G.B. Nagar	Badalpur
255	G.B. Nagar	Dadri
256	G.B. Nagar	Dankaur
257	Gaziabad	Daasna
258	Gaziabad	Dhaulana
259	Gaziabad	Loni
260	Gaziabad	Bhojpur
261	Gaziabad	Simbhawali
262	Gaziabad	Hapur

Sl.	District	Name of 24 X 7 Units
263	Gaziabad	Garh
264	Gaziabad	Modi nagar
265	Gaziabad	Murad Nagar
266	Gazipur	Saidpur
267	Gazipur	Mohamadabad
268	Gazipur	Gondour
269	Gazipur	Zamania
270	Gazipur	Jakhania
271	Gazipur	Devkali
272	Gazipur	Mirzapur
273	Gazipur	Manihari
274	Gazipur	Subhkharpur
275	Gazipur	Bhadoura
276	Gazipur	Reotipur
277	Gazipur	Birno
278	Gazipur	Karanda
279	Gazipur	Barachawer
280	Gazipur	Kasimabad
281	Gazipur	Mardah
282	Gonda	Kazidewar
283	Gonda	Itiwathok
284	Gonda	Hardharmau
285	Gonda	Pandarikripal
286	Gonda	Paraspur
287	Gonda	Vazeerganj
288	Gonda	Bhamanjhot
289	Gonda	Maskanawa
290	Gonda	Nawabganj
291	Gonda	Tarabganj
292	Gonda	Belshar
293	Gorakhpur	Campiarganj
294	Gorakhpur	Palli
295	Gorakhpur	Sardar Nagar
296	Gorakhpur	Gola
297	Gorakhpur	Kauriram
298	Gorakhpur	Gagha
299	Gorakhpur	Urwa
300	Gorakhpur	Jangal Korla
301	Gorakhpur	Bhathat
302	Hamirpur	CHC Sumerpur
303	Hamirpur	PHC Kurara
304	Hamirpur	PHC Gohar
305	Hamirpur	PHC Gangawa
306	Hamirpur	PHC Muskara

Sl.	District	Name of 24 X 7 Units
307	Hamirpur	CHC Nauranga
308	Hardoi	PHC Bilgram
309	Hardoi	CHC Sandila
310	Hardoi	PHC Malawwa
311	Hardoi	PHC Pihani
312	Hardoi	PHC Kachona
313	Hardoi	PHC Sandi
314	Hardoi	CHC Madhoganj
315	Hardoi	CHC Harpalpur
316	Hardoi	PHC Tandiwa
317	Hardoi	PHC Kotwa
318	Hardoi	PHC Bharwan
319	Hardoi	PHC Shahabad
320	Hathras	CHC Sadabad
321	Hathras	CHC Sikandra
322	Hathras	PHC Sasani
323	Hathras	PHC Mursan
324	Hathras	PHC Hasayan
325	Hathras	PHC Maho
326	Hathras	PHC Sapahu
327	Jalaun	Dakhore
328	Jalaun	Pindari
329	Jalaun	Nandigoan
330	Jalaun	Rampura
331	Jalaun	Madhogarh
332	Jalaun	Chiriya
333	Jalaun	Kuthaund
334	Jalaun	Babai
335	Jalaun	Kaddora
336	Jalaun	Urai
337	Jalaun	Konch
338	Jalaun	Kalpi
339	Jalaun	Jalaun
340	Jaunpur	Badshapur
341	Jaunpur	Jalalpur
342	Jaunpur	Khuthan
343	Jaunpur	Sujanganj
344	Jaunpur	Machlisahar
345	Jaunpur	Ramnagar
346	Jaunpur	Dobhi
347	Jaunpur	Sondhi
348	Jaunpur	Barsathi
349	Jaunpur	Dharmapur
350	Jaunpur	Rampur

