

**Ministry of Health & Family Welfare**

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**RECORD OF PROCEEDING  
UTTAR PRADESH**

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**2018-19**

**National Health Mission**



## Preface

Program Implementation Plans (PIPs) are one of the most crucial documents for planning under NHM through which States/UTs plan, prioritize and propose strategies/activities to address public health issues. The National Program Coordination Committee (NPCC) meetings serve as a platform for the Centre and States/UTs to actively engage in discussions and agree upon activities that need to be prioritized to address healthcare issues for the forthcoming financial year. States' presentations in NPCC highlighted the review and assessments carried out, based on which states have proposed tackling not only the persistent systemic issues but also the transition in disease burden. Approvals for the same are accorded through the Record of Proceedings (RoPs). NHM is thus implemented in State and districts on the basis of RoP and it is expected that States would monitor progress on a quarterly basis against the plans.

It is heartening that most States/UTs have included proposals in line with NHM priorities for FY 2018-19 i.e. operationalization of Health & Wellness Centres (HWCs) and FRUs, provision of free essential drugs and diagnostics, universal screening and management of NCDs, focus on RNTCP with emphasis on provision of nutritional support to TB patients, increased focus on quality through certification, Kayakalp, LaQshya with special emphasis on improving quality of care around child birth and patient centric care, improved immunization coverage, strengthening of District Hospitals to ensure functionality of 11 specialties and to develop them as training hubs for doctors (DNB and CPS courses) and paramedical staff. The implementation of evidence-based cost effective interventions and their linkage to specific outcomes is important to achieve effective and efficient health care. This will certainly give us 'more health' for the money we are spending so it is necessary that States/UTs leverage NHM flexibility to their strategic advantage.

As we gear up to implement the new National Health Policy 2017 and Ayushman Bharat, the movement towards Comprehensive Primary Health Care (CPHC) needs to gain traction through the Sub Centres and Primary Health Centres strengthened as Health and Wellness Centres. At the same time, we must not lose sight of preventive and promotive health care. CPHC must be inclusive of a robust system of referral and follow-up in order to ensure a continuum of care.

While good progress has been made in rolling out Pradhan Mantri National Dialysis Program, it needs to be scaled up based on patient load and access to other District Hospitals and sub-district level facilities. Many studies are pointing to the increasing NCD burden and states have proposed their plans accordingly however, we must not lose track of our fight against Leprosy, Kala-azar, other communicable diseases and our unfinished agenda of RMNCH+A.

In line with our commitment towards adopting Health Systems approach for integrated service delivery at all public health facilities, this year, the PIP budget sheet was revamped by broadly categorizing the existing budget lines under 18 functional heads. This is expected to enhance efficiency and accountability by providing increased flexibility in planning. It will give you a holistic view of cross cutting components across different programs under NHM.

It is important for States/UTs to strengthen their data reporting mechanisms to ensure accurate reporting of data across all levels of facilities. The analysis of this data would not only serve as an important parameter for improving the effectiveness of program implementation, but can also be leveraged for policy correction.

I look forward to working with the States/UTs to continuously review the progress being made against these approvals. We are willing to do whatever it takes to strengthen our public health system for improved healthcare, particularly for the poor and the marginalized population. Let us reaffirm our commitment towards provision of equitable, affordable and quality health care that is accountable and responsive to people's needs

*Manoj Jhalani*  
*Additional Secretary & Mission Director, NHM*

**F. No. 10(10)/2018 – NHM –I**  
**Government of India**  
**Ministry of Health and Family Welfare**  
**(National Health Mission)**

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Nirman Bhawan, New Delhi  
Dated: 13<sup>th</sup> July, 2018

To,  
Sh. Pankaj Kumar  
Mission Director  
National Rural Health Mission  
Om Kailash Tower 19-A  
Vidhan Sabha Marg  
Lucknow-226001

**Subject: Approval of NHM State Programme Implementation Plan for Uttar Pradesh for the financial year 2018-19**

This refers to the Programme Implementation Plan (PIP) for financial year 2018-19 submitted by the State and discussions in the NPCC meeting held on 6<sup>th</sup> April, 2018 at Nirman Bhawan, New Delhi.

