

Ministry of Health & Family Welfare

**RECORD OF PROCEEDING
UTTAR PRADESH**

2021-2022

National Health Mission

Preface

Record of Proceedings (RoP) document has the budgetary approvals under NHM for the financial year and serves as a reference document for implementation. The approvals given by NPCC are based on the State PIP and discussions with the State officials.

Through the last year, our country has fought fiercely against COVID. We have performed even better than many developed countries in limiting the impact of COVID. In past few months we have strived to maintain the essential services and most of the States have now achieved the pre-COVID levels of essential services. The pandemic has taught us many lessons which must be used for developing resilient Health Systems, which are not only able to fight any sudden calamity like COVID but be sustainable and consistent in reaching our health indicators and goals.

COVID pandemic has made us appreciate our frontline workers even more and has reminded us again of the driving role that motivated and adequate skilled human resources play in the health systems. The States have shown utmost diligence in timely recruitment of requisite human resources from doctors and nurses to paramedics during the last year which must continue in a sustainable manner. Ensuring high quality recruitment, skill assessment of the clinical HR using OSCE (Objective structured clinical examination) is the first step towards bringing quality HR. We need to have in place a regular specialist cadre to ensure PGMO recruitment at entry level. As a short term measure to overcome the shortage of Gynecologists and Anesthetists, EmOC and LSAS training and their proper posting and mentoring is equally important. The 8 broad speciality Diploma courses (of 2years post MBBS) granted by NBE will help you overcome the short-supply of specialist and provide additional HR to improve service quality in our secondary care health facilities.

We are always striving to increase Public Health expenditure for strengthening our Public Health System. The 15th Finance Commission has reiterated the goal set by NHP 2017 of increasing PHE to 2.5% of the GDP. Furthermore, we have PM ASBY, which would provide Comprehensive Primary Health Care, strengthen the surveillance capacities at all levels, research and digital health services. PM- ASBY will also facilitate pandemic preparedness. The States should leverage these provisions for extending comprehensive care at all levels.

As we go to Cabinet for the extension of NHM, it is important to evaluate our work in order to build on our strengths and work on the aspects where we still lag. We have a good report in the form of NITI Aayog's Evaluation Report on NHM. It clearly shows how far we have come and how much we have achieved in terms of crucial indicators like IMR, MMR, life expectancy at birth along with integrating various health programmes. However, in view of the achievements, our focus on Mother and Child should not get diluted. LaQshya, availability of basket of contraceptive choices, training and formation of a cadre of midwives for quality delivery services are critical under RMNCH+A. We are well poised to move mother and Child care to an Entitlement based framework under Surakshit Matritva Abhiyan with robust grievance redressal systems and effective community participation using multisectoral approaches.

The States have done well in providing drugs and diagnostics services in times of this pandemic. Putting in place a system with robust procurement system, effective quality monitoring, IT backed supply chain management which has quality monitoring, service guarantee and awareness generation is the need of the hour, so that we can keep the OOPE in public health facilities as low as possible.

We are well on our path to eliminating TB by 2025, despite the fact that our efforts could not be what we wanted it to be in the initial months of COVID Pandemic. In NTEP, we have to focus on bridging the gap in estimated and detected cases through expansion of diagnostics services, Universal Drug Susceptibility Testing and active case finding. We also have to focus on comprehensive capturing of data of TB patients



accessing care in private sector. We need to maintain treatment success rates in excess of 85%. Another area that needs urgent attention is identifying and treating drug resistant TB.

As is evident from NHM Evaluation report by NITI, we have made substantial progress in control of vector borne diseases especially Malaria. We have now introduced certification of disease free status at state and district levels for incrementally moving towards elimination of Kala Azar, Lymphatic Filariasis, Malaria, TB and Leprosy, with monetary and non-monetary awards for achieving the certifications. Under the National Viral Hepatitis Control Program, we need to understand the huge disease burden of Hepatitis and the associated mortality and morbidity and must ensure at least one model treatment centre in every State and at least one treatment centre in each district.

We must also remain focussed on tackling NCDs. Among NCDs, CVD has been the leading cause of death worldwide, and ischemic heart disease (IHD) and stroke are the major contributors to CVD. Ischemic heart disease has emerged as one of the major reasons of premature deaths which can be averted and reduced. Similarly, accidents and injuries contribute significant DALYs as younger generation are more prone to accidental injuries. Good emergency and trauma care facilities and an integrated approach would therefore help us to significantly reduce the DALYs on account of accidents and injuries.

With increasing complexities of modern life and stress, mental health too has emerged as a big challenge. Mental Health Act provides for assured mental health care services to all who seek such care. States would have to adopt innovative approach to scale up the mental health services not only at district hospital level but also in facilities down below. Short term courses using IT platforms should be utilized to quickly scale up the capacities.

We will be failing in our duty towards our future generation if we don't do everything in our capacity to give opportunity to every child to grow to their fullest potential. Early Childhood Development (ECD) is an evidence based step in this direction and all the States must ensure its speedy implementation. ECD needs to be enshrined as a philosophy in our mothers, parents and health workforce and should become essential part of child bearing and child rearing in households.

With the recent boost of 15th Finance Commission's recommendation of health grants amounting to Rs. 70,051 crores for urban health and wellness centres (HWCs) and other block-level healthcare units, AB-HWCs along with the PMJAY will be the principal vehicles to achieve the Universal Health Coverage. We must recognize that even if we achieved essential health coverage and financial protection, health outcomes could still be poor if services are low-quality and unsafe. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. Quality should be in the DNA of the entire health system to be able to deliver UHC. To ensure we will need to simultaneously work on several fronts: a high-quality health workforce; quality services across all health care facilities; safe and effective use of medicines, devices and other technologies; effective use of health information systems; compliance to standard treatment guidelines; and financing mechanisms that support continuous quality improvement and right incentives to service providers to provide patient-centred care. In this direction, our endeavor should be to get maximum number of health facilities National Quality Assurance Standards (NQAS) certified. State specific Quality Plan may be developed so that maximum number of facilities acquire NQAS and LaQshya Certifications and ensure the sustenance of achieved quality standards. Since, satisfaction of patient has an important bearing on utilization of health facilities and promotes healing, the States should ensure that all the public health facilities are integrated on Mera-aspaataal portal.

As highlighted by the 15th Finance Commission, Public Private Partnerships can be leveraged for providing health infrastructure at all levels and to the last mile. We have many States using this mechanism to



provide telemedicine services, which can be further explored by other States based on their need and context.

The performance indicators and benchmarks for all major HR posts were shared with the States/UTs. I hope that the states are implementing it despite the focus being shifted to the pandemic situation and would be carrying out the final assessment in March and share the action taken on such assessment with us.

In the coming years, we have to leverage the focus and finance that health has received. I can assure you that we are always there to support you in all your endeavours to make the health system and service delivery stronger.

Vandana Gurnani
Additional Secretary & Mission Director, NHM

F. No.-M-11016/19/2021-NHM-II
Government of India
Ministry of Health and Family Welfare
(National Health Mission)

Nirman Bhawan, New Delhi
 Dated: the 14th June, 2021

To,
 Smt. Aparna Upadhyay
 Mission Director- NHM,
 Vishal Complex,
 Vidhan Sabha Marg,
 Lucknow, Uttar Pradesh

Subject: Approval of NHM State Program Implementation Plan for the State of Uttar Pradesh for the Financial Year 2021-22.

This refers to the Program Implementation Plan (PIP) for financial year 2021-22 submitted by the State of Uttar Pradesh and subsequent discussions in the NPCC meeting held on 27th March 2021 at Nirman Bhawan, New Delhi.

2. Against a Resource Envelope of **Rs. 7366.43 Crore** (calculated assuming State Share of 40%); an administrative approval is conveyed for an amount of **Rs. 9621.79 Crore**. Any unspent balance available under NHM with the State as on 01.04.2021, would also become a part of the resource envelope and depending on the expenditure and requirement, the State may propose supplementary PIP and take approvals from MoHFW. Details of resource envelope are provided in Table A and B below:

TABLE- 'A' – Resource Envelope

Particulars	Rs. in Crore
(a) Gol Support (Flexible Pool allocation including Cash and Kind)	2998.19
(b) Gol Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	543.74
(c) Gol Support (under Infrastructure Maintenance)	877.93
Total Gol support (a+b+c)	4419.86
State Share (40%)	2946.57
Total Resource Envelope	7366.43

TABLE 'B' - Breakup of Resource Envelope

(Rs. In Crore)

Sl.No.	Particulars	2021-22	
		Gol Share	State Share (60:40)
		(including Incentive Pool)	
1	RCH Flexible Pool (including RI, IPPI, NIDDCP)	891.04	2946.57
1 (i)	RCH Flexible Pool (including RI, IPPI, NIDDCP) Cash Grant Support	643.24	

Sl.No.	Particulars	2021-22	
		Gol Share	State Share (60:40)
		(including Incentive Pool)	
1(ii)	RCH Flexible Pool (Kind Grant Support under Immunisation)-Provisional assuming 50% of Cash Grant allocation 1(i) above	247.80	
2	Health System Strengthening (HSS) under NRHM	2237.78	
2 (i)	Other Health System Strengthening covered under NRHM	1837.85	
2(ii)	Ayushman Bharat- Health & Wellness Centres under NRHM	258.44	
2(iii)	Additional ASHA Benefit Package including support to ASHA facilitators	141.49	
	Total NRHM-RCH Flexible Pool	3128.82	
3	NUHM Flexible Pool	103.48	
3 (i)	Other Health System Strengthening covered under NUHM	76.69	
3 (ii)	Ayushman Bharat- Health & Wellness Centres under NUHM	26.79	
4	NDCP Flexible Pool (NTEP, NVHCP, NVBDCP, NLEP, IDSP)	207.47	
i	NVBDCP (Cash & Kind)	29.60	
ii	NTEP (Cash & Kind)	135.17	
iii	NVHCP (Cash & Kind)	30.14	
iv	NLEP	4.20	
v	IDSP	6.25	
vi	National Rabies Control Programme (NRCP)	1.95	
vii	Programme for Prevention and Control of Leptospirosis (PPCL)	0.16	
5	NCD Flexible Pool (NPCB, NMHP, NPHCE, NTCP, NPCDCS, NPCCHH, PMNDP)	102.15	
6	Infrastructure Maintenance (including Direction and Administration)	877.93	
	Total Resource Envelope	4419.86	2946.57

3. The State Share of Rs. 2946.57 Crore could be added to any pool depending on the approvals and requirement of the State. The total funds provided to NHM should be equal to 40%, as applicable.

4. 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 norms and case load. NHM aims to strengthen health systems by supplementing and hence it should not be used to substitute regular HR. All States are encouraged to create sanctioned regular positions as per the IPHS requirements. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility or provide services, are in place. Moreover, HR can only be proposed and approved under designated FMRs. HR under any other FMRs or in any lump sum amount of other proposals, would not be considered as approved. Please refer to AS&MD's letter dated 17th May 2018 in this regard (copy enclosed as Annexure I). All approved HR have been listed in Annexure-II for ease of reference.

5. Action on the following issues would be looked at while considering the release of first/second tranche of funds:
- Compliance with conditionalities as prescribed by Department of Expenditure (DoE), 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 Central Grants.
 - Transfer of Central Grants from the Treasury to the State Health Society Bank Accounts.
 - Timely submission of Statutory Audit Report for the year 2020-21 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 2021-22, State/UT needs to provide Audited Utilization Certificates against the grants released to the State/UT up to 2020-21 duly signed by Mission Director, Auditor, Director –Finance and counter signed by Principle Secretary (Health).
 - State to open accounts of all agencies in PFMS and ensure expenditure capturing through REAT module of PFMS.
6. 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.
7. State should adhere to the clauses mentioned in the MOU signed and achieve the agreed performance benchmarks. The agreed targets and deliverables for priority programmes/schemes have been given as Annexure – III.
8. There are certain other essential mechanisms which need to be set up in all the States/UTs such as Robust Health Helpline (doctor on call, grievance redressal, scheme dissemination) and formulation of State HRH Policy.
9. The Conditionalities Framework for 2021-22 is given as Annexure-IV. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities for 2021-22 would be assessed for only those States which achieve 90% Full Immunization Coverage. For EAG, NE and Hilly States, the FIC criteria would be 85%.
10. State must ensure timely submission and updation of quality and accurate data (as applicable) in digital mode for indicators pertaining to the Central Health Dashboard/ National Health Profile as per fixed timelines.
11. The RoP document conveys the summary of approvals accorded by NPCC based on the state PIP. The details of approved proposals have been given in the Framework for Implementation of RoP for facilitating implementation which is enclosed. We would also be sharing the excel sheets later for facilitating implementation and reviews.
- 12. Finance**
- State should convey the district approvals within 15 days of receiving the State RoP approvals.
 - 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 as per ROP approvals.