Sl.	District	Name of 24 X 7 Units
351	Jaunpur	Soyithakala
352	Jaunpur	Baksha
353	Jhansi	CHC Moth
354	Jhansi	CHC Babina
355	Jhansi	CHC Mauranipur
356	Jhansi	CHC Gursaraya
357	Jhansi	PHC Badagoan
358	Jhansi	PHC Chirgoan
359	Jhansi	PHC Bangra
360	Jhansi	PHC Bamor
361	JP Nagar	CHC Gajrola
362	JP Nagar	CHC Dhanora
363	JP Nagar	PHC Hasanpur
364	JP Nagar	PHC Rehra
365	JP Nagar	PPC Amroha
366	JP Nagar	CHC Amroha
367	JP Nagar	CHC Joya
368	Kannauj	Kannuj
369	Kannauj	Jalalabad
370	Kannauj	Taalgram
371	Kannauj	Saurikh
372	Kannauj	Umarda
373	Kanpur Dehat	Derapur
374	Kanpur Dehat	Jhinjhak
375	Kanpur Dehat	Rajpur
376	Kanpur Dehat	Rasulabad
377	Kanpur Dehat	Sandalpur
378	Kanpur Dehat	Sikandra
379	Kanpur Nagar	Kakwan
380	Kanpur Nagar	Ghatampur
381	Kanpur Nagar	Bheetargaon
382	Kanpur Nagar	Patara
383	Kanpur Nagar	Kalyanpur
384	Kanpur Nagar	Billahaur
385	Kanpur Nagar	Chobeypur
386	Kanpur Nagar	Shivrajpur
387	Kashiram Nagar	Kasganj
388	Kashiram Nagar	Sora
389	Kashiram Nagar	Sahawar
390	Kashiram Nagar	Pattiyali
391	Kashiram Nagar	Gunjdudndwar
392	Kashiram Nagar	Tripura
393	Kashiram Nagar	Amapur
394	Kaushambi	CHC Sirathu

Sl.	District	Name of 24 X 7 Units
395	Kaushambi	CHC Kanaili
396	Kaushambi	PHC Manjanpur
397	Kaushambi	PHC Chayal
398	Kaushambi	PHC Mooratganj
399	Kaushambi	PHC Newada
400	Kaushambi	PHC Sarsawa
401	Kaushambi	PHC Kunda
402	Khiri	Mohamdi
403	Khiri	Nighasan
404	Khiri	Bijua
405	Khiri	Palia
406	Khiri	Panshgawa
407	Khiri	jfe;kacsgM
408	Khiri	Isanagar
409	Khiri	Dhauhara
410	Khiri	Bankeganj
411	Khiri	Mitauli
412	Khiri	Khumbi
413	Khiri	Faradhan
414	Khiri	Nakha
415	Khiri	Phoolbaher
416	Khiri	Bhejam
417	Khiri	Khamria
418	Khiri	Gola
419	Kushinagar	Dudhai
420	Kushinagar	Ramkola
421	Kushinagar	Khadda
422	Kushinagar	Sukroli
423	Kushinagar	Nebua Naurangia
424	Lalitpur	CHC Talbhet
425	Lalitpur	CHC Mehorini
426	Lalitpur	CHC Mandwara
427	Lalitpur	CHC Bardah
428	Lalitpur	PHC Jakhora
429	Lalitpur	PHC Birdha
430	Lucknow	CHC Malihabad
431	Lucknow	CHC Chinhath
432	Lucknow	CHC Sarjoni Nagar
433	Lucknow	CHC Kakori
434	Lucknow	CHC Mall
435	Lucknow	CHC BKT
436	Lucknow	CHC Itaunja
437	Muzzafernagar	Sahapur
438	Muzzafernagar	Galibpur

Sl.	District	Name of 24 X 7 Units
439	Muzzafernagar	Bhudana
440	Muzzafernagar	Morana
441	Muzzafernagar	Thanabhawan
442	Maharajganj	Gughali
443	Maharajganj	Paniyar
444	Maharajganj	Nichlol
445	Maharajganj	Mithora
446	Mahoba	PHC Kabrai
447	Mahoba	PHC Jaitpur
448	Mahoba	CHC Kulphar
449	Mainpuri	Kurawali
450	Mainpuri	Beber
451	Mainpuri	Karhal
452	Mainpuri	PPC Mainpuri
453	Mathura	Chatta
454	Mathura	Barsana
455	Mathura	Goverdhan
456	Mathura	Ral
457	Mathura	Maat
458	Mathura	Baldev
459	Mathura	Naujheel
460	Mathura	Sonai
461	Mathura	Vridhawan
462	Mau	Dohrighat
463	Mau	Fatehpur Mandao
464	Mau	Badrao
465	Mau	Kopaganj
466	Mau	Pardaha
467	Mau	Ranipur
468	Mau	Ratnpura
469	Mau	Mohmadabad Gohna
470	Mau	Ghoshi
471	Meerut	Bhawanpur
472	Meerut	Parikshargarh
473	Meerut	Janni
474	Meerut	Kharkhauda
475	Meerut	Bhudbharawal
476	Meerut	Machara
477	Meerut	Hastinapur
478	Meerut	Rohata
479	Meerut	Surrurpur
480	Mirzapur	Chila
481	Mirzapur	Kachawa
482	Mirzapur	Sikhar