2. Against a resource envelope of Rs. 8336.77 Crores, (assuming State Share of 40%) an administrative approval of the PIP for your State is conveyed for an amount of **Rs. 10802.05 Crores**. Unspent balance available under NHM of Rs 2995.74 Crore as on 31.03.2018 would also be a part of the resource envelope. Details are provided in Table A and B below.

**TABLE- 'A' – Resource Envelope**

(Rs. in Crore)

Particulars	2018-19
GoI Support(assuming no reduction on account of non-fulfilment of conditinalities)	2563.70
Assuming 20% incentive earned by State	640.92
<b>Total GoI support</b>	<b>3204.62</b>
State Share (40%)	2136.41
<b>Total RE (GoI support+ State Share)</b>	<b>5341.03</b>
Total Unspent Balance as on 31-03-2018 (Approx)	2995.74
<b>Total Resource Envelope</b>	<b>8336.77</b>
Less; Amount from unspent balance to be used for on-going activities (committed expenditure) (Approx)	2491.61
<b>Fund available for New Approvals</b>	<b>5845.16</b>

2. The pool- wise break-up of the resource envelope is as indicated in table B below:

**TABLE 'B' - Breakup of resource Envelope:**

**(Rs. in Crore)**

Particulars	GoI Resource Envelope under NHM 2018-19
RCH Flexible Pool (including RI, IPPI, NIDDCP)	495.60
<b>Health System Strengthening (HSS)</b>	<b>1503.78</b>
Other Health System Strengthening covered under NRHM	1347.69
Comprehensive Primary Health Care under HSS under NRHM	156.09
<b>Total NRHM RCH Flexible Pool</b>	<b>1999.38</b>
<b>NUHM</b>	<b>84.69</b>
Other Health System Strengthening covered under NUHM	65.95
Comprehensive Primary Health Care under NUHM	18.74
NDCP Flexible Pool (RNTCP, IDSP, NVBDCP, NLEP)	189.95
NCD Flexible Pool (NPCB, NMHP, HCE, NTCP, NPCDCS)	136.42
Direction & Administration (IM)	794.18
40% State Share	2136.41
Unspent Balance as on 31-03-2018	2995.74
<b>Total Resource Envelope</b>	<b>8,336.77</b>
<b>Less: Amount from unspent balance to be used for on-going activities (committed expenditure)</b>	<b>2491.61</b>
<b>Fund available for New Approvals</b>	<b>5,845.16</b>

**RoP Conditionalities**

1. The support under NHM is intended to supplement and support, and not to substitute State expenditure. All the support for HR will be to the extent of positions engaged over and above the regular positions as per IPHS and case load. NHM aims to strengthen health systems by supplementing, and hence it should not to be used to substitute regular HR. All states are encouraged to create sanctioned regular positions as per their IPHS requirement. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility is in place.
2. Action on the following issues would be looked at while considering the release of second tranche of funds:
  - Compliance with conditionalities as prescribed by Department of Expenditure (DoE) under the Ministry of Finance.
  - Ensuring timely submission of quarterly report on physical and financial progress made by the State.
  - Pendency of the State share, if any, based on release of funds by Government of India.
  - Timely submission of Statutory Audit Report for the year 2016-17 and laying of the same before the General Body and intimation to the Ministry.
  - Before the release of funds beyond 75% of BE for the year 2018-19, State needs to provide Utilization Certificates against the grant released to the State up to 2017-18 duly signed by Mission Director and Auditor.

- State to open accounts of all agencies in PFMS and ensure expenditure capturing.
3. All approvals are subject to the Framework for Implementation of NHM and guidelines issued from time to time and the observations made in this document.
  4. State should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks given as **Annexure – 1**.
  5. The Conditionalities Framework for 2018-19 is at **Annexure –II**. However it may be noted that full Immunization Coverage (%) will be treated as the screening criteria and Conditionalities for 2018-19 would be assessed only for those EAG, NE and hill states who achieve at least 85% full Immunization Coverage. For rest of the States/UTs the minimum full Immunization Coverage would be 90%.
  6. The Record of Approvals Document (RoP) document conveys the summary of approvals accorded by NPCC based on the state PIP. The details of agreed proposals are contained in the Framework for Implementation of RoP, which is enclosed.

