State Program Management Unit-NHM

RECORD OF PROCEEDING (RoP)

UTTARAKHAND

District: Champawat

2021-22

NATIONAL HEALTH MISSION

District Champawat RoP 2021-22		
Chapter Number	**Name of Programme**	**Approval in lakhs**
1	Maternal Health	67.58
2	Child health	28.872
3	Family planning	20.2283
4	RKSK	0.648
5	RBSK	27.5571
	Hemoglobinopathy	1.36
6	PCPNDT	1.75
7	Human Resource (Programme Management HR , mobility and service delivery HR)	399.88
8	Immunization	31.22
9	ASHA	156.33
10	Untied fund	85.25
11	Health and Wellness Centres	211.22
12	Infrastructure and civil works	00
13	IEC	11.117

14	Quality Assurance and Kayakalp	5.117
15	HMIS	4.32
16	Free Drug Programme	0
17	Free Diagnostic Programme	0
18	Blood services	1.10
19	IDSP	4.92
20	NVBDCP	2.89
21	National Viral hepatitis control programme	0.74
22	National Programme for Climate Change and Human Health	0.55
23	National Rabies Control Program	0.65
24	NLEP	3.2672
25	NTEP	37.21
26	NCD	
	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke NPCDCS	10.51
	National Mental Health programme (NMHP)	1.78
	National Programme for the Healthcare of the Elderly (NPHCE)	0.74
	National Oral health programme (NOHP)	2.10
	National Programme for Prevention and Control of Deafness (NPPCD)	0.20
	National Tobacco Control Programme	7.112
	Pradhan Mantri National Dialysis Program (PMNDP)	20.00
	National Programme for Control of Blindness and1 Visual Imapirement (NPCB& VI)	21.213
	National Programme for Palliative Care (NPPC)	0.50
	National Iodine Deficiency Disorders Control Program	.10
27.	DVDMS (e-Aushadhi Portal)	1.82
28.	Medical Mobile Unit	24.6
	Total	**1194.45**
	Committed	**3.57**
	Grand total	**1198.02**

RoP Conditionalities

1. The support under NHM is intended to supplement and support, and not to substitute state expenditure. All the support for HR will be to the extent of positions engaged over and above the regular position as per IPHS 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 their IPHS requirement. HR should only be engaged when infrastructure, procurement of equipment etc. required to operationalize the facility in place.

2. Action on the following issues would be looked at while considering the release of funds:
   - District has to ensure the timely Submission of Monthly FMR (Financial Management Report) & SoFP (Statement of Fund Position) as per New FMR format on Monthly basis by 7th of following month mandatorily. After completion of the financial year 2021-22, Districts must submit their provisional Balance Sheet including all Annexures with Utilization certificate to State Health Society by 15th April 2022.
   - Submission of the Statutory Audited Balance Sheet for the FY 2020-21 with All Annexures including Utilization Certificate (As per 12-C Format).
   - District must ensure to open accounts of all agencies in PFMS and also ensure expenditure capturing, State have already given the training to all districts officers/concerned Accounts staff
   - District has to ensure to clear all "Advance Under Review" pendency.
   - Ensure timely action for engagement of CA Firms as Monthly Concurrent Auditors for NHM Audit at their district for the FY 2020-21 & also submit the Monthly Concurrent Audit Report to State Health Society on Monthly basis by 15th of the following Month .
   - 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.
   - The Record of Proceedings (RoP) document conveys the summary of approvals accorded by NPCC based on the State/Districts PIP/RoP.
   - District should maintain their programme accounts of NHM as per Operational Guidelines for Financial Management Manual.

3. Finance

- District should convey the Block wise approvals within 15 days of receiving the District RoP approvals and also submit a copy to State Health Society.
- All funds under NHM will be released from State Health Society to DHFWS in a pool , not activity wise or FMR Code wise. Districts are entitled to use these funds on need basis by allocating internally the funds from one pool to another pool in case of shortage of fund in a particular pool but activity must be approved from GoI and the proposed expenditure should not cross the approved limit under any FMR Code as given in District RoP. DHFWS should also communicate State Health Society about details of fund allocated from one pool to another pool at the end of each month along with FMR / SoFP.

- The District must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulation, and procedure to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need- based procurement should take place.
- All procurement to be based on competitive and transparent bidding process.
- The unit cost/rate approved for all activities including procurement, printing, etc are indicative for purpose of estimation. However, actual are subject to transparent and open bidding process as per the relevant and extant purchase rules/ Uttarakhand Procurement Rules 2017 (revised).
- Third party monitoring of works and certification of their completion through reputed institutions will be introduced by SHS to ensure quality. In addition, information on all ongoing works to be shared with State for displaying it further on the State NHM website
- District has to ensure regular meetings of District Health Mission/ Society. The performance of DHS along with financials audit report must be tabled in meetings of DHFWS as well as District Health Mission's meetings.
- The accounts of District Health Society shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DCP) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare/ GoI.
- District shall ensure submission of details of unspent balance indication inter alia, funds released in advances & funds available under District Health Societies. The district shall also intimate the interest amount earned on unspent balance. This amount can be spent against approved activities.
- Every district has to ensure timely renewal of registration of their DHFWS. In case of non-compliance, State would not be in the position to release funds to the concerned DHFWS.

Chapter 1
Maternal Health

Maternal and Child Health program Health been designed and developed as an innovative and integrated approach for improving RMNCH+A Health Outcomes. The initiative has been built upon both Community & Facility Level Interventions with focus on improving both demand and delivery of services & for ensuring Respectful & Quality Care across all levels. Successful implementation of the initiative would lead to decrease in Maternal & Newborn Mortality in the State.

AIM: Achieving Positive Pregnancy Experience & Outcomes.

Primary Objectives:

1) Delivery of **Respectful & Quality Care** for,
   a) Better Antenatal (ANC) Services during pregnancy
   b) Better Care around Birth (Delivery) Services
   c) Better Postnatal (PNC) Services during post delivery period

2) Strengthen **Maternal & Neonatal Death Surveillance** & Response System

STATE GOALS:

Immediate Goals:

- Number of **4 ANC Visits are to be increased** 2.5 times of current coverage ie from current 31% (NFHS-4:2015-16) to more than 75% of all ANC.
- Number of **Full ANC coverage is to be increased** 3 times of current coverage ie from current 12% (NFHS-4:2015-16) to more than 50% of all ANC.
- Number of 1st trimester **ANC Visits are to be increased** from current 61% (HMIS 2017-18) to more than 90% of all ANC.
- Number of **High Risk Pregnancy Detection is to be increased 4** times of current coverage ie from current rates of 1% (MCTS:2016-17) to > 4%
- Achieve **Birth Planning** rates of greater than 80%
- Increase **Institutional Delivery** rates from 69% (NFHS-4:2015-16) to > 85%
- Increase **Safe Delivery** Rates from current 73% (NFHS-4:2015-16) to > 90%
- Bring Home Delivery Rates to single digits (less than 10%) across all Blocks
- Improve Access to Delivery Points (DP's) and 2 times availability of DP's at PHC level from current 35% to > 70%

Long Term Goals: To be achieved before 2025-26

- **Achieve Sustainable Developmental Goals** for Maternal & Newborn Health by year 2025-26; five years before the expected timelines in 2030.
  - **Maternal Mortality Ratio (MMR) – Below 70 per 1 lakh live births**
  - **Neonatal Mortality Rate (NMR) – Below 12 per one thousand live births**

PRIORITY INTERVENTIONS:

1) Organize Fixed ANC & PNC Service Day (**Samman Divas**) at Sub-Center Level every Monday
2) Focus on **ANC Counselling&Birth Planning** and use **of ANC Counselling & Training Wall & Birth Plan cards.**
3) Conduct Facility Level Emergency Drills in the Labor Room every week.
4) Track and ensure **availability of Key commodities** as listed in GOI RMNCH+A 5x5 Matrix.
5) Ensure regular **Online Data Reporting on Samman portal, SNCU Online and PMSMA Portal. Use of Scorecards** for recognizing Health Providers & Teams and address gaps.
6) Organizing Quarterly Review & Facilitation Event at District level

EXPECTATIONS:

1) Improve Demand for Institutional Deliveries,
2) Improve Access to Delivery Points based on Time to Care approach,
3) Better provisions, availability & development of Human Resource for Health
    a. Fill Vacant Sub Centers to achieve average Vacant Subcenter Rates below 2% to total Subcentres at any given point.
    b. Rationale case based deployment of HR at all levels. Calculate requirements for the Post of Specialists, Medical Officers, and Staff Nurses & ANM's to below 2%.
4) Improve Screening, Monitoring, Treatment, Referral & Follow-Up Processes for Maternal & Newborn Health related services
5) Standardize Recording & Reporting Processes
6) Strengthen Review & response Systems and,
7) Build Recognition Platforms

MCH MORTALITY INDICATORS IN UTTARAKHAND **Table 1**

Name of District	Maternal Mortality Ratio (MMR)	Neo Natal Mortality Rate (NMR)	Early Neo Natal Mortality Rate (ENMR)	Infant Mortality Rate (IMR)	U5 Mortality Rate (U5MR)	% Contribution of NMR to U5MR
	Data Source: AHS - 2012-13					
Almora	182	15	Not Available	20	24	63
Bageshwar	182	20		31	38	53
Chamoli	158	17		26	29	59
Champawat	182	24		34	42	57
Dehradun	158	25		34	40	63
Garhwal	158	25		37	45	56
Haridwar	158	45		64	77	58
Nainital	182	20		29	36	56
Pithoragarh	182	14		23	27	52
Rudraprayag	158	11		19	26	42
Tehri Garhwal	158	38		53	65	58

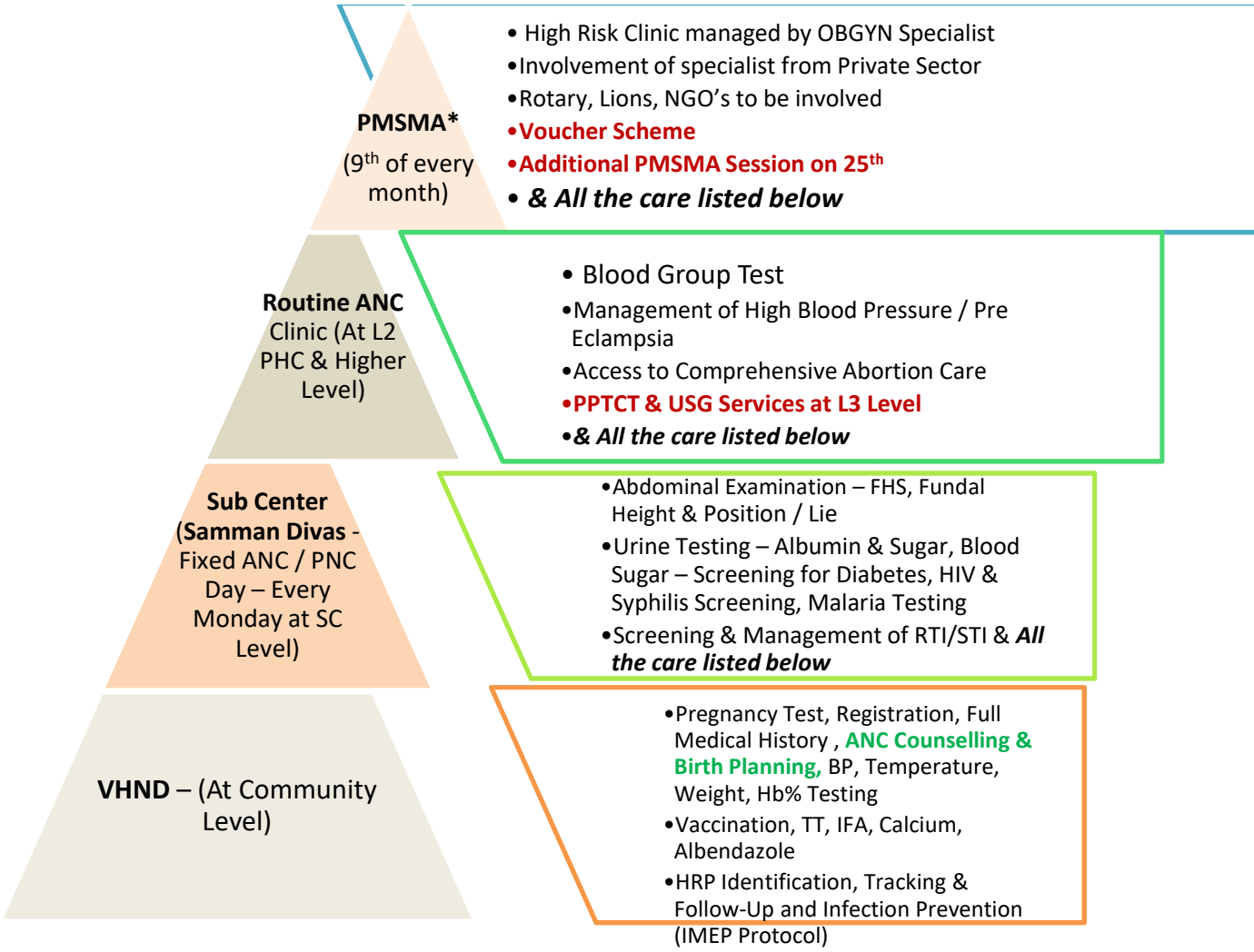
US Nagar	182	27		35	44	61
Uttarkashi	158	26		42	51	51
Goal	**< 70**	**< 12**	Goals to be achieved before 2025-26			

Goals are to be achieved before 2025-26 period i.e.**MMR below 70; NMR below 12.** These goals are par with the Sustainable Development MCH Goals (SDG) 2030. Since NMR contribution to under five mortality in Uttarakhand is very high at 73%, if the NMR goals are achieved the U5MR goal of 25 under SDG would be simultaneously achieved.

Disease Burden of Maternal Disorders
Source-Global Burden of Disease Study 2016 (GBD 2016) Data Resources GHDx

Uttarakhand, Females, 2016, DALYs per 100,000	
Causes	Rate (age 15-49)
Maternal Disorders	453.01
Maternal Hemorrhage	139.73
Maternal Sepsis and other maternal infections	64.85
Maternal Hypertensive disorders	42.81
Maternal Obstructed labor and uterine rupture	24.31
Maternal Abortion, miscarriage and ectopic pregnancy	33.02
Indirect maternal deaths	29.87
Late maternal deaths	3.34
Maternal deaths aggravated by HIV/AIDS	0.31
Other maternal disorders	114.77

Key Strategies for quality care-



Respectful Care – 7 Client Rights –1) Freedom from Harm; 2) Informed Choice; 3) Privacy & Confidentiality; 4) Dignity & Respect; 5) Equality; 6) Highest Level of Healthcare; 7) Freedom from Coercion

Five Key ANC Goals

1.1 – Ensure completeness of 4 ANC visits; 1.2 - One additional visit to Higher Center where Blood Grouping test is available; 1.3 - Build Beneficiary awareness on a) Nutrition, b) Danger Signs in Pregnancy & Post Pregnancy Period, c) Government Programs - JSY, JSSK, Maternity Benefit Scheme, 108, 104 Schemes

2.1 – Ensure 180 IFA & 360 Calcium + Vit. D3 consumption during ANC & PNC Period ; 2.2 - Complete TT Vaccination

3 – Support the women in choosing her Post-Pregnancy family Planning Method (PPFP).

4 – Help the pregnant women in selected her delivery point based on her PPFP needs

5 – Prepare the pregnant women for exclusive breast feeding.

Components of Birth Plan

1) Choice of Post-Partum Family Planning Method; 2) Name of Identified Delivery Point; 3) Name of Birth Companion; 4) Transport Choice; 5) Emergency Preparedness

In the view of above, it is important for District to strengthen their data reporting mechanism to ensure accurate reporting of data across all levels of facilities. The analysis of this data would not only serve as an important parameter for improving the effectiveness of program implementation, but can also leverage for policy correction.

U1 Service Delivery Facility Based

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)-

Carrying forward the vision of our Hon'ble Prime Minister, the Pradhan Mantri Surakshit Matritva Abhiyan was launched in 2016 to ensure quality antenatal care to pregnant women in the country on the 9th of every month.

Janani Shishu Suraksha Karyakaram (JSSK)-

District must provide for all JSSK entitlement schemes mandatorily. No beneficiary shall be denied any entitlement because of cost estimates/any other reason. If there are variations in cost., it must be examined and ratified by the RKS.

JSSK approval is subject to ensuring that there is no duplication under free drugs and diagnostic initiative under NHM.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/ Target	Amount Approved (Rs. in Lakhs)	Remarks
1.1.1.1	A.1.5.4	PMSMA activities at State & District Level	40000	1#	0.40	Approved as per following details
1# PMSMA (FMR Code- 1.1.1.1) Activity approved for activities such as sensitization of stakeholders, meetings of committees, IEC campaigns, miking, hording, banner, sensitization of govt. functionaries and refreshment for beneficiaries and service providers etc. Ensure to follow the PMSMA Guideline.						
1.1.1.2	A.1.6.3	Diet services for JSSK Beneficiaries (3 days for Normal Delivery and 7 days for Caesarean)	300	1400	4.20	As per JSSK guideline diet for Normal Deliveries.
			500	100	0.50	As per JSSK guideline diet for C-Section cases
Activity- Blood Transfusion for JSSK Beneficiaries (FMR Code 1.1.1.3)- Blood transfusion may be required to tackle emergencies & complications of deliveries such as management of severe anaemia, PPH and C-section etc. The provision of blood will be free of any cost and without any user charges; however, the relatives and attendants accompanying the pregnant women should be						

encouraged to donate blood for replacement. No beneficiaries will be denied, if replacement of blood donation is not available. As per JSSK guideline. Approved in Free Blood transfusion services FMR Code 6.2.7.1 under Blood Cell Program.						
1.1.1.3	A.1.6.2	Blood Transfusion for JSSK Beneficiaries		0	0	As per JSSK guideline. Approved in Free Blood transfusion services FMR Code 6.2.7.1 under Blood Cell Program.
1.1.1.6	A.1.5.7	Special incentive for people helping pregnant women transportation in doli in difficult accessible villages	2000	20	0.40	Approved Rs. 2000/- as incentive for 5 persons (Rs. 400 per person x 5 persons (4 Persons pick the Doli and one would be ASHA to promote the utilization of Doli). Maintain the listing of each case and submit the monthly report to state MH Division on regular basis.
1.1.1.6	A.1.5.8	Incentive for Safe abortions to ASHA and beneficiary	150	20	0.030	Approved Rs. 150/- per case for ASHA for bringing beneficiaries for safe abortion services
1.2.1.1	A.1.3.1	Home Deliveries under JSY	500	60	0.30	Approved @ Rs. 500/- per Case of BPL Home delivery case.
1.2.1.2.1	A.1.3.2.a	Institutional Deliveries (Rural) under JSY	1400	2000	28.00	Approved @ Rs. 1400/- per rural case
1.2.1.2.2	A.1.3.2.b	Institutional Deliveries (Urban) under JSY	1000	200	2.00	Approved @ Rs. 1000/- per urban case.
1.2.1.2.3	A.1.3.2.c	Hiring Pvt. Doctor for C-Section under JSY	0	0	0	
	U.1	**Service Delivery - Facility Based**			**35.83**	

U2 Service Delivery - Community Based

The Village Health and Nutrition Day (VHNDs)-

VHNDs serves as a platform for the ANM to provide all outreach services such as ANC, PNC, family planning, immunisation, treatment for sick children and making of blood slides in fever cases. Both the AWW and ASHA support the ANM by mobilising those children, pregnant women and sick persons in need of care, to attend the VHND. In VHND, the provision of immunisation and antenatal care is also undertaken.
The ASHA should also help to make it a community event, and make a special effort to ensure that women living in hamlets and those from marginalised communities are reached with services. To increase the coverage and effectiveness of VHNDs, it is suggested that detailed mapping of remote hamlets and small villages be carried out so as to ensure that every hamlet has access to VHND within 20 minutes of travel time. The selected sites should have provision of basic amenities including privacy for examining pregnant women. The monitoring of VHND by PRI/VHSNC would ensure occurrence, quality and comprehensiveness of services.

Line listing and follow-up of severely anaemic women-

Anaemia emerging as one of the major contributing factors for maternal deaths, line listing of severely anaemic women, tracking pregnant women with severe anaemia for treatment and tracking these women during pregnancy and childbirth must receive high priority. The ANMs and PHC In-charges have been identified as the nodal officers for this purpose and must ensure timely and appropriate management of severely anaemic women.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/Target	Amount Approved (Rs. in Lakhs)	Remarks
2.3.1.1.2	A.1.2.2	Monthly Village Health and Nutrition Days	125	2800	3.50	Approved for organizing VHND @ Rs. 125/- per VHND subject to ensuring that Comprehensive ANC, INC and PNC services provided to pregnant women as per VHND Guidelines.
2.3.1.2	A.1.5.1	Line listing and follow-up of severely anaemic women	100	50	0.050	Approved for ANM (Sub-Centre) as incentive for line-listing and follow up of severely anaemic pregnant women.
	U.2	**Service Delivery - Community Based**			**3.55**	

U3 Community Interventions

Janani Suraksha Yojhana-

It should be ensured that ASHA keeps track of all expectant mothers and newborn. All expectant mother and newborn should avail ANC and immunization services, if not in health centres, at least on the **monthly health and nutrition day, to be organised in the Anganwadi or sub-centre**:

- Each pregnant women must be registered and **a micro-birth plan** to be prepared.
- Each pregnant woman must be tracked for ANC.
- For each of the expectant mother, a place of delivery should be pre-determined at the time of registration and the expectant mother to be informed and to provide MCP card mandatorily.
- A referral centre is identified and expectant mother to be informed.
- Counsel for institutional delivery
- Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/Target	Amount Approved (Rs. in Lakhs)	Remarks
3.1.1.1	A.1.3.4	ASHA Incentive for Rural cases under JSY	600	1800	10.80	Approved @ Rs. 600/- per rural case for ASHA incentive.
		ASHA Incentive for Urban cases under JSY	400	200	0.80	Approved @ Rs. 400/- per urban case for ASHA incentive.
3.2.1		Intersectoral meeting for Community Engagement under SUMAN	12000	1	0.12	Approved @Rs. 12000/- for intersectoral meeting for community engagement under SUMAN.
	U.3	**Community Interventions**			**11.72**	

U4 Untied Fund- NIL

U5 Infrastructure- NIL

U6 Procurement

All procurement to be based on competitive and transparent bidding process.