- The unit cost/rate approved for all activities including procurement, printing etc are only 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 civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, Information on all ongoing works should be displayed on the NHM website.
- The annual audited accounts of the State Health Society must be placed before the Governing Body for acceptance.
- 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.
- As per the Mission Steering Group (MSG) meeting decision, only 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.
- To avail the 2nd Tranche of release under NHM, the State should ensure that at least 10% increase in State Budget over last year and where such increase over last year is less than 10%, then the average of last 3 years would be considered and the same should be > 10 %. Further, out of the total allocation to health in the State budget, it is recommended that at least 2/3rd should be on Primary Health Care.
- Increase the share of expenditure of State on health to more than 8% of their total budgetary expenditure.
- The additional grants received from Incentive pool based on performance shall be utilized against the approved activities only.
- States/UTs should ensure that fund transfer and expenditure are made electronically and through PFMS.
- Ensure transfer of Central Grants from State/UT treasury to State Health Society Bank Account.

13. Human Resources for Health

- Remuneration of existing posts has been given on the basis of the salary approved in FY 2020-21, 5% annual increment and approved experience bonus or other allowances (if any) for 12 months. The budget proposed by the state for remuneration of existing staff has been recommended for 12 months *in principle*. This is to save the efforts of State in sending the

supplementary proposals to MoHFW. If there are funds left in HR budget it could be used to pay the approved HR at the approved rate for rest of the months.

- This year instead of writing the salary of each post we have approved the salary in major heads. States are expected to administer salary as per the norms of NHM.
- Additional 5% of the total HR budget is approved as increment and an additional 3% of the total HR budget is approved for HR rationalization and experience bonus (as per eligibility) with the condition that the maximum increase in remuneration of any staff is to be within 15% (in total based both on performance and rationalization). In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary can be given.
- The total salary, increment and rationalization must not exceed 8% of total HR budget. HR rationalization exercise (to be done only in cases where HR with similar qualification, skills, experience and workload are getting disparate salaries) and its principles including increments to be approved by SHS GB under overall framework and norms of NHM. In cases where the salary difference is more than 15%, salary rationalization was to be done in installments. Increase in salary beyond 15% in any year for any individual will have to be borne by State from its own resources.
- The rationalization amount to the States has been given to States since 2016-17. It is expected that the States would have rationalized the salaries by now and hence from next year onwards i.e. 2021-22 it will be given only on State specific proposals and on case to case basis.
- States/UTs must ensure that achievement of performance above minimum performance benchmark, as guided by MoHFW and finalized by state health society, is included as a condition in the contract letter of every HR engaged under the NHM. Before renewal of the contract each employee must be appraised at least against these benchmarks. Mission Director must certify carrying out appraisal and the State should share the report by 30th April 2021.
- As we move towards making the approvals more flexible, we expect the States to follow the broad guidelines and administer the HR functions well. To ensure that it is done properly and to document the good practices HRH team will undertake HR monitoring of a set number of States/UTs every year.

14. 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 in prescribed format.
- State to review quarterly performance of physical & financial progress of each project and share the progress report with MoHFW.

15. Equipment

State/UTs to submit Non-Duplication Certificate in prescribed format.

16. IT Solutions



All IT solutions being implemented by the State must be EHR compliant. In cases where there is Central software and the State is not using it, the State/UT must provide APIs of its State software for accessing/viewing data necessary for monitoring.

17. 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.

18. JSSK, JSY, NPY and other entitlement scheme

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

19. Resources Envelope and approvals

The amount approved for the State of Uttar Pradesh stands at **Rs. 10747.52 Crore** including IM and Immunization Kind Grants. Since the State has exhausted its Resource Envelope for the Financial Year 2021-22, the approval of the PIP for the FY 2021-22 is accorded with the condition that there would be no increase in Resource Envelope and the State will have to undertake the approved activities under the existing RE for the 2021-22. However, any modification subsequent to approval of continuation of NHM at appropriate level, if any, shall be communicated separately.

Yours' sincerely,



Dr. N Yuvaraj
Director (NHM-I)



Manoj Jhalani

Additional Secretary & Mission Director, NHM
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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O.No.10(36)/2017-NHM-I
17th May 2018

Dear colleague,

Subject: **PIP and HR Approvals**

MoHFW with the aim of strengthening and simplifying the planning process, has brought in major changes in the PIP budget sheet in FY 2018-19. Adopting health system approach, the PIP has been categorised into 18 heads required for implementation of any programme.

As mentioned in PIP guidelines any programme/ initiative planned were to be broken and budgeted in 18 given heads, as applicable. However, appraisal of PIPs show that few states have clubbed many activities together thereby defeating the very purpose of budget revamp. As informed in the NPCC meetings, any human resource (Programme Management or Service Delivery) proposed in the clubbed activities, which has not been proposed under dedicated heads for HR will not be considered for appraisal. Even if the lump sum amount is approved unknowingly by the programme divisions, **no HR would be considered as approved.**

Further, to initiate HR integration and ensure rationalization of salaries of staff with similar qualification, workload and skills, additional budget (3% of the total HR budget) was approved by NPCC in FY 2017-18 as per state's proposal. **This budget was approved with the condition that the exact amount of individual increase should be decided by state in its EC and HR rationalization exercise and its principles including increases to be approved by SHS GB. States were directed to ensure that increases are approved in such a way that it smoothen the process of HR integration. In cases where the salary difference among similar category position with similar qualifications and experience is very high (say more than 15%), it was to be done in parts as it may take 2-3 years to rationalize it fully.** The same principle applies to the approvals of FY 2018-19. Therefore, we continue to approve additional 3% of the total HR budget in FY 2018-19 for HR integration, subject to the states asking for it.

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Salaries of all staff have been approved in the ROP (FY 2018-19) as proposed by the state assuming that any increase/ decrease of salary has been approved by the EC and GB. In case, **any of the proposed salary has not been approved by the State EC and GB, the individuals will not be eligible to receive higher salary as approved in the ROP FY 2018-19** and only 5% of annual increase is to be provided on base salary approved in FY 2017-18. Any additional amount already paid would have to come from state budget. States must undertake HR integration process using the additional budget approved last year and this year. The details are to be submitted to MoHFW along with a signed letter from Mission Director and a copy of minutes of meeting held with EC and GB based on which decision has been taken.

Any deviation from the above would be treated as contravention of Record of Proceedings of NPCC and would apart from inviting audit objection would be flagged to Chief Secretary for disciplinary action.

With regards,

Yours sincerely,

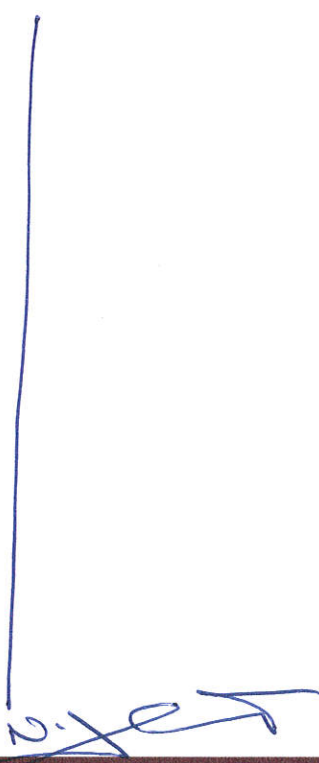


(Manoj Jhalani)

Principal Secretary (Health) / Secretary (Health)/Commissioner (Health) of all States / UTs

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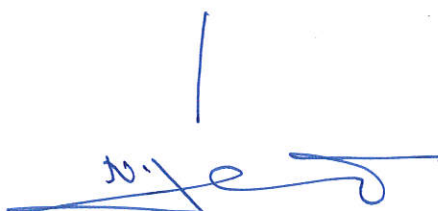
Mission Director (NHM) of all States / UTs



HR Annexure: Uttar Pradesh (FY 2021-22)

Principles for calculation of remuneration

1. The amount available for remuneration of existing posts has been calculated considering the maximum eligible budget as per budget approved in FY 2020-21.
2. In case the budget proposed for remuneration of existing staff is within the available limit, the same has been approved as lump sum for 12 months in principle. In case, any position has been dropped by the state, the available limit excludes the budget approved for those positions in the previous FY.
3. Budget proposed for any new position has been calculated separately over and above the available limit.
4. Additional 5% of the total HR budget is recommended as increment and 3% of the total HR budget is recommended for HR rationalisation, correction of typographical errors and experience bonus (as per eligibility and principles of rationalization) with the condition that:
 - 4.1. Only those who have completed minimum one year of engagement under NHM and whose contract (in case of annual contract) gets renewed will be eligible for annual increment.
 - 4.2. The maximum increase in remuneration of any staff is to be within 0% to 15% (based on performance and rationalization). The total budget used in increment and for rationalization should not exceed 8% of total HR budget. HR rationalization exercise and its principles including increments to be approved by SHS GB.
 - 4.3. In cases where the salary difference is more than 15%, salary rationalization may be done in parts as it may take 2-3 years to rationalize it fully.
 - 4.4. In case performance appraisal of NHM staff is not carried out by the state, only 5% increase on the base salary is to be given.
 - 4.5. In case any amount out of the 3% rationalization amount is used for correcting typographical error in approvals (if any), details for the same is to be shared with MoHFW/ NHSRC HRH division.
 - 4.6. If any state disburses flat 8% increment to all irrespective of performance and salary disparity, or gives salary increases beyond 15% without approval of MoHFW the amount of 3% will be deducted from HR budget. Any decrease of salary resulting from this will have to be borne from the State budget.
5. Expenditure against budget approved for annual increment/ rationalization/ EPF is to be booked under the salary heads of respective staff posts.
6. The budget approved as remuneration/ hiring of specialists may be utilised as per guidance provided via AS&MD's letter dated 30 June 2017 (D.O.No.Z.18015/6/2016-NHM-II (Pt. III)).
7. State will implement Minimum Performance Benchmark for all NHM staff shared by MoHFW and will link it to renewal of contract.
8. State will share the minimum, maximum and weighted average salary of all staff category approved under NHM with MoHFW/ NHSRC HRH division.
9. In any case (without written approval of MoHFW), NHM funds cannot be used to support staff over and above the requirement as per IPHS.



NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
8.1.1.1	ANM	14115	5000	14555	75293.97
8.1.1.2	Staff Nurse	11249	1784	20746	
8.1.1.3.1	Psychiatric Nurse	75			
8.1.1.3.3	Community Nurse	75			
8.1.1.5	Laboratory Technician	4168	500	15000	
	Sr. Laboratory Technician	26	26	24237	
8.1.1.6	OT Technician	334			
8.1.1.8	Pharmacist	28			
8.1.1.9	Radiographer	176			
8.1.1.10	Physiotherapist	195			
8.1.1.12	Para Medical Worker	418			15544.15
	H&W Assistants (shifted from FMR 8.1.12.1)	17			
8.1.2.1	Obstetrician & Gynaecologist	357	Lump sum (Rs 614.91 lakhs)		
8.1.2.2	Paediatrician	197			
	Microbiologist (MD)	2			
	MD Medicine	3			
8.1.2.3	Anaesthetist	255	Lump sum (Rs 1044.69 lakhs)		
8.1.2.4	Surgeon	29			
8.1.2.5	Radiologist	47			
8.1.2.6	Pathologist / Haematologist	62			
	Anaesthetist	4			
8.1.3.1	Physician/ Consultant Medicine (MD)	267			6720.06
8.1.3.2	Psychiatrist	75			
8.1.3.3	Orthopaedic	17			
8.1.3.4	ENT Specialist	28			
8.1.3.5	Ophthalmologist	36			
8.1.3.6	Dermatologist	3			
8.1.3.8	Microbiologist (MD)	5			
8.1.3.9	Cardiologist	7			
8.1.3.10	Specialists for FRU (OBGY + Anest) on-call	Lump sum Budget: INR 120.00 lakhs			
8.1.4.1	Dental Surgeon	220			1550.70
8.1.4.3.1	Dental Hygienist	36			

NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
8.1.4.3.3	Dental Assistant	36			
8.1.5	Medical Officer	815			6941.33
8.1.6.1	AYUSH MO	2044			
8.1.6.2	AYUSH Pharmacist	759			
8.1.6.3	Panchkarma Specialist	2			11223.80
	Panchkarma Technician	2			
	Panchkarma Safai Karmachari	Lump sum (2) Budget: INR 2.05 lakhs			
	Panchkarma Attendant	Lump sum (2) Budget: INR 3.14 lakhs			
8.1.7.1.1	AYUSH Doctor	2816			23545.80
8.1.7.1.2	MO (MBBS)	110			
	Dental MO	434			
8.1.7.1.3	Staff Nurse	621			
8.1.7.1.4	ANM	1059			
8.1.7.1.5	Pharmacist	486			
	Para Medical Worker	1194			
8.1.7.2.1	Paediatrician	13			641.20
8.1.7.2.2	Medical Officer, MBBS	10			
8.1.7.2.3	Medical Officer, Dental	11			
	Training Coordinator	3			
8.1.7.2.4	Staff Nurse	22			
8.1.7.2.5	Physiotherapist	13			
8.1.7.2.6	Audiologist & speech therapist	13			
8.1.7.2.7	Psychologist	13			
8.1.7.2.8	Optometrist	13			
8.1.7.2.9	Early interventionist cum special educator	13			
8.1.7.2.10	Social worker	9			
8.1.7.2.11	Lab Technician	10			
8.1.7.2.12	Dental Technician	11			
	Counsellor	3			
8.1.8.1	Medical Officer	78			2154.60
8.1.8.2	Staff Nurse	310	46	20500	
8.1.8.3	Cook	Lump sum (156)	Lumpsum (20)		
8.1.8.5	Feeding Demonstrator	79			
8.1.9.1	Paediatrician	230			12488.30



NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
8.1.9.2	Medical Officer	3			
8.1.9.3	Staff Nurse	1823	507	20500	
8.1.9.4	Training Coordinator	1	1	100000	
	Nursing Coordinator	1	1	40000	
	Administrative cum data assistant	1	1	25000	
	CLMC Manager	1			
	CLMC Technician	1			
	Lab technician- LMU / LMU Lactation Counsellor	13			
	Hygiene Helpers - CLMC	Lump sum (2) Budget: INR 2.52 lakhs			
8.1.9.6	Support Staff	Lump sum (778)	Lumpsum (99)		
	Ancillary Staff AES/JE	Lump sum (64) Budget: INR 98.06 lakhs			
	DEO	Lump sum (86) Budget: INR 133.17 lakhs			
8.1.10.1	Anaesthetists	11			2276.00
8.1.10.2	Medical Officer	28			
8.1.10.3	Staff Nurse	536			
8.1.13.1	Counsellor FP	1113			14490.30
8.1.13.2	Psychologist	450			
8.1.13.4	Microbiologist	35			
	Microbiologist	6			
8.1.13.5	Audiologist	56			
8.1.13.6	Rehabilitation Worker	427			
8.1.13.8	Social Worker	150			
8.1.13.10	TBHV	598			
8.1.13.11	Lab Assistant/ Attendant	Lump sum (12) Budget: INR 17.31 lakhs			
8.1.13.16	Ophthalmic Assistant	28			
8.1.13.18	Audiometric Assistant	56			
8.1.13.19	Instructor for Hearing Impaired Children	56			
8.1.13.22	Screening Assistant	5			
	Rogi Sahyata Kendra Manager	160			

NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Rogi Sahyata Kendra Operator	Lump sum (160) Budget: INR 194.32 lakhs			
	Staff Nurse UPHSSP	1796			
	Optometrist UPHSSP	20			
	Cook UPHSSP	Lump sum (25) Budget: INR 25.52 lakhs			
	Lab Technician UPHSSP	132			
	OT Technician (UPHSSP)	128			
	X-Ray Technician UPHSSP	78			
	Physiotherapist	37			
	Dietician/ Nutritionist UPHSSP	37			
	Dental Hygienist	4			
	Audiometric Assistant UPHSSP	11			
	Ward Aaya/ Ward boy UPHSSP	Lump sum (506) Budget: INR 516.42 lakhs			
	ECG technician DHS	16			
	CSSD Technicians DHS	40			
8.1.14.1	Medical Officer - Pathologist (MD)	13			3039.70
	Medical Officer -Pathologist/ MBBS	123			
	Medical Officer -Pathologist/ MBBS for BCTV	18			
8.1.14.2	Staff Nurse	83			
8.1.14.4	Lab Technician	187			
	Lab Technician for BCTV	36			
8.1.14.5	Counsellor	45			
	Lab Attendant - Blood Bank	Lump sum (162) Budget: INR 288.39 lakhs			
	Lab Attendant - BSU/BCTV	Lump sum (136) Budget: INR 242.11 lakhs			
	Lab technicians - BSU	236			



NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Social worker/PRO	18			
8.1.15.7	Case Registry Assistant	75			
8.1.15.11	Junior Resident	36			1133.77
	Sister In charge	6			
	Staff Nurse	102			
	ECG Technician	2			
	Lab Technician	8			
	OT Technician	1			
	Radiographer	2			
	Physiotherapist	1			
	Occupational Therapist	1			
	Medical Record Technician	1			
	CSSD Technician	1			
	Pharmacists	1			
	Record Technician	1			
	Lab Attendant	Lump sum (4) Budget: INR 4.87 lakhs			
	Hospital Attendant	Lump sum (15) Budget: INR 18.27 lakhs			
	Sanitary Attendant	Lump sum (10) Budget: INR 11.44 lakhs			
	Driver	Lump sum (8) Budget: INR 12.20 lakhs			
	Laundry Attendant	Lump sum Budget: INR 63.47 lakhs			
	Junior Resident	36			
8.1.15.13	Medical Officer	4			80.40
	Lab technician	1			
	Pharmacist	4			
	Junior Resident	2			
	Physiotherapist	2			
	Counsellor	2			
	DEO	Lump sum (5) Budget: INR 6.98 lakhs			
	Support Staff	Lump sum (2)			

NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
		Budget: INR 2.52 lakhs			
8.1.16.2	Cold Chain Handler	97			641.20
	Technician/ Refrigerator Mechanic	22			
8.1.16.3	Multitask Worker	Lump sum (15) Budget: INR 20.88 lakhs			
8.1.16.4	Hospital Attendant	Lump sum (150) Budget: INR 169.55 lakhs			
8.1.16.5	Sanitary Attendant	Lump sum (150) Budget: INR 169.48 lakhs			
8.1.16.6	Data Entry Operator (DEO)	Lump sum (87) Budget: INR 139.00 lakhs			139.00
8.1.16.7	Ward Assistant /Orderlies	Lump sum (75) Budget: INR 138.42 lakhs			622.00
	Support Staff BB/ BSU	Lump sum (204) Budget: INR 294.35 lakhs			
	Driver	Lump sum (18) Budget: INR 32.80 lakhs			
	Vaccine Storekeeper	Lump sum (9) Budget: INR 36.87 lakhs			
	Vaccine Van Driver	Lump sum (8) Budget: INR 21.11 lakhs			
	Support Staff - NRC	Lump sum (79) Budget: INR 92.16 lakhs	Lumpsum (4)		
	Support Staff	Lump sum (6) Budget: INR 6.31 lakhs			
9.1.4.1	Doctor trainer		1	60000	34.20
	Nurse trainer		5	40000	
	DEO		Lump sum 1		



NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
			(Rs 1.80 lakhs)		
	Multipurpose worker		Lump sum 1 (Rs 1.20 lakhs)		
9.1.4.2	Nursing Faculty (GNMTCs/ College of Nursing)	74			984.68
	Nursing Faculty - ANMTCs	92			
	Nursing Midwifery Tutors	6			
	Nurse Mentors	53			
	Programme Assistant	3			
9.1.4.3	Honorarium to HoD OBG / Principal for Coordination and Management of NPM course	Lump sum (6) Budget: INR 3.6 lakhs			146.19
	State Midwifery Educator	5			
	State Midwifery Educator (In-service)	31			
	Programme and Data Assistant	6			
9.1.4.4	Librarian cum Programme Assistant	9			35.72
14.1.1.1	Accountant	19			659.45
	Computer Operator/Store keeper	Lump sum (89) Budget: INR 164.95 lakhs			
	Support Staff	Lump sum (362) Budget: INR 425.32 lakhs			
	Support Staff (part time)	Lump sum (70) Budget: INR 33.97 lakhs			
14.1.1.2	SDS Pharmacist	4			31.93
	Store Assistant SDS	8			
14.1.1.3	State Logistic Manager	1			356.41
	Divisional Logistic Manager	18			
	Logistic manager (Dist Warehouse)	57			
16.2.1	Data Assistants (Divisional)	18			271.84
	Consultants PCPNDT	1			
	Legal Consultant PCPNDT	1			

NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Programme Coordinator-PCPNDT	2			
	Programme Assistants	1			
	Data Entry Operator	Lump sum (77) Budget: INR 129.40 lakhs			
	PCPNDT Coordinators	24			
16.4.1.1	Addl. MD (on deputation)	1			1298.90
	State Programme Manager	1			
	Sr Advisor (NHM)	1			
	General Manager (on deputation) Capacity Building & HR	1			
	General Manager (on deputation)	16			
	General Manager Community Processes (on deputation)	1			
	Dy. General Manager (on deputation)	8			
	Dy. General Manager	9			
	DGM Community process	1			
	Divisional Project Manager	18			
	Divisional Officer Accounts cum MIS	18			
	General Manager-QA	1			
	Deputy General Manager-Tender	0	1	80000	
	Deputy General Manager- PPP	0	1	80000	
	Deputy General Manager- Training (All programmes)	0	1	80000	
	Deputy General Manager- Technical (MIS)	0	1	80000	
	Deputy General Manager- Website and Application (MIS)	0	1	80000	
	Office Assistant	Lump sum (18) Budget: INR 56.70 lakhs			
	Chowkidar cum peon	Lump sum (18) Budget: INR 50.92 lakhs			



NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Driver	Lump sum (18) Budget: INR 56.70 lakhs			
16.4.1.3.1	State Accounts Manager/ Manager- Finance	5			1449.10
	Account Manager cum Data Analyst	1			
	Finance Controller (on deputation)	1			
	Sr Manager – Finance	2			
	ASHA Program Manager	1			
	Team Leader	1			
	Quality Manager	1			
16.4.1.3.2	Medical Consultant	27			
	Non-medical Consultant	15			
	MCH Consultant	1			
	AEFI Consultant	1			
	Consultant-District Hospital Strengthening	2			
	Training Officer - RI	1			
	Consultant Capacity Building for Training Cell	1			
	Consultant Lakshya Orientation & Training	1			
	State Coordinator (State Blood Cell)	1			
	Consultant, Non-Medical (for NCD Cell)	1			
	Consultant, Non-Medical (for Planning Cell)	1			
	Consultant-Recruitment & orientation at SPMU	1			
	Consultant-Compliance & Disciplinary action at SPMU	1			
	Consultant State HR at SPMU	1			
	Consultant-M&E (IEC Cell)	1			
	DEIC Consultant	2			
	M&E Officer (RI)	1			
	Consultant (HR)	1			

NHM HR Annexure 2021-22

FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Consultant (VBD)	1			
	Nursing Consultants	2			
	State Consultant Quality Assurance	1			
	State Consultant Public Health	1			
	State Consultant Quality Monitoring	1			
	IEC Specialist cum consultant	1			
	Team Leader - H&WC	1			
	Technical Consultant - H& WC	4			
	Technical Officer (Surveillance, M&E and Research)	1			
	Consultant (Finance and Accounts)	1			
	IT Consultants	2			
	Vaccine cum Log. Manager-RI	1			
	HR Consultant- Manav Sampada/ HRIS	1			
	Account Manager cum Data Analyst	0	1	40000	
	State EMTS Manager	0	1	70000	
	Divisional EMTS Manager	0	18	44000	
	Consultant E-Tender	0	1	44000	
16.4.1.3.3	Chief Engineer (on deputation)	1			
	Executive Engineer (on deputation)	1			
	Advisor - Technical	1			
	Asst. Engineer (Civil/E/M)	1			
	Asst. Engineer (Electrical)	1			
	Asst. Engineer (Civil)	1			
	Architect	1			
	Junior Engineer (Civil/E/M)	4			
	Accountant	2			
	Data Assistant	1			
	Programme Assistant	2			
	Computer Operator	Lump sum (2) Budget: INR 3.06 lakhs			
	Office Assistant	Lump sum (2)			



NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
		Budget: INR 2.18 lakhs			
16.4.1.3.4	Programme Assistant (Mental Health)	1			
	Programme Assistant (State Nursing Cell)	1			
	Programme Assistant-IEC	1			
	Programme Assistant	12			
	Programme cum Admin Asst.	1			
	HR Assistant	0	4	22660	
16.4.1.3.5	Program Coordinator	24			
	HR Coordinator	3			
	SNCU Clinical Care Coordinator	1			
	State SNCU Software Coordinator	1			
	Regional Coordinator	13			
	CST Coordinator (CST)	1			
	Graphic Designer	0	1	30000	
	Media Coordinator	0	1	30000	
16.4.1.3.6	Statistical assistant (NDCP)	1			
	Data Assistant	12			
	Data Analyst	6			
	M&E Officers	12			
	Technical Support Executive for PFMS	4			
16.4.1.3.7	Training & Monitoring officer	2			
	Documentation officer	1			
	Accounts officer	1			
16.4.1.3.8	Internal Auditors/ Officer (Audit)	6			
	Accountant	10			
	Accountant (Nursing Cell)	1			
16.4.1.3.9	SO to MD and AMD	2			
	Secretary for Finance Cell	1			
16.4.1.3.11	Support Staff	Lump sum (29) Budget: INR 37.24 lakhs	Lump sum (5) Rs 7.31 lakhs		
16.4.1.3.12	HR Specialist	1			

NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Legal Expert	2			309.10
16.4.1.4.1	MO STC	5			
	State IEC/ACSM Officer	2			
	Asst. Program Officer/ Epidemiologist	2			
	Technical Officer - procurement and logistics	2			
16.4.1.4.2	State epidemiologist	1			
	Microbiologist	1			
	State Veterinary Consultant	1			
	Consultant-Training/ Technical	1			
	State Entomologist	1			
	Consultant - Finance/ Procurement	1			
	State AES/JE Consultant	1			
	Consultant Finance	1			
	VBD Consultant (preferably Entomologist)	1			
	State Leprosy Consultant / SMO	1			
16.4.1.4.4	DRTB Coordinator	2			
	TB/HIV Coordinator	2			
	State PPM Coordinator	2			
16.4.1.4.4 (8.1.15.13)	Technical Officer- NVHCP	1			
16.4.1.4.5	Data Analyst	2			
	State Data Manager (IDSP)	1			
	State Data Manager (AES/JE)	1			
16.4.1.4.7	Accounts Officer	2			
	BFO cum Admn. Officer	1			
16.4.1.4.8	Admn. Assistant	1			
	Secretarial Assistant	1			
	Support Staff	Lump sum (6) Budget: INR 10.55 lakhs			
16.4.1.4.10	Driver	Lump sum (7) Budget: INR 15.19 lakhs			
	Support Staff MMV outsource	Lump sum (5) Budget: INR			



NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
		5.41 lakhs			
	Support Staff	Lump sum (31) Budget: INR 38.18 lakhs			
16.4.1.5.2	Fin. Cum Logistic Consultant	1			90.55
	Technical Officer	1			
	Consultant NPPCD	1			
	State Epidemiologist/ Public Health Specialist	1			
	State Consultant NTCP	1			
	State Legal Consultant	1			
	State Consultant NHMP	1			
	Statistical Assistant	1			
16.4.1.5.3	Programme Assistant (NPPCD)	1			
	Programme Assistant (NTCP)	1			
	Programme Assistant (NMHP)	1			
16.4.1.5.4	Programme Coordinator	2			
16.4.1.5.7	Budget and Finance Officer (BFO)	1			
16.4.1.5.8	Administrative Assistant	1			
	Assistant (Finance and Accounts)	1			
	Assistant (Admin and Procurement)	1			
16.4.2.1.1	District Programme Manager	75			4848.00
	District Community Process Manager	75			
	Assistant Cold Chain Officer	1			
	District Accounts Manager	75			
	DDCA (District Data Manager)	75			
	DEIC manager	75			
	DEIC manager (Medical College)	3			
	Vaccine Cold Chain Manager (VCCM)	75			
	District Health and Wellness cum Community Assistant	75			
	District MI & E officer (in 25 HPD, 3 AD, 1 demonstration		29	30000	

NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	district)				
	Support staff	Lump sum (75) Budget: INR 98.74 lakhs			
16.4.2.1.2	RKSK Coordinators	25			
	District Consultant (MH)	75			
	Division Consultant Quality Assurance	15			
	District Hospital Quality Manager	144			
	District Consultant Quality Assurance	75			
	Division Consultant Public Health	8			
16.4.2.1.5	M&E Officer (At AD level)	18			
	M&E Assistant (At AD level)	18			
16.4.2.1.7	Accountant (DH)	97			
16.4.2.1.8	Programme cum Admin Asst.	93			
16.4.2.1.11	QI Mentors	15			9033.98
16.4.2.2.2	District Epidemiologist	75			
	District Leprosy Consultant	45			
	Consultant RTPMU	4			
	District AES/JE Consultant	15			
	District VBD Consultant	18			
16.4.2.2.3	Program Assistant / District Technical Assistant	20			
16.4.2.2.4	Sr PMDT-TB HIV Coordinators	89			
	PPM Coordinator	89			
	District Programme Coordinator	75			
16.4.2.2.5	District Data Manager	75			
	Statistical Asst. - DRTB Centre	23			
16.4.2.2.6	Senior Treatment Supervisor (STS)	1197			
	Senior TB Lab Supervisor (STLS)	584			
16.4.2.2.7	Accountant - full time	76			
16.4.2.2.10	Driver MMV outsource	Lump sum (16) Budget: INR 29.71 lakhs			



NHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
	Office Assistant RTPMU	Lump sum (3) Budget: INR 7.21 lakhs			
16.4.2.3.1	M&E Officer	75			2038.90
16.4.2.3.2	Epidemiologist	75			
	District Consultant	85			
16.4.2.3.4	District Program Coordinator	75			
16.4.2.3.7	Fin. Cum Logistic Consultant	75			
16.4.3.1.1	Block Programme Manager	820			11356.08
	Block Accounts Manager	820			
	Block Community Process Manager	820			
16.4.3.1.9	Data Entry Operator	Lump sum (2141) Budget: INR 3769.51 lakhs			
16.4.3.1.10	Driver	Lump sum (1) Budget: INR 2.22 lakhs			
	Peon/ MPW	Lump sum (1) Budget: INR 1.50 lakhs			

NUHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
U.8.1.1.1	ANM	2903	69	10915	5295.39
U.8.1.2.1	Staff Nurse	1126	34	19101	3362.43
U.8.1.2.2	Staff Nurse	17	28	19101	96.00
U.8.1.3.1	Lab Technician	593	17	13666	1276.41
U.8.1.3.2	Lab Technician	3	3	13666	10.76
U.8.1.4.1	Pharmacist	593	17	19101	1784.59
U.8.1.4.2	Pharmacist	0	1	19101	2.29
U.8.1.5.2	OT Assistant		1	15656	1.88
U.8.1.5.3	Data Assistant	8	1	16500	21.12
U.8.1.5.3	Nurse Mentor	0	1	25000	
U.8.1.6.1	Gynaecologist	9	3	82688	157.22
U.8.1.6.2	Paediatrician	11	lump sum (3)		144.89

NUHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
			Rs 19.85 lakhs		
U.8.1.6.3	Anaesthetist	10	lump sum (3) Rs 14.12 lakhs		147.53
U.8.1.6.4	Surgeon	2			23.96
U.8.1.6.6	Radiologist	8	lump sum (1) Rs 2.10 lakhs		81.48
U.8.1.6.7	Physician	8	lump sum (1) Rs 9.92 lakhs		119.07
U.8.1.6.7	Surgeon		lump sum (2) Rs 9.92 lakhs		
U.8.1.8.1.1	Medical Officer - Full time	453	17	55000	3502.63
U.8.1.8.1.2	Medical Officer - Part time	80			302.40
U.8.1.8.3.1	Medical Officer (EMO)	2	3	55000	34.77
U.8.1.10.1	Support staff	Lumpsum (1341)	Lump sum (40)		2143.45
U.8.1.10.2	DEO cum Accountant	Lump sum (56)	Lump sum (15)		141.25
U.16.4.1.1	Addl. Mission Director (deputation)	1			219.84
U.16.4.1.1	GM - NUHM (on deputation)	1			
U.16.4.1.1	DGM - NUHM (on deputation)	1			
U.16.4.1.1	Consultant - Planning	2			
U.16.4.1.1	Consultant - QA & CP	1			
U.16.4.1.1	Programme Coordinators	2			
U.16.4.1.1	Accountant	1			
U.16.4.1.1	Data Assistant	1			
U.16.4.1.1	Programme Assistants	1			
U.16.4.1.1	Divisional Urban Health Consultant	18			
U.16.4.1.1	Technical Staff for e-UPHC	1			
U.16.4.1.1	Data Entry Operator	Lump sum (1) Budget: INR 1.60 lakhs			
U.16.4.2.1	Urban Health Coordinator	75			608.97
U.16.4.2.1	Data cum Accounts Assistant	83			
U.16.4.2.1	Computer Operator	Lump sum (1) Budget: INR 3.00 lakhs			
U.16.4.2.1	Storekeeper cum Caretaker	Lump sum (1) Budget: INR 2.00 lakhs			



NUHM HR Annexure 2021-22					
FMR Code	Name of Posts	No. of ongoing posts approved in FY 2021-22	No. of new posts approved in FY 2021-22	Avg. remuneration for new positions	Total budget approved (INR lakhs)
U.16.4.2.1	Caretaker	Lump sum (3) Budget: INR 4.77 lakhs			
U.16.4.3.1	Community Process Manager	41			70.30

Annexure III

Key Deliverables for FY 2021-22

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
RMNCAH+N						
Reproductive Health/Family Planning						
1	Modern Contraceptive Prevalence Rate	Percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a specific point in time. Numerator: Women of reproductive age who are using (or whose partner is using) a modern contraceptive method Denominator: Women in the reproductive age group (15-49 years)	Annual Increase in Mcpr-1.5	36.5	38	FP Division, MoHFW based on FPET Estimation tool
2	Increase in Injectable MPA performance	Percentage increase in Injectable MPA performance. Numerator: Difference in MPA performance between 2020-21 and 2021-22 Denominator: Performance in 2020-21	(20% increase)	(5% decline from 19-20 performance)	20%	HMIS, FP Division, MOHFW
3	PPIUCD Acceptance Rate	PPIUCD Acceptance Rate against institutional deliveries in public health facilities: Numerator: No. of PPIUCD inserted Denominator: Institutional Deliveries in Public health facilities	15.2	19.8	25%	HMIS, FP Division, MOHFW
4	Operationalization of FP-LMIS	Percentage of public health facilities (upto PHC level) where FP LMIS has been rolled out. Numerator: No. of public health facilities where FP-LMIS has been	50%	49.30%	100%	FP LMIS, FP Division, MoHFW

Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		rolled out Denominator: Total no. of public health facilities (upto PHC level)				
Maternal Health						
5	Maternal Mortality Ratio (MMR)	Number of maternal deaths per 1,00,000 live births	-	197	181	SRS
6	Pregnant women given 180 Iron Folic Acid (IFA) Tablets	Percentage of Pregnant Women received 180 Iron Folic Acid (IFA) tablets against total pregnant women registered for ANC from 1st April 2021 to 31st March 2022. Numerator: Number of Pregnant Women who have been given 180 Iron Folic Acid (IFA) tablets Denominator: Total no. of Pregnant Women registered for ANC	50 Lakhs	89.01% HMIS upto Nov 2020	50 Lakhs	HMIS
7	Institutional Deliveries	Percentage of institutional deliveries out of total reported deliveries from 1st April 2021 to 31st March 2022. Numerator: Total number of institutional deliveries reported Denominator: Total number of deliveries reported	27.397 Lakhs	87.8% HMIS up to Nov 2020	Maintain at least 95%	HMIS
8	Skilled Birth Attendant (SBA) deliveries	Percentage of SBA (Skilled Birth Attendant) deliveries to total reported deliveries (1st April 2021 to 31st March 2022) Numerator: Total No. of Institutional Delivery + home delivery attended by SBA. Denominator: Total No. of Delivery reported (institutional + Home)	90%	89.2% HMIS up to Nov 2020	Maintain at least 95%	HMIS
9	Public health facilities notified under SUMAN	Total Number of public health facilities notified under SUMAN from 1st April 2021 to 31st March 2022.	301	0	600 facilities to be notified out of 25192 facilities (State to include DH,CHCs in first phase)	State report
10	Public health facilities Nationally	Total number of nationally certified labour rooms against total number of	138	11	LR-100 OT-100	State report



Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	certified under LaQshya	LRs in identified LaQshya facilities and Total number of nationally certified Maternity Operation Theaters against total number of Maternity OTs in identified LaQshya facilities (high caseload facilities-CHC & above) from 1st April 2021 to 31st March 2022.				
11	JSY Beneficiaries	Total Number of JSY Beneficiaries against the ROP estimated targets Numerator: Total Number of JSY Beneficiaries Denominator: Estimated number of targets beneficiaries given in RoP	274154 5	2435658	2740315	State report

Comprehensive Abortion Care (CAC)

12	CAC Training of Medical Officers	Number of Medical Officers trained in CAC as approved in RoP 2021-2022 Numerator: Total Number of Medical Officers trained in CAC Denominator: Total Number of Medical Officers to be trained in CAC as approved in RoP	144	175	210	State Report
13	Implementation of CAC	Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components – Drugs (MMA), equipment (MVA/EVA) & trained provider] Numerator: Number of public health facilities CHC and above providing CAC Services [ensuring availability of three components – Drugs (MMA), equipment (MVA/EVA) & trained provider] Denominator: Total number of public health facilities (CHC and above)	382	227	373	State Report

Child Health & Nutrition

14	Neonatal Mortality Rate (NMR)	Number of Neonatal deaths per 1000 live births.	30	32(2018)	28	SRS
15	Infant Mortality Rate (IMR)	Number of infant deaths per 1000 live births.	41	43(2018)	39	SRS
16	Under 5 Mortality Rate (U5MR)	Number of under 5 children deaths per 1000 live births.	45	47(2018)	43	SRS
17	Functional SNCU at DH in all Aspirational districts	Number of Aspirational Districts having functional SNCU at DH. Numerator: Total no. Aspirational districts having functional SNCU at DH.	8	7	8	SNCU Online

Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		Denominator: Total no. of SNCU approved for Aspirational districts in RoP 2021-22.				
18	Functional NBSU at CHC-FRU in all Aspirational districts	Number of Aspirational Districts having functional NBSU at CHC-FRU. Numerator: Total no. Aspirational districts having functional NBSU at CHC-FRU in F.Y. 2021-22. Denominator: Total no. of NBSU approved for Aspirational districts in RoP 2021-22.	42	15	42	State Report
19	Newborn visited under HBNC	Percentage of newborns visited under Home Based Newborn Care (HBNC). Numerator: No. of newborns received scheduled home visits under HBNC by ASHAs. Denominator: Target no. of newborns as approved in RoP 2021-22.	2723832	1682453(62%)	3909321	State Report
20	Implementation of HBYC Program	Percentage of HBYC training (ASHA/ASHA facilitator/ANMs) batches conducted against approved in RoP 2021-22. Numerator: No. of HBYC training (ASHA/ASHA facilitator/ANMs) batches completed in F.Y. 2021-22. Denominator: Total no. of HBYC training batches approved in RoP 2021-22.	3190	0	114 batches	State Report
21	Implementation of RBSK	Percentage of 0-6 years screened biannually at community level by Mobile Health Teams (MHTs) in last year. Numerator : Number of 0-6 years screened biannually at community level by MHTs Denominator: Number of 0-6 years to be screened biannually at community level by MHTs	NA	NA	4,84,06,853	State Report
22	Operationalization (Fully functional as per DEIC Operational Guidelines) of DEICs Operationalization	Percentage of DEICs made functional cumulatively out of total approved in the State/UT. Numerator- Number of DEICs cumulatively made functional (with separate details on HR, Equipment and Training of HR for qualifying as fully functional)	8	4 (50%)	8	State Report



Key RoP Deliverables for FY 2021-22						
S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		Denominator-Number of DEICs approved in RoPs cumulatively till date				
23	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs)	Bed Occupancy Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total inpatient days of care from 1st April 2021 to 31st March 2022 Denominator- Total available bed days during the same reporting period	75%	18% (April 2020 to December 2020)	75%	State Report
24	Cure Rate at Nutrition Rehabilitation Centres (NRCs)	Cure Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total number of under-five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2021 to 31st March 2022 Denominator-Total No. of under-five children exited from the NRC during the same reporting period	100%	63% (April 2020 to December 2020)	100%	State Report
25	Implementation of Mothers Absolute Affection (MAA) programme	Percentage of delivery points completely saturated with 4 days IYCF training under 'MAA' programme Numerator: No. of delivery points in the State/UT already saturated with 4 days IYCF training Denominator: Total no. of delivery points in the State/UT	100%	Cumulative upto Q-II FY-2021 25% ANM, 15% SN, 2% MOs trained	100%	State Report
26	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month	Percentage of children 6-59 months given 8-10 doses of IFA syrup every month Numerator: Total number of children 6-59 months given 8-10 doses of IFA syrup in the reporting month Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)	100%	0.60%	30%	HMIS report
27	Percentage of children 5-9 years given 4-5 IFA tablets every month	Percentage of children 5-9 years given 4-5 IFA tablets every month Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 5-9 years covered under the programme (Target Beneficiaries)	100%	2.40%	30%	HMIS report

Key RoP Deliverables for FY 2021-22						
S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
28	Percentage of children 10-19 years given 4-5 IFA tablets every month	Percentage of children 10-19 years given 4-5 IFA tablets every month Numerator: Total number of children 10-19 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 10-19 years covered under the programme (Target Beneficiaries)	100%	11.80%	40%	HMIS report
Immunization						
29	Full immunization (children aged between 9 and 11 months)	Percentage of fully immunized children aged between 9 and 11 months. Numerator: Number of children aged between 9 and 11 months fully immunized from 1 April 2021 to 31 March 2022 Denominator: Estimated number of surviving infants during the same time period	At least 85%	85.21 (As on 13th May 2021)	At least 85%	HMIS, Immunization Division MOHFW
Adolescent Health						
30	Client load at AFHC	Client load of atleast 150 Clients / AFHC/month in PE Districts at DH/SDH /CHC level. (HMIS) Numerator : Total footfalls at AFHC Denominator: Number of AFHCs divided by no. of months (per AFHC per month)	150	109 client per AFHC per month	150	State Report/HMIS
31	Selection of Peer Educators (PEs)	100% selection of the targeted Peer Educators (PEs) Numerator- Total no PEs selected Denominator- Total No. of PEs to be selected	71476 (100%)	57903 (81%)	100% (71476 PEs)	State Report
32	Coverage of Menstrual Hygiene Scheme	Distribution of Sanitary napkins to the adolescents girls under MHS: 60% coverage of the targeted AGs / month under Menstrual Hygiene Scheme Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS Denominator- Total No. of adolescent girls to be covered	60% (126127)	18448 AGs/ Per month	100%	HMIS
33	Implementation of Ayushman Bharat-School Health and Wellness Ambassador	Implementation of SHP in selected districts against target: 100% of Districts implementing School Health Programme as per approvals in RoP 2021-22	100% (In 23 Districts)	Trained 104 SRG members and currently	23	State Report

Key RoP Deliverables for FY 2021-22						
S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	initiative	Numerator- Total no districts implementing SHP Denominator- Total No. of District selected for SHP		distt and block level master trainers being created.		
PC&PNDT						
34	Implementation of PC-PNDT Act	Percentage of State & District where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted as mandated by PC-PNDT Act. Numerator- Number of districts where statutory bodies (SAA, SSB, SAC, DAA, DAC) are constituted Denominator- Total number of Districts in the State	100%	100% (All committee constituted at State and Districted Level, Meetings are held as per frequency given in Act.)	100%	State Quarterly Progress Report
Communicable Diseases						
National Tuberculosis Elimination Programme (NTEP)						
35	Total TB cases notified (Both public and private sectors)	% of cases notified against target Numerator: No. of TB cases notified (public+private) Denominator: Target approved by Gol in ROP 21-22	5,75,000	4,86,385 (85%)	6,00,000	NIKSHAY
36	State TB Score	% improvement in Annual TB Score over 2020 Numerator: (State Annual TB Score in 2021- State Annual TB Score in 2020) Denominator: State Annual TB Score in 2020	NA	66.18	80	NIKSHAY / P MDT Qtrly Report
37	Nikshay Poshan Yojana (NPY) -	% of eligible patients receiving at least first instalment of DBT Numerator: No. of eligible patients receiving at least first instalment of DBT Denominator: No. of eligible patients	100%	59%	100%	Nikshay
38	No. of districts to achieve TB free Status # Bronze # Silver # Gold	(Mention names of districts)	Nil	Nil	# Bronze - 10 # Silver - 10 # Gold - 05	MIS NTEP division MoHFW

Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	#TB Free district/City				#TB Free district/City- 0	
National Vector Borne Disease Control Programme (NVBDCP)						
39	Kala- Azar	Number of endemic blocks reporting < 1 Kala Azar case per 10,000 population at block level	22	All the blocks achieved the target.	State needs to sustain the status	
40	Lymphatic Filariasis	1. Number of districts where MDA was conducted against total no. of endemic districts	To conduct annual Mass Drug Administration (MDA)/IDA in all eligible districts with >85% coverage 50 districts	39 districts has been observed in Feb and Dec 2020	41 MDA/IDA districts proposed and 9 TAS 1 Districts also to include	
		2. Number of endemic districts with <1% Mf rate validated by TAS against total no. of endemic districts	Successful conduct ion of Transmi ssion Assess ment Survey (TAS) 1/2/3 in eligible districts /Evalua tion	1 district Rampur cleared TAS -2 but could not complete TAS 3 activities due to Covid 19	1 district for TAS-3 and 9 districts for TAS -1	



Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
			Units TAS 2 – 2 districts TAS 3 - 1 district			
41	Malaria	1. Number of districts to achieve Disease Free Status - Malaria (mention names)	0	0	50 Districts	
		2. Percentage reduction in API	50% reduction in Cases	70% reduction in Cases	50% reduction in Cases	
42	Reduction in Dengue	1. Reduce/sustain case fatality rate for Dengue at <1%	<1%	<1%	<1%	
		2. Number of Sentinel site hospital (SSH) set up (1 per district) against total no. of districts	45 SSH and 1 ARL in 38 Districts	45 SSH and 1 ARL in 38 Districts	54 SSH Labs and 2 ARLs in 47 Districts	
43	Reduction in Japanese Encephalitis	Vaccination coverage for JE under Routine Immunization in %	100	68.53	100	
National Leprosy Elimination Programme (NLEP)						
44	Reduction in prevalence of leprosy to less than 1/10,000 population at district level	No. of districts with prevalence rate of leprosy less than 1/10,000 population at district level against total no. of identified districts	1 districts	74 districts achieve the target	PR<1/10000 population	
45	Reduction in Grade II disability rate per million population to less than 1/million population at district level	No. of districts with Grade II disability rate of less than 1 per million population against total no. of identified districts	15 Districts	60 districts achieve the target	G2D/million population <1	MIS (MRP, AR, Nikusth portal), CLD-NLEP Division, MoHFW
46	Reduction in Grade II disability percentage among new cases as per districts' category	-	-	-	-	



Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	below:					
46.1	Districts having Grade II disability percentage less than 2 %	No. of districts with Grade II disability percentage of less than 2% rate against total no. of identified districts	28 districts	47 districts achieve the target	Bring down to ZERO	
46.2	Districts having Grade II disability percentage between (2-10) %	No. of districts with Grade II disability percentage between 2-10% against total no. of identified districts	17 districts	58 districts achieve the target	Bring down to less than 2 %	
46.3	Districts having Grade II disability percentage more than 10 %	No. of districts with Grade II disability percentage of more than 10% against total no. of identified districts	0 districts	75 districts achieve the target		
47	Reduction in Child Grade II disability cases to ZERO cases at district level	No. of districts with zero Child Grade II disability cases against total no. of identified districts	5 district	70 districts achieve the target	Bring down to ZERO	
Integrated Disease Surveillance Project (IDSP)						
48	% of Reporting Units Reported In S form	Weekly reporting of Diseases in S form by ANM at Sub center level	> 80%	17%	> 80%	IDSP Portal, MoHFW
49	% of Reporting Units Reported In P form	Weekly reporting in P form by MO at block level service delivery center	> 80%	26%	> 80%	
50	% of Reporting Units Reported In L form	Weekly reporting of diseases in L form on basis of lab confirmation by LT	> 80%	25%	> 80%	
51	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning	Outbreak informed/ identified by weekly data analysis	Nil	Nil	Nil	
National Viral Hepatitis Control Programme (NVHCP)						
52	To establish at least one Treatment site in each district	No. of MTC or TC established in the districts against total no. of districts	20	20	50	-
53	Screening during ANC for HBsAg (Hepatitis B surface antigen) of 100% pregnant women subjected to ANCs	% of pregnant women screened for Hepatitis B Numerator: No. of pregnant women tested for HBsAg Denominator: Total no. of registered pregnant women	NA	NA	NA	
54	To ensure 100%	% of institutional deliveries among	NA	NA	NA	



Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	institutional delivery of HBsAg positive pregnant women who test during ANCs	Hepatitis B positive pregnant women Numerator: No. of HBsAg positive pregnant women who had institution delivery Denominator: Total no. of HBsAg positive pregnant women				
55	Administration of Hepatitis B birth dose to all Newborns	% of Hepatitis B birth dose vaccination among newborns Numerator: No. of newborns administered Hepatitis B vaccine (birth dose) Denominator: Total no. of live births	NA	NA	NA	
National Rabies Control Programme (NRCP)						
56	Strengthening of Rabies Post Exposure Prophylaxis Services	Cumulative Number of Model Anti Rabies Clinics Established against the numbers sanctioned in the RoPs since 2020-21	None	Nil	Nil	State Report/ National Rabies Control Program
57	Improved Capacity of States and district level manpower for prevention and control of rabies	Number of training workshops conducted at State and District level against approval in ROP 21-22	1	1	1 training at state level and 1 training at district level	
Program For Prevention and Control of Leptospirosis (PPCL)						
58	Improving capacity of health professionals with respect to diagnosis, case management, prevention & control of Leptospirosis	Number of training workshops conducted at State and District level against approval in ROP 21-22	None	1	1 training at state level and 1 training at district level	State report/ Program For Prevention & Control of Leptospirosis
59	Strengthening Diagnostic services for Leptospirosis	Number of Districts having available diagnostic capacity for Leptospirosis against total no. of endemic districts	3 Districts	01/03 districts	100%	
Non Communicable Diseases						
National Oral Health Programme (NOHP)						
60	Strengthening Oral Health Services	Cumulative no. of functional dental care units at public health facilities till PHC level against total public health facilities till PHC level (DH/SDH/CHC/PHC)	36	36	36	NOHP division
National Tobacco Control Programme (NTCP)						
61	Strengthening NTCP	No. of educational institutes (public/	5250	Due to	5250	Tobacco

Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
	services	private schools/ colleges) made tobacco free against total no. of institutes		Covid 19, As per Govt direction all educational institution are closed, therefore no school activities were carried out in 2020-21		Control Division, MOHFW
62	Setting up of Tobacco Cessation Centres	Cumulative number of District Tobacco Cessation Centres (TCCs) functional against total no. of district hospitals	75	49	75	Tobacco Control Division, MOHFW
National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)						
63	Screening for NCDs	Number of persons screened for high blood pressure per 30+ population as on 31st March 2021	3655000	3763875	4140263	AB-HWC portal (Apr 2020 to Mar 2021) Target calculated on total progress and 10% addition there on
64		Number of persons screened for high blood sugar per 30+ population as on 31st March 2021	2854000	3197004	3516704	
65		Number of persons screened for three common cancers per 30+ population as on 31st March 2021	-	-	-	
65.1		• Oral	1469200	1667669	1834436	
65.2		• Cervix	146200	267399	294139	
65.3		• Breast	466200	606806	667487	
66	Setting up of NCD clinics	Number of NCD Clinics set up at district hospitals against total no. of NCD clinics at district hospitals approved in ROP 21-22	75	55	75	MIS, NPCDCS division, MoHFW
National Programme for Health Care for the Elderly (NPHCE)						
67	Strengthening NPHCE services	1. No. of District Hospitals where Geriatric OPD Services has been rolled out against total no. of DHs	60	44	75	MIS, NPHCE division, MoHFW
68		2. No. of District Hospitals where 10 bedded Geriatric ward established against total no. of DHs	45	43	75	



Key RoP Deliverables for FY 2021-22

S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
69		3. No. of District Hospitals where Physiotherapy Services has been rolled out against total no. of DHs	45	41	75	
70		4. No. of CHCs where Bi-weekly Geriatric OPD Services has been rolled out against total no. of CHCs	142	108	427	
71		5. No. of CHCs where Physiotherapy Services has been rolled out against total no. of CHCs	106	31	214	
72		6. No. of CHCs where Physiotherapy services has been rolled out, have worked out mechanism for regular home visits by the designated personnel in their catchment areas	0	0	106	
National Mental Health Programme (NMHP)						
73	Strengthening NMHP service	Cumulative number of districts covered under NMHP and providing services as per framework against total no of districts approved under DMHP	75	75	0	Quarterly Reports from the States/UTs
74	Fulfillment of provisions under Mental Healthcare Act, 2017	1. Whether the state has established State Mental Health Authority (Yes/No)	Yes	Yes	Yes	Quarterly Reports from the States/UTs
75		2. Whether the state has established State Mental Review Board (Yes/No)	75	43	75	
76		3. Whether the state has created State Mental Health Authority fund (Yes/No)	Yes	Yes	Yes	
National Programme for Control of Blindness and Visual Impairment (NPCB&VI)						
77	Reduce the prevalence of blindness and the disease burden of blindness and visual impairment	Number of catarct operations against targeted beneficiaries	604500	669693	664930	Monthly Reports from the States/UTs
78		No. of donated cornea collected for corneal transplant against targeted beneficiaries	2000	1333	2140	
79		Number of free spectacles distributed to school children suffering from refractive errors against targeted beneficiaries	139000	28543	158550	
National Programme for Palliative Care (NPPC)						
80	Strengthening palliative care service	Cumulative number of districts covered and providing services under NPPC, as per framework, against total no of districts approved under the	15	7	15	Quarterly Reports from the States/UTs

Key RoP Deliverables for FY 2021-22						
S. N o.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		program				
National Programme for Climate Change and Human Health (NPCCHH)						
81	Strengthening of State level organizational structure	1.1. Whether the State has appointed State Nodal Officer-Climate Change (SNO-CC) (Yes/No)	Yes	Achieve	—	State progress report
82		1.2. Whether the State has constituted Governing Body under Hon'ble Health Ministers of State (Yes/No)	Under the chairmanship Chief Secretary			
83		1.3. Whether the State has set up multi-sectoral Task Force under Principal Secretary (Health) (Yes/No)	Yes			
84		1.4. Whether the State has established Environment Health Cell (Yes/No)	Yes			
85	Surveillance in context of Air pollution with priorities in non-attainment cities identified under National Clean Air Programme and also in polluted cities identified by Central Pollution Control Board/State Pollution Control Board	4.1. Whether the State has shortlisted hospitals for initiation of surveillance in context of air pollution (Yes/No)	Yes	Yes	Yes	
86		% of sentinel hospitals that have initiated the air pollution related surveillance Numerator: No. of hospitals initiated the surveillance Denominator: No. of hospitals identified in State	No	-	-	State progress report & Surveillance report
87	State Action Plan Climate Change and Human Health (SAPCCHH) inclusive of air pollution and heat action plans	a. Whether the State has submitted the First draft of SAPCCHH? (Yes/ No) b. Whether the State has published the approved version of SAPCCHH ? (Yes/No)	No	-	Yes	State progress report
Pradhan Mantri National Dialysis Programme (PMNDP)						
88	Roll out of Hemodialysis	Cumulative number of Districts where hemodialysis has been rolled out against total no. of districts	75	48	75	-
89	Utilization of Hemodialysis machines	% utilization of hemodialysis machines Numerator: Number of hemodialysis sessions conducted Denominator: Maximum number of	469800 session	82%	469800 sessions	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		hemodialysis sessions that can be performed as per installed capacity of hemodialysis machine (ideal capacity @ 40 sessions per machine per month)	s			
90	Roll out of Peritoneal dialysis	Cumulative number of Districts where peritoneal dialysis has been rolled out against total no. of districts	00	00	18 division head quarters	
91	Utilization of Peritoneal Dialysis	No. of patients to whom peritoneal dialysis services are provided against approvals in ROP 21-22	00	00	1800 patients	

Key RoP Deliverables for FY 2021-22						
S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
Health Systems Strengthening						
DVDMS						
92	Strengthening DVDMS up to PHC level	Number of public health facilities active on DVDMS or any logistic management IT software with API linkages to DVDMS up to PHC level against total number of PHCs in the State/UT	820	820	4573	DVDMS/ State Portal
Comprehensive Primary Health Care (CPHC)						
93	Operationalization of AB-HWCs	Cumulative number of AB-HWCs to be made operational by 31st March 2022	9923	5387	15624	AB-HWC Portal
94	Roll out of teleconsultation	Cumulative number of AB-HWCs where teleconsultations have been rolled out against the target set for March 2021	5278	5387	9923	AB-HWC Portal/ e-sanjeevani portal
95		Total no. of teleconsultations conducted at AB-HWCs @ at least 25 consultations per month per HWC for the no. of AB-HWC at Sr. No. 94	1583400	336518	2976900	AB-HWC Portal/ e-sanjeevani portal
96	CBAC Enrolment	% population enrolled (CBAC) Numerator: Target	100	32%	10% increase over last	AB-HWC Portal

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		population enrolled through CBAC Denominator: Target 30+ population identified			FY target	
97	CPHC Screening	% of CPHC screenings at AB-HWCs Numerator: No. of CPHC screenings at AB-HWCs Denominator: 30+ population enrolled	100	34%	10% increase over last FY target	AB-HWC Portal
98	Roll out of NCD application	Cumulative number of AB-HWCs where NCD application has been rolled out against the target set for March 2021	9923	5387	9923	AB-HWC Portal/ NCD portal
99	Number of AB-HWCs where disbursement of Team Based Performance Incentives has been started	Cumulative number of AB-HWCs where disbursement of Team Based Performance Incentives has been started against the target set for March 2021	9923	5387	9923	AB-HWC Portal
100	Wellness/ Health promotion at AB-HWCs	Cumulative number of AB-HWCs where Wellness sessions have been organized against the target set for March 2021	9923	5387	9923	AB-HWC Portal
101	Capacity building of primary health care teams at AB-HWCs	% of primary health care team members trained on NCDs against the number in position at AB-HWCs -ASHA -MPW -CHO -SN -MO	100	62%	100%	AB-HWC Portal
102		% of primary health care team members trained on new services against the number in position at AB-HWCs -ASHA -MPW -CHO -SN -MO	100	ASHA:44879 - ANM:6189 -CHO:869 -SN:283 -MO:892	50%	AB-HWC Portal



Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
103	Roll out of Fit Health Worker campaign	% of health workers (staff at SC/PHC/UPHC including ASHA/MAS) whose health check-up was done against the total no. of health workers as on 31st March 2022	100	82%	100%	State report
104	Quality certification of functional AB-HWCs	% of functional AB-HWCs with:	No	No	No	State report
		1. Kayakalp score more than 70% Numerator: No. of SC/PHC/UPHC-HWCs with kayakalp score more than 70% Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	No	No	350	
		2. NQAS certified at national level Numerator: No. of NQAS certified SC/PHC/UPHC-HWCs Denominator: Total no. of AB-HWCs made functional (SC/PHC/UPHC)	No	No	No	
105	Number of Nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum	Cumulative number of nursing colleges which have adopted the CHO related Integrated B.Sc. Nursing curriculum against total number of nursing colleges (public & private) available in the State	51	47	100% nursing colleges (117 nursing colleges)	State report
106	Eat Right	Cumulative no. of AB-HWCs with Eat Right Kits against total no. of AB-HWCs made functional (SC/PHC/UPHC)	No	No	15624	State report
Community Processes						
107	Social Security schemes for ASHAs and Afs	% of ASHAs and AFs enrolled in PMJJBY, PMSBY and PMSYM against the number of eligible ASHAs and AFs for PMJJBY, PMSBY and PMSYM	100	PMJJBY- 47% PMSBY- 44% PMSMY- 76%	100%	State report
108	Training of ASHAs	% of ASHAs trained in all four rounds of Module 6&7 against the total number of	100	91%	90%	State report