## 7. Finance

- State should convey the district approvals within 15 days of receiving the State RoP approvals. High Priority Districts must receive at least 30% more budget per capita compared to the other districts. State should share the district wise total approvals conveyed with MoHFW.
- The State must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place.
- All procurement to be based on competitive and transparent bidding process.
- The unit cost/rate approved for all activities including procurement, printing, etc are indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.
- Third party monitoring of works and certification of their completion through reputed institutions to be introduced to ensure quality. In addition, Information on all ongoing works to be displayed on the NHM website
- State to ensure regular meetings of State and District Health Missions/ Societies. The performance of SHS/DHS along with financials and audit report must be tabled in governing body meetings as well as State Health Mission and District Health Mission meetings.
- The State must increase state health budget for primary healthcare by 10% every year. It also should strive to spend at least 2/3rd of the total budget on primary health care.
- As per the Mission Steering group meeting decision, up to 9 % of the total Annual State Work Plan for that year could be budgeted for program management and M&E; while the ceiling could go up to 14% for small states (NE) and UTs.
- The accounts of State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of

India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.

- State shall ensure submission of details of unspent balance indicating inter alia, funds released in advance & funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- The 18 major heads of the budget have been divided into three groups. In group-A there are budget heads for infrastructure, HR, Program management, Innovation, IEC and PPP. No additional funds could be added to the approvals under group A budget heads. Group B consists of Training, Quality assurance and Research and evaluations, from which funds cannot be taken out. Group C has the rest of the 9 heads, wherein State as per its requirement may reallocate funds from one head to another for approved activities with the approval of the executive committee and the Governing body of the State Health Society.

#### **8. Infrastructure**

- The approval for new infrastructure is subject to the condition that States will use energy efficient lighting and appliances.
- State/UTs to submit Non-Duplication Certificate as per prescribed format

#### **9. Equipment**

- State/UTs to submit Non-Duplication Certificate as per prescribed format

#### **10. IT Solutions**

- All IT solutions being implemented by the State must be EHR compliant.

#### **11. Mandatory Disclosures**

- The State must ensure mandatory disclosures on the state NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.

#### **12. JSSK, JSY and other entitlement scheme**

- State must provide for all the entitlement schemes mandatorily. No beneficiary shall be denied any entitlement because of cost estimates/any other reason. If there are variations in cost, it may be examined and ratified by the RKS.
- State/UT to ensure that JSY payments are made through Direct Benefit Transfer (DBT) mechanism through AADHAAR enabled payment system, through NEFT under Core Banking Solution or through A/C payee check.

Yours faithfully



Director (NHM)

Encl: As above

**MOU MILESTONES AND TARGETS**

SI No	Major Milestones	Yr 2018-19	Yr 2019-20
1.	Reduction of MMR	182	171
2.	Reduce I. U5MR II. IMR III. NMR	I. 41 II. 36 III. 26	I. 39 II. 33 III. 25
3.	Reduce and sustain TFR	Reduce TFR by 0.1	
4.	Increase Modern Contraceptive Prevalence Rate	1.0%	1.0%
5.	Increase I. ANC (% Pregnant Women aged 15-49 years who had at least one ANC visit. II. SBA (% of delivery attended by skilled health professionals)	I. 82.6% II. 78.4	I. 84.8 II. 81.3
6.	Full immunization of all newborns by one year of age	90%	90%
7.	Achieve and maintain elimination status, in respect of: (i) Leprosy (ii) Kala- Azar & (iii) Lymphatic Filariasis (iv) Malaria	I. Target as recommended by WHO, Global Leprosy Strategy, 2016-2020, to be achieved and maintained by State is to achieve Grade II disability less than 1 case/ million population II. To sustained the elimination target III. To achieve <1% IV. Reduction of API to achieve the malaria elimination target by 2022 as follows : <b>i) Category 1 (API &lt;1)</b> Case based surveillance & response; focus identification and classification; achieve zero indigenous cases <b>ii) Category 2 districts (API 1-2)</b> <b>2)</b> I. Reduce API to <1	I. Target as recommended by WHO, Global Leprosy Strategy, 2016-2020, to be achieved and maintained in all districts is to achieve Grade II disability less than 1 case/ million population II. To sustained the elimination target III. To achieve <1% IV. Reduction of API to achieve the malaria elimination target by 2022 as per follows : <b>i) Category 1 : (API &lt;1)</b> Case based surveillance & response; focus identification and classification; achieve zero indigenous cases <b>ii) Category 2 districts (API 1-2)</b> I. Reduce API to Zero
8.	Reduce/sustain case fatality rate for Dengue at <1% (by 2018 & 2019) and set up one sentinel site hospital (SSH) in each district. Accordingly, number of new SSH in	To sustained CFR <1%	To sustained CFR <1%