The unit cost/rate approved for all activities including procurement, printing, etc are indicative for purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/ Target	Amount Approved (Rs. in Lakhs)	Remarks
6.1.1.1.1	NA	MVA/EVA for safe abortion services	3000	4	0.12	Approved for MVA Syringe/kit.
6.1.1.1.4	B16.1.1.3	Any other equipment (please specify)	170000	1	1.70	Approved for 2 Existing Delivery points. Details given in Annexure MH_A
6.2.1.2	B.16.2.1.2	Drugs for Safe Abortion (MMA)	400	80	0.32	Approved MMA Kits @ Rs. 400 per kit.
6.2.1.7.5	B.16.2.1.3.1	JSSK Drugs for Pregnant Women (Normal 7 C-Section Delivery cases)	300	2100	6.30	Approved for Normal Deliveries @ Rs 300 per case and for C/section @ Rs 500 per case. Follow the JSSK Guideline.
			500	50	0.25	
6.4.3	A.1.6.1	Free Diagnostics for Pregnant women under JSSK	200	2000	4.0	As per JSSK guideline
	U.6	**Procurement**			**12.69**	

	FMR Code- 6.1.1.1.4, Any Other Equipments Budget Head under MH Program_ Annexure MH_A				
S.N	**District**	**Name of Delivery point**	**Type of facility (SC/PHC/24X7 PHC/Other,**	**Gaps (Labour Beds)**	**Crash Cart Gaps**
1	**Champawat**	SDH Lohaghat	SDH	1	1
2	**Champawat**	PHC Pati	PHC	1	
	Total Gaps			2	1
	Unit Cost			75000	20000
	Budget in Lakhs			**1.50**	**0.20**
	Total Budget approved Rs in Lakhs			**1.70**	

U8 Service Delivery- Human Resource- Refer HR Section

U9 Training & Capacity Building

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/ Target	Amount Approved (Rs. in Lakhs)	Remarks
9.5.1.6	A.9.3.1.3	Training of Staff Nurses/ANMs / LHVs in SBA	101340	1	1.013	Budget approved for 1 batch of 4 SN/ANMs for SBA Training. (Priority given to FRUs staff first than Delivery points)
9.5.1.16		HIV and Syphilis Training	50000	1	0.500	Budget approved for HIV and Syphilis training of MOs and SNs as per guideline. Follow the RCH training Norms. After training submit the detail report and participant list to state MH

						Division.
			80950	1	0.810	Budget approved for HIV and Syphilis training of ANMs as per guideline. Follow the RCH training Norms. After training submit the detail report and participant list to state MH Division.
	U.9	**Training & Capacity Building**			**2.32**	

U10 Review, Research, Surveillance and Surveys

Maternal Death Surveillance & Response (MDSR) or MDR is a continuous cycle of identification, notification and review of maternal deaths followed by actions to improve quality of care and prevent future deaths.

The Chief Medical Officer (CMO) is mainly responsible for the Maternal Death Reviews at the District level. Both facility and community based reviews from rural and urban areas would be taken up at this level.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/Target	Amount Approved (Rs. in Lakhs)	Remarks
10.1.1	A.1.4	Maternal Death Review (both in institutions and community)	5000	1	0.05	Budget for Primary Informer @ Rs. 1000/- per community based maternal death as per SUMAN guideline, For verbal autopsy budget for a max. of 3 persons for conducting CBMDR @ Rs. 150/- per person

						(Total Rs 350 for a team of 3 persons), Travel Expenses to team @ 200 per verbal autopsy team & Rs. 200 per person of deceased family/ neighbours if they participating in DM review meeting (Maximum for 2 family members).
	U.10	**Review, Research, Surveillance & Surveys**			**0.050**	

U11 IEC/BCC- Refer IEC Section

U12 Printing

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity/Target	Amount Approved (Rs. in Lakhs)	Remarks
12.1.1	A.1.4	Printing of MDR formats	500	4	0.020	Budget approved for each block for printing the MDR Formats and provided to ASHA , ANM and facilities for FBMDR and CBMDR, MDR line listing and register for MDR also as per MDSR Guideline.
12.1.3		Printing of labor room registers and case sheets/	50000	1	0.50	Budget approved for Labour room register, BHT, Protocol posters etc for promote

		LaQshya related printing				quality in the maternity care.
	U.12	**Printing**			**0.52**	

U13 Quality Assurance- NIL

U14 Drug Warehousing & Logistics- NIL

U15 PPP- NIL

U16 Programme Management

Fund released under JSY Administrative Expenses could be utilized towards administrative expenses like monitoring, IEC and office expenses for implementation of JSY by the district respectively.

This fund could be utilized for giving Rs. 5 per case as incentive to ASHA to open the bank account of beneficiary & also link the account with Aadhar number.

Possible IEC strategy:

To **associate NGO and Self Help Groups** for popularizing the scheme among women's group and also for monitoring of the implementation.

To provide wide publicity to the scheme by:

I. **Promoting JSY as a component of total package of services** under RCH along with Monthly Village Health Day, Health Melas etc.
II. Printing and distributing JSY guidelines, pamphlets, notices in local languages at SC/PHCs/CHCs/ District Hospitals/ DM's and Divisional Commissioner's office in abundance.
III. Printing of birth plan card and Case Sheet for Maternity Services - L1 facility, L2 facility and L3 facility.
IV. Supporting printing of district's stationery, specially for DMs /SDMs/ Block/ PHC/ CHC/ District Hospital, advocating on Institutional Delivery and cash benefits of JSY and JSSK.
V. Wall painting in all sub-centers, PHCs and CHCs, District Hospitals.
VI. Ensure to display the SBA Quality Protocol Posters for Sub-district level health facilities (below DH level) and protocol posters from FRU to Medical College.

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs.)	Quantity /Target	Amount Approved (Rs. in Lakhs)	Remarks

16.1.4.1.1	A.1.3.3	JSY Administrative Expenses		_	0.90	As per JSY guideline
	U.16	**Programme Management**			**0.90**	

U17 IT Initiatives for Strengthening Service Delivery- NIL

U18 Innovations (if any)- NIL

Summary of Approvals- 2020-21; Maternal Health: District Champawat

FMR Code	Budget Head	Total Amount Approved (INR in Lakhs)
U.1	Service Delivery - Facility Based	35.83
U.2	Service Delivery - Community Based	3.55
U.3	Community Interventions	11.72
U.4	Untied Fund	0.00
U.5	Infrastructure	0.00
U.6	Procurement	12.69
U.7	Referral Transport	0.00
U.8	Service Delivery - Human Resource	0.00
U.9	Training & Capacity Building	2.32
U.10	Review, Research, Surveillance & Surveys	0.05
U.11	IEC/BCC	0.00
U.12	Printing	0.52
U.13	Quality Assurance	0.00
U.14	Drug Warehousing and Logistics	0.00
U.15	PPP	0.00
U.16	Programme Management	0.90
U.17	IT Initiatives for strengthening Service Delivery	0.00
U.18	Innovations (if any)	0.00
Total		**67.58**

Chapter 2
Child Health Programme

The Child Health programme under the Reproductive, Maternal, Newborn, Child and Adolescent (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, under-five mortality and malnutrition. The National Population Policy (NPP) 2000, the National Health Policy 2002, Twelfth Five Year Plan (2007-12), National Health Mission (NRHM - 2005 – 2017), Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for child health.

Indicator	Uttarakhand	India	Source
Infant Mortality Rate (IMR)	31	32	SRS 2018

Descriptions –

Infant Mortality Rate (IMR)- is the number of deaths of infants under one year old per 1,000 live births.

Neonatal Mortality Rate (NMR)- is the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period. Neonatal deaths may be subdivided into early neonatal deaths, occurring during the first seven days of life, and late neonatal deaths, occurring after the seventh day but before the 28 completed days of life.

Thrust Areas Under Child Health Programme

Thrust Area 1 : Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn Care (HBYC)
- Home Based Newborn Care and Home Based Young Care (HBYC) Programme.
- Kangaroo Mother Care
- Breast Feeding Week

Thrust Area 2 : Nutrition

- Promotion of optimal Infant and Young Child Feeding Practices under Mother's Absolute Affection (MAA) Programme
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition
- National Deworming Day (NDD)

Thrust Area 3:

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections
- Intensified Diarrhoea Control Fortnight (IDCF)

Thrust Area 4:

- Intensification of Routine Immunization
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication

U.1 SERVICE DELIVERY (FACILITY BASED)-

Descriptions:-

- **NBCC (New born Care unit)-**is a space with in the delivery room in any health facility where immediate care is provided to all newborn at birth.
- **NBSU (New born stabilization unit)-**is a facility within or close proximity of maternity ward where sick and low birth weights newborns can be cared.

For NBSU and NBCC - The Amount is approved for the running cost of consumables (list of consumables as per the toolkit for setting up Special Care New-born Units and New-born Care Corners, UNICEF and Facility Based New-born Care guide, MoHFW 2011) and maintenance cost and it does not include the salaries.

New FMR code	Old FMR code	Budget Head	Unit cost(Rs in Lakhs)	Quantity Target	Amount Approved (Rs in Lakhs)	Remarks
1.3.1.2	A.2.2.2	NBSU	0.65	2	1.30	Amount of Rs 1.30 Lakh is approved as Operating cost& Printing of Stationary(Rs.5000 each) for 2 NBSUs as per FBNC guidelines
1.3.1.3	A.2.2.3	NBCC	0.05	5	0.25	Approved as Operating cost for NBCCs as per FBNC guidelines
Total					**1.55**	

U.2 SERVICE DELIVERY (COMMUNITY BASED)

U.3 COMMUNITY INTERVENTION ANNEX

A. 'MAA'(Mothers' Absolute Affection) Programme- in an attempt to bring undiluted focus on promotion of breastfeeding, in addition to ongoing efforts through the health systems. District to ensure ASHA incentive for MAAprogramme is provided for all 3 quarters for conducting 6-8 Village level meetings per quarter.

B. Incentive for National Deworming Day(NDD) - The objective of NDD is to deworm all preschool and school-age children between the ages of 1-19years through the platform of schools and anganwadi centers in order to improve their overall health,nutritional status, access to education and quality of life. To implement the same Incentive of Rs. 100 is given to ASHAs for mobilizing and ensuring everyeligible child (1-19 years out-of-school) is administratedAlbendazole.

C. Incentive for IDCF (Intensified Diarrhea Control Fortnight)-The overall objective of IDCF is to ensure high coverage of ORS and Zinc use rates in children with diarrhoea throughout the country. Every ASHA would be provided an incentive of Rs. 1 per ORS packet distributed to a family with under five children.

New FMR code	Old FMR code	Budget Head	Unit cost(Rs in Lakhs)	Quantity Target	Amount Approved(Rs in Lakhs)	Remarks
3.1.1.1.2	B1.1.3.2 .6	ASHA incentive under MAA programme @ Rs 100 per ASHA for quarterly mother's meeting	0.0030	359	1.08	Amount of Rs 1.08 Lakh is approved. District to ensure ASHA incentive for MAAprogram me is provided for all 3 quarters for conducting 6-8 Village level meetings per quarter
3.1.1.1.6	B1.1.3.2 .7	Incentive for National Deworming Day for mobilizing out of school children	0.002	359	0.72	Approved for incentive to ASHAs@100 per ASHA per Round for 359 ASHAs
3.1.1.1.7	B1.1.3.2 .8	Incentive for IDCF for prophylactic distribution of ORS to family with under-five children.	0.268	1	0.268	Amount approved for distribution of ORS @1 per ORS packet delivered to family under five children
Total					**2.068**	

U.6 PROCUREMENT

JSSK – JananiShishuSurakshaKaryakram – Entitlement for Sick Newborn till 1 year of age are:-

1. Free and Zero Expense treatment
2. Free Drugs and Consumables
3. Free Diagnostics
4. Free provision of blood
5. Free transport form home to institution
6. Free transport between facilities in case of referral
7. Drop back from institutions to home
8. Exemptions from all kinds of user charges

Refer the guidelines for Implementation of JSSK.

District must provide for all JSSK entitlement schemes mandatorily. No beneficiary shall be denied any entitlement because of cost estimates/any other reason. If there are variations in cost, it must be examined and ratified by the RKS.
JSSK approval is subject to ensuring that there is no duplication under free drugs and diagnostic initiative under NHM.

New FMR code	Old FMR code	Budget Head	Unit cost(Rs in Lakhs)	Quantity Target	Amount Approved (Rs in Lakhs)	Remarks
6.1.1.2.3		Handheld pulse oximeter and Nebulizer under SAANS	13.25	1	13.25	Approved under SAANS program , Details as given below
	Remarks for FMR Code 6.1.1.2.3, Budget of Rs. 13.25 Lakhs approved under SAANS Program, details are as under- **Activity 1,** Rs. 2.50 Lakhs approved for Skill Station under SAANS Program, One skill station must have - 4 pediatric mannequins, 4 Nebulizers, 4 Salbutamol MDI inhalers with spacer, 4 Pulse Oximeters, 2 Oxygen cylinder, 2 Oxygen Concentrator, 4 Oxygen hood, 4 Nasal Prongs, 4 Suction Catheters. **Activity 2,** Rs. 10.0 Lakhs approved for 70 Handheld Pulse Oximeter. **Activity 3,** Rs. 1.0 Lakhs approved for 100 Nebulizers. District CMO ensure to procure all above items within 3 months to initiate SAANS program.					
6.4.4	A.2.9.1	Free Diagnostics for Sick infants under JSSK	0.001	220	0.22	Approved Rs 0.22 lakh for 220sick infants@ 100 per beneficiaries
Total					**13.47**	

U.7 REFERRAL TRANSPORT

New FMR code	Old FMR code	Budget Head	Unit cost	Quantity Target	Amount Approved (Rs in Lakhs)	Remarks
7.2		Free Referral Transport - JSSK for Sick Infants	**0.01**	70	0.70	Amount approved for 70 number of pick-up of sick infants (0-1 years) Budget will be released to the service provider from State Headquarter (NHM).

U.9 TRAINING AND CAPACITY BUILDING

New FMR code	Old FMR code	Budget Head	Unit cost (Rs in lakh)	Quantity Target	ROP Approval (Rs in Lakhs)	Remarks
9.5.2.2	A.2.6	Orientation on IDCF/ ARI (Pneumonia)	0.0005	700	0.35	Approved for IDCF orientation
9.5.2.2		State and District Launch of IDCF		1	0.20	Approved.
9.5.2.3		Orientation training on Anemia mukt bharat Program	0.52	1	0.52	Approved for training of MO, SNs, BCM,AF etc
9.5.2.4		Child Death Review Trainings	-	-	-	Training conduct with MDR.

9.5.2.12		ToT for NSSK	1.22	1	1.22	Budget propose for NSSK trainings for MOs, SNs/ANMs.
9.5.2.18		4 Days trainings on IYCF for MOs, SNs, ANMs of all DPs and SCs	1.70	1	1.70	Budget proposed for 4 Days trainings on IYCF for MOs, SNs, ANMs of all DPs and SCs
9.5.2.19	A.9.5.5.2.d	Orientation on National Deworming Day	0.001	1902	1.90	Budget approved for Half day orientation on NDD for 2 rounds @ Rs 100/- per participant and integrated distribution of drug, IEC and training material to teachers (Government schools, Private schools) and ANMs.
9.5.2.23		One day orientation of Frontline workers and allied departments under Anemia mukt bharat	0.001	1857	1.86	Approved for one day orientation of ASHAs, AF, ANMs. AWW, teachers and allied departments.
9.5.2.24		District Training/TOT under SAANS program	0.40	2	0.80	Approved.
Total					**8.55**	

U.10 REVIEW, RESEARCH, SURVEILLANCE AND SURVEYS

Child Death Review- Child Death Review (CDR) is a strategy to understand the geographical variationin causes of child deaths and thereby initiating specific child health interventions.Analysis of child deaths provides information about the medical causes of death,helps to identify the gaps in health service delivery and social factors that contribute to child deaths.

The Chief Medical Officer (CMO) is mainly responsible for the Child DeathReviews at the District level. Both facility and community based reviews fromrural and urban areas would be taken up at this level. Refer the guidelines (Child Death Review) for Implementation of CDR and process of CDR reporting

New FMR code	Old FMR code	Budget Head	Unit cost(Rs in Lakhs)	Quantity Target	Amount Approved (Rs in Lakhs)	Remarks
10.1.2	A.2.8	Child Death Review	1.39	-	1.394	Approved for CDR incentive. District to follow CDR guidelines for incentives.
Total					**1.394**	

U.11 IEC/BCC- Refer IEC ROP

U.12 PRINTING

New FMR code	Old FMR code	Budget Head	Unit cost(Rs in Lakhs)	Quantity Target	ROP Approval (Rs in Lakhs)	Remarks
12.2.4	A.2.8	Printing of Child Death Review formats	0.01	4	0.04	Amount approved for Printing of Child Death Review formats
12.2.7	B.10.7.4.8	Printing of IEC Materials and monitoring formats for IDCF	0.275	4	1.10	Amount approved for IEC and printing of forms for IDCF.
Total					**1.14**	

SUMMARY OF APPROVALS

FMR	Budget Head	Total Amount Approved (Rs in Lakh)
U.1	Service Delivery - Facility Based	1.55
U.3	Community Interventions	2.068
U.6	Procurement	13.47
U.7	Referral Transport	0.70
U.9	Training & Capacity building	8.55
U.10	Review, Research, Surveillance & Surveys	1.394
U.12	Printing	1.14
Grand total		**28.872**

Chapter 3
Family Planning

In Uttarakhand, the TFR has decreased by 0.2 points from 2.1(SRS 2014) to 1.8 (SRS 2018).

State's current contraceptive prevalence rate is 53.4% (NFHS 2015-16) which show a decline in comparison to NFHS 2005-06 (59.3%).

Unmet need is 15.5% (NFHS 2015-16) which show a decline in comparison to NFHS 2005-06 (12.3%).

Decline in contraceptive prevalence rate & Unmet need points out that eligible couples are not getting family planning services.

District to ensure of Availability of all family Planning Commodity & PTK at all health facility, and made sure all eligible couples are properly counselled to adopt right family planning commodity according to their need.

OBJECTIVES OF FAMILY PLANNING PROGRAMME

Population Stabilization

- spacing method (IUCD, Oral Contraceptive Pills, Condoms, Injectable Contraceptive DMPA)
- limiting method (Laparoscopic, Minilap, NSV)

- Maintain TFR by increase in contraceptive prevalence rate
- Promote Reproductive Health
- Increase contraceptive prevalence rate

STRATEGY-WISE INTERVENTIONS

- Focus on spacing methods, particularly PPIUCD, at facilities with high number of deliveries. As per direction of GOI PPIUCD ratio to No Of delivery should be 20-25%.
- Focus on Injectable Contraceptive "ANTARA" in all health facilities.
- Focus on interval IUCD at all facilities including sub centres.
- Ensuring access to Pregnancy Testing Kits (PTK-"Nischay Kits") through ASHAs.
- Ensure permanent sterilization services at PHC, CHC, CH and DH on fixed days, with aiming static service delivery at DHs & Identified CHs.
- Maintaining Quality in Family Planning services by strengthening the QACs as well as refresher training to service providers.
- Regular training schedules for service providers.
- Facilitating and encouraging empanellement of private providers.
- Increase the number of service provider's for IUCD, PPIUCD, NSV and LTT/Minilap.

- Monitoring and evaluation of Family Planning Services at District and Block Level.
- Ensuring supply and stock of essential provisions at all levels/facilities using FP-LMIS
- Strengthen Home Distribution of Contraceptives Scheme & Ensure Availability of Contraceptive with ASHA.
- Roll out of Injectable Contraceptive across all health facilities in District.

Service Delivery - Facility Based

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
1		**Service Delivery - Facility Based**			**11.18**	
• In New FMR Code 1.1.3.1.1& 1.1.3.1.2 District should communicate a fixed day of a month when sterilisation service will be available in a particular health facility. • Dispersed amount can be spend on Transport for service provider team (As per actual/entitlement) , POL/transport for accepters , contingency& IEC						
1.1.3.1.1	A.3.1.1	Female sterilization fixed day services	3000	11	0.33	Approved Rs. 0.33 lakhs for 11 Female sterilization Fixed day services@ Rs. 3,000/- per fixed day service
1.1.3.1.2	A.3.1.2	Male Sterilization fixed day services	25000	1	0.25	Approved Rs. 0.25 lakhs for 1 male sterilization Fixed day services@ Rs. 25,000/- per fixed day service
In New FMR Code 1.2.2.1.a & 1.2.2.1.b compensation to be given as per Government order no. 312/XXVIII-4-2015-75/2013 dated 21 February 2015 passed in the state of Uttarakhand.						
1.2.2.1.1	A.3.1.3	Compensation for female sterilization (Provide breakup for cases covered in public facility, private facility. Enhanced Compensation Scheme (if applicable) additionally provide number of PPS done. Female sterilization done in MPV districts may also	2000	412	8.23	Approved Rs. 8.23 lakhs for 412 Female sterilization @ Rs. 2,000/- compensation per Female sterilization.

		be budgeted in this head and the break up to be reflected)				
1.2.2.1.2	A.3.1.4	Compensation for male sterilization/NSV (Provide breakup for cases covered in public facility, private facility. Male sterilization done in MPV districts may also be budgeted in this head and the break up to be reflected)	2700	26	0.702	Approved Rs. 0.702 lakhs for 26 male sterilization @ Rs. 2,700/- compensation per male sterilization.
• For Adopting PPIUCD & PAIUCD the beneficiary will be paid compensation of Rs. 300/- to cover their incidental & travel cost to enable them to come for follow up. • The PAIUCD incentive is only payable for PAIUCD insertion following induced (surgical) or spontaneous abortions and not for the medical methods of abortions (MMA).						
1.2.2.2.2	A.3.2.3	PPIUCD services: Compensation to beneficiary@Rs 300/PPIUCD insertion	300	494	1.482	Approved Rs. 1.482 lakhs PPIUCD Compensation @ Rs. 300/- per Client for 494 PPIUCD Insertion.
1.2.2.2.3	A.3.2.4	PAIUCD Services: Compensation to beneficiary@Rs 300 per PAIUCD insertion)	300	64	0.192	Approved Rs. 0.192 lakhs PPIUCD Compensation @ Rs. 300/- per Client for 64 PAIUCD Insertion.
1.2.2.3	A.3.6	Family Planning Indemnity Scheme	30000	As per list shared by state in future	Will be shared in future	which Beneficiary will be paid compensation in this Financial Year 2021-22 will be communicated by state as per the availability of fund

Service Delivery - Community Based

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
2		**Service Delivery - Community Based**			**0.60**	
POL being given to champawat district @60000 which includes quarterly collection of Family Planning supply from CMSD store Dehradun & supply of Family Planning commodity from District store to health facility on quarterly basis. This also include labour cost of loading & unloading charges						
2.2.1	A.3.3	POL for Family Planning/ Others (including additional mobility support to surgeon's team if req)	60000		0.60	Approved 0.60 lakhs.