Sl.	District	Name of 24 X 7 Units
483	Mirzapur	Gursandhi
484	Mirzapur	Vijaypur
485	Mirzapur	Halia
486	Mirzapur	Pathera
487	Mirzapur	Rajgarh
488	Mirzapur	Padhri
489	Mirzapur	Chunar
490	Mirzapur	Jamalpur
491	Mirzapur	Ahorara
492	Mirzapur	Madihan
493	Mirzapur	Vindhayachal
494	Moradabad	PHC Pawasa
495	Moradabad	PHC Bhajoi
496	Moradabad	PHC Narauli
497	Moradabad	PHC Kant
498	Moradabad	PHC Manohta
499	Moradabad	CHC Sambhal
500	Moradabad	CHC Bilhari
501	Moradabad	CHC Thakurdawara
502	Moradabad	CHC Chaundasi
503	Pilibhit	Amaria
504	Pilibhit	Lilorikhera
505	Pilibhit	Neuraria
506	Pilibhit	Barkhera
507	Pilibhit	Bilsanda
508	Pratapgarh	Amargarh
509	Pratapgarh	Lalaganj
510	Pratapgarh	Gaura
511	Pratapgarh	Sandawa Chadrika
512	Raibareilly	Amawa
513	Raibareilly	Ucchahar
514	Raibareilly	Sareni
515	Raibareilly	Maharajganj
516	Raibareilly	Salon
517	Raibareilly	Fursatganj
518	Raibareilly	Singhpur
519	Raibareilly	Bhelabhela
520	Raibareilly	Nasserabad
521	Raibareilly	Tiloi
522	Raibareilly	Dalmau
523	Raibareilly	Jagatpur
524	Raibareilly	deeh
525	Raibareilly	Shivgarh
526	Raibareilly	Harchandpur

Sl.	District	Name of 24 X 7 Units
527	Raibareilly	Khero
528	Raibareilly	Jatuatappa
529	Rampur	Bilaspur
530	Rampur	Chamraua
531	Rampur	Tanda
532	Rampur	Suwar
533	Rampur	Milak
534	Rampur	Shahabad
535	Rampur	Rajpura
536	Sahajhanpur	Kant
537	Sahajhanpur	Mirzapur
538	Sahajhanpur	Kalan
539	Sahajhanpur	Nighoi
540	Sahajhanpur	Jaitipur
541	Sahajhanpur	Khudaganj
542	Sahajhanpur	Bhawalkhera
543	Sahajhanpur	Khuttar
544	Saharanpur	Fathepur
545	Saharanpur	Puwarka
546	Saharanpur	Suneheti Karkhari
547	Saharanpur	Nukkur
548	Saharanpur	Gangoha
549	Saharanpur	Sarsawa
550	Saharanpur	Muzzaferabad
551	Saharanpur	Sadoli Kadim
552	Saharanpur	Nangal
553	Saharanpur	Nanunata
554	Saharanpur	Rampur Maniharan
555	Saharanpur	Chilkana
556	Saharanpur	Harora
557	Saharanpur	Behat
558	Sant Kabir Nagar	CHC Mhedawal
559	Sant Kabir Nagar	PHC Nathnagar
560	Sant Kabir Nagar	PHC Satha
561	Sant Kabir Nagar	PHC Semriwa
562	Sant Kabir Nagar	PHC Bhagoli
563	Santravidas Nagar	Gopiganj
564	Santravidas Nagar	Bhadoi
565	Santravidas Nagar	Aurai
566	Santravidas Nagar	Suriyawa
567	Santravidas Nagar	Deegh
568	Shrawasti	Bhinga
569	Shrawasti	Sirsia
570	Shrawasti	Gilola

Sl.	District	Name of 24 X 7 Units
571	Shrawasti	Malhipur
572	Shrawasti	Hariharpurani
573	Shrawasti	Bhagha
574	Shrawasti	Sonsha
575	Sidharthnagar	Naugarh
576	Sidharthnagar	Badhpur
577	Sidharthnagar	CHC Shoratgarh
578	Sidharthnagar	Joghia
579	Sidharthnagar	Badhani
580	Sidharthnagar	Basi
581	Sidharthnagar	Khuniwaya
582	Sidharthnagar	Etawa
583	Sidharthnagar	Mithwal
584	Sidharthnagar	Kheshra
585	Sitapur	Parsendi
586	Sitapur	Hargoan
587	Sitapur	Laherpur
588	Sitapur	Thambor
589	Sitapur	Biswa
590	Sitapur	Sandawa
591	Sitapur	Raiusa
592	Sitapur	Sigholi
593	Sitapur	Godlamau
594	Sitapur	Mahamudabaad
595	Sitapur	Rampur Mathura
596	Sitapur	Pahala
597	Sitapur	Mishrik
598	Sitapur	Pisawa
599	Sitapur	Macherahata
600	Sitapur	Maholi
601	Sonbhadhra	PHC Kakrahi
602	Sonbhadhra	PHC Chatra
603	Sonbhadhra	PHC Nangawa
604	Sonbhadhra	PHC Bhamni
605	Sonbhadhra	CHC Dudhi
606	Sonbhadhra	CHC Ghorawal
607	Sultanpur	Akhand Nagar
608	Sultanpur	PP Kamicha
609	Sultanpur	Lambhua
610	Sultanpur	Bhadiya
611	Sultanpur	Bhetwa
612	Sultanpur	Bhadar
613	Sultanpur	Sangrampur
614	Sultanpur	Amethi