**MOU MILESTONES AND TARGETS**

Sl No	Major Milestones	Yr 2018-19	Yr 2019-20
	2018 and 2019 is 15 and 10, respectively		
9.	I. Tuberculosis - Achieve and maintain a treatment success rate of 90% amongst notified drug sensitive TB cases by 2020 II. Total number of patient notification III. TB notification rate (per lakh population) IV. TB mortality rate (per lak population)	I. 90% II. 615783 III. 274 IV. 63	I. 90% II. 611099 III. 293 IV. 54
10	Blindness - Reduce the prevalence of blindness and the disease burden	I. Cataract Operation: 808305 II. Free Spectacles distribution to school children: 150000 III. Collection of Donated Eyes:1500	I. Cataract Operation: 808305 II. Free Spectacles distribution to school children: 150000 III. Collection of Donated Eyes:1500
11	To halt premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2020. Baseline ICMR India State Level Disease Burden Study	Base line Data for 2015-26.0% Target for 2018-19 and 2019-20-26.0%	
12	Reduce prevalence of current tobacco use	15%	
13	Increase utilization of public health facilities	OPD attendance (All) growth rate-36 Total IPD growth rate-14.3	OPD attendance (All) growth rate-24.4 Total IPD growth rate-3.2
14	Reduce OOPE (OOPE as a percentage of Total Health Expenditure)	68.9	66.6

## Conditionality Framework – 2018-19

SN	Conditionality <sup>1</sup>	Incentive/penalty	Source of verification	% Incentive/ Penalty <sup>2</sup>
1.	Incentive or penalty based on NITI Aayog ranking of states on 'Performance on Health Outcomes'	Based on the ranking which will measure incremental changes: 1. The states showing overall improvement to be incentivized 2. States showing no overall increment get no penalty and no incentive 3. States showing decline in overall performance to be penalized % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +40 to -40 points	NITI Aayog report	+40 to -40
2.	Grading of District Hospitals in terms of input and service delivery	At least 75% (in Non EAG) and 60% (in EAG and NE states) of all District Hospitals to have at least 8 fully functional specialties as per IPHS: 10 points incentive Less than 40% in Non EAG and 30% in EAG to be penalized up to 10 points	HMIS and NITI Aayog DH ranking report	+10 to -10
3.	Operationalization of Health and Wellness Centers (HWC)	At least 5% of the total budget to be proposed for HWC and CPHC. State to operationalize 15% of SCs and PHCs as HWCs	State report NHSRC report	+20 to -20
4.	% districts covered under Mental health program and providing services as per framework	If 75% of the districts covered:10 points If 50% districts in Non-EAG and 40% districts in EAG states: incentive 6 points Less than 40% EAG and less than 50% Non EAG to be penalized 6 points Less than 30% in EAG and 40% in Non EAG to be penalized 10 points	Report from Mental Health Division MoHFW	+5 to -5
5.	% of 30 plus population screened for NCDs	15% of 30 plus population screened for NCDs: 10 points incentive 7% of 30 plus population screened for NCDs: 6 points incentive Less than 3% of 30 plus population screened for NCDs: 6 points penalty	Report from NCD division MoHFW and State reports	+5 to -5

<sup>1</sup> The conditionalities apply to both urban as well as rural areas/facilities

<sup>2</sup> Numbers given in the table are indicative of weights assigned. Actual budget given as incentive /penalty would depend on the final calculations and available budget. The total incentives to be distributed among the eligible states would be 20% of the total NHM budget.