Community Interventions

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
3		**Community Interventions**			**3.087**	
Rs 150 may be paid to ASHA for motivating/escorting the clients to the health facility for facilitating the PPIUCD & PAIUCD insertion						
3.1.1.2.4	B1.1.3.3.1	ASHA PPIUCD incentive for accompanying the client for PPIUCD insertion (@ Rs. 150/ASHA/insertion)	150	494	0.741	Approved Rs. 0.741 lakhs @Rs.150 incentive for ASHA
3.1.1.2.5	B1.1.3.3.2	ASHA PAIUCD incentive for accompanying the client for PAIUCD insertion (@ Rs. 150/ASHA/insertion)	150	64	0.096	Approved Rs. 0.096 lakhs @Rs.150 incentive for ASHA
3.1.1.2.6	B1.1.3.3.3	ASHA incentive under ESB scheme for promoting spacing of births	500	150	0.75	Approved Rs. 0.75 lakhs @Rs.500 incentive for ASHA
3.1.1.2.7	B1.1.3.3.4	ASHA Incentive under ESB scheme for promoting adoption of limiting method upto two children	1000	150	1.50	Approved Rs. 1.50 lakhs @Rs.1000 incentive for ASHA

Procurement

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
6.1.3.1.1	A.3.4	Repairs of Laparoscopes	25000			Maximum permissible amount for repair of 1 laparoscope is Rs. 25000. district need to request demand to state through proper channel, so it can be approved at state level & thus release to district as per availability of fund

Referral Transport

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
7		**Referral Transport**			**0.3225**	
• For cases performed on a fixed day basis vehicle like ambulances/alternate vehicle could provide drop back to 1-4 clients at a time. such vehicle could be employed for multiple trips ferrying the cases depending on the time of their surgery • For post partum sterilisation conducted on the clients while still in the hospital following delivery, no separate vehicle would be required. The existing facility of 'khushiyon ki sawari' designated for drop back of mothers and new born babies may be used.						
7.3	**B12.2.9.1**	**Drop back scheme for sterilization clients**	**250**	**129**	**0.3225**	**Approved Rs 0.3225 lakhs for Scheme @250 per client**

Service Delivery - Human Resources

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
8		**Human Resources**			**1.3518**	
8.4		**Incentives and Allowances**				

Incentives for service provider for Providing IUCD @Rs 20, PPIUCD@Rs 150 & PAIUCD @Rs 150 service						
8.4.6	A.3.2.2	Incentive to provider for IUCD insertion at health facilities (including fixed day services at SHC and PHC) [Provide breakup: Public Sector (@Rs. 20/insertion]	20	2574	0.5148	Approved Rs. 0.5148 lakhs @Rs.20 incentive for Service Provider
8.4.7	A.3.2.3	Incentive to provider for PPIUCD services @Rs 150 per PPIUCD insertion	150	494	0.741	Approved Rs. 0.741 lakhs @Rs.150 incentive for Service Provider
8.4.8	A.3.2.4	Incentive to provider for PAIUCD Services @Rs 150 per PAIUCD insertion	150	64	0.096	Approved Rs. 0.096 lakhs @Rs.150 incentive for Service provider

Training & Capacity building

New FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
9	**Training**			**1.33**	
9.5.3	**Family Planning Trainings**				
9.5.3.22	Training of Medical officers (Injectible Contraceptive Trainings)	42800	1	0.428	Budget approved for Training of 1 batch comprising of 10 MO per batch@ Rs. 42,800/- Per batch. Details of budget attached
9.5.3.24	Training of Nurses (Staff Nurse/LHV/ANM) (Injectible Contraceptive Trainings)	40230	1	0.402	Training of 15 SN per batch@ Rs. 40,230/- Per batch.
9.5.3.26	FP-LMIS Training	50000	1	0.50	Training of health facility which are not trained in FP-LMIS plus ANM of Sub-center and ASHA

IEC/BCC

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
11		**IEC/BCC**			**0.80**	
11.6		**IEC/BCC activities under FP**				
11.6.3	A.3.5.4	IEC & promotional activities for World Population Day celebration	50000	1	0.50	Amount Approved Rs 0.50 Lakhs regarding IEC & Promotional activities for World Population Day celebration
11.6.4	A.3.5.5	IEC & promotional activities for Vasectomy Fortnight celebration	30000	1	0.30	Amount Approved Rs 0.30 Lakhs regarding IEC & Promotional activities for Vasectonomy Fortnight Celebration

Programme Management

Programme Management Sub Annexure

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
16		**Programme Management Sub Annexure**			**1.55**	
As per supreme court mandate District quality assurance committee & District indemnity sub Committee to be held on Quarterly basis at district						
	A.3.5.1	FP QAC meetings (Minimum frequency of QAC meetings as per Supreme court mandate: State level - Biannual meeting; District level - Quarterly)	5000	4	0.20	**Approved Rs 0.20 lakh per quarterly meeting at district level @5000 per meeting**

District:						
	A.3.5.4	PM activities for World Population Day' celebration (Only mobility cost): funds earmarked **for district level activities**	30000	1	0.30	Approved to be met out of PM cost approved under F.M.R. code 16.1
	A.3.5.5	PM ativities for Vasectomy Fortnight celebration (Only mobility cost): funds earmarked **for district level activities**	25000	1	0.25	Approved to be met out of PM cost approved under F.M.R. code 16.1
Block:						
	A.3.5.4	PM activities for World Population Day' celebration (Only mobility cost): funds earmarked **for block level activities**	10000	4	0.40	Approved RS. 0.40 lakhs @10000 per block for World Population day celebration
	A.3.5.5	PM ativities for Vasectomy Fortnight celebration (Only mobility cost): funds earmarked **for block level activities**	10000	4	0.40	Approved RS. 0.40 lakhs @10000 per block for Vasectomy Fortnight celebration

Summary of Approvals; Family Planning- Champawat

FMR	Budget Head	Total Amount Approved
U.1	Service Delivery - Facility Based	11.18
U.2	Service Delivery - Community Based	0.60
U.3	Community Interventions	3.087
U.7	Referral Transport	0.3225
U.8	Service Delivery - Human Resources	1.3518
U.9	Training & Capacity building	1.33
U.11	IEC/BCC	0.80
U.16	Programme Management	1.55
Total		**20.2283**

Chapter 4
Rashtriya Kishore Swasthya Karyakram (RKSK)

Adolescents (253 million) comprise nearly one-fifth (22 percent) of India's total population (Census 2011). Of the total adolescent population, 12 percent belong to the 10-14 years age group and nearly 10 percent are in the 15-19 years age group. Adolescence is a very promising phase of life. Government of India recognizes the need to provide the best possible support and care to adolescents in the country so that they realize their full potential in life. Compulsory education at least up to 14 years of age, opportunities for higher education al skills, access to health care and protection from coercion or violence are some ways in which our government is committed to provide an enabling environment for adolescents. Our constitution grants its children some special rights and to meet these rights, Government of India has brought in several policies, programmes, schemes and legal acts to protect and promote their health and well – being. The health and well – being of the adolescent population is a key determinant of any country's overall development. Supporting adolescents in reducing barriers to access education, health and opportunities for growth and development will help India realize its demographic bonus, as healthy adolescents are an important resource for the economy. The Adolescent Health Strategy is one such initiative in this direction. The adolescent health strategy has six priorities:

1. Sexual and reproductive health
2. Mental and emotional well-being
3. Healthy lifestyle
4. Violence-free living
5. Improving nutritional status
6. Substance misuse prevention.

1.Service Delivery Facility Based

Activity ; Counseling Services to adolescents are to be provided in All Adolescent friendly health clinics (AFHC) , as per guidelines **(annexure in email)**. These AFHC s should be open on all working days of week in Medical College and District Hospitals. Since these facilities have male and female counselors, one of them should manage AFHC at facility while other can do so in field in two working days per week.

In AFHCs located at CHC /PHC counseling services are to be provided at facility for at least 4 working days per week. Counselor will make field visit for counseling in field (either community or school) for two days in a week .

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
1.1.4		Strengthening AH Service	0	0	0	
		Operating Cost				
1.3.1.6	A.4.1.3	AH/RKSK Clinics	10000	10	**0.1**	Approved total 1.Existing

		Operating Cost				AFHC@10000/-Per Clinic
2.Service Delivery Community Based Adolescent Health days (AHD) to be organized in every village once every quarter, as per guidelines (**annexure in email**).Total 600 AHD are to be organised by District and 700 Club meeting will be organised by ANMs Sub center						
2.2.2	A.4.1.4	Mobility & Communicatio n Support for Counselors	250	96 Visit in communit y and Schools	**0.24**	1.Mobility support for 1AH Counsellors @Rs.200/-Per visit (maximum 8 visits per month) X 2AFHC, 2.Communication support for AFHC counselors @Rs 250/cunsellor X12 months. 3. Mobility support to RKSK Counselors.
2.3.1.5	A.4.2.2	Organising Adolscent Health day	2500/Pe r AHD	4 AHD	**0.10**	2500/-Per AHD total 4 AHD
2.3.1.6	A.4.2.3	Organising Adolscent Friendly Health Clincs at Sub Center Level	00	0	**0**	Rs.500/- Per club meeting for 600 Club meeting.
		Total of 2.			**.34**	
Community Intervention <u>Incentive for AH/RKSK Services</u> Each Peer Educator gets Rs.600 worth any gift (non Monetary) which they can use and ASHA get Rs 200/-incentive Per AHD organized.						
3.1.1.3.2	B.1.1.3.4.2	Incentive for Mobilizing Adolescent and Community to AHD	200	4	**0.008**	Approved For mobilizing beneficiaries(Adolscent and Their Parents) for ASHA 200/-Per AHD.
3.2.2	A.4.2.1	Incentive for Peer Educators	0	0	**0**	Approved for non monetary incentive for 1500 existing PE:@Rs 50 per PE per Month
		Total of 3			**0.008**	

4.1		**Untied Funds**	0	0	0	0
5.2.1.9	**A.4.1.2**	**Infrastructure**	0	0	0	0
6.1.1.4		**Procurments of bio medical Equipment**				
6.1.1.4.a	**B.16.1.6.1**	Equipment of AFHC	10000/-	01	**0.1**	0
6.1.14.b	**B.16.1.6.2**	Any Other (Please Specify)	0	0	**0**	Approved for RKSK District for a set of Sanitary Napkins vending Machine and Incinirator for District Govt Girls School
		Drug Procurements				
6.2.4.1	**B.16.2.6.3a**	IFA /WIFS (10-19Yrs)		State Procurements		
6.2.4.2	**B.16.2.6.3b**	Albendazole Tab under WIFS (10-19Yrs)		State Procurements		
6.2.4.3	**B.16.2.9.1**	Sanitary Napkins Procurement		State Procurements		
7		**Referral Transport**	0	0	0	0
8		**Human Resource**				
8.1.1.3.1	**B.30.11.1**	**Counselors**	0	0	0	0
9						
9.5.4.1		**Dissemination workshop under RKSK**	5000	2	**0.1**	Bi-annual orientation cum Review workshop
9.5.4.13a						
10		**Review,Resurch,Surveys and Survilance**				
10.1.1			0	0	0	0
11		**IEC/BCC**				
11.7.1	**B.10.3.4.1**	Media mix of Mass Media,Mid media including menstrual hygiene Scheme	0	0	0	0
11.7.2	**B.10.3.4.2**	Inter personal communication	0	0	0	0
12		**Printing**				
12.4.1	**A.4.2.4**	PE Kit PE Diary	0	0	0	0
13		**Quality Assurance**				

14		**Drug Ware housing & Logistic**	0	0	0	0
15		**PPP**	0	0	0	0
16		**Program Management**	0	0	0	0
16.8.2.1.2		**P.O. RKSK**	0	0	**0**	0
17		**I T Initiative and Strengthening Service Delivery**	0	0	0	0
18		**Innovation**	0	0	0	0

Summary of Approvals 2021-22 RKSK, Champawat		
FMR Code	**Budget Head**	**Total Approved (INR In Lakhs)**
U.1	Service Delivery - Facility Based	0.1
U.2	Service Delivery - Community Based	0.34
U.3	Community Intervention	.008
U.6	Procurment	0.1
U.9	Training & Capacity Building	0.1
Total		**0.648**

Chapter 5
RBSK & Haemoglobinopathy

Rashtriya Bal Swasthya Karyakram (RBSK) is aimed at screening of children from 0 to 18 years for 4 Ds - Defects at birth, Diseases,Deficiencies and Development Delays including Disabilities in Uttarakhand. As per available estimates, 6% of children are born with birth defects, 10% children are affected with development delays leading to disabilities. Further, 4% of under five mortality and 10% of neonatal mortality is attributed to birth defects.

Child Health Screening and Early Intervention Services envisage to cover 30 identified health conditions for early detection, free treatment and management through dedicated mobile health teams placed in every block in the country. The teams carry out screening of all children in the pre-school age enrolled at Anganwadi centres at least twice a year besides screening of all children studying in Government and Government aided schools, whereas the newborns will be screened for birth defects in health facilities by service providers and during the home visits by ASHAs. District Early Intervention Centres are planned to be set up as first referral point for further investigation, treatment and management. Tertiary care centre would be roped in for management of complicated cases requiring high-end medical care and treatment. This herculean effort is ultimately targeted to benefit children annually in a phased manner in Uttarakhand.

Needless to say, that dividends of early intervention would be huge including improvement of survival outcome, reduction of malnutrition prevalence, enhancement of cognitive development and educational attainment and overall improvement of quality of life of our citizens. Bringing down both out of pocket expenses on belated treatment of diseases / disabilities (many of which become highly debilitating and incurable) and avoidable pressure on health system on account of their management are among obvious benefits.

Children diagnosed with illnesses shall receive follow up including surgeries at tertiary level, free of cost under RBSK. Rashtriya Baal Swasthya Karyakram is being implemented in 13 districts of Uttarakhand. Under this programme the children taking birth in government hospitals, children enrolled in government and government aided schools and anganwadi from age of 0 to 18 years are covered. These children are screened for selected health conditions by 148 Mobile Health Teams (MHTs).

For confirmation of preliminary findings, referral support, management & follow up of screened children for which four early intervention centres are established in Almora, Dehradun, Haridwar, Nainital. DEIC is the hub of all activities, will act as a clearing house and also provide referral linkages. DEIC should be aiming at early detection and early intervention so as to minimize disabilities among growing children. WHO has stated that defect or developmental delay leads to functional disability and these functional disability in turn lead to handicap if not addressed adequately.

Government of India has provided Guideline “Procedure and Model Costing for Surgeries” for the treatment of these children & treatment is provided to these children on the basis of this guideline.

RoP approvals for RBSK

U1. Service Delivery (Facility Based)						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs.)**	**Quantity/Target**	**Budget (Rs. Lakhs)**	**State Remarks**
1		**Service Delivery - Facility Based**			**0.08**	
1.1.2		**Strengthening CH Services**			**0.08**	
1.1.2.2	A.5.1.6	New born screening as per RBSK Comprehensive Newborn Screening: Handbook for screening visible birth defects at all delivery points (please give details per unit cost , number of deliveries to be screened and the delivery points Add details)	800	10	0.08	Rs. 0.08 Lakhs is approved for RBSK CNS handbook, wall hanging flex poster in record room of LR, requisite reporting formats and referral formats as per RBSK CNS Guidelines for 10 delivery points.
1.1.2.3	A.5.2	Referral Support for Secondary/ Tertiary care (pl give unit cost and unit of measure as per RBSK guidelines) – RBSK				NIL
1.1.7		**Strengthening Other Services**			**0**	
1.1.7.7		Any other (please specify)				NIL
1.3		**Operating Expenses**			**0**	
1.3.1		**Operating expenses for Facilities** (e.g. operating cost rent, electricity, stationary, internet, office expense etc.)			**0**	

1.3.1.7	A.5.1.4/ B16.1.6.3.5	DEIC (including Data card internet connection for laptops and rental)				NIL

U2. Service Delivery (Community Based)						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs.)**	**Quantity/Target**	**Budget (Rs. Lakhs)**	**State Remarks**
2		**Service Delivery - Community Based**			**22.6176**	
2.2		**Recurring/ Operational cost**			**22.6176**	
2.2.3	A.5.1.3	Mobility support for RBSK Mobile health team	364560	6	21.8736	Rs 21.8736 lakhs is approved as per detail below: Rs 21.1536 lakhs for 5 vehicles one per team @ RS 35256 per month for 12 months. Rs 0.72 lakhs is for mobility support @ Rs 6000 per month for 1 RBSK district manager for 12 months.
2.2.4	B16.1.6.3.6	Support for RBSK: CUG connection per team and rental	12400	6	0.744	0.60 Lakhs is approved for Data card @ Rs 1000 for 5 mobile health teams for 12 months. 0.144 Lakhs is approved for 6 CUG connection to the 5 MHTs, 1 District RBSK Managers

U3.		**Community Interventions**	**-**	**-**	**-**	**-**

U4.		**United Fund**	**-**	**-**	**-**	**-**

U5. Infrastructure Strengthening						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs)**	**Quantity/Target**	**Budget (Rs lakhs)**	**State Remarks**
5		**Infrastructure**			**0**	
5.2.2	B5.1/ B5.2/ B5.3/ B5.6/ B5.5/ B5.10/ B.5.11/ B.5.12/ B.5.13	**Carry forward of new construction initiated last year, or the year before**			**0**	
5.2.2.7	B.5.13.2	DEIC (RBSK)				NIL

U6. Procurement						
Equipment for Mobile health teams should be porvided according to RBSK Job Aids each team to have all required equipment for screening.						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs)**	**Quantity /Target**	**Budget (Rs. Laksh)**	**State Remarks**
6		**Procurement**			**0.25**	
6.1	B.16.1	**Procurement of Equipment**			**0.25**	
6.1.1		**Procurement of Bio-medical Equipment**			**0.25**	
6.1.1.5	B16.1.6.3	**Procurement of bio-medical equipment: RBSK**			**0.25**	
6.1.1.5 .1	B16.1.6.3 .1	Equipment for Mobile health teams	5000	5	0.25	Approved for 5 teams @ average cost of Rs 5000 as proposed by State. Expenditure is as per actual and according to RBSK Job Aids each team to have all required equipment for screening.
6.1.1.5 .2	B16.1.6.3 .2	Equipment for DEIC				NIL
6.2.5						NIL
6.2.5.1	B.16.2.7. 1					NIL

U8. Human Resources – Service elivery
Attached in Separate Chapter (Human Resource)

U12. Printing						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs.)**	**Quantity/Target**	**Budget (Rs. Lakhs)**	**State Remarks**
12		**Printing**			**0.1795**	
12.5		**Printing activities under RBSK**			**0.1795**	
12.5.6	B.10.7 .4.4	Any other (please specify)	50	359	0.1795	Priniting of Helping ASHAs identify birth defects Mannual for 359 ASHAs.

U16. Programme Management Sub RBSK Convergence/Monitoring meetings as per norms.						
New FMR	**Old FMR**	**Particulars**	**Unit Cost (Rs.)**	**Quantity /Target**	**Budget (Rs. Lakhs)**	**State Remarks**
16.1		**Programme Management**			**0.4**	
16.1.2.1		Meetings, Workshops & Conferences			0.4	
16.1.2 .1.7	A.5. 1.2	RBSK Convergence/Monitoring meetings	20000	2	0.4	Approved for workshops – 2 at district level –@ Rs 20000/workshop as per norms. Expenditure as per actual.
U17.		IT Intiatives for strengthening Service Delivery	-	-	-	-
U18.		Innovations (if any)			**4.03**	
18.1		**Innovation under RMNCH+A**			**4.03**	
18.1.5			2600	155	4.03	Rs. 4.03 Lakhs is approved for children referred for treatment and one followup to DEIC or tertiary care @ Rs. 2600 per visit for 155 visits. District to utilize fund on case

						by case basis under authorization of competent authority.

Summary of Approvals: RBSK, Champawat

FMR	Budget Head	Amount (In Lakhs)
U.1	Service delivery-Facility Based	0.08
U.2	Service delivery – Community based	22.6176
U.6	Procurement	0.25
U.7	Referral transport	0
U.8	Service delivery – Human resource	-
U.9	Training & capacity building	0
U.12	Print Sub-Annexure	0.1795
U.16	Programme management	0.40
U.18	Innovation	4.03
Total		**27.5571**

Haemoglobinpathy

1. Service Delivery - Facility Based

Antenatal Screening : This activity includes Antenatal screening for carrier status (early 1st trimester) in all women by NESTROFT test and hemoglobin estimation. Any woman with a positive NESTROFT test or severe anemia needs to be referred to District hospital by 108 services for further investigations including CBC and HPLC. If she is found to be a thalassemia carrier, then her husband is to be tested for his carrier status.

Follow up fund for this activity is approved in **FMR code 2.3.1.4 (Follow up mechanism for the severely anemic women and the women with blood disorders)** which is informed to district when both Parents are found to be carriers & then referral to a higher centre is required for prenatal diagnosis before twenty weeks of pregnancy for an informed decision regarding continuation of pregnancy.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount being allocated for FY 2020-21	Remarks
1.1.1.4	Antenatal Screening of all pregnant women coming to the facilities in their first trimester for Sickle cell trait, β Thalassemia, Hemoglobin variants esp. Hemoglobin E and Anemia	105.05	417	0.44	

Transfusion support to patient with Blood disorders and prevention program: This activity includes monitoring investigations and procurement of consumables (BT sets etc), Blood cell counter for CBC, NESTROFT, HbHPLC & Serum ferritin by ELISA before Blood transfusion of thalassemic patients.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount being allocated for FY 2021-22 (In Lakhs)	Remarks
1.1.7.3	Transfusion support to patient with Blood disorders and prevention program	-	___	-	

2 . Service Delivery (Community Based)

Mobility for Field Team: This activity includes mobility fund for Haemoglobinopathy teams for School screening of Class IX students to find carrier of thalssemia disease.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount being allocated for FY 2021-22 (In Lakhs)	Remarks
2.1.3.3	Any Other (Pls Specify) Mobility Haemoglobinopathy	___		0.52	**HPLC sample transportation charges for students and pregnant women.**

One Time Screening: This activity includes Screening of adolescents group by Field Officer & Field Assistant of Haemoglobinopathy team in Government & Government aided school of Class IX students for finding the carrier of Thalassemia traits. Fund utilization includes procurement of reagents for Blood cell counter for CBC, NESTROFT, HbHPLC .