Sl.	District	Name of 24 X 7 Units
615	Sultanpur	Gauriganj
616	Sultanpur	Shahgarh
617	Sultanpur	Jamo
618	Sultanpur	Musafirkhana
619	Sultanpur	Baldirai
620	Sultanpur	Bazar Shukul
621	Sultanpur	Dubeypur
622	Sultanpur	Kurwar
623	Sultanpur	Kurebhar
624	Sultanpur	Dhanpathganj
625	Sultanpur	Jaisinghpur
626	Unnao	Bighapur
627	Unnao	Sumerpur
628	Unnao	Aurasia
629	Unnao	Ssagipur
630	Unnao	Farhepur Chaurasi
631	Unnao	Gajmoradabad
632	Unnao	Bichia
633	Unnao	Dhilili
634	Unnao	Asoha
635	Varanasi	Pindara
636	Varanasi	Badagoan
637	Varanasi	Harhua
638	Varanasi	Sewapur
639	Varanasi	Chiraigoan
640	Varanasi	Kashividhyapith

List of District Male Hospitals

Sl.	Name of District	District Male Hospital
1	Agra	DH, Agra
2	Aligarh	DH, Aligarh
3	Etah	DH, Etah
4	Firozabad	DH, Firozabad and TB Sanatorium
5	Mainpuri	DH, Mainpuri
6	Mathura	DH, Mathura
7	Kanshiram Nagar	DH, Kanshiram Nagar
8	Allahabad	Guru Tej Bahadur Sapru Hospital, Allahabad
9	Allahabad	Motial Nehru Hospital, Allahabad
10	Pratapgarh	DH, Pratapgarh
11	Fatehpur	DH, Fatehpur
12	Azamgarh	DH, Azamgarh
13	Ballia	DH, Ballia
14	Bareilly	DH, Bareilly
15	Shahjahanpur	DH, Shahjahanpur
16	Pilibhit	DH, Pilibhit
17	Badaun	DH, Badaun
18	Balrampur	DH, Balrampur
19	Bahraich	DH, Bahraich
20	Gonda	DH, Gonda
21	Barabanki	DH, Barabanki
22	Faizabad	DH, Faizabad
23	Faizabad	Sri Ram Chikitsalaya, Ayodhya
24	Sultanpu	DH, Sultanpu
25	Basti	DH, Basti
26	Basti	OPEC Chikitsalaya, Kaili, Basti
27	Deoria	DH, Deoria
28	Gorakhpur	DH, Gorakhpur
29	Hamirpur	DH, Hamirpur
30	Lalitpur	DH, Lalitpur
31	Banda	DH, Banda
32	Jalaun	DH, Jalaun
33	Jhansi	DH, Jhansi
34	Kanpur Nagar	UHM Hospital, Kanpur Nagar
35	Kanpur Nagar	KPM Hospital, Kanpur Nagar
36	Farrukhabad	DH, Farrukhabad
37	Etawah	DH, Etawah
38	Raibareilly	DH, Raibareilly
39	Hardoi	DH, Hardoi
40	Unnao	DH, Unnao
41	Sitapur	DH, Sitapur

Sl.	Name of District	District Male Hospital
42	L.Khiri	DH, L.Khiri
43	Lucknow	Balrampur Hospital, Lucknow
44	Lucknow	Dr.RML Hospital, Lucknow
45	Lucknow	Dr. SPM Hospital, Lucknow
46	Meerut	PL Sharma Hospital, Meerut
47	Bulandshaher	SSMJ Hospital, Khurja
48	Bulandshaher	DH, Bulandshaher
49	Ghaziabad	DH, Ghaziabad
50	Saharanpur	DH, Saharanpur and TB Sanitarium
51	Muzaffarnagar	DH, Muzaffarnagar
52	Moradabad	DH, Moradabad
53	Rampur	DH, Rampur
54	Sant Ravidas Nagar	DH, Gyanpur, Sant Ravidas Nagar
55	Chandauli	DH, Chandauli
56	Jaunpur	DH, Jaunpur
57	Mirzapur	DH, Mirzapur
58	Ghazipur	DH, Ghazipur
59	Varanasi	SSPG Hospital, Varanasi
60	Varanasi	Pandit Deen Dayal Hospital, Varanasi
61	Varanasi	Lal Bahadur Hospital, Ramnagar, Varanasi