## Conditionality Framework – 2018-19

SN	Conditionality <sup>1</sup>	Incentive/penalty	Source of verification	% Incentive/ Penalty <sup>2</sup>
		Less than 2% of 30 plus population screened for NCDs : 10 points penalty (Out of total State population)	Any Survey data available	
6.	HRIS implementation	Ensure implementation of HRIS for all HRH (both regular and contractual) in the state. Salary invoice and transfer orders to be generated by HRIS. Line listing of all staff for all facilities to be available. HRIS data should match with HMIS reporting. Cases where it doesn't, state should provide reason and numbers. +10 to -10 for HRIS operationalization and +5 to -5 for synchronization with HMIS State where data matches: 5 points incentive States where data doesn't match: 5 points penalty	HRIS (State) and HMIS report	+15 to -15
7.	Grading of PHCs (both Urban and rural) based on inputs and provision of the service package agreed	75% (in Non EAG) and (60% in EAG and NE) of the PHCs having 3 or more star rating: 5 points incentive 50% (in Non EAG) and 40% (in EAG and NE) PHCs having 3 or more star rating: 2 points incentive Less than 40% (in Non EAG) and 30% (in EAG and NE) of PHCs having 3 or more star rating to be penalized: 5 points	HMIS	+5 to -5

**Draft Recommended Approvals for 2018-19**

FMR	Budget Head	Amount Proposed 2018-19 (Rs. In Lakhs)		Amount Recommended for approval 2018-19 (Rs. In Lakhs)	
		NHM	NUHM	NHM	NUHM
<b>U.1</b>	<b>Service Delivery - Facility Based</b>	<b>76575.10</b>	<b>596.79</b>	<b>72992.74</b>	<b>596.79</b>
U.1.1	Service Delivery	11249.46	54.51	8522.55	54.51
	Beneficiary Compensation/ Allowances	<b>46896.54</b>		46883.74	
	Beneficiary Compensation under Janani Suraksha Yojana (JSY)	37567.55		37567.55	
	Beneficiary Compensation under FP Services	9278.59		9265.79	
	Others (including PMSMA, any other)	50.40		50.40	
U.1.3	Operating Expenses	18429.11	542.28	17586.46	542.28
<b>U.2</b>	<b>Service Delivery - Community Based</b>	<b>30855.48</b>	<b>778.98</b>	<b>29334.52</b>	<b>778.98</b>
U.2.1	Mobile Units	118.80	0.00	118.80	0.00
U.2.2	Recurring/ Operational cost	26359.34	182.70	25141.68	182.70
U.2.3	Outreach activities	4377.34	596.28	4074.04	596.28
<b>U.3</b>	<b>Community Interventions</b>	<b>93095.75</b>	<b>1482.13</b>	<b>84782.31</b>	<b>1436.06</b>
U.3.1	ASHA Activities	68129.09	1476.50	66640.90	1430.43
U.3.1.1	Performance Incentive/Other Incentive to ASHAs	56136.95	1346.42	55330.17	1346.42
U.3.1.2	Selection & Training of ASHA	1191.53	98.42	1053.28	52.35
U.3.1.3	Miscellaneous ASHA Costs	10800.61	31.66	10257.46	31.66
U.3.2	Other Community Interventions	21741.48	5.63	16983.46	5.63
U.3.2	Panchayati Raj Institutions (PRIs)	3225.18	0.00	1157.95	0.00
<b>U.4</b>	<b>Untied Fund</b>	<b>23183.65</b>	<b>545.90</b>	<b>19948.11</b>	<b>286.98</b>
<b>U.5</b>	<b>Infrastructure</b>	<b>122029.59</b>	<b>1807.40</b>	<b>114202.53</b>	<b>1458.20</b>
U.5.1	Upgradation of existing facilities	36732.44	1045.44	35027.14	1045.44
U.5.2	New Constructions	78905.72	761.96	72982.31	412.76
U.5.3	Other construction/ Civil works	6391.43	0.00	6193.08	0.00
<b>U.6</b>	<b>Procurement</b>	<b>83775.37</b>	<b>3848.00</b>	<b>72558.36</b>	<b>3848.00</b>
U.6.1	Procurement of Equipment	21447.37	0.00	14482.27	0.00
U.6.2	Procurement of Drugs and supplies	47825.21	3848.00	46096.39	3848.00
U.6.3	Procurement of Other Drugs and supplies (please specify)	800.00	0.00	50.00	0.00
	National Free Diagnostic services	10598.00		10598.00	
U.6.5	Procurement (Others)	3104.79	0.00	1331.70	0.00
<b>U.7</b>	<b>Referral Transport</b>	<b>67287.74</b>	<b>0.00</b>	<b>65453.36</b>	<b>0.00</b>
<b>U.8</b>	<b>Service Delivery - Human Resource</b>	<b>139894.11</b>	<b>16974.07</b>	<b>131325.22</b>	<b>16170.40</b>
U.8.1	Human Resources	121726.99	14990.06	113265.95	14186.39
U.8.2	Annual increment for all the existing positions	9137.41	665.32	9137.41	665.32
U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	5915.91	748.46	5915.61	748.46
U.8.4	Incentives and Allowances	3113.80	570.23	3006.25	570.23
<b>U.9</b>	<b>Training &amp; Capacity Building</b>	<b>16241.86</b>	<b>3.84</b>	<b>12657.38</b>	<b>3.84</b>
U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres	62.73	0.00	62.73	0.00
	HR for Skill Lab/ Training Institutes/ SIHFW	1304.94		1304.94	