FMR Code	Budget Head	Unit Cost	Physical Target	Amount being allocated for FY 2021-22	Remarks
2.3.3.1	One time Screening to Identify the carriers of Sickle cell trait, β Thalassemia, Hemoglobin variants at school especially class 9 students	23.69	4000	--	**As per GoI instruction district should use the budget of F Y 20-21 first for this activity.**

3. **Community Interventions** - **NIL**
4. **Untied Fund** - **NIL**
5. **Infrastructure** - **NIL**
6. **Procurement**

Drugs and Supplies for blood services and blood related disorder: This activity includes procurement of Leukocyte filter, Iron chelator medicines, Lab glassware and plastic ware, Lab disposables and miscellaneous chemical- Stains, acid, PH paper, lancet for the thalassemic patients who are registered in DEIC taking blood transfusion.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount being allocated for FY 2021--22 (In Lakhs)	Remarks
6.2.7.2	Drugs and Supplies for blood services and blood related disorder-Haemoglobinopathies	0.0	___	0.0	

7. Referral Transport - NIL

8. Service Delivery - Human Resource

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity	Amount being allocated for FY 2021-22 (In Lakhs)	Remarks
8.1.13.1	B.30.11.1					
8.1.13.11	B.30.11.17					
8.1.2.6	B.30.2.7					

9. Training & Capacity Building -

FMR Code	Budget Head	Amount being allocated for FY 2021-22 (In Lakhs)	Remarks
9.5.6.2	.	--	

10. Review, Research, Surveillance & Surveys - NIL

11. IEC/BCC Activities

FMR Code	IEC/BCC activities under Blood disorders	Unit Cost	Activity	Budget approved Lakhs	Remarks
11.10.2	Beat Anemia Program for female adolescents and youth.	10000	1	.10	A BEAT ANEMIA PROGRAM FOR FEMALE ADOLOSCENTS AND YOUTH OBJECTIVE -- T o understand the I importance of complete treatment of even mild and moderate Anemia during adoloscence leading to improved compliance IRON THERAPY .

12. Printing

FMR Code	Printing of cards for screening of children for Haemoglobinopathies	Unit Cost	Activity	Budget approved	Remarks
12.8.1	Printing of IEC/BCC material covering topics on Anemia, thalassemia, Haemophilia & VBD	10.00	As per budget	.20	DETAILS : A 10 page multi color booklet/brochure will be printed to be distributed among the students during screening at schools and during activities and events conducted by DISTRICT/ STATEThe Quantity of Booklet to printed as per Budget Provided
12.8.1	Temporary hordings	20,000	5	1.0	Temporary rental hordings for 3 month to inspired to be installed to aware the masles regarding Heamophilia Thalassemia anemia voluntary blood donation on special day & during releases occasion and 4 Dham yatra

13. **Quality Assurance** - **NIL**

14. **Drug Warehousing and Logistics** - **NIL**

15. **PPP** - **NIL**

16. **Programme Management** - **NIL**

17. **IT Initiatives for Strengthening Service Delivery**

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs)	Quantity/target	Amount Approved	Remarks
17.4	B.14.15	e-Raktkosh – Refer to strengthening of blood services guidelines.	-	-	-	.

Summary of Approvals21-22 : Champawat		
FMR Code	**Budget Head**	**Total Approved (INR In Lakhs)**
U.1	Service Delivery - Facility Based	0.44
U.2	Service Delivery - Community Based	0.52
U.11	IEC/BCC	0.10
U.12	Printing	0.30
Total		**1.36**

Chapter 6
PC PNDT Program

MISSION:

The mission of PNDT program is to improve the sex ratio at birth by regulating the pre-conception and prenatal diagnostic techniques misused for sex selection.

Guiding Principle:

Deterrence for unethical practice sex selection to ensure improvement in the child sex ratio.

Implementation of PC&PNDT Act.

STRATEGIES:

- Formation & Strenghten of PNDT Cell at state and district level
- Establishment of statutory bodies under the PC&PNDT Act
  > Constitution of State Supervisory Board
  > Reconstitution every three years (other than ex-officio members)
  > Two meetings in a year
  > Notification of three members Sate Appropriate Authority,
  > Constitution of 8 member State Advisory Committee
  - Reconstitution in every 3 years
  - 4 meetings in a year
  > Constitution of State Appellant Authority
  > Notification of District Appropriate Authorities
  > Constitution of 8 member district Advisory Committees
  - Reconstitution in every 3 years
  - Strengthening of monitoring mechanisms
  > Monitoring of sex ratio at birth through civil registration of birth data
  > Formulation of Inspection and Monitoring committees
  > Increasing the monitoring visits
  > Review and evaluation of registration records
  > On line filling and medical audit of form Fs
  > Ensure compliance for maintenance of records mandatory under the Act
  > Ensure regular quarterly progress reports at state and district level
- Capacity building and sensitisation of program managers and other officers.
  > Appropriate Authorities
  > Advisory committee members
  > Nodal officers both State and District

Last 5 Year Sex ratio at birth as per HMIS DATA

District	Sex Ratio at Birth(Source- HMIS)				
	2016-17	**2017-18**	**2018-19**	**2019-20**	**2020-21**
Almora	947	930	977	981	955
Bageshwar	925	895	956	1004	877
Chamoli	893	904	895	879	912
Champawat	973	922	895	971	892
Dehradun	923	935	931	968	965
Garhwal	884	901	913	949	889
Hardwar	917	918	937	953	944
Nainital	898	900	940	901	917
Pithoragarh	873	866	904	881	975
Rudraprayag	891	904	926	920	875
Tehri Garhwal	957	913	925	950	959
Udham Singh Nagar	908	942	961	956	951
Uttarkashi	971	926	925	985	952
Uttarakhand	**914**	**919**	**938**	**948**	**941**

Regarding Preparation of District ROP , District has been categorized into 3 group i.e

- District having more than 40 ultrasound machines
- District having 15-40 ultrasound machine
- District Having less than 15 ultrasound machines

And funds are allocated accordingly for Mobility support , district workshop & support to PNDT cell

U.1 Service Delivery - Facility Based - NIL

U.2 Service Delivery - Community Based - NIL

U.3 Community Interventions - NIL

U.4 Untied Fund - NIL

U.5 Infrastructure

U.6 Procurement

U.7 Referral Transport

U.8 Service Delivery - Human Resources

U.9 Training & Capacity building

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
9.5.21.2		Orintation cum Training programm for MOs in Public diagnostic facilites	25000	1	0.25	one day orientation cum training of medical officers in Public health facilities on provision of PCPNDT ACT

U.10 Review, Research, Surveillance & Surveys - NIL
U.11 IEC/BCC – In IEC Section - NIL
U.12 Printing - NIL
U.13 Quality Assurance - NIL
U.14 Drug Warehousing and Logistics - NIL
U.15 PPP - NIL

U.16 Programme Management

New FMR	Old FMR	Budget Head	Unit Cost (Rs)	Quantity/ Target	Budget (Rs. Lakhs)	Remark
16		**Programme Management Sub Annexure**			**1.50**	
16.2		**PNDT activities**				
As per PC&PNDT Act district Inspection monitoring committee has to inspect each Ultrasound center within 90 days. Nhm is providing Mobility support to conduct these Inspections; In addition it can also be used in mobility for implemention of PC&PNDT act.						

16.2.2	A.7.3	Mobility support	50000	1	0.50	Approved Rs 0.50Lakhs for mobility support regarding regular inspection & Monitoring of ultrasound centers as per ACT.
16.2.2	**A.7.2**	**Other PNDT activities**				
District to conduct a sensitization Workshop in district to sensitized various stakeholders in district or general public on spread awareness of PC&PNDT Act.						
16.2.3		District Level review Workshop	50000	1	0. 50	Approved Rs. 0.50 lakhs for District review Meeting/ Workshop
Separate contigency fund alocated on Category basis for Implementation of PC&PNDT Act. it can be used in persual of court cases , documentation , office support etc.						
16.2.3		Contigency Fund	50000	1	0. 50	Approved Rs. 0.50 for Contingency fund to implement PCPNDT Act.
16.4.2.1.4	A.10.2.8.1.a	District Coordinators				District coordinator salary part will be share by HR Section

U.17 IT Initiative for Strengthening service delivery -NIL

U.18 Innovations -NIL

Summary of Approvals -PNDT- CHAMPAWAT

FMR	Budget Head	Total Amount Approved
U.9	Training & Capacity building	0.25
U.10	Review, Research, Surveillance & Surveys	0.00
U.11	IEC/BCC	In IEC Section
U.16	Programme Management	1.50
Total		**1.75**

Chapter 7
Human Resources for Service Delivery, Programme Management, District/ Block PMU Mobility

Total Summary of Approvals - Champawat

FMR	Budget Head	Total Amount Approved (In Lakhs)
8	Service Delivery – Human Resource	290.69
16	Programme Management (HR)	109.19
	Total Budget available for Human Resource	399.88
16.1.3.3.3	DPMU to utilize funds from FMR Code 16.1.3.3.7 for mobility till further approvals	-
Total		**399.88**

Note -

1. For budgetary calculation of District RoP 2021-22, the budget for HR has been calculated on the basis of 5% increase in budget from the previous HR Budget for FY 20-21. The districts may give demand as per actual calculation in the light of increment approved for 20-21 and experience bonus approved via letter dated 02-06-21.
2. The budget for HR is to be utilized as per GoI HR Annexure : Uttarakhand (FY 2021-22) and point no. 13 - Human Resources for Health.

Chapter -8
Universal Immunization Programme (UIP)

Universal Immunization Programme (UIP) is one of the largest programs in the world on the basis of quantities of vaccine used, number of beneficiaries, number of immunization session organized, geographical spread and diversity of areas covered. Immunization programme targets to caters to 26 million infants and 30 million pregnant women, saving 2.5 million lives each year. The Program has contributed significantly to saving the lives of millions of children and ensuring that they thrive.

Today, all countries have national immunization Programs, and in most developing counties, children under five years of age are immunized with the standard WHO recommended vaccines that protect against- tuberculosis, diphtheria, tetanus (including nenonatal tetanus through immunization of mothers), pertussis, polio, measles, hepatitis B, and Haemophilus influenza type b (Hib). These vaccines prevent more than 2.5 million child deaths each year.

In Immunization Programme public health milestone have been achieved recently with India completing five years of being Polio free, WHO certification of the India having eliminated Maternal and Neonatal Tetanus and the tOPV to bOPV switch. This special countrywide initiative has been successful mainly due the unstinted support and active involvement of the state governments, health staff at all levels, partner agencies and other stakeholders.

The last five years has seen a dramatic change in the landscape of routine immunization with new vaccines being introduced, open vial policy implemented, strengthening of AEFI system, eVIN, Mission Indradhansuh etc. Implementation has been strengthened with capacity building of personnel as well as improvements in service delivery.

The broad strategy includes four basic elements:-

- Ensure revision of micro plans in all blocks and urban areas in each district to ensure availability of sufficient vaccinators and all vaccines during routine immunization sessions. Develop special plans to reach the unreached children in high risk pockets such as urban slums, construction sites, brick kilns, nomadic sites and hard to reach areas.
- Increase awareness and demand for immunization services by intensive communication efforts to deliver improved community participation.
- Intensive training of the frontline workers to build the capacity of these workers for quality immunization services.
- Ensure engagement and accountability of district administrative and health machinery for implementation of this operation by strengthening district task force meetings.
- *To* strengthen RI services and coverage district to ensure that all the approval activities are done in time.

Immunization Budget Sheet for FY 2021-22					
District : Champawat					
FMR Code	**Budget Head**	**Unit Cost (in Rs)**	**Target**	**Amount Approved (Rs. in lakh)**	**Remarks**
1. Service Delivery (Facility Based) Under this activity funds is earmarked for petty consumable items for district					
1.3.2.4	Under Routine Immunization Consumables for computer including provision for internet access for strengthening RI	12000	1	0.12	Rs. 12000/- per year per district
2. Service Delivery (Community Based) Under this activity funds allocated for providing operational cost for Pulse Polio Immunization Programme and in urban area where ANM is not available or appointed, an alternate vaccinator can be hired for the these session sites					
2.2.8	Pulse Polio operating costs			0.00	NID/SNID round are organised as per directions from GOI for the same separate budget sheet will be to all Districts at the time of activity after receiving Micro plans.
2.3.1.9	Focus on slum & underserved areas in urban areas/alternative vaccinator for slums (only where regular ANM under NUHM not engaged)	2100	1	0.25	Rs. 450 per session for 4 session per month per slum & Rs. 300 per month as contingency i.e a total of Rs. 2100 per month per slum
3. Community Intervention Under this activity ASHA will receive performance –based incentive for full and complete immunization and for mobilization of pregnant Women and targeted children for immunization.					

3.1.1.1.11	ASHA Incentive under Immunization	100	3949	3.95	Rs 100 per child for full immunization in 1st year of age (about 90% of total target)
3.1.1.1.11		75	3291	2.47	Rs 75 per child for ensuring complete immunization up to 2nd year of age. (75 % of total target)
3.1.1.1.11		50	3291	1.65	Rs. 50 per child for ensuring 2nd booster of DPT at 5-6 years of age (75% of total target) **(New Activity)**
3.1.3.4	Mobilization of children through ASHA or other mobilizers	150	4896	7.34	Total 4896 sessions (68 SC @6 Sessions/month for 12 months including one outreach sessions per month
4. United Fund					**Nil**
5. Infrastructure Strengthening					**Nil**
6. Procurement Fund allocated for procurement of red and black plastic bags for containment of medical waste after post RI session and for cutting the AD syringe at the hub immediately after administering the injection at the session site and bleach and Twin bucket required for disinfecting medical/bio waste.					
6.1.1.10.a	Hub Cutter	0	0	0	GoI has merged it with FMR Code: 6.2.8.2
6.2.8.1	Segregation and safe disposal methods for immunization waste: Red bag, Black bag, **Blue bag and Yellow bag**	12	4896	0.59	A total of Rs 12/ - required for a set of Red bag, Black bag, **Blue bag and Yellow bag** for each session for 4896 sessions.
6.2.8.2	Disinfect with 1% bleaching powder solution To prepare 1% Hypochlorite solution,	1500	8	0.12	Budget approved as per revised norm. Bleach/Hypochlorite solution/ Hub cutter & Twin bucket @ Rs 1500 per PHC/CHC per year for Twin bucket

	dissolve 10-15g or 1 tablespoonful of bleaching powder in 1 liter of water, in a well ventilated area. Use plastic containers as metal containers are corroded rapidly and also affect the bleach. For this Rs. 1000 per PHC/CHC per year, Twin bucket				
8. Human Resources - Service Delivery Under this head fund allocated for payment of salaries to service delivery staff					
16.8.2.1.9	Computer Assistant under RI	-	-	-	HR will be shared by HR Division SPMU separately
16.8.2.16	Field Supervisor under RI	-	-	--	
8.1.16.2	Refrigerator Mechanic under RI	-	-	-	
9. Training and Capacity Building Under this regular capacity building of health functionaries at the village and SC level is essential to ensure sustained utilization of quality immunization services by the community. HWs or Vaccinators, HSs, ASHA, AWWs, Vaccine and Cold-Chain handlers and Data handlers to be regularly trained in immunization at block/CHCs/PHCs level.					
9.5.10.1	District level Orientation training including Hep B, Measles & JE(wherever required) for 2 days ANM, Multi Purpose	1200	90	1.08	30 participants per batch for 03 batches of ANMs,HVs, SN etc @ 1200/participant as per RCH norms.

		Health Worker (Male), LHV, Health Assistant (Male/Female)				
9.5.10.2		Three day training including Hep B, MR & JE(wherever required) of Medical Officers of RI using revised MO training module)	-	-	0.21	Training will be facilitated by DHFWTC, Haldwani, Nainital
9.5.10.2		Two day cold chain handlers training for block level cold chain handlers by State and district cold chain officers	1200	24	0.29	Refresher training at district level for 24 participants @1200/ participant as per RCH norms
9.5.10.2		One day training of block level data handlers by DIOs and District cold chain officer	600	6	0.04	Refresher training at district level for 04 block Data Handler, 02 District Hospitals, @600/ participant as per RCH norms
10. Review, Research & Surveys and Surveillance						**Nil**
11. IEC/BCC						
11.8.1		IEC activity for immunization			0.00	IEC/BCC activity will be in IEC district RoP 2021-22.
12. Printing Under this head fund approved for the printing of MCP card, tally sheet and other formats.						
12.10.1	B.10.7.1	Printing of MCP cards, safe motherhood	20	4457	0.89	Amount approved only for the printing of **new version of 2018 MCP Cards**, tally sheets, monitoring forms, etc @Rs20/beneficiary, under

		booklets, tally sheets, monitoring forms etc.				immunization program only.
12.10.2		Printing & dissemination of Immunization Cards, Tally Sheets, Monitoring forms etc.	1000	12	0.12	Budget Approved Rs. 0.12 lacs for printing of 5 job aids (5 x Rs.200) for 12 CCP @ Rs. 1000 per CCP
13. Quality Assurance						**Nil**
14. Drug Warehouse and Logistics Under this activity fund allocated for cold chain maintenance and logistic supply. Cold chain is a system of storing and transporting vaccines at recommended temperature from the point of manufacture to the point of use.						
14.2.4		Alternative vaccine delivery in hard to reach areas	200	2928	5.86	2928 session per year budgeted @ Rs. 200 per session, This is be based upon the previous year's expenditure. The Budget to be used in deferential category defined at your end which can be Zero for AVD to a maximum of upper capping .In cases where more than Rs 200 is given for AVD then a permission to be taken from Chairman DHS and such areas to be notified (upper capping for such areas would be Rs 450)
14.2.5		Alternative vaccine delivery in other areas	90	504	0.45	7 SC @ Rs. 90x6 Sessions/month x 12 months
14.2.6		POL for vaccine delivery from State to district and from district to PHC/CHCs	100000	1	2.00	Pool amount for vaccine collection and distribution. District wise allocation based on the approval in RoP 2021-22
14.2.7		Cold chain maintenance		12	0.32	Rs 1000/- per unit for 12 cold chain points , Rs 20000/district
15. PPP						**Nil**
16. Programme Management Activities Under this activity fund approved for delivery of RI services to a community by proper micro planning, regular review meeting and supervision and monitoring through collection and analysis of data on various aspects of programme activities						

16.1.1.6	To develop micro plan at sub-centre level	100	68	0.07	68 SC*Rs100 per SC
16.1.1.7	For consolidation of micro plans at block level		4	0.06	@ Rs. 1000 / block (04 blocks) & Rs. 2000 / district
16.1.2.1.14	Quarterly review meetings exclusive for RI at district level with Block MOs, CDPO, and other stake holders		4	0.12	Average 20 participants @3653 per meeting (i.e., Rs.150*4 Blocks* 5 Person*4 meetings)
16.1.2.1.15	Quarterly review meetings exclusive for RI at block level	90	4	1.72	Honorarium for travel of 1031 ASHAs @ Rs. 75 per quarter for each ASHA and @ Rs. 20000 for disposal of MO-IC for meeting expenses (refreshment, stationary and misc. expenses)ASHA/ANM/AWW etc. in each Quarter
16.1.3.3.7	Mobility Support for supervision for district level officers.			1.50	For District level Officers 1 lacs for Districts @ 13,684 per block for District level supervision and 225280/- for all Blocks for supervision @ of 1406 per SC
17. IT Initiatives – Service Delivery					**Nil**
18. Innovations					**Nil**

Summary of Approvals ROP 2021-22 : Immunization

FMR Code	Budget Head	Total Amount Approved
U.1	Service Delivery (Facility Based)	0.12
U.2	Service Delivery (Community Based)	0.25
U.3	Community Intervention	15.41
U.5	Infrastructure Strengthening	0.00
U.6	Procurement	0.71
U.8	Human Resources - Service Delivery	0
U.9	Training and Capacity Building	1.62
U.11	IEC/BCC	0
U.12	Printing	1.01
U.14	Drug Warehouse and Logistics	8.63
U.16	Programme Management Activities	3.47
Total		**31.22**

Chapter -9
ASHA and Community Process

ASHA Programme was launched in 2005-06 at grass root level under the umbrella of National Health Mission. NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. One of the key components of the National Health Mission is to provide every village and urban areas in the country with a trained female community health activist ASHA (Accredited Social Health Activist), selected from the village and urban area itself and accountable to it, the ASHAs are trained to work as an interface between the community and the public health system.

U.3 Community Intervention

FMR Code 3.1.1.1.3 Home Based Newborn Care (HBNC) - A major proportion of infant mortality occurs in neonates. As an effective intervention for reducing IMR, ASHA worker provides Home Based Newborn Care. ASHA visits to all newborns after delivery. ASHA conduct 6 visits for Institutional deliveries and 7 visits for home delivery. After the complete visits the ASHA is eligible for the incentive of Rs. 250/- per case for complete HBNC. Total budget proposed **Rs. 7.50 Lakhs** @ Rs. 250/- per HBNC for 3000 cases.

FMR Code 3.1.1.1.12 Incentives to ASHA for quarterly visit under Home based care for Young Children (HBYC) To fill the design gap in the present health and nutrition programmes for children, the Government of India is now implementing Home based care for Young Children (HBYC) through a series of structured home visits schedule by ASHAs to all children attaining the age of 3 months onwards with an objective to ensure counselling for complementary feeding, growth monitoring, vaccination, WASH practices and sickness related counselling. As an effective intervention for reducing child mortality, ASHA worker will provide Home based care for Young Children (HBYC).

ASHA worker will provide HBYC and conduct 5 visits per child @ Rs. 50/- per visit. After the complete 5 visits the ASHA is eligible for the incentive of Rs. 250/- per case for complete HBYC and ASHA facilitators will receive Rs. 500/- per month.

Total Budget proposed Rs. **0.51** Lakh for AF Incentive for 12 month under HBYC @ Rs. 500/- Per month & **Rs. 3.59** Lakh for ASHAs @ Rs. 250/- after a complete HBYC Visit. [Total Target = 1436 Children (4 Children per ASHA)

FMR Code 3.1.1.6.1 Routine activities: Routine activities are as below -

- Attending PHC review meetings – Rs. 150/-
- Maintaining & updating household survey- Rs. 300/-
- Maintaining & updating village health register- Rs. 300/-
- Preparing due list of children to be immunized- Rs. 300/-
- Updating of ANC beneficiaries- Rs. 300/-
- Updating of eligible couple register- Rs. 300/-
- Convening and guiding monthly VHSNC meeting- Rs. 150/-

Total budget proposed for Routine Activities is **Rs. 77.54** (PHC Review Meeting **Rs. 6.46 lakh** @ Rs. 150/- per month for 359 Rural ASHA for 12 Months (Total Rs 6,46,000= 150*12*359) and Routine Activity **Rs. 71.08 lakh** @ Rs. 1650/- for 359 ASHAs for 12 month (Total Rs.71,08,200= 1650*12*359).

FMR Code 3.1.1.6.3 Any other ASHA incentives (please specify): The ASHA help desk is the first designated site in the hospitals where patients can get all the information about the health facilities availed by ASHA worker. ASHA is eligible for incentive of Rs. 150 per day. Total Budget proposed **Rs. 1.10 Lakhs** for Help Desk @ Rs. 300/- per Help Desk per day for 365 days.

FMR Code 3.1.2.2 Module VI & VII Training (Round II and III):

Refresher training is necessary for all the trained ASHAs to enhance their competencies related to basic reproductive, maternal, newborn, child health, nutrition and infectious diseases such as malaria and tuberculosis. The existing Modules 6 and 7 will be used for this training.