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
		ASHAs in position				
Quality Assurance						
109	Number of NQAS certified public health facilities	Cumulative number of NQAS certified public health facilities against total no. of public health facilities	45	30	75	State report
110	Number of public health facilities with Kayakalp score >70%	Cumulative number of public health facilities with Kayakalp score >70% against total no. of public health facilities	450	351	650	State report
111	Strengthening quality assurance through Mera Aspataal	Cumulative number of District Hospitals implementing Mera Aspataal application against total no. of District Hospitals in the State/UT	149	149	149	State report
OOPE Reduction						
112	Increase utilization of public health facilities	% increase in OPD in current FY over previous FY		Allopathic OPD (Upto Nov19): 89484719 Ayush OPD(Upto Nov19): 13550295 Allopathic OPD (Upto Oct 20 from HMIS & Nov20 as 04.01.2021 from New HMIS Portal): 28690028 Ayush OPD(Upto Oct 20 from HMIS & Nov20 as 04.01.2021 from New HMIS Portal): 3995472		HMIS
113		% increase in IPD in current FY over previous FY		IPD (Upto Nov19): 4691258 IPD (Upto Oct 20 from HMIS & Nov20 as 04.01.2021 from New HMIS Portal): 2882997		HMIS



Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
Blood Services						
114	Number of FRUs having Blood Banks/ Blood Storage Units	Cumulative number of FRUs (including DHs) having Blood Banks/ Blood Storage Units against total no. of FRUs (DH/SDH/CHC)	100	144	100	NHM. MIS, eraktkosh
115	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	60%	68%	60%	Blood cell division, MoHFW, eraktkosh
116	Number of patients requiring blood tranfusion	No. of patients received blood transfusion against the no. of patients requiring blood tranfusion at FRUs (DH/SDH/CHC)	NA	829242	NA	Blood cell division, MoHFW, eraktkosh
117	No of ICHH centres in the State	Number of integrated centres for hemoglobinopathies & hemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & hemophilia	NA	7	10	Blood cell division, MoHFW
Others						
118	Number of districts with District Health Action Plans.		75	75	75	State report
119	Number of district hospitals initiated training courses for Doctors/ nurses/ paramedics (DNB/ PGDHHM / Specialty nursing courses etc.)	Adoption of DNB Courses as alternative means for increasing the proportion of medical specialists in Uttar Pradesh	(A) 50 % DNB seats are reserved for in-service doctors has been approved by State Government (B) total students doing PG course are 16 who will become able for	14 As We are committed for further expansion of the DNB Program in our state.	160 (old seats) and 20 (new seats)	State report



Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
			placement till 2022			
120	Number of district hospitals initiated LSAS/CEmONC courses.		LSAS - 6 CEmONC- 6	0 0	6 6	State report
121	Percentage of grievances resolved out of total grievances registered.		IGRS - 499 General - 284	483 (96.8%) 101 (34.24%)	100%	State report
122	Percentage of IPHS compliant facilities by levels (DH/SDH/CHC/PHC/SC).	Number of IPHS compliant facilities against total no. of public health facilities 1. DH 2. SDH 3. CHC 4. PHC 5. SC	NA	NA	50% DH & SDH, 25% CHCs and 10% PHCs & SCs	State report
123	Number of districts having defined red and yellow emergency beds available in the district hospital.		No	No	93 District Hospitals	State report
124	Number of districts which have reviewed maternal and child deaths by the District Collector (MDSR/CDR).		MDSR - 75 CDR - 9	75 9	75 (100%) 75 (100%)	State report
125	Population coverage of BLS and ALS ambulances per district	No. of ALS and BLS ambulances available as per population norms	ALS: 250 BLS: 4470	ALS: 250 BLS: 4470	ALS: 250 (Target 400 ALS) BLS: 4470 (Target achieved)	State report
126	No. of meetings of State/District Health Mission / Society	No. of meetings of State Health Mission	2	1	2 (biannually)	
127		No. of meetings of District Health Mission	150		150 (biannually)	
128		No. of meetings of State Health Society	2	2	4 (quarterly)	
129		No. of meetings of District Health Mission	900	282	900 (monthly)	



Human Resource

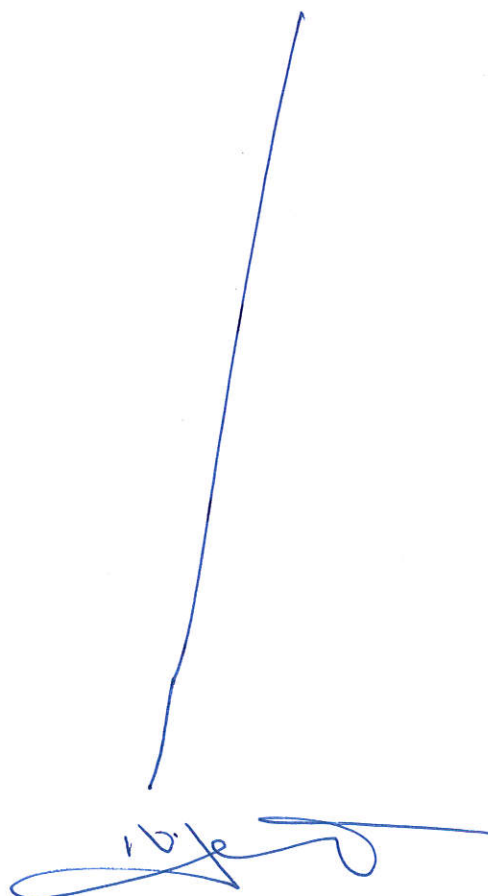
130	Create regular posts as per IPHS and case load for service delivery HR						
	Category	Required no. of posts as per IPHS	Current no. of positions in 2020-21		Target for creation of new posts in 2021-22		
			Regular	NHM	Regular	NHM	
	ANM/ MPW (F)	52092	23656	14115	28436	14321	
	MPW (M)	0	0	0	0	0	
	Staff Nurse	35871	7659	14946	28212	13266	
	MBBS MO	10580	10580	1239	0		
	Lab Technician	7164	2202	4811	4962	151	
	Pharmacist	7369	5480	523	1889	1366	
Specialists	8431	8431	1547	0			
131	Reduction in vacancies						
	Category	Current no. of positions in 2020-21		Total Positions Filled		No. of posts targeted to be filled in 2021-23	
		Regular	NHM	Regular	NHM	Regular	NHM
	ANM/ MPW (F)	23656	14115	13525	14115	10131	0
	MPW (M)	0	0	0	0	0	0
	Staff Nurse	7659	14946	6731	10714	928	4232
	MBBS MO	10580	1239	9152	759	1428	480
	Lab Technician	2202	4811	1958	2647	244	2164
	Pharmacist	5480	523	5041	523	439	0
	Specialists	8431	1547	2819	780	5612	767

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
NHM Finance						
132	Quarterly Cumulative Expenditure Target against the available funds in respect of each flexible pools of NHM (Available fund = Op Bal + Central Release + State share Release + Intertest earned)	Quarter I -20% of the available funds	Central share - Rs. 3920.54 Crore State share - Rs. 2613.69 Crore Total - 6534.23	761.88 Crore	Central share - Rs. 4312.59 Crore State share - Rs. 2875.06 Crore Total - 7187.65	FMR 2020-21 1st and 2nd Quarter & ROP 2020-21
		Quarter II – 40% of the available funds		1287.68 Crore		
		Quarter III -65% of the available funds		1610.64 Crore Provisional		
		Quarter VI- 90% of the available funds				
13	Timely implementation of	1. Whether auditor has	yes			

Key RoP Deliverables for FY 2021-22

S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
3	Concurrent Audit on Quarterly basis	been appointed? (Yes/No)				
13		2. Quarter up to which Concurrent Audit has been completed.		Mar-20		
4		3. Quarter up to which consolidated Quarterly findings have been shared with MoHFW		Mar-20		
13	Implementation of Statutory Audit on Annual basis and sharing of report before due date 31st July of the next financial year	1. Whether auditor has been appointed? (Yes/No)		yes		
6		2. Audit status- Started/Completed/Report sent to GOI		Audit has been Started/ Report will send to GOI till 2nd week of January 2021		
13	Simultaneous credit of State share along with Central share to receive Central release on time.	Pendency of State share as on date		Rs. 2830.98 Crore Central Share and Rs. 2436.46 Crore State Share total Rs. 5267.44 Crore Received in SHS 2020-21		
7						
8						

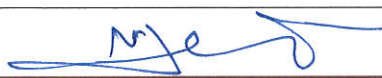


Conditionality Framework FY 2021-22

Full Immunization Coverage (%) to be treated as the screening criteria. Conditionalities to be assessed only for those EAG, NE and hilly states who achieve at least 85% full Immunization Coverage. For rest of the States/UTs, the minimum full Immunization Coverage to be 90%.

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
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 over the base: a. States showing overall improvement to be incentivized: +30 b. States showing no overall increment get no penalty and no incentive: 0 c. States showing decline in overall performance to be penalized: -30 % of incentive/penalty to be in proportion to overall improvement shown by the best performing state and the worst performing state: +30 to -30 points	NITI Aayog report	+30 to -30
2.	AB-HWCs State/UT Score	Based on overall score of HWC conditionality (out of 100 marks) a. Score more than 75: +25 b. Score more than 50 or less than or equal to 75: +15 c. Score more than 25 but less than or equal to 50: -15 d. Score less than or equal to 25: -25	AB-HWC portal	+25 to -25
3.	Implementation of Ayushman Bharat-School Health and Wellness Ambassador initiative	Percentage of Health and Wellness Ambassadors (HWAs) trained to transact weekly activities in schools in the selected districts a. >75% HWAs trained: 5 points incentive (+5) b. 50%-75% HWAs trained: 4 points incentive (+4) c. 25%-50% HWAs trained: 3 points incentive (+3) d. 10%-25% HWAs trained: 2 points incentive (+2)	AH division, MOHFW	+5 to 0

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		e. <10% HWAs trained: no incentive (0)		
4.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	<p>DVDMS implementation up to PHC level*</p> <p>a. Implemented in over 80% of PHC/ UPHC: +5</p> <p>b. Implemented in over 50% but less than or equal to 80% of PHC/ UPHC: +3</p> <p>c. Implemented in over 25% but less than or equal to 50% of PHC/ UPHC: -3</p> <p>d. Implemented in fewer than or equal to 25% of PHC/ UPHC: -5</p> <p>*Target as per ROP 2021-22</p>	DVDMS Portal	+5 to -5
5.	Increase in proportion of 'in-place' regular service delivery HR	<p>Increase in proportion of service delivery cadres of MPW, Staff Nurses, laboratory technicians, and specialists 'in-place' in regular cadre as on 31st December 2020 against 31st March 2020.</p> <p>a. More than 10% increase in proportion over previous year : incentive of +10</p> <p>b. 5-10% increase in proportion over previous year : Incentive of +5</p> <p>c. Up to 5% increase in proportion over previous year : Incentive of +3</p> <p>d. No change in proportion over last year : No incentive , no penalty</p> <p>e. Up to 5% decrease over previous year : penalty of -3</p> <p>f. 5-10% decrease over previous year : penalty of -5</p> <p>g. More than 10% decrease over previous year: penalty of -10</p> <p>*Addition over and above IPHS in any cadre would not be taken into</p>	State notifications, advertisements, and PIP	+10 to -10