FMR	Budget Head	Amount Proposed 2018-19 (Rs. In Lakhs)		Amount Recommended for approval 2018-19 (Rs. In Lakhs)	
		NHM	NUHM	NHM	NUHM
	Annual increment for all the existing positions	3.00		3.00	
	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	0.00		0.00	
U.9.5	Trainings	14871.19	3.84	11286.71	3.84
<b>U.10</b>	<b>Review, Research, Surveillance &amp; Surveys</b>	<b>1130.21</b>	<b>0.00</b>	<b>389.36</b>	<b>0.00</b>
U.10.1	Reviews	57.86	0.00	43.86	0.00
U.10.2	Research & Surveys	418.16	0.00	267.80	0.00
	Surveillance	617.15		62.20	
	Other Recurring cost	37.04		15.50	
<b>U.11</b>	<b>IEC/BCC</b>	<b>18664.88</b>	<b>0.00</b>	<b>9015.50</b>	<b>0.00</b>
<b>U.12</b>	<b>Printing</b>	<b>11405.79</b>	<b>15.83</b>	<b>8001.48</b>	<b>15.83</b>
<b>U.13</b>	<b>Quality Assurance</b>	<b>1426.89</b>	<b>40.68</b>	<b>1426.89</b>	<b>40.68</b>
U.13.1	Quality Assurance	283.90	0.00	283.90	0.00
U.13.2	Kayakalp	1127.99	40.68	1127.99	40.68
U.13.3	Any other activity (please specify)	15.00	0.00	15.00	0.00
<b>U.14</b>	<b>Drug Warehousing and Logistics</b>	<b>6744.79</b>	<b>0.00</b>	<b>4505.28</b>	<b>0.00</b>
	Drug Ware Housing	1052.55		436.85	
U.14.2	Logistics and supply chain	5692.23	0.00	4068.43	0.00
<b>U.15</b>	<b>PPP</b>	<b>45561.98</b>	<b>0.00</b>	<b>35550.19</b>	<b>0.00</b>
<b>U.16</b>	<b>Programme Management</b>	<b>53711.21</b>	<b>1151.61</b>	<b>46758.71</b>	<b>789.86</b>
U.16.1	Planning Activities	67.75	0.00	16733.57	0.00
U.16.2	Monitoring & Data Management	2710.66	0.00	0.00	0.00
U.16.3	Mobility Support	8810.19	0.00	0.00	0.00
U.16.4	Operational Cost	4256.59	0.00	0.00	0.00
	PC&PNDT Activities	189.80		55.55	
	HMIS & MCTS	3264.16		3685.36	
U.16.7	Any Other PM Activities	5192.52	0.00	0.00	0.00
U.16.8	Human Resource	29219.55	1151.61	26284.24	789.86
<b>U.17</b>	<b>IT Initiatives for strengthening Service Delivery</b>	<b>7152.49</b>	<b>0.00</b>	<b>5636.88</b>	<b>0.00</b>
<b>U.18</b>	<b>Innovations (if any)</b>	<b>13829.31</b>	<b>27.00</b>	<b>11661.61</b>	<b>0.00</b>
<b>Total</b>		<b>812566.20</b>	<b>27272.24</b>	<b>726200.42</b>	<b>25425.62</b>
<b>Infrastructure Maintenance (Rs in Lakhs)</b>		<b>79418.00</b>			
<b>Grand total Approval including IM and Committed Unspent (in Crore)</b>		<b>10802.05</b>			

	Group-A		Group-B		Group-C
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