Total budget proposed **Rs. 4.59 lakh** for the 5 days training of Module VI & VII (**1.** Budget proposed **Rs. 0.35 lakh** for Module VI & VII - Round II for 10 ASHAs @ Rs. 3,514/- per ASHA. **2.** Budget proposed **Rs. 4.24 lakh** for Module VI & VII - Round III for 118 ASHAs @ Rs. 3,590 /- per ASHA).

FMR Code 3.1.2.7 Training of ASHA facilitator: Training of ASHA facilitators can also serve to emphasize existing skills in areas where the ASHA Facilitators need further inputs. Total Budget proposed **Rs. 0.37 Lakhs** for the 02 days refresher training for ASHA Facilitators @ Rs. 2,167/- per AF.

FMR Code 3.1.2.8 Training under HBYC: A defined set of skills will be required by ASHA, AF and ANM to conduct effective home visits and fulfil the specified objectives. Many of the skills to deliver relevant information and services through home visits are taught to ASHAs in Modules 6 & 7. In order to reinforce existing skills and provide new set of skills, an additional round of 5 days training shall be conducted with adequate hands on practice.

Total Budget proposed **Rs. 20.03 lakhs** for 5 days HBYC Training of 349 ASHA + 17 AF + 63 ANM @ Rs. 4,562 per person.

FMR Code 3.1.3.1 Supervision costs by ASHA facilitators:

Every 15-20 ASHAs are being supervised by ASHA facilitators for continuous monitoring supervision and improvement in the activities of ASHA. For which every ASHA Facilitators has to conduct 20 visits per month in their allotted area of work. An incentives to ASHA facilitators is paid inform of mobility incentives per visit. Mobility incentives of ASHA facilitators are approved @ Rs. 400/- per visit.

Total budget proposed **Rs. 18.36 Lakhs** (1.Budget proposed Rs. 16.32. AF mobility proposed @ Rs 400/- per visit X 20 visit per month = Rs. 8000 per month. 2. Budget proposed Rs. 2.04

Lakhs for PLA meeting for 17 AF for 12 months @ Rs. 1000/- (1 AF*10 PLA meeting *Rs. 100). AF doing 10 PLA meeting per month @ 100/-)

FMR Code 3.1.3.2 Support provisions to ASHA (Uniform): Total budget proposed **Rs. 1.88 @ Rs 500/-** for 376 (359 ASHAs + 17 AF).

FMR Code 3.1.3.3 Awards to ASHAs link workers: ASHA Sammelan is an activity in which award is instituted to acknowledge the integral role of ASHA workers, ASHA Facilitators and one best Block Coordinator who have endlessly contributed at the grassroot level. Awards are given in three categories comprising of First prize Rs. 5000/-, second prize Rs. 3000/- and third prize Rs. 1000/-. Total Budget proposed **Rs. 1.15 Lakh** for ASHA Sammelan & Award (359 ASHAs + 17 AF + 4 Block Coordinator + 1 DEO + 1 DCM) @ Rs. 300/- per participant.

FMR Code 3.1.3.5 Any other (please specify): ASHA Mentoring by ASHA Facilitators for implementing VHSNC, VISHWAS & PLA and others

In this activity every AF is mentor at least 2 ASHAs per month for above activity for which a incentive of Rs. 100/- is proposed for each ASHA mentoring i.e. maximum of Rs. 200/- per month per AF. The activity is proposed for 12 months as the AFs will be sensitised by district trainers. Total budget proposed **Rs. 0.41 Lakhs** for 17 AF for 12 months @ Rs.200/- per AF (1 AF mentor 02 VHSNC per month @ Rs. 100/-)

FMR Code 3.2.6 Any other (please specify) PLA Meeting ASHA: This is an ongoing activity. Participatory Learning and Action (PLA) is an approach that can help bring the community together to identify, understand and address common health problems of the community. The process comprises of a series of meetings, in which community groups are encouraged to discuss, learn and engage in participatory decision-making that will enable them to take action to address local problems.

This is an ongoing activity. Total Budget proposed **Rs. 4.31 Lakh** for PLA meeting @ Rs. 100/- for 359 ASHA for 12 months.

FMR Code 3.1.2.10 Social security benefit for ASHA & AF:

As an additional measure to support the ASHA worker & AF and recognize them for the work they do, State is providing social security benefit scheme to ASHA & AF. This is a governmental scheme named as Pradhan Mantri Suraksha Bima Yojna (PMSBY) and Pradhan Mantri Jeevan Jyoti BimaYojna (PMJJBY). Total Budget proposed **Rs. 1.29 lakh** for 359 ASHAs & 17AF @ Rs. 342/- per ASHA/AF.

Community Action for Health (CAH): CAH is an important pillar of NHM's accountability framework in order to ensure that the services reach those for whom they are intended. Under CAH, community enquiry and facility assessment are done by using structured tool. Jansamwad is organized at district and each block for advocacy with key stake holders.

District level Jan samwad: Budget approved for organizing District Level Jan Samwaad. The Platform will be used to present a consolidated block level report cards and action taken report from block level Jan Samwaad. The platform will also be used to present the findings from Uttarakhand Social Audit Accountability and Transparency Agency (USAATA) along with the

community monitoring data sets from blocks. The approved budget includes making necessary copies of community monitoring toolkit at the district level for its circulation among Block Coordinators. The approved budget is **Rs. 0.40 lakh** per district.

Block level Jansamwad The approved budget is **Rs. 0.80** lakh for organizing Block level Jan Samwaad to facilitate discussion between the service providers and the community. The platform will use community monitoring data sets and report card to facilitate this Jan Samwaad @ Rs. 20,000/- per Jan Samwaad.

New FMR Code	Old FMR code	Budget Head	*Unit Cost*	Physical/ Target	Amount being allocated	Remark
					156.33	
U.3		**Community Intervention**			**143.81**	
3.1.1.1.3	B1.1.3.2.1	Incentive for Home Based Newborn Care programme	250	3000	7.50	HBNC visits incentive approved budget is Rs. 7.50 lakhs @ Rs. 250 per complete HBNC Visit after completion of 6th visit for Institutional delivery & 7th visit for home delivery
3.1.1.1.12		Incentive to ASHA for quartely visit under HBYC	250	359	3.59	Quartely visit approved budget is Rs. 3.59 Lakhs @ Rs. 250/- per complete HBYC Visit (359 ASHA*@ Rs.250*4 visit)
3.1.1.1.12		Incentive to ASHA Facilitators for quartely visit under HBYC	500	17	0.51	Quartely visit approved budget is Rs. 0.51 Lakhs @ Rs. 500/- per complete HBYC Visit (17 AF*Rs. 500*6 month)
3.1.1.6.1	B1.1.3.6.1	ASHA incentives for routine activities.	1800	359	77.54	Routine activity approved amount is Rs 77.54 lakh (PHC Review Meeting Rs 6.46 lakh @ Rs. 150 per month for 359 ASHA for 12 Months (Total Rs. 6,46,200= 150*12*359) and Routine Activity Rs 71.08 lakh @ Rs. 1650 for 359 ASHAs for 12 month (Total Rs.71,08,200= 1650*12*359)
3.1.1.6.3	B.1.3.1.2	Any other ASHA incentives (please specify) Help Desk	300	1	1.10	ASHA Help Desk approved budget is Rs. 1.10 Lakh @ Rs. 300 for each help Desk for 365 Days (Rs 150/- per ASHA)
3.1.2.2	B1.1.1.2	Module VI & VII (Round II)	3514	10	0.35	Rs 0.35 lakh approved for training of ASHA module 6 &7 Round 2 for 10 ASHA (approved in FY 2020-21) @ Rs. 3,514/- per batch (Including Cost of module and overhead cost @10%)

		Module VI & VII (Round III)	3590	118	4.24	Rs. 4.24 lakh approved for training of ASHA module 6 & 7 Round III @ Rs.3,590/- per ASHA for Training for 118 ASHAs (88 ASHA approved in 2018-19 + 20 ASHA approved in 2021-20 + 10 ASHAs approved in 2020-21 +(Including Cost of module and overhead cost @10%)
3.1.2.7	B1.1.1.5.5	Training of ASHA Facilitator	2167	17	0.37	Rs. 0.37 lakhs approved for training for 17 AF @ Rs. 2,167/- per AF
3.1.2.8		Training under HBYC	4562	439	20.03	Rs. 20.03 lakhs approved for 5 days training for 359 ASHA+ 17 AF + 63 ANM @ Rs. 4,562 per person
3.1.3.1	B1.1.1.4.1	Supervision costs by ASHA facilitators(12 months)	9000	17	18.36	Supervision cost by AF approved Rs.18.36 lakh (Rs 16.32 lakh for Mobility of AF @ 8000/- per month for per AF, she will conduct 20 visits per month @ 400/- + Rs.2.04 lakh for PLA meeting @ 1000/-, she will conduct 10 PLA meeting per month)
3.1.3.2		Support Provision to ASHA (Uniform)	500	376	1.88	Approved Rs.1.88 lakh for ASHA Uniform @ Rs 500/- (359 ASHAs + 17 AF).
3.1.3.3	B1.1.4	Awards to ASHAs link workers	300	382	1.15	ASHA sammelan & awards approved Rs. 1.15 lakh for 359 ASHA + 17 AF + 4 Block Coordinator + 01 DCM + 01 DEO
3.1.3.5		Any other (please specify) ASHA Mentoring by ASHA Facilitators for implementing VHSNC, VISHWAS & PLA and others	2400	17	0.41	Approved Rs. 0.41 lakhs for 17 AF for 12 months @ Rs. 200/- per meeting.
3.2.6	3.2.4.5	Any other (please specify) PLA Meeting for ASHA	1200	359	4.31	Rs. 4.31 lakhs approved for PLA meeting @ Rs. 100/- per meeting per Month
3.1.2.10		Social Security Benefits	342	376	1.29	Approved Rs. 1.29 Lakh for 359 ASHAs + 17 AF @ Rs. 342/- (Pradhan Mantri Jeevan Jyoti Bima Yojna @ Rs.330/- per annum and Pradhan Mantri Suraksha Bima

						Yojna @ Rs. 12/- per annum)
3.2.4	**B15.1**	**Community Action for Health**				
3.2.4.2		District level	40000	1	0.40	Rs 0.40 lakhs approved for District level Jansamwad @ Rs. 40,000/- per Jansamwad
3.2.4.3	B15.1.3	Block Level	20000	4	0.80	Rs 0.80 lakhs approved for block level Jansamwad @ Rs. 20,000/- per block

U.6 Procurement

FMR Code 6.2.6.4 Replenishment of ASHA HBNC kits: ASHA carry a HBNC kit during the HBNC visit which is replenished every year. Total Budget proposed **Rs. 0.72 Lakhs** for 359 ASHAs @ Rs. 200/- per kit.

New FMR code	Old FMR code	Budget Head	Unit Cost	Quantity/ Target	Amount in Lakh	Remark
U.6		**Procurement**			**0.72**	
6.2.6.4	B.16.2.10.3.1.2	Replenishment of ASHA HBNC kits	200	359	0.72	Rs. 0.72 lakhs approved replenishment of HBNC Kit for 359 ASHA @ RS. 200/- per Kit

U. 12

Printing

FMR Code 12.2.12 Printing cost for HBYC: Total Budget proposed **Rs. 4.00 lakhs** for 4 blocks for HBYC related IEC (like printing of banner **ng**, leaflet, flex and reporting format) @ Rs. 100000/- per block.

New FMR code	Old FMR code	Budget Head	Unit Cost	Quantity/ Target	Amount in Lakh	Remark
U.6		**Printing**			**4.00**	
12.2.12		Printing cost for HBYC	100000	4	4.00	Rs. 4.00 lakhs approved for IEC like printing of banner, leaflet, flex, reporting format @ Rs. 1.00 Lakh for each block

Programme Management

PM Sub Annex:

16.1.2.1.3 Review/orientation meetings for child health programmes: Total budget proposed **Rs. 1.00 Lakhs** proposed for periodic assessment of HBYC & HBNC Program @ Rs. 1,00,000 Lakh per District.

FMR Code 16.1.3.3.5 Mobility Cost for ASHA resource centre/ASHA mentoring group:

Monitoring and Supervision of ASHAs is a key important pillar for successful implementation and functioning of ASHA programme. For which the fixed monitoring and supervisory visit of DCM & Block Coordinator is mandatory. Total budget proposed **Rs. 1.81 Lakh** (Budget proposed Rs. 1,72,800/- for 4 Block Coordinator @ Rs. 300 X 4 Block Coordinator X 12 visit X 12 Months and Rs 8,000/-/- budget proposed for 01 DCM @ 4 Blocks X 4 Visit X Rs. 500.

FMR Code 16.1.3.4.4 Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses: Total budget proposed **Rs. 0.41 lakhs** for 17 AF for 12 months @ 200/- per month .

New FMR Code	Old FMR code	Budget Head	Unit Cost	Quantity/ Target	Amount in Lakh	Remark
U.16		**P M Sub Annex**			**3.22**	
16.1.2.1.3	16.2.1.3.	Review/orientation meetings for child health programmes	100000	1	1.00	Rs.1.00 lakhs approved for periodic assessment of HBYC & HBNC Program @ Rs. 1,00,000 Lakh per District.
16.1.3.3.5	16.3.3.5	Mobility Costs for ASHA Resource Centre/ASHA Mentoring Group (Kindly Specify) - DCM	800	5	1.81	Approved Rs.1.81 lakhs for 4 BCM for 12 months @ Rs. 300/- per visit (4 BCM*12 visit*12 months* @ RS. 300/- per visit) and Rs. 0.08 lakhs for 1 DCM for 12 month @ Rs. 500/- per visit (1 DCM*3 month* all blocks)
16.1.3.4.4	16.3.4.4	Monthly Review meeting of ASHA facilitators with BCM at block level-cost of travel and meeting expenses	2400	17	0.41	Approved Rs. 0.41 lakhs for 17 AF for 12 months @ Rs. 200/- per meeting.

U.17 Initiatives for Strengthening Service Delivery:

New FMR Code	Old FMR code	Budget Head	Unit Cost	Quantity/ Target	Amount in Lakh	Remark
17.7		Other IT Initiatives for service delivery (Please Specify)	1200	382	**4.58**	Approved Rs. 4.58 Lakh for 359 ASHA + 17 AF + 4 Block Coordinator + 1 DEO + 1 DCM @ Rs. 100/- per month.

Summary of Approvals in FY 2021-22	
Budget Head	**Total Approved (INR In Lakhs)**
Community Intervention	143.81
Procurement	0.72
Printing	4.00
Program Management	3.22
IT Initiative	4.58
Total	**156.33**

Chapter -10
Untied Fund for Public Health Facilities

Rogi Kalyan Samiti launched in the early nineties to improve hospital upkeep and maintenance and enable a source of flexible funding, were scaled up country wide through the National Health Mission. In addition the infusion of untied and flexible funds at each facility provided every Rogi Kalyan Samiti with funding to meet local needs and ensure that the hospital was not only able to respond to the increased utilization of services but also to expand the package of services through sourcing in additional services or purchasing necessary equipments and other items to render quality public health services for citizens.

A key function of Rogi Kalyan Samiti is to oversee the process of quality improvement which spans the need of infrastructure, human resources and process related parameters. Addressing issues of cleanliness, upkeep and hygiene while being important and somewhat neglected are issues such as use of standard treatment protocols, effective grievance redressal, patient feedback and monitoring.

The quantum of funding for facilities under the National Health Mission has recently been revised and guidelines for untied grants now provide for funding based on facility caseloads and range of services offered. District Health Societies are empowered to allocate untied fund to various health facilities according to the performance and workload of health facilities in past financial year.

Suggested areas where untied funds may be used as follows:

1) Cleaning up of the facility especially in the labour room and post-partum space, cleaning and maintenance of the campus to ensure a pleasing appearance.
2) Outsourcing/contracting in of clinical/non-clinical services.
3) Transport of emergencies to referral centers/ Referral Transport.
4) Transport of laboratory samples during epidemic.
5) Provision of safe drinking water to patients.
6) Minor Repairs of building and furniture.
7) Building/Repairing Septic Tanks/Toilets.
8) Improved signage in the facility.
9) Arrangement of stay for poor patients and their attendants.
10) Setting up of Rogi Sahayata Kendra/Help Desk.
11) Providing for Medicines and diagnostics for needy people.
12) Arrangement for hygienic environment for washrooms and toilets.
13) Making arrangements for proper disposal of wastage etc.
14) Repair/Maintenance of Government owned vehicles.
15) Purchase of medical equipments.
16) Providing security at hospital premises for safety/security of patients through outsourcing.

District must ensure that Action Plan for utilization of untied fund for each health facility is duly approved from the Chairperson of concerned Rogi Kalyan Samiti and a copy of approved plan of each health facility is shared with State.

Champawat						
Untied Fund for public health facilities including VHSNC						
New FMR	**Old FMR**	**Budget Head**	**Unit cost**	**Target**	**Approved Amount**	**Remarks**
4.1.1	B.2.1	District Hospitals	Rs. 500000	1 DH	5	Approved for 1 DH @ Rs. 5 lakh
4.1.2	B.2.2	SDH	Rs. 250000	1 SDH	2.5	Approved for 1 SDH @ Rs. 2.5 lakh per SDH
4.1.3	B.2.3	CHCs	Rs. 250000	1 CHCs	2.5	Approved for 1 CHCs @ Rs.2. 5 lakh per CHC
4.1.4	B.2.4	PHCs	Rs. 87500	6 PHCs	5.25	Approved for 6 PHCs @ Rs. 0.875 lakh per PHC
4.1.5	B.2.5	Sub Centers	Rs. 10000	66	17.4	27*Rs 50000=Rs 13.5 lakhs 0*Rs 30000=Rs 0 lakhs 39*Rs 10000=Rs 3.9 lakhs
		AMG	66		6.6	
4.1.6		VHSNC	10000	460	46	
	Total				**85.25**	

Note – In view of Covid-19 pandemic condition, untied fund released to VHNSCs may be if required utilized for the sanitization of Quarantine facilities.

Chapter 11
Health and Welness Centre

The National Health Policy, 2017 recommended strengthening the delivery of Primary Health Care, through establishment of “Health and Wellness Centres” as the platform to deliver Comprehensive Primary Health Care and called for a commitment of two thirds of the health budget to primary health care.

In February 2018, the Government of India’s announced that 1,50,000 Health & Wellness Centres (HWCs) would be created by transforming existing Sub centres and Primary Health centres to deliver Comprehensive Primary Health care and declared this as one of the two components of Ayushman Bharat. This was the first step in the conversion of policy articulations to a budgetary commitment.

The delivery of CPHC through HWCs rests substantially on the institutional mechanisms, governance structures, and systems created under the National Health Mission (NHM). NHM, as part of health system reform in the country, in its nearly 12 years of implementation, has supported states to create several platforms for delivery of community based health systems, expanding Human Resources for Health and infrastructure towards strengthening primary and secondary care. Though largely limited to a few conditions, NHM created mechanisms for expanded coverage and reach, and developed systems for improved delivery of medicines, diagnostics and improved reporting. About five years ago, these components were also introduced in urban areas.

Thus, although the delivery of universal Comprehensive Primary Health Care, through HWCs builds on existing systems, it will need change management and systems design at various levels, to realise its full potential. The other component of Ayushman Bharat, namely the National Health Protection Mission (NHPM) aims to provide financial protection for secondary and tertiary care to about 40% of India’s households. Its success and affordability rests substantially on the effectiveness of provision of Comprehensive Primary Health Care through HWCs. Together, the two components of Ayushman Bharat will enable the realization of the aspiration for Universal Health Coverage.

A Primary Health Centre (PHC) that is linked to a cluster of HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction. In addition, it would also be strengthened as a HWC to deliver the expanded range of primary care services.

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all HWCs in her/his area and through the PHC itself. The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards.

For PHCs to be strengthened to HWCs, support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians), and provision of equipment for “Wellness Room”, the necessary IT infrastructure and the resources required for upgrading laboratory and diagnostic support to complement the expanded ranges of services would be provided. States could choose to modify staffing at HWC and PHC, based on local needs.

The HWC would deliver an expanded range of services. These services would be delivered at both Sub Health Centre (SHC) and in the PHCs, which are transformed as HWCs. The level of complexity of care of services delivered at the PHC would be higher than at the sub health centre level and this would be indicated in the care pathways and standard treatment guidelines that will be issued periodically.

New fmr	Old fmr	Budget head	Physical target	Approved budget in lakhs	Remarks
1.1.7.5		ICT for HWC Internet Connection	51	2.55	Approved for internet connection at Health & Wellness centre (6 PHC & 45 SHC) @ 5000per centre per year
5.1.1.1.5	5.1.1.1.5	SHCs-HWCs	22	110	1. Rs.60 lakh Allotted @ 5 lakh per centre for 12 centre (first instalment).Total Cost Approved Rs. 10 Lakh per HWC in Hilly & Difficult Terrain. Balance Amount @Rs. 5 lakh per centre may be given in Supplementary PIP 2. Remaining Budget Rs. 50 lakh allotted @ Rs. 5 lakh per centre for 10 Health & Wellness Centre Approved in FY: 2020-21.
5.1.1.2.8	5.1.1.2.8	Infrastructure Strengthening of Sub Centre to Health & Wellness Centre	3	6	Rs. 6 lakh Allotted For 3 New centre @ Rs. 2 lakh per centre (first installment (total cost Approved @ Rs. 7 lakh/centre). Balance Amount @ Rs. 5 lakh per centre may be given in Supplementary PIP.
This is the first instalment, remaining budget will be given after Budget utilisation certificate received for given budget and proposed by district in supplementary PIP. This is a pooled budget so if costing of one centre is less and costing of other centre is more, then remaining money of one centre can be utilise for other centre according to the approved estimate.					

6.2.22.1		Drug and Supplies for Health & wellness Centre (H&WC) – SHC	20	20	Budget Approved for Lab/Clinical tools/equipment/furniture of SHC – HWC @ Rs 1 Lakh per centre for the 20 centres approved in FY: 2019-20 (10 HWC) & 2020-21 (10 HWC)
6.2.22.2		Drug and Supplies for Health & wellness Centre (H&WC) – PHC	6	7.8	Budget Approved for Lab Strengthening of 6 PHC – HWC @ Rs 1.30 Lakhs per centre (Rs 1,00,000/- is non recurring cost and Rs 30,000/- annual recurring cost)
6.3.1		Others-Food Safety Box	6	0.42	Rs. 0.42 lakh Approved for 6 PHC @ Rs. 7000 per Box per PHC for Food Safety Magic Box
8.1.12.2		Performance Incentive for CHOs/MLHPs	45	14.06	Performance linked payment of CHOs @Rs. 15000 per CHOs. (As per 15 Performance Indicator of CHOs)
8.4.9		Team Based Incentives for Health & Wellness Centre – Sub Health Centre (HWC-SHCs)	45	6.09	Team Based Incentives for ASHA & ANM working with CHO at Health & Wellness Centre (Sub Health Centre) @ Rs. 6500 Per Centre. As per GOI norms of Team Based incentive
8.4.10		Team Based Incentives for Health & Wellness Centre – Primary Health Centre (HWC-PHCs)	6	1.5	Team Based Incentives for ASHA & ANM working with CHO at Health & Wellness Centre (Primary Health Centre) for 6 PHCs @ Rs. 1 lakh per PHC. As per GOI norms of Team Based incentive.