S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		consideration. **States having more than 90% of the posts in regular cadre against the IPHS will get an incentive of 10 points.		
6.	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State	a. 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: +5 b. Fewer than 100% districts whose ROPs for FY 2021-22 are uploaded on state NHM website: -5	State NHM website and D.O. letter	+5 to -5
7.	Implementation of National Viral Hepatitis Control Programme (NVHCP)			+10 to -10
7.A	Percentage of districts having treatment sites for provisioning of services under NVHCP	a. At least 80% Districts having Hepatitis treatment sites: incentive 2 points (+2) b. At least 50% Districts having Hepatitis treatment sites: incentive 1 point (+1) c. Less than 30% Districts having Hepatitis treatment sites: penalty 1 point (-1) d. Less than 10% Districts having Hepatitis treatment sites: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	(+2 to -2)
7.B	Percentage screened for hepatitis B and hepatitis C against the proposed target	a. At least 80% screened for hepatitis B and hepatitis C against the proposed target: incentive 4 points (+4) b. At least 50% screened for hepatitis B and hepatitis C against the proposed target: incentive 2 points (+2) c. Less 30% screened for hepatitis B and hepatitis C against the proposed target: penalty 2 points (-2) d. Less than 10% screened for hepatitis B and hepatitis C against the proposed target: penalty 4 points (-4)	Report from NVHCP Division, MoHFW	(+4 to -4)



S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
7.C	Percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target	a. At least 80% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 4 points (+4) b. At least 50% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: incentive 2 points (+2) c. Less than 30% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 2 points (-2) d. Less than 10% percentage of pregnant women screened for hepatitis B (HBsAg) against the proposed target: penalty 4 points (-4)	Report from NVHCP Division, MoHFW	(+4 to -4)
8	Implementation of National Mental Health Program (NMHP)			+10 to -10
8.A	% districts covered under Mental health program and providing services as per framework	a. 100% of the districts covered: incentive 5 points (+5) b. 70% districts in Non-EAG and 60% districts in EAG states covered: incentive 3 points (+3) c. Less than 60% districts in EAG states and less than 70% districts in Non EAG states covered: penalty 3 points (-3) d. If less than 40% districts covered: penalty 5 points (-5)	Report from Mental Health Division, MoHFW	(+5 to -5)
8.B	Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	State has established State Mental Health Authority: a. If Yes: +2 b. If not: -2 State has established Mental Health Review Boards: a. If Yes: +2 b. If not: -2 State has created State Mental Health Authority Fund: a. If yes: +1	Report from Mental Health division, MoHFW	(+5 to -5)

S. No.	Conditionalities ^[1]	Incentive/Penalty	Source of verification	% Incentive/ Penalty ^[2]
		b. If not: -1		

^[1] The Conditionalities apply to both urban as well as rural areas/facilities.

^[2] 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.

HWC Scoring for NHM Conditionality FY 21-22

Method for giving Score to the State for HWCs (it has two Parts):

- Indicator for achieving State Level Targets of HWCs:
 - 10 marks for achieving the targets
 - 15 marks for achieving more than the targets
- Seven indicators for HWC Scoring – max 85 marks – Average scoring of all the functional HWCs will be taken to arrive at the same.

S. No.	Criterion	Indicator	Max Score for SHC-HWC	Max Score for PHC-HWC
1	Functional HWCs satisfying Basic Functionality Criterion	HWC-01: HWCs satisfying all eight basic functionality criterion and providing services till 7 th packages	20	20
2	Functional HWCs providing expanded range of services beyond 7 th package	HWC-02: HWCs providing minimum 4 expanded range of services beyond 7 th Package	20	15
		HWC-03: HWCs providing more than 4 expanded range of services beyond 7 th Package	15	15
3	Functional HWCs providing wellness Services	HWC-04: HWCs providing Wellness services	10	5
		HWC-05: HWCs having Eat Safe Magic Box in all PHC level	-	5
4	Leveraging IT	HWC-06: Adoption of NCD App / MO Portal	5	5
5	Quality Care	HWC-07: Functional AB-HWCs (PHCs and SHCs) awarded Kayakalp Awards	5	5
6	Continuum of Care*	HWC-08: Monitoring Upward and downward Referral cases	-	5
7	Community Engagement and Payment of PLPs and TBIs	HWC-09: Constitution of JAS and conduct of Monthly meetings	5	5
		HWC-10: Payment of PLPs and Team based Incentives to Primary Healthcare team	5	5
	Max scoring for a HWC		85	85

*-Downward referral (referral from higher facility to lower facility) – attending minimum three cases per month



HWC-01: Basic functionality Criteria for indicator as per CPHC OGs

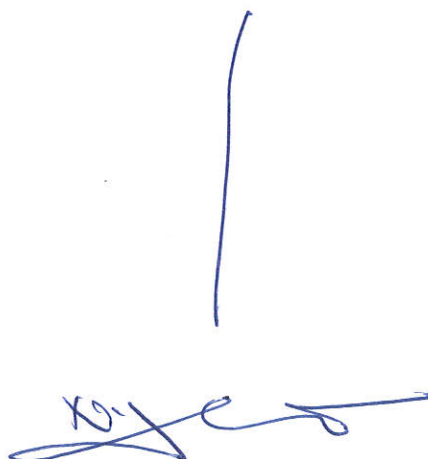
Preparatory actions	Provision of services till 7 th Packages
<ol style="list-style-type: none"> 1) HR availability 2) Infrastructure Strengthening/Branding 3) Availability of Essential Medicines 4) Availability of Diagnostics 5) Completion of CBAC enumeration for NCDs and CDs (till 7th packages) 6) Capability building of primary healthcare team on 7 basic services 	<ol style="list-style-type: none"> 1) Maternal (ANC) and Child Birth 2) Neonatal and Infant care services 3) Childhood and Adolescent Health services 4) Family Planning, Contraceptive services and other Reproductive Health Services 5) Management of Communicable Diseases of National Health programmes such as NVBDCP, etc 6) General outpatient care for acute simple illnesses and Minor ailments 7) NCDs and CDs <ol style="list-style-type: none"> a. Screening and management of NCDs such as Hypertension, Diabetes, three common cancers of Oral, Breast and Cervical Cancer b. Screening and management of chronic communicable diseases such TB and Leprosy

HWC-02 and HWC-03: Advance functionality Criteria for indicator

Preparatory actions	Provision of services till 7 th Packages
<ol style="list-style-type: none"> 1) Capacity Building of primary healthcare team for expanded package of services 2) Completion of CBAC enumeration for NCDs and CDs (till 7th packages) 	<ol style="list-style-type: none"> 1. Basic Oral Health Care 2. Care for common ENT problems 3. Care for common Ophthalmic problems 4. Geriatric Health Care 5. Palliative / Rehabilitative Healthcare 6. Screening and basic management of basic Mental Health ailments 7. Primary Emergency medical services including Burns and Trauma 8. Tele-consultation services

HWC-04: Criteria for Wellness Indicator

- Wellness /Yoga sessions – upto 10 session/month
- Health calendar activity conducted (24 out of 39 activities per year)
- Training of Primary Healthcare Team on 'Eat Right'



Budget Summary

FM R		Budget Head	Total Budget (Rs. In Lakhs)		Total Budget (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
1	U.1	Service Delivery - Facility Based	119013.68	1389.52	113577.49	1286.36
1.1	U.1.1	Service Delivery	26515.92	755.62	22118.60	658.04
1.2	U.1.2	Beneficiary Compensation/ Allowances	63221.26	0.00	63220.01	0.00
1.3	U.1.3	Operating Expenses	29276.50	633.90	28238.88	628.32
2	U.2	Service Delivery - Community Based	26606.37	859.47	22957.09	859.47
2.1	U.2.1	Mobile Units	7938.36	79.20	4307.10	79.20
2.2	U.2.2	Recurring/ Operational cost	14854.28	183.00	14850.86	183.00
2.3	U.2.3	Outreach activities	3813.73	597.27	3799.13	597.27
3	U.3	Community Interventions	133203.92	3577.79	128902.94	3577.78
3.1	U.3.1	ASHA Activities	121586.57	3532.75	121004.29	3532.75
3.2	U.3.2	Other Community Interventions	7996.90	45.03	7801.16	45.03
3.3	U.3.3	PRIs/ ULBs	3620.45	0.00	97.50	0.00
4	U.4	Untied Fund	29689.00	1163.40	25777.98	1163.40
5	U.5	Infrastructure	70564.40	1241.05	69546.18	1216.74
5.1	U.5.1	Upgradation of existing facilities as per IPHS norms including staff quarters	32824.06	1191.05	32823.34	1166.74
5.2	U.5.2	New Constructions	36769.12	0.00	36170.12	0.00
5.3	U.5.3	Other construction/ Civil works except IPHS Infrastructure	971.22	50.00	552.72	50.00
6	U.6	Procurement	131972.02	4562.90	112862.79	4516.21
6.1	U.6.1	Procurement of Equipment	43513.63	125.19	27054.98	78.50
6.2	U.6.2	Procurement of Drugs and Supplies	78154.79	3977.11	75507.81	3977.11
6.3	U.6.3	Other Procurement	10303.60	460.60	10300.00	460.60
7	U.7	Referral Transport	79692.55	0.00	72295.65	0.00
8	U.8	Human Resources	266646.90	23549.34	229605.76	22042.04
8.1	U.8.1	Human Resources	226629.90	18733.64	204684.09	18649.54
8.2	U.8.2	Annual increment for all the existing SD positions	8951.11	1377.58	8951.11	1377.58
8.3	U.8.3	EPF (Employer's contribution) @ 13.36% for salaries <= Rs.15,000 pm	8854.35	1188.72	8854.35	1188.72
8.4	0	Incentives and Allowances	22211.54	826.20	7116.21	0.00
9	U.9	Training and Capacity Building	24632.06	73.08	22384	67.78
9.1	U.9.1	Setting Up & Strengthening of Skill Lab/ Other Training Centres or institutes including medical (DNB/CPS)/paramedical/nursing courses	4466.8	14.78	4365.1	12.78
9.2	U.9.2	Conducting Trainings including medical (DNB/CPS)/paramedical/nursing courses	20165.3	58.30	18018.5	55.00
10	U.10	Reviews, Research, Surveys and Surveillance	1931.21	0.00	1568.82	0.00
10.1	U.10.1	Reviews	989.29	0.00	827.92	0.00
10.2	U.10.2	Research & Surveys	617.48	0.00	591.30	0.00



FM R		Budget Head	Total Budget (Rs. In Lakhs)		Total Budget (Rs. In Lakhs)	
			NHM	NUHM	NHM	NUHM
2						
10.3	U.10.3	Surveillance	211.90	0.00	63.10	0.00
10.4	U.10.4	Other Recurring cost	37.54	0.00	11.50	0.00
10.5		Sub-national Disease Free Certification	75.00	0.00	75.00	0.00
11	U.11	IEC/BCC	16714.13	0.00	12308.73	0.00
12	U.12	Printing	8999.01	271.76	8012.93	271.76
13	U.13	Quality Assurance	1495.50	0.00	1495.50	0.00
13.1	U.13.1	Quality Assurance	410.00	0.00	410.00	0.00
13.2	U.13.2	Kayakalp	1085.50	0.00	1085.50	0.00
13.3	U.13.3	Any other activity (please specify)	0.00	0.00	0.00	0.00
14	U.14	Drug Warehousing and Logistics	9904.74	1.58	6445.16	0.00
14.1	U.14.1	Drug Ware Housing	1633.17	0.00	1434.72	0.00
14.2	U.14.2	Logistics and supply chain	8271.57	1.58	5010.44	0.00
15	U.15	PPP	33058.12	0.00	26015.75	0.00
16	U.16	Programme Management	66119.14	1451.43	63850.97	1417.78
16.1	U.16.1	Programme Management Activities (as per PM sub annex)	25446.16	446.34	24636.15	432.48
16.2	U.16.2	PC&PNDT Activities	349.69	0.00	348.69	0.00
16.3	U.16.3	HMIS & MCTS	4794.89	0.00	4502.85	0.00
16.4	U.16.4	Human Resource	35528.40	1005.09	34363.28	985.30
17	U.17	IT Initiatives for strengthening Service Delivery	8809.74	0.00	5695.29	0.00
18	U.18	Innovations (if any)	2210.97	814.17	1846.07	610.63
Grand Total			1031263.45	38955.47	925148.67	37029.95
Total Amount approved for FY 2021-22				9,62,178.62		
Infrastructure Maintenance				87,793.00		
Immunization Kind Grants				24,780.00		
Grant Total approved including IM and Immunization Kind Grants				10,74,751.62		