9.5.27.2		Multiskilling of MPW and ASHA at HWC (SHC & PHC)	45	17.62	Approved for Training of ASHA and ANM on Extended Services of CPHC for the 45 centre (Approved centres till FY:2020-21)
9.5.27.3		Additional Training of CHO	45	2.75	Approved for Additional Training of CHOs (Extended Services)
		Training of MO & Staff Nurses	6	0.75	Approved for Training of MO & Staff Nurse on Extended Services for all 6 PHC
9.5.27.4	9.5.27.4	Any other (YOGA - HONORARIUM)	51	13.73	Approved Rs. 13.73 lakhs for organise yoga session at operational health and wellness centre. Rs.250/session/HWC for 10 session in a month for 51 H&WCs – SHCs/PHCs (6 PHCs & 45 SHC).
Note: District can also coordinate with local yoga teacher or involve yoga volunteers for free session.					
11.24.1	11.24.1	IECs for HWCs	51	7.95	Approved Rs. 11.37 lakhs for IEC activity at operational HWC-SHC/PHC (6 PHC & 45 SHC) @ Rs. 16000/centre

Summary of Approval: HWC/CPHC

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.1	**ICT for HWC Internet Connection**	**2.55**
U.5	Infrastructure	116
U.6	Drug and Supplies for Health & wellness Centre (H&WC) - SHC	28.22
U.8	Performance and Team Based Incentive Incentive for CHOs/MLHPs, ASHAs and ANMs (SHC & PHC)	21.65
U.9	Training & Others	34.85
U.11	IEC	7.95
	Total	**211.22**

Committed Budget: HWC/CPHC

FMR	Budget Head	Total Budget Committed (Rs. In Lakh)
5.1.1.1.5	HWC-HSCs	0
5.1.1.2.8	Infrastructure	2.07
9.5.27.2	Multiskilling (ASHA & ANM)	0
17.2.1	Telemedicine	0
	Total	**2.07**

Chapter 12
Infrastructure & Civil work

New FMR code	Old FMR code	Budget Head	Unit cost (Rs.)	Quantity /Target	Amount Approved (Rs. in Lakh)	Remark

Summary of Approvals 2021-22; Infrastructure & Civil Work, CHAMPAWAT		
FMR Code	Budget Head	Total Approved (INR In Lakhs)
	Infrastructure	0.00
Total		**0.00**

Chapter 13
Information, Education & Communication/Behaviour Change Communication (IEC/BCC)

New FMR Code	Budget Head	Unit Cost (In Rs.)	Quantity/Target	Amount approved (Rs. In lakh)	Remarks
11.5	**IEC/BCC activities under CH**				
11.5.4	Media activities for awareness generation on National De-worming Day: miking/ inauguration event/ advertisement-				
	Miking for awareness generation about NDD	3500	02 round	0.35	5 Miking activity (3 rural and 2 urban)@Rs.3500/-. Budget proposed for 2 rounds of NDD.
	National Deworming Day Inaugural launches - District	5000	02 round	0.10	Budget approved for 2 rounds of NDD.
11.6	**IEC/BCC activities under FP**				
11.6.3	**IEC & promotional activities for World Population Day celebration-** nauguration & other IEC activities i.e rallies, folk show, IEC materials etc	@50000	1	0.50	This activity will be conducted at district level.
11.6.4	**IEC & promotional activities for Vasectomy Fortnight celebration**-IEC materials at district level	@30000	1	0.30	This activity will be conducted by district level.
11.8	**IEC/BCC activities under Immunization**				

	Social Mobilization Meeting	@3000/ meeting	48	1.44	Social mobilization meeting will be organized in underserved areas & slums, where acceptance for RI is very poor. In order to have better coverage, there is need to mobilize the religious leaders & resistant groups.
11.9	**IEC/BCC activities under PNDT**				
11.9.1	**Creating awareness on declining sex ratio issue (PNDT)**				
	Talk Shows in Degree Colleges /Universities at District level	5000	4	0.2	Talk show will be conducted on the National Girl child day 24 January, International womens day 08 March, International day of the girl child 11th Oct and one on any other day at District level at colleges/universities etc. 4Talk shows per District @ of average 5,000/-
	Nukkad Natak/Folk Show	As per approved rates by Cultural department/DIPR, UK	12 (03 shows/block)	0.30	Nukkad Natak on social awareness about PC-PNDT Act & its implications to declining sex ratio. The activity will be conducted at village/block level, preferably during VHNDs & local Mela.
	IPC/Awareness campaign through ANM and ASHA's	@2000	08 workshop (02 workshop in each block)	0.16	Awareness campaign through ANM and ASHA's @ 2000 per Block at District level.
11.14	**IEC/BCC activities under NIDDCP**				

11.14.1	Health Education & Publicity for NIDDCP	@10000	1	0.10	Approved for conducting IDD awareness activities including development of IEC materials and Global IDD Prevention Day.
11.15	**IEC/BCC activities under NVBDCP**				
11.15.1	IEC/BCC for Malaria	@50000	1	0.50	For IEC activities
11.15.2	IEC/BCC for Social mobilization (Dengue and Chikungunya)	0	0	0	-
11.15.3	IEC/BCC Specific to J.E. Endemic areas	0	0	0	-
11.24.4.1	IEC/BCC under **NRCP**: Rabies awareness and Do's and Don'ts in the event of Animal Bites	@100000	1	1.00	For IEC/BCC activities
11.24.4.3	IEC under **NVHCP**	100000	1	1.00	For IEC/BCC activities
11.18	**IEC/BCC activities under NPCB**				
11.18.1	State level IEC for Minor State @Rs.10 lakh and for Major State @Rs. 20 lakh under NPCB&VI				
	For Eye Donation Fortnight	1	1	0.20	Approved
	For World Sight Day	1	1	0.095	Approved
	For World Glaucoma Week	1	1	0.10	Approved
11.19	**IEC/BCC activities under NMHP**				
11.19.2	Awareness generation activities in the community, school, workplaces with community	@ 20000	1	0.20	Approved

	involvement				
11.20	**IEC/BCC activities under NPHCE**				
11.20.2	Celebration of days ie international day of older persons	@2000	04 (01 camp in each block)	0.08	Health camp in block hospital on celebration of Older Person day @2000/camp
11.21.1	**IEC/BCC for NTCP**				
	ToFEI related display boards at schools & colleges	@550	435	2.392	IEC through signages & display boards
	IEC activities on World No Tobacco Day 31 May 2021 & other IEC activities	@50000	1	0.50	Rs. 0.50 lac for IEC/BCC activities
11.22	**IEC/BCC activities under NPCDCS**				
11.22.2	IEC/BCC for District NCD Cell	40000	1	0.40	Approved
11.24.4.2	IEC/BCC under **NOHP**	@10000	1	0.10	Approved
11.24.4.4	IEC on **Climate sensitive diseases** at block, district & state level-Air Pollution, Heat and other relevant climate sensitive diseases	@100000	1	1.00	For IEC/BCC activities
11.11	**IEC/BCC activities under NPPCD**				
11.11.1	IEC activities	@10000	1	0.10	For IEC activities
	Total Budget			**11.117**	

Chapter 14
Quality Assurance & Kayakalp

QUALITY ASSURANCE

Quality Assurance program was launched by Ministry of Health & Family Welfare; Government of India in the year 2013 to meets the need of Public Health System in the country. This program was initiated to improve the poor quality of health care services in public health facilities. Regular assessment of health facilities by their own staff and state and 'action-planning' for traversing the observed gaps is the way in improving the quality of health care services in our health facilities.

In this program, health facilities have to do their periodic internal assessment against ministry defined departmental checklists for DH/SDH, CHC, PHCs and UPHC. After each assessment, facility will do gap analysis and on the basis of this gap analysis, action plan will be prepared for closing these gaps. When facility scores more than 70% and fulfilling certain criteria, they will contact DQAC for assessment. When facility scores more than 70% in DQAC assessment, they will submit the report to SQAC for State level assessment of the facility.

KAYAKALP

The Swachh Bharat Abhiyaan launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients and visitors with a positive experience and encourages moulding behavior related to clean environment. To complement this effort, the Ministry of Health & Family Welfare, Government of India launched a National Initiative (**KAYAKALP)** to give Awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. Cash Award will be given to winner health facilities that score 70 % or more in each level of assessment.

The awards would be distributed based on the performance of the facility on the following Seven Thematic Areas: 1. Hospital/Facility Upkeep, 2. Sanitation and hygiene, 3. Waste Management, 4. Infection control, 5. Support Services, 6. Hygiene Promotion and 7. Cleanliness outside boundary wall.

The award will be given in four categories-

1. Best District Hospital in State
2. Best Sub District Hospital (SDH)/ Community Health Center (CHC) in State
3. Best Primary Health Center (PHC) in each district.
4. Best Health & Wellness Center (HWC) in each district.

Sr. No.	Award Category	Prize Money
1.	Best DH	50 Lakhs
2.	Commendation Award for DHs	03 Lakhs

3.	Best SDH/CHC	15 Lakhs
4.	Runner-up SDH/ CHC	10 Lakhs
5.	Commendation Award for SDH/ CHCs	01 Lakhs
6.	Best PHC from Each District	02 Lakhs
7.	Commendation Award for PHCs	0.5 Lakhs
8.	Best Health & Wellness Center (HWC) in each district.(applicable where ≥10 sub centres operationalized as HWCs in one district)	01 Lakhs
9.	Commendation Award for HWCs	0.25 Lakhs
NOTE: According to the ministry guidelines of Kayakalp, the winner Hospital in previous year would have to show an improvement in their score by at least 5% from previous year score. If the winner Hospital does not meet the said criterion, then it would only receive the commendation award.		

Champawat-Fund Allocation under Quality Assurance & Kayakalp				
New FMR code	**Old FMR code**	**budget Head**	**Amount approved (Rs. In Lakhs)**	**Remarks**
		Quality Assurance		
13.1.1.6	B.15.2.4	Budget approved for QA NQAS Certification implementation & traversing gaps	2.0	National Level NQAS Certification implementation & for closing gaps department wise in the facility DH Champawat -2.0 lac
16.1.2.2.3	B15.2.1	District Quality Assurance Units (Monitoring & Supervision)	1.20	Mobility support for DQAU @ Rs. 10,000 per month x 12 months = Rs. 1.20 Lakhs.
16.1.2.1.11	B15.2.2	District Quality Assurance Unit (Review Meeting)	0.077	Review meeting of DQAC (quarterly) @ Rs. 1925 per meeting for 4 quarters = Rs. 7700.

16.1.4.2.1	B15.2.2	District Quality Assurance Unit (Operational cost)	0.48	Budget approved for - 1.Operational cost of DQAU @ Rs. 2000 per month x 12 months = Rs. 0.24 lakhs. 2. Operational cost for Quality Manager @ Rs. 2000 per month x 12 months = Rs. 0.24 lakhs.
13.2		**Kayakalp**		
9.5.25.3	B15.2.7.1	Kayakalp Trainings	0.60	Approved for following activities- 1) One day district level Kayakalp cum SBA training @ Rs. 60,000 x 1 = Rs. **0.60 Lakhs.** **(Note: Only one training under Kayakalp for all the DHs, SDHs, CHCs, PHCs and HWCs in district)**
13.2.1	B15.2.7. 2	Assessments	0.76	Approved for following activities- 1. Internal Assessment of 01 DHs @ Rs. 2000 per facility for 2 quarters = Rs.**4000**. 2. Internal Assessment of 03 SDH/ CHC @ Rs. 1000 per facility for 2 quarters = Rs. **6000.** 3. Internal Assessment of 08 PHCs/ APHCs @ Rs. 500 per facility for 2 quarters = Rs. **8,000**. 4. Internal Assessment of 03 HWCs @ Rs. 500 per facility for 2 quarters = Rs. **3000**. 5. Peer Assessment of 08 PHCs/ APHCs @ Rs. 5000 = Rs. **40,000.** 6. Peer Assessment of 03 HWCs @ Rs. 5000 = Rs. 1**5000.** **(Note: Peer assessment of PHCs/ APHCs/ HWCs in district will be done by different block's teams within district. Block teams will be decided by CMO. One block team will do peer assessment of other block's PHCs/ APHCs/HWCs)**
			5.117	

Summary of Approval (QA and Kayakalp)

FMR code	Budget Head	Total approval (Rs. In Lakhs)
U. 9	Training & Capacity Building	**0.6**
U. 13	Quality Assurance	**4.517**
Total (Rs. in Lakhs)		**5.117**

Committed Budget

13.2.1	B15.2.7.2	Assessments	1.5	Committed for kayak alp External Assessment
Total (Rs. in Lakhs)				**1.5**

Chapter 15
HMIS/ MCTS and RCH Portal

Health Management Information System (HMIS)/ Mother & Child Tracking System (MCTS) and Reproductive and Child health care Portal (RCH Portal):

"An augmented version of MCTS" application has been designed for early identification and tracking of the individual beneficiary throughout the reproductivelifecycle.

Application facilitates to ensure timely delivery of full component of antenatal, postnatal & delivery services and tracking of children for complete immunization services.

Ministry of Health & Family Welfare, GoI has introduced an innovative web based application called Mother and Child Tracking System (MCTS) with the objectives to:

(i) Facilitate timely delivery of all services to pregnant women and children (ii) Strengthen health care service delivery system, (iii) Improve service delivery coverage and (iv) Monitoring mechanism at alllevel.

Regular reporting has been ensured on MCTS portal in Uttarakhand State. Due to the changing data requirements of National Reproductive and Child Health (RCH) programmers, the Ministry has designed RCH portal, wherein, Eligible Couples, Pregnant Women and Children will be tracked for health care service delivery to them. RCH portal has been designed to meet the requirements of the RMNCH+A program by incorporating additional functionality and features of the MCTS.

The RCH portal will transit MCTS portal in phase manner. The RCH portal will further strengthen health care delivery system; improve service coverage and monitoring mechanism. The use of this information for early identification and management of basic complications during pregnancy, childbirth and post-partum period at field level will help in reducing the maternal, neonate and infant mortality rates.

HR support for individuals who are unable to meet this important benchmark.

1. Concerned Facility Incharge and Program Officers at District/ Block level willhavetomonitortheimplementationstatusofRCHPortalandthe

   performance of HR and share the feedback on Challenges/ enhancements required on fortnightly basis.

2. Ensure all pregnant women and Infant data against target for each subcenter/Facility should be captured in RCH Register byANM.

3. Registration coverage of pregnant Women and Children on RCH portal should be at least 85% of theTarget.

4. Uploading of ANM and ASHA records with validated mobile numbers on RCH Portal should be 100% percent of total filled positions of ANM and ASHA.

5. Registration of pregnant women and children with validated mobile numbers of self/Husband (in case of Pregnant women) or parent in case of Children) on RCH portal should be at least 95% of Target.

6. Registration of all pregnant women with her validated Adhar numbers should be done on RCHportal.

7. Timely Registration and follow up is essential for effective implementation of RCH portal in the District. To avoid time lag, it is suggested that service delivery records of beneficiaries may be updated in service delivery point itself.

8. **Further it is hereby instructed that performance of the Data Entry Operators may be evaluated on quarterly basis against the benchmark of Average 125 records per day and minimum 2500 new registrations/ Service updations per month reported by them on RCH portal. State may not considercontinuing.**

9. In every VHND session, ANMs & ASHAs should sensitize pregnant women to listen complete messages delivered by Kilkari Program on their mobile Phone.
10. All ASHA Workers should complete Mobile Academy course run under KilkariProgramme.

    All the Districts/Blocks should submit their Minutes of Meeting of every training of HMIS/MCTS to StateHQ.

Health Management Information System (HMIS) :

1. Overview of HMISPortal

The HMIS (Health Management Information System) web portal was launched by the Ministry of Health and Family Welfare (MoHFW) on 21st October, 2008 to enable capturing of public health data from both public and private institutions in rural and urban areas across the country. The portal is envisaged as a "Single Window" for all public health data for the Ministry of Health and Family Welfare. The MoHFW initially rolled out the HMIS up to the District Level and now expanded upto the Sub District/Block level, including facility wise manual data collection by Front line workers. All 13 Districts are reporting their monthly performance on regularbasis.

2. Objectives

1- The System is operational with the following aims:

2- To enable the data entry at Block Entry point(CHC/PHC).

3- To enable user to preview, compare, modify and forward data to the nextlevel.

4- ThedatastoredbyusingtheDataEntryApplicationistransformedandloaded intodatamartswhichisfurtherusedforStatistics,Analytical&Ad–hoc reporting.Toconsolidatethedataenteredatsub–districtlevel/block,districtlevel,atthe state and further at national level and store it into the centraldatabase.**Note: Data Report has to be validated and duly signed by concerned MO I/con monthly basis mandatorily and duly signed copy has to be submitted to the district level on monthlybasis.**

All the Districts/Blocks should submit their Minutes of Meeting of every training of HMIS/MCTS to StateHQ.

Budget approved for Operation and Management of HMIS/MCTS under ROP 2021-22 is asunder:

New FMR	Old FMR	Budget Head	Physical Quantity/ Target	Amount Approved (in lacs)	Remarks
9.5.26.2	B15.3.1.4.2	Training cum Review meeting for HMIS/MCTS at district Level	-	0.16	Budget approved for Training cum Review meeting for HMIS/MCTS /ANMOL if launched, including incidental expenses as per RCH rules.
9.5.26.3	B15.3.1.4.3	Training cum Review meeting for HMIS/MCTS at Block Level.	70	1.68	Budget approved for Training cum Review meeting for HMIS/MCTS @ Rs. 200 per ANM for 12 months
16.3.2	B15.3.1.5.2	Mobility support for HMIS/MCTS District Level.	-	.80	Approved Rs for Mobility at District Levels, TA/DA should be as per extant rules.
16.3.3	B.15.3.2.7	Operational cost for HMIS & MCTS (incl. Internet connectivity; AMC of Laptop, printers, computers, UPS; Office expenditure; Mobile reimbursement)	7	0.84	

Budget approved 0.84 Lakh for Internet Connectivity @1000 per month for 12 months for 7 Data Entry Points through LAN/Data Card. This is subject to 100% Facility based reporting on HMIS & MCTS/RCH Portal and improvement in data quality thereof. These are indicative rates, final rates are to be arrived at as per GEM rate contract or after competitive bidding following Government protocols.

16.3.3	B.15.3.2.7	Operational cost for HMIS & MCTS (incl. Internet connectivity; AMC of Laptop, printers, computers, UPS; Office expenditure; Mobile reimbursement)	70	0.84	

Budget approved 0.84 Lakh for CUG connection @100 per month for 12 months for ANM. Since a few HVs are rendering services as an ANM, therefore districts as hereby allowed to provide Rs 100/- ANM/HVs for running their CUG.

1. Entry of validate mobile number, Adhaar Number and Adhaar linked account number of ANM and ASHA on RCH portal.
2. Entry of validated mobile number and Adhaar number of minimum 60% of benificiaries on RCH portal.
3. Entry of Minimum 80% village profiles (service catchment/hamlet/Unit of HSC) on RCH portal.
4. Registration of more than 60% beneficiary (eligible couple, pregnant women and children) on pro-rata basis on RCH portal.
5. Delivery of due services to more than 50% beneficiaries (Mother and child) on pro-rata basis and its updation on RCH portal.

   Continuation/ Extension of the activity would be based on improvement in registration of pregnant women and children and data of service delivery and availability of updated and validated information related to ANM, ASHAs and beneficiaries on RCH portal.

   Procurement should be based on Competitive bidding following government protocols.

   If the tablet being provided to ANMs have provision for talk time then District must ensure that these ANMs are reimbursed for phone/mobile only once.

Further District may ensures proper process of authentication/Validation of Adhaar number of benificiaries before releasing the incentive of ANMs /ASHAs.

SUMMARY OF APPROVALS: HMIS/MCTS

FMR Code	Budget Head	Budget Approved (Rs. In lacs)
9	Training & Capacity Building	**1.84**
16	Programme Management	**2.48**
	Total (Rs. In lacs)	**4.32**

Chapter 16
Free Essential Drug Services and Drug Warehousing

The impoverishing effects of health care costs on account of private spending are well known, as is the fact that drugs contribute over 70% of Out of Pocket Expenditure (OOPE) at the point of care. Making free drugs available in public health facilities therefore becomes an imperative.

U6: Procurement

In FY 2021-22 All procurement is being done at state level.

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1. Prescription audit mechanism would be required to be put in place to ensure prescription of generics and rational use of drugs. Ensuring rational use of drugs and preventing all forms of wastage is extremely important under the initiative.

U. 14 Drug Warehousing and Logistics

Supply Chain and Logistics System for Drug Warehouse

Transportation of Drugs to Health Care Facilities

All medicines must be stored and handled in accordance with the requirements of the products-drugs, vaccines, serum, etc. in order to maintain potency and effectiveness. Drugs that require to be maintained at temperatures between 2° to 8°C must be transported with proper cold chain maintenance. Storage outside the recommended temperature range can result in chemical and/ or physical changes to the product which may lead to a loss of efficacy and/or altered patient response with potential to cause harm. When medicines are transported between Drug Warehouse and health institutions, the following points should be taken into account:

- Drugs and vaccines should be kept in proper boxes and delivered to the facility in appropriate vehicle.
- Drugs and vaccines should only be handed over to an authorized representative of the facility.
- Drugs and vaccines containers must not be left unattended during transit
- On arrival in the facility, the supply should be rechecked with respect to the delivery challan.
- Any discrepancy must be reported to Officer In-charge of State CMSD/CMO CMSD immediately
- If there is any difficulty in handing over the drugs, it must be reported to the State CMSD/CMO CMSD and the State/District Head Quarter with justification.
- The transport process should be designed to maintain the integrity and quality of the drug products.
- Wherever stipulated all the controlled storage conditions required during transit must be followed.
- Loading and unloading activities should be done in a manner that preserves the quality of the drugs.

Transportation of medicines requiring cold storage conditions

All concerned Warehouse staff needs to ensure the following:

- During transportation of such medicines, it must be ensured that the temperature range is maintained between 2°C and 8°C
- Handling and transportation time to the destination should be kept to a minimum to ensure that the medicines retain optimal efficacy.
- If portable fridges/Ice Lined Refrigerators are used for transportation of such medicines it is essential that temperature range is maintained between 2°C and 8°C and a power supply is available to access in an emergency.
- A temperature monitoring device should be used to record the minimum and maximum temperature range of the refrigerated medicine during the transportation process. The temperature monitoring device should be placed in the middle of the package.
- Temperatures during transportation should be recorded in a Log Book.
- The temperature monitoring device must be checked on arrival at the destination.
- If transport is within a single building, and transit time is less than 15 minutes, then the products should be transported in an insulated container (cool bag).
- Allocated funds are to be used only for payment of fuel utilized in transportation of medicines.
- Along with fuel bills it would be mandatory to attach the Issue voucher of Medicines.
- Only one fuel bill will be cleared against one issue voucher.

In case of transportation of Medicines by Government vehicles, it would be mandatory to attach the log book of the said vehicle.

Chapter 17
Free Diagnostic Services

Free Diagnostics Services was rolled out in Uttarakhand on 17th October, 2016 vide G.O.No-(1)/XXVVIII-4-2016-113/2015.

In Phase1- Services were provided to the MSBY card holder for OPD patients. 30 free tests were available at District and sub district hospitals. 28 free tests were available at the CHC level.

In Phase II, State is providing 56 free tests at District/ Sub district Hospitals and 28 tests at CHC against the G.O. issued on 31st May 2019. The above cited G.O. is in the process of slight amendment, with 19 free tests at Primary Health Centers and 07 free tests at Sub center. Moreover, it is pertinent to state that currently State is not providing CT scan services under Free Diagnostic Services, however, under Teleradiology services, CT scan reporting is being provided free of cost to the patient. Since November 2017, Teleradiolgy services are functional at 32 health facilities of the state. Procurement of 05 X-Ray (300 MA) is under the process.

In the quest of revamping and revitalizing exiting diagnostic services in Uttarakhand, following proposal has been made in the PIP for financial year 2021-22

SN	Activity Name	Budget Proposed	Remark/Justification
1	Free Disgnostic Service	500 Lakh	MOU to be signed with Chandan Disgnostic to run Free Diagnostic Service in State.

FMR Code: 6.4.1 (Pathology)

State will run the Free disgnostic service through outsource with Chandan Diagnostic.

Tele-radiology centre (TRC)

- There are 32 such centres selected in this project which are equipped with radiology equipments, having digital capabilities or ways to convert the radiology images into digitally transferrable images of acceptable resolution (As per DICOM specifications).
- Main Radiology equipment under this arrangement are as below, depending on availability of equipment at the hospital:
- X-RAY (at all locations)
    - CT (At Select Locations)
    - MRI (At Select Locations

Chapter- 18
Blood Services

Blood transfusion services play a vital role in a health care delivery system. Under this, various activities are taken up by the state for ensuring access to safe blood and blood products. State of Uttarakhand is implementing various activities to address issues of blood collection, access and quality management practices. It is mandatory that each unit of blood is tested for TTI and provided free of cost to patients after TTI testing to reduce OOPE (Out of Pocket Expenditure). For testing of blood, various consumables like kits and blood bags and equipments also are required. It is essential that the equipment of the blood banks are kept functional all the time. Collection of blood, transport & storage of blood are the other aspects of the program activities.

As the blood transfusion services play a vital role in the health care delivery system, the state is making continuous efforts to make safe blood and blood products available to all who need it at the right time, in required quantity and with best possible quality. In Uttarakhand (UK), the availability of blood is ensured through a network of 40 licensed blood banks out of which 21 are in govt. sector and 09 licensed blood storage centers.

State Blood Cell was started in the Financial Year 2015-16 to redress the blood transfusion services in the state as the blood transfusion service is an important part of the National Health Service as there is no alternative to human blood and its components. Due to the availability of blood bank or blood storage center, maternal death can be reduced and it is also useful in accident and emergency situations.

The main objective of state blood cell is:-

- Review the status of blood services in the state and address the gap to ensure availability and accessibility of safe and quality blood
- Provide adequate infra-structure, equipments, trained and adequate power for Well-organized Blood Services.
- It's work to ensure equitable blood supply, distribution.
- To provide blood from blood donor to the needy person effectively and efficiently with maintaining the quality of blood under the blood transfusion service, for which blood cell is organizing and providing the necessary equipments, human resources, training, basic structure and Consumable in the Blood banks and Blood Storage Centers.

1. **Service Delivery – Facility Based** - **NIL**
2. **Service Delivery – Community Based** - **NIL**
3. **Community Interventions** - **NIL**
4. **Untied Fund** - **NIL**
5. **Infrastructure**

Construction work

- National Health Mission is continuously providing fund for the up gradation of blood bank and Blood component separation Unit.

- Up gradation of blood bank or new blood bank is required in facilities who perform all types of surgery, patients with excessive thalassemia or hemophilia are registered in the hospital (who require blood on time), warm and humid place (due to which there is a possibility of dengue and other diseases).

(In Lakhs)

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs)	Quantity/target	Amount Approved	Remarks
U.5		**Infrastructure**			**00.00**	
5.3.3	B.4.1.5.4.1	Blood Bank/Blood Storage Center/Daycare care center for Haemoglobinopathies.	00	0	00.00	

6. Procurement

Equipments

- For the up-gradation and strengthening of blood bank or Blood Storage Center, National Health Mission is providing fund for procurement of necessary equipment required for said purpose.

Consumables

- NHM is also providing funds for the procurement of consumables for blood bank.
- Now GoI has clearly instructed to reduce OOPE (Out of Pocket Expenditure) of patients and provide blood free of cost to all government facility patients (by all district level govt. blood banks) after processing of blood.

Equipment Maintenance for Blood Bank/Blood Storage Center License

- Blood bank license is valid for 5 years and Blood storage center license is valid for 2 years, and it is mandatory for facilities having BB/BSU to apply for renewal of license before three months of the validity.

(In Lakhs)

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs)	Quantity/ target	Amount Approved	Remarks
U.6		**Procurement**			**3.99**	
6.1.1.9.1	B.16.1.1.1	Equipments for blood bank/BSU's	0.00	0	0.00	
6.1.3.1.e	-	Any Biomedical equipment maintainance(Please Specify)	0	0	0.00	
6.2.7.1	B.16.2.11.1	Drug and supplies for blood services	0.00	1	1.00	GOI has approved budget of Rs. 1.00 Lakhs for DH Champawat blood bank for regular supplies of quality test kits, blood

						bags, barcode printer consumables and other consumables for the blood banks. District has to ensure that state blood bank is providing blood free of cost after processing to all govt. facility patients.

7. Referral Transport - NIL

8. Service Delivery – Human Resources

Human resource

- Blood banks and blood storage centers in the state are required to execute 24 x 7 to provide blood to the needy. In this order, Human Resources were required in Blood banks and Blood Collection Centers to work in 24x7, for which National Health Mission is providing necessary HR support to run blood bank 24x 7.
- Approved amount present in HR Annexure

9. Training & Capacity Building - NIL

10. Review, Research, Surveillance & Surveys - NIL

11. IEC

IEC play a vital role in blood donation.

- To sensitize and mobilize important stakeholders who would in turn facilitate voluntary blood donation camps. The important organizations involved are educational institutes (colleges, schools and universities), govt. departments & religious organizations.
- GoI has approved fund for the recognition of the voluntary blood donors (Coffee Mugs with logo & quotes related to voluntary blood donation).

(In Lakhs)

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs)	Quantity/target	Amount Approved	Remarks
U.11		**IEC/BCC**			**0.10**	
11.10.1	B.10.7.4.5.1	IEC/BCC Through voluntary blood donor's	100		0.10	GOI has approved budget of Rs. 0.10 lakhs for blood bank to procure recognition items @ Rs. 100 per item for IEC purpose for blood bank.

12. Printing - NIL

13. **Quality Assurance** - **NIL**

14. **Drug Warehousing and Logistics** - **NIL**

15. **PPP** - **NIL**

16. **Programme Management** - **NIL**

17. **IT Initiatives for Strengthening Service Delivery**

e-Raktkosh

With the aim of strengthening and modernization of blood transfusion service in the state, all the blood banks are linked to each other through e-Raktkosh system.

- Through e-Raktkosh online system, the status of available blood units in each blood bank, number of blood unit collected, their blood groups, and real time (live) blood stock can be known at any level. With the help of the application, the people in need of blood and blood products can save the critical time required for blood transfusion services.
- The e-Raktkosh is known to store the live stock position of the blood banks, and also monitor the stock of the consumables content in the blood bank.
- Black marketing of blood units can be curbed through the e-Raktkosh system.
- e-Raktkosh system can store the record of donor screening, donor history and helps in tracking of donor at any time, and will also prevent a sero- reactive donor from donating blood in future. This will help in the treatment of large number of hepatitis-B and hepatitis-C patients in the state and provide proper treatment to them.
- Maternal Death Rate can be reduced through e-Raktkosh system and it is also useful in accident and emergency situations.
- The main objective of the e-Raktkosh system is to promote voluntary blood donation in the state, reduce the waste of blood and complying with guidelines and regulations.
- In this order, the availability of blood in the blood bank is being shown by all the blood banks in the e-Raktkosh portal. This can be seen by everybody from any place at any time through Website: www.eraktkosh.in or e-raktkosh application (Android/Apple).

(In Lakhs)

New FMR Code	Old FMR Code	Budget Head	Unit Cost (Rs)	Quantity/target	Amount Approved	Remarks
U.17		**IT Initiatives for Strengthening Service Delivery**			**0.00**	
17.4	B.14.15	e-Raktkosh – Refer to strengthening of blood services guidelines.	0	0	0.00	District has to ensure that all Govt. blood banks present in district are live in e-Raktkosh and Private & charitable blood banks are updating their blood stock on daily basis in e-Raktkosh.

18. Innovations (if any) - **NIL**

Summary of Approvals: Champawat (Blood Cell)

FMR	Budget Head	Total Amount Approved (In Lakhs)
U.6	Procurement	1.00
U.11	IEC/BCC	0.10
Total		**1.10**

Chapter 19
Integrated Disease Surveillance Programme

Integrated Disease Surveillance Programme (IDSP) is a decentralised disease surveillance programme for monitoring of disease trends and to detect and respond to outbreaks in early rising phase through trained Rapid Response Team (RRTs). The main objective of IDSP is to generate/detect early warning signals of impending outbreaks and to initiate effective responses in a timely manner.

Targets:

- Implementation of Integrated Health Information Platform (IHIP).
- Data Reporting on Syndromic, Presumptive & Laboratory formats on IDSP and IDSP-IHIP Portal - 100%
- Consistency & timeliness of reporting on IDSP and IDSP-IHIP Portal - 100 %
- Strengthening of DPHL.

Data reporting and Outbreak Surveillance & response:

- Weekly collection, compilation, analysis of SPL (Syndromic, Presumptive & Laboratory) data and dissemination of feedback reports should be done at District level.
- Data reporting on IHIP.
- Generation of Early Warning Signals for timely detection of Outbreaks.
- District have RRT (Rapid Response Team) consisting of Epidemiologist, Microbiologist/ Pathologist, Physician/ Pediatrician to investigate and mitigate the impact of epidemics.
- Also inclusion of Food Safety Officers (for Food borne disease OBs) and Veterinary Officers (for Zoonotic disease OBs) in District RRT for quality outbreak investigations.
- Media alerts are being regularly verified.
- In 2020, Data reporting on IDSP Portal in Syndromic, Presumptive and Laboratory formats is 93 %, 99 % and 100% respectively.

9. Training and Capacity building

Training is an important component for smooth functioning of programme. The training of health care workers under IDSP helps to understand the importance of timely identification and reporting disease outbreaks, so that timely preventive measures and appropriate interventions can be taken for control of outbreaks.

Also, Integrated Health Information Platform (IHIP) for IDSP has launched by Govt. of India on 1st April 2021. Implementation and reporting on IHIP portal is required from all districts. So training for IHIP implementation is approved and mentioned below.

Under Training and Capacity building, total amount of Rs. 2.66 lakh is approved In FY 2021-22 for District IDP Unit Champawat. The details are given below:

- Medical Officers (1 day) – Amount of Rs. 90,000 for 1 day training on IDSP-IHIP for 2 Batch @ Rs 45000/- per batch (1 Batch- 25 Medical officers).
- Hospital Pharmacists/Nurses Training (1 day) - Amount of Rs. 75,000 for 1 day training on IDSP-IHIP for 2 Batch @ Rs 37500/- per batch (1 Batch -25 Participants i.e. Pharmacists/ANMs).
- Lab. Technician (1 day) - Amount of Rs. 37,500 for 1 day training on IDSP-IHIP for 1 Batch @ Rs 37500/- per batch (1 Batch - 25 Participants).
- ASHA & MPWs, AWW & Community volunteers (1 day) - Amount of Rs. 26,400 for 1 day training for 1 Batch @ Rs 26400/- per batch (1 Batch - 25 Participants).
- One day training for Data entry and analysis for Block Health Team (including Block Programme Manager) - Amount of Rs. 37,500 for 1 day training on IDSP-IHIP for 1 Batch @ Rs 37500/- per batch (1 Batch - 25 Participants).

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
9		**Training and Capacity building**			**2.66**	
9.2.3.1	9.5.11.1	Medical Officers (1 day)	45000	2 Batch	0.90	1 day training on IDSP-IHIP for 2 Batch @ Rs 45000/- per batch (1 Batch- 25 Participants)
	9.5.11.3	Hospital Pharmacists/Nurses Training (1 day)	37500	2 Batch	0.75	1 day training on IDSP-IHIP for 2 Batch @ Rs 37500/- per batch (1 Batch -25 Participants)
	9.5.11.4	Lab. Technician (1 day)	37500	1 Batch	0.37	1 day training on IDSP-IHIP for 1 Batch @ Rs 37500/- per batch (1 Batch - 25 Participants)
	9.5.11.7	ASHA & MPWs, AWW & Community volunteers (1 day)	26400	1 Batch	0.26	1 day training for 1 Batch @ Rs 26400/- per batch (1 Batch - 25 Participants)
	9.5.11.8	One day training for Data entry and analysis for Block Health Team (including Block Programme Manager)	37500	1 Batch	0.37	1 day training on IDSP-IHIP for 1 Batch @ Rs 37500/- per batch (1 Batch - 25 Participants)

10. Review, Research, Surveillance and Surveys

There is One District Public Health laboratory (DPHL) approved and under strengthening at District Hospital Champawat for quality testing of samples for diagnosis and confirmation of epidemic prone diseases. District to expedite their efforts to made functional the above approved DPHL.

- Tests to be conducted at Referral lab & DPHL under IDSP lab networking:

Sr. No.	Disease	Specific Test
1	Hepatitis A, Hepatitis E, Measles, Dengue, Leptospirosis, Scrub Typhus	IgM ELISA
2	Meningococcal Meningitis	Latex Agglutination
3	Typhoid	Typhi Dot and Blood Culture and sensitivity
4	Cholera, Shigella, Salmonella, E. Coli	Stool Culture and Sensitivity
5	Diphtheria	Smear examination and Culture

12. Printing

Under Printing, Rs. 0.10 Lakh is approved for printing of reporting formats/training materials.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
12	**Printing**			0.10	
12.3.5	**Printing activities under IDSP**	Rs 10000 per district	District level	0.10	Rs 0.10 Lakh for printing of reporting formats/training materials.

16. Programme Management

Under Programme Management total amount of Rs. 2.16 Lakh approved for following :

- Rs. 1.08 Lakh for Mobility, Travel Cost, POL etc. during outbreak investigations and field visits for monitoring programme activities approved @ Rs. 9000 per month for 12 months

- Rs. 1.08 Lakh for Office expenses e.g. telephone, fax, Broadband Expenses & Other Miscellaneous approved @ Rs. 9000 per month for 12 months

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
16	**Programme Management**			**2.16**	
16.1.3.3.8	MOBILITY: Travel Cost, POL, etc. during outbreak investigations and field visits for monitoring programme activities at DSU on need basis	Rs. 9000 per month	12 months	1.08	@Rs. 9000 Per Month for 12 months
16.1.4.1.5	Office expenses on telephone, fax, Broadband Expenses & Other Miscellaneous Expenditures	Rs. 9000 per month	12 months	1.08	@Rs. 9000 Per Month for 12 months

Note :

Human Resource budget is available in separate chapters for FMR 8 and 16

Summary of approvals FY 2021-22 NHM_IDSP_Champawat

FMR	Budget Head	Amount approved in FY 2021-22 (Rs. In Lakh)
9	Training and Capacity building	2.66
12	Printing	0.10
16	Programme Management	2.16
Total		**4.92**

Chapter 20
National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme (NVBDCP) is for prevention & control of vector borne diseases like- Malaria, Dengue, Chikungunya, Japanese Encephalitis (JE), Kala-azar and Lymphatic filariasis.

Malaria-

- Reduction of the incidence of malaria to less than 1 case per 1000 population (Annual Parasite Indicator -API) annually in all PHCs and their Sub Centres by the year 2019.
- Annual Blood Examination rate (ABER) should be 10% of total population.
- Prevent the re-establishment of local transmission of malaria in areas where it has been eliminated and maintain malaria-free status by the year 2022 and beyond.

Dengue/Chikungunya

Objectives:

- To prevent and reduce morbidity and mortality due to Dengue/CHK.
- Identify early cases of Dengue/CHK to prevent impending outbreaks.

Activities:

- Prevention of dengue vector (Aedes aegypti) breeding through source reduction activities larva control measures
- Adult mosquito control
- Awareness amongst general public.
- Effective epidemiological surveillance, Uniform data collection, Timely Reporting and complete line listing.
- Intersectoral collaboration for participation of various departments in dengue control drive.
- Ensure compliance of standard dengue clinical management guideline at all health facilities.

Japanese Encephalitis/ Kala azar/ Filaria

- Enhance surveillance for identification of cases.
- Enhance vector surveillance in reporting areas.

U.3 Community Intervention- Incentive for Blood Slide Preparation **:**

The incentive given to ASHAs for Blood slide preparation of all fever cases in two slabs: Rs. 15 for preparing Blood smear / use of RDT and Rs. 75 for ensuring complete radical treatment. The target of blood slide preparation for District Champawat is 800 Blood slides.

FMR		Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.3		**Community Intervention**			**0.08**	
3.1.1.4.1	F.1.1.b	ASHA Incentive/ Honorarium	15.00	800	**0.08**	Target for Blood Slide Preparation by ASHA – 800 Blood slide (800 blood slide*15= Rs. 0.08 lakh)

U.6 Procurement

For Elimination of malaria and Prevention and control of Dengue, budgets are approved by GOI for listed following commodities.

District should minimize the risk of stock-outs through effective management of logistics systems, which should include appropriate economic order quantity, procurement period, stores and inventory and product demand. These procedures should include the establishment and maintenance of reliable inventory management, “First-Expiry/First-Out” (FEFO) stock control systems.

FMR		Budget Head	Unit Cost (in Rs.)	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.6		**Procurement**			**0.57**	

6.2.12.8	B.16.2.11.3.h	Dengue NS1 antigen kit	12000.00	2	0.25	Procurement of Dengue NS1 ELISA kits
6.2.12.9	B.16.2.11.3.i	Temephos, Bti (AS) / Bti (wp) (for polluted & non polluted water)	1000.0		0.17	Procurement of larvicide @ Rs.1000/- per liter.
6.2.12.12	B.16.2.11.3.l	RDT Malaria – bi-valent (For Non Project states)	15	1000	0.150	Procurement of Malaria rapid diagnostic kits (Antibody based RDT is not recognized for malaria confirmation)

U.9 Training and Capacity building

Under Training and Capacity building, 1batch of 50 ASHA @ Rs 25,000.00/- is approved in FY 2021-22.

FMR		**Budget Head**	**Unit Cost**	**Physical Target**	**Amount approved in FY 2021-22 (Rs. In Lakh)**	**Remarks**
New FMR code	**Old FMR code**					
U.9		**Training and Capacity building**	**-**	**-**	**0.25**	**-**
9.5.12.1		Training / Capacity Building (Malaria)	25000.00	1	0.25	1 batch of 50 ASHA @ 25000/batch.

U.10 Review, Research, Surveillance and Surveys

A rapid Diagnostic test kit for confirmation of Dengue is not recommended due to its low sensitivity and specificity so a suspected case of dengue has to be tested by ELISA technique. For ELISA testing, the blood sample of suspected case will be sent to nearest SSH.

U.11 IEC/BCC

IEC/ BCC is an integral part of the malaria elimination and prevention and control of Dengue. As awareness among general public, community participation is a most important tool for prevention and control of Dengue. The IEC/ BCC materials could include pamphlet, hoardings, posters, Banners, signboards and also social media.

FMR		Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.11		**IEC/BCC**			**0.50**	
11.15.1	B.10.6.9.a	IEC/BCC for Malaria			0.50	Rs. 0.50 lakh for IEC/BCC for Malaria

FMR		Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.12		**Printing**	**10000.00**		**0.10**	**Rs. 0.10 lakh for Printing of recording and reporting forms/registers for Malaria**

U.15 PPP

The prevention and control of dengue requires close collaboration and partnerships between the health and non-health sectors (both government and private) and local communities.

Inter-sectoral coordination should also play a key role in advocacy for the containment of malaria.

FMR		Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.15		**PPP**			**0.15**	
15.3.1		PPP / NGO and Intersectoral Convergence	5000.00	1	0.05	Rs. 0.05 lakh for Inter sectoral coordination meeting
15.3.2	F.1.2.g	Inter-sectoral convergence	10000.00	1	0.10	Rs. 0.10 lakh for Inter sectoral coordination meeting

U. 16 Programme Management

Monitoring & Evaluation –mere monitoring of impact and disease burden to close follow up of processes, outputs and outcomes. Monitoring provides the information and feedback needed to plan corrective action as and where necessary. The performance of the program is evaluated by independently conducted periodic surveys and qualitative assessments which provide measurements of a set of predetermined indicators. These include indicators like proportion of cases receiving timely case management, case based surveillance, and Indoor Residual Spray etc. 2 visit per week by district concern officer accordingly. Monitoring & Evaluation includes-

1. Hiring of vehicles at the state/District level with the norms of NHM
2. Supervision – TA/DA shall be applicable as per the norms of NHM
3. Epidemic Preparedness – For capturing early warning signals, Rapid Response Team etc
4. Procurement of Consumables items
5. The effective control of Dengue and Chikungunya requires a strict supervision components viz. epidemiological situation, surveillance, case management etc.
6. Epidemic preparedness for containment of outbreak of Dengue.

7. State Task Force, State Technical Advisory Committee meeting, District coordination meeting, Cross border meetings Sub National Malaria Elimination Certification process (Malaria)

FMR		Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
New FMR code	Old FMR code					
U.16		**Programme Management**			**1.24**	
16.1.2.1.18		State Task Force, State Technical Advisory Committee meeting, District coordination meeting, Cross border meetings Sub National Malaria Elimination Certification process (Malaria)	20000.00	4	0.20	Rs. 0.20 lakh for Distt. Champawat quarterly meeting for for task Force Committee meeting, and monitoring the malaria elimination activities and activities related for preparation of malaria elimination certification process
16.1.2.2.6	F.1.2.c	Monitoring Supervision and Rapid Response (Dengue and Chikungunya)	54000.00	1	0.54	Rs. 0.54 lakh for Distt. Dehradun for Monitoring & Evaluation of all VBD, Hiring of vehicles, TA/DA, Procurement of Consumables items

16.1.5.3.8		Epidemic Preparedness & Response (Malaria)	50000.00	1	0.50	Rs. 0.50 lakh for Distt. Dehradun for Epidemic Preparedness & Response

Summary of approvals FY 2021-22 NHM_NVBDCP_Champawat

FMR	Budget Head	Amount approved in FY 2021-22 (Rs. In Lakh)
U.3	Community Interventions	0.08
U.6	Procurement	0.57
U.9	Training and Capacity building	0.25
U.11	IEC/BCC	0.50
U.12	Printing	0.10
U.15	PPP	0.15
U.16	Programme Management	1.24
Total		**2.89**

Chapter 21
National Viral Hepatitis Control Program (NVHCP)

Viral hepatitis is increasingly being recognized as a public health problem in India. Hepatitis B and C, the two main types of the five different hepatitis infections (A,B,C,D,E), are responsible for 96% of overall viral hepatitis related mortality.

Aims :

1. Combat hepatitis and achieve country wide elimination of Hepatitis C by 2030.
2. Achieve significant reduction in the infected population, morbidity and mortality associated with Hepatitis B and C viz. Cirrhosis and Hepato-cellular carcinoma (liver cancer).
3. Reduce the risk, morbidity and mortality due to Hepatitis A and E.

Key Objectives:

1. Enhance community awareness on hepatitis and lay stress on preventive measures among general population especially high-risk groups and in hotspots.
2. Provide early diagnosis and management of viral hepatitis at all levels of healthcare.
3. Develop standard diagnostic and treatment protocols for management of viral hepatitis and its complications.
4. Strengthen the existing infrastructure facilities, build capacities of existing human resource and raise additional human resources, where required, for providing comprehensive services for management of viral hepatitis and its complications in all districts of the country.
5. Develop linkages with the existing National programmes towards awareness, prevention, diagnosis and treatment for viral hepatitis.
6. Develop a web-based “Viral Hepatitis Information and Management System” to maintain a registry of persons affected with viral hepatitis and its sequelae.

Components

The key components include:

1. Preventive component:

This remains the cornerstone of the NVHCP. It will include,

a) Awareness generation
b) Immunization of Hepatitis B (birth dose, high risk groups, health care workers)
c) Safety of blood and blood products
d) Injection safety, safe socio-cultural practices
e) Safe drinking water, hygiene and sanitary toilets

2. Diagnosis and Treatment:

a) Screening of pregnant women for HBsAg to be done in areas where institutional deliveries are < 80% to ensure their referral for institutional delivery for birth dose Hepatitis B vaccination.
b) Free screening, diagnosis and treatment for both hepatitis B and C would be made available at all levels of health care in a phased manner.
c) Provision of linkages, including with private sector and not for profit institutions,for diagnosis and treatment.
d) Engagement with community/peer support to enhance and ensure adherence to treatment and demand generation.

3. Monitoring and Evaluation, Surveillance and Research

Effective linkages to the surveillance system would be established and operational research would be undertaken through Department of Health Research (DHR). Standardised M&E framework would be developed and an online web based system established.

4. Training and capacity Building:

This would be a continuous process and will be supported by NCDC, ILBS and state tertiary care institutes and coordinated by NVHCP. The hepatitis induction and update programs for all level of health care workers would be made available using both, the traditional cascade model of training through master trainers and various platforms available for enabling electronic, e-learning and e-courses.

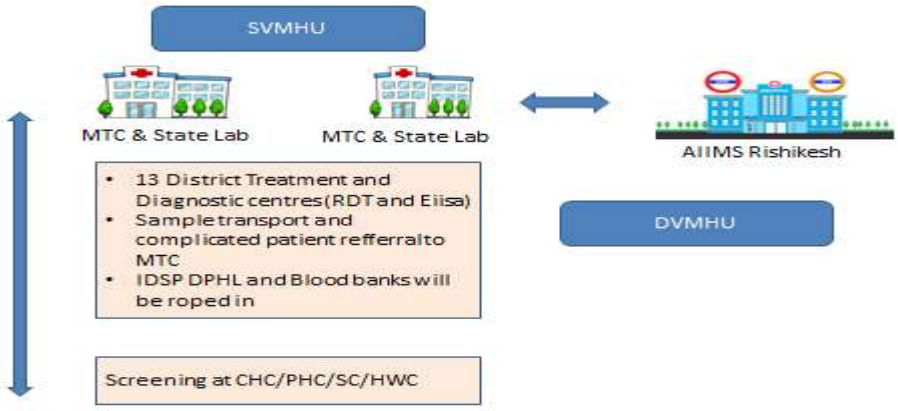
Action Plan

There are 3 Model treatment centres (MTC) & 3 State labs (SL) approved and operational in state.

Model treatment centres (MTC)	**State labs (SL)**
1.Govt. Doon Medical College, Dehradun	1.Govt. Doon Medical College, Dehradun
2.AIIMS Rishikesh, Dehradun	2.AIIMS Rishikesh, Dehradun
3.Govt. Medical College, Haldwani, Nainital	3.Govt. Medical College, Haldwani, Nainital

The overall implementation of program, coordination and monitoring & supervision will be conducted by State Viral Hepatitis Monitoring Unit (SVMHU). Below that at each district level, District Viral Hepatitis Monitoring Unit (DVMHU) will be established. All district hospitals will have a treatment centre and a diagnostic centre. Down the line screening of viral hepatitis patients will be conducted at CHC, PHC, Sub-centre/Health & wellness centre.

The model of Viral Hepatitis Control Program is as below



1 Service Delivery- Facilities based:

Under National Viral Hepatitis Control program (NVHCP), Treatment centre to be established at District hospital in each district.

Under **Service Delivery- Facility based**, there is total Rs. 0.30 Lakh approved per district treatment centre. @Rs. 20000.00 per year approved for Meeting Costs/Office expenses/Contingency and @Rs. 10000 per year for Management of Hep A & E cases

FMR code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
U.1	**Service Delivery- Facility based**			**0.10**	
1.3.1.18	**Treatment Centres**				
1.3.1.18.1	Meeting Costs/Office expenses/Contingency	Rs. 20000 per year	1	0.20	Budget approved @Rs. 20000 per year/District for Treatment Centre (District Hospital)
1.3.1.18.2	Management of Hep A & E	Rs. 10000 per year	1	0.10	Budget approved @Rs. 10000 per year/District for Treatment Centre (District Hospital)

U.8 Human Resource

1. Budget Proposed for Performance based Incentive @ Rs. 6.72 following:
   Rs. 3.60 lakh as insentive (500/day) of two lab technician at 2 Modal Treatment center (Doon Medical college and GMC Haldwani) for viral load Testing and Entry at MIS Portal@1,80000 perLT/Year each
2. Budget Proposal Rs 3.12 Lakh for 13 districts as per District 2000/Month for One Data entry operation in Incentive based data entry in MIS Portal.

FMR code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
U.8	**Human Resource**				
8.4.11	**Incentives under NVHCP for MO, Pharmacist and LT**	Rs. 24000	1	0.24	Budget approved for Performance based Incentive @ Rs. 6.72 following: 1. Rs. 3.60 lakh as insentive (500/day) of two lab technician at 2 Modal Treatment center (Doon Medical college and GMC Haldwani) for viral load Testing and Entry at MIS Portal@1,80000 perLT/Year each 2. Rs 3.12 Lakh for 13 districts as per District 2000/Month for One Data entry operation in Incentive based data entry in MIS Portal.
U.11	**IEC/BCC**	**--**	**--**	**--**	**Budgeted in IEC/BCC Annexure**

U. 12 Printing

Under printing activities, in FMR code 12.17.4 Budget approved @ Rs. 0.10 lakh for Printing for formats/registers etc. under NVHCP.

FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
U.12	**Printing**			0.10	
12.17.4	Printing for formats/registers under NVHCP	Rs. 10000	1	0.10	Budget approved Rs. 0.10 lakh for Printing for formats/registers etc. under NVHCP.

U.14 Drugware Housing and Logistics

Under Drugware Housing and Logistics, Rs. 7000 approved for Sample transportation cost under NVHCP.

FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
U.14	**Drugware Housing and Logistics**			**0.07**	
14.2.13	Sample transportation cost under NVHCP	Rs. 10000	1	0.10	Budget approved @ Rs. 10000 for Sample transportation cost under NVHCP

Summary of approvals FY 2020-21 NHM_NVHCP_Champawat

FMR	Budget Head	Amount approved in FY 2020-21 (Rs. In Lakh)
U.1	Service Delivery- Facility based	0.30
U.8	Human Resource	0.24
U.11	IEC/BCC	Budgeted in IEC/BCC Annexure
U.12	Printing	0.10
U.14	Drugware Housing and Logistics	0.10
Total		**0.74**

Chapter -22
National Programme for Climate Change and Human Health

Climate change is defined as "*a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods*." It affects social and environmental determinants of health like –clean air, safe drinking water, sufficient food and secure shelter.

Climate change may negatively affect human health through a number of ways, but the commonly experienced are increased frequency and intensity of heat waves leading to rise in heat related illnesses and deaths, increased precipitation, floods, droughts and desertification costing lives directly. High temperature is known to increase the level of 'ground level ozone' and other 'climate altering pollutants' other than carbon dioxide, which further exacerbate cardio-respiratory and allergic diseases and certain cancers. Beside these, there is increase in transmission and spread of infectious diseases, changes in the distribution of water-borne, food borne and vector-borne diseases and effects on the risk of disasters and malnutrition.

National Centre for Diseases Control (NCDC) is identified as the 'technical nodal agency' by MoHFW for Climate Change and Human Health. Further, to strengthen and support activities at the states, the National Programme on Climate Change and Human Health has been included under the National Health Mission.

Goal:

To reduce morbidity, mortality, injuries and health vulnerability due to climate variability and extreme weathers

Objective: To strengthen health care services against adverse impact of climate change on health.

Specific Objectives

Objective 1: To create awareness among general population (vulnerable community), health-care providers and Policy makers regarding impacts of climate change on human health.

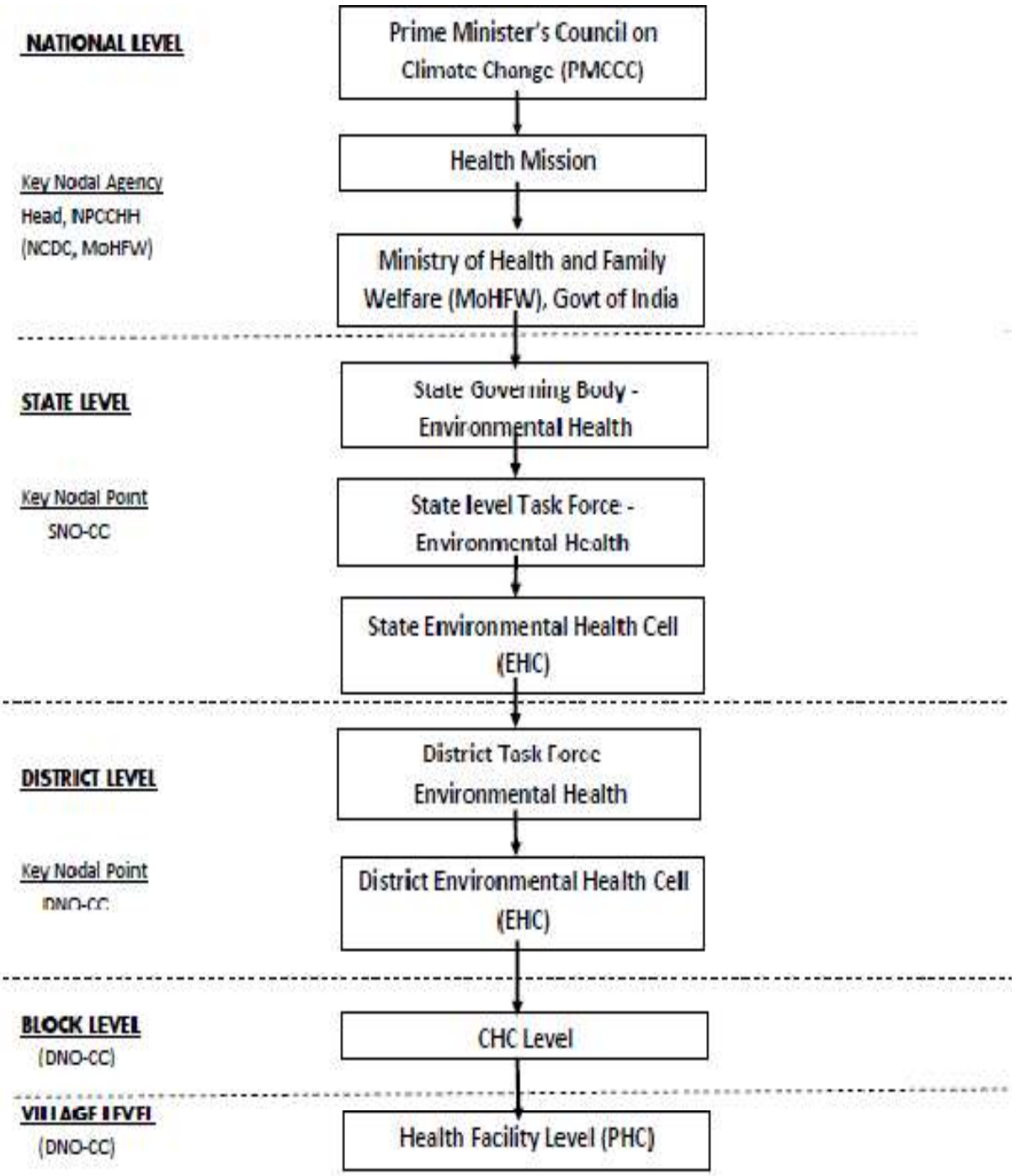
Objective 2: To strengthen capacity of healthcare system to reduce illnesses/ diseases due to variability in climate.

Objective 3: To strengthen health preparedness and response by performing situational analysis at state/ district/ below district levels.

Objective 4: To develop partnerships and create synchrony/ synergy with other missions and ensure that health is adequately represented in the climate change agenda in the state in coordination with the Ministry of Health & Family Welfare.

Objective 5: To strengthen state research capacity to fill the evidence gap on climate change impact on human health

NPCCHH: Organisational Framework



9. Training and capacity building

Under Training and capacity building, Budget of Rs. 0.45 Lakh approved for 1 day Training of Medical Officers for 1 batch under NPCCHH and State Specific Climate Sensitive Health issue (1 Batch- 25 Participants)

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
9		**Training and capacity building**			**0.45**	
9.2.4.9	9.5.29.8	Trainings of Medical Officers, Health Workers and Programme officers under NPCCHH	Rs. 45000	1 batch	0.45	Budget of Rs. 0.45 Lakh approved for 1 day Training of Medical Officers for 1 batch under NPCCHH and State Specific Climate Sensitive Health issue (1 Batch- 25 Participants)
10		**Review, Research, Surveillance and Surveys**	--	--	--	
11		**IEC/BCC**	--	--	--	**Budgeted in IEC/BCC Annexure**

Note: Funds for IEC/BCC is budgeted in IEC/BCC Chapter/Annexure

12. Printing

Under Printing, Rs. 0.10 Lakh is approved for Printing activities under NPCCHH and State Specifc Climate Sensitive Health issue i.e. training materials, reporting formats, guidelines etc.

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2020-21 (Rs. In Lakh)	Remarks
12	**12**	**Printing**			**0.10**	
12.4.7	**12.17.3**	**Printing activities for NPCCHH**	Rs. 10000	1	0.10	Budget of Rs. 0.10 Lakh approved for Printing activities under NPCCHH and State Specifc Climate Sensitive Health issue i.e. training materials, reporting formats, guidelines etc.

Note :

- **Budget for IEC is available in separate chapter for FMR 11**

Summary of approvals FY 2020-21 NHM_NPCCHH_Champawat

FMR	Budget Head	Amount approved in FY 2020-21 (Rs. In Lakh)
9	**Training and Capacity building**	**0.45**
11	**IEC/BCC**	**Budgeted in IEC/BCC Annexure**
12	**Printing**	**0.10**
Total		**0.55**

Chapter -23
National Rabies Control Program

Rabies is almost 100% fatal zoonotic disease transmitted from animals and is responsible for considerable mortality of humans in India. To address this issue, National Rabies Control Programme (NRCP) is being implemented in India. National Centre for Disease Control (NCDC) is the nodal agency for implementing the programme.

The programme activities include training of health care professionals about appropriate animal bite management and Rabies Prophylaxis, surveillance of animal bites and human Rabies cases, IEC activities for generating community awareness and strengthening diagnosis of rabies in humans.

Objectives:

1. Training of Health Care professionals on appropriate Animal bite management and Rabies Post Exposure Prophylaxis.
2. Adopt and implement Intradermal route of Post exposure prophylaxis for Animal bite Victims and Pre exposure prophylaxis for high risk categories.
3. Strengthen Human Rabies Surveillance System.
4. Creating awareness in the community through Advocacy & Communication and Social Mobilization.
5. Ensure availability of ARV and ARS.

U.9 Training and capacity building

Under Training and capacity building, Rs. 0.45 Lakh is approved for 1 day training at district level on Rabies diagnosis and management under National Rabies Control Programme for Medical Officers and Health workers for 1 Batch @ Rs 45000/- per batch (1 Batch- 25 participants).

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
9		**Training and capacity building**			**0.45**	

9.2.3.6	9.5.29.7	Trainings of Medical Officers and Health Workers under NRCP	Rs. 45000	1 batch	0.45	Budget of Rs. 0.45 Lakh is approved for 1 day training at district level on Rabies diagnosis and management under National Rabies Control Programme for Medical Officers and Health workers for 1 Batch @ Rs 45000/- per batch (1 Batch-25 participants).
11		**IEC/BCC**	--	--	--	**Budgeted in IEC/BCC Annexure**

12. Printing

Under Printing, Rs. 0.10 Lakh is approved for printing of reporting formats, guidelines etc. for monitoring and surveillance under NRCP.

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
12		**Printing**			**0.10**	
12.3.6	12.3.6	Printing of formats for Monitoring and Surveillance	Rs. 10000	1	0.10	Budget of Rs. 0.10 Lakh approved for printing of reporting formats, guidelines etc. for monitoring and surveillance under NRCP

U. 16 Programme Management

Under Programme Management**,** Rs. 0.10 lakh approved for review meetings and Travel/Mobility Support etc. under NRCP.

New FMR Code	Budget Head	Unit Cost	Physical Target	Amount approved in FY 2021-22 (Rs. In Lakh)	Remarks
16	**Programme Management**			**0.10**	
16.1.2.2.16	Monitoring and Surveillance (review meetings , Travel) under NRCP	Rs. 10000	1	0.10	Budget of Rs. 0.10 lakh approved for review meetings and Travel/Mobility Support etc. under NRCP

Note :

- **Budget for IEC is available in separate chapter for FMR 11**

Summary of approvals FY 2021-22 NHM_NRCP_Champawat

FMR	Budget Head	Amount approved in FY 2021-22 (Rs. In Lakh)
9	Training and Capacity building	0.45
11	IEC/BCC	Budgeted in IEC/BCC Annexure
12	Printing	0.10
16	Programme Management	0.10
Total		**0.65**

Chapter 24
National Leprosy Eradication Program (NLEP)

Introduction:

Leprosy is a chronic infectious disease with long incubation period. Since the National Leprosy Eradication Programme aims to eradicate the disease i.e. nil case of leprosy as the ultimate goal, sustain control measures need to continue during 2021-22 and in future also.

Objectives:

a. Elimination of Leprosy i.e. PR below 1 per 10000 population in all districts.
b. Annual New Case Detection Rate below 10 per lac population in all districts.
c. Treatment Completion Rate of leprosy –
In MB cases more than 95%

In PB cases more than 97%

d. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
e. Reduction in the level of stigma associated with leprosy.

New Initiatives: In order to achieve Leprosy Eradication Goals in Uttarkhand State below listed new activities needs to be made operational in the districts.

1. **Focused Leprosy Campaign:** Under this Activity intensive case search will be conducted around Gr.II disability and MB cases considering them as hot spot for strengthening Leprosy Surveillance .

2. **ASHA Based Surveillance for Leprosy Suspects (ABSULS):** Is an ongoing activity needs to strengthened in all the District of Uttarakhand State.

3. **Post Exposure Propylaxis (PEP):** WHO has recently released guidelines for diagnosis, treatment & prevention of Leprosy, Wherein, Post Exposure Prophylaxis has been recommended. Accordingly, it has been decided to Launch Post Exposure Prophylaxis nationwide for all contacts of Leprosy cases detected with effect from 2nd October 2018. Contacts of all existing cases as on date and future cases, may need to be given single dose rifampicin (SDR) Prophylaxis as part of NLEP.

1. Service Delivery- Facility based :

Case Detection & Management : Active Case Detection & Regular Surveillance: Regular active case detection through screening of each member of the community (in both rural and urban areas) shall be carried out by ASHA / Non Medical Supervisor/Trained Male or Female Health Worker/Trained community Volunteer/ trained Person affected by leprosy/ Trained member of Mahila Aarogya Samiti (MAS) [hereafter referred as Male/Female Front Line Worker (M/F –FLW)]. Female members of the community should be screened only by a female FLW and the male members should be screened by a suitable Male FLW. The DLO concerned shall be responsible for the identification of the most suitable M/F FLWs available in the area and for their deployment for the purpose of screening for leprosy as per guidelines.

Support to Govt. Institutions for Conducting RCS : Support to Govt. Institution for conducting 2 days RCS Camp @ Rs. 5000/Patient as per GOI Guidelines.

Welfare Allowance for RCS : Welfare allowance for RCS Patients @ Rs. 8000/RCS eligible Case as per GOI Guidelines

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
1		**Service Delivery- Facility based :**			**0.2634**	
1.1.5.4	G.1.1	Case Detection & Management : Specific Plan for high endemic Districts	26,340	1	0.2634	For Conducting active case detection throughout the district round the year. Districts are requested to conduct the activity as per GOI guidelines.
1.1.5.6	G.2.4	Support to Govt. institutions for RCS	0.00	0	0.00	
1.2.3.1	G.2.3	Welfare allowance to patients for RCS	0.00	0	0.00	

2. Service Delivery- Community based

DPMR at Camps: for Conducting 2 days RCS Camp for TA/DA, boarding, lodging to surgeons visiting for the purpose, Lunch etc. to the camp participants.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
2		**Service Delivery- Community based**			**0.00**	
2.3.2.2	**G.2.5**	**DPMR: at Camps**	0.00	0	0.00	

3. Community Interventions

ASHA involvement under NLEP: Accredited Social Health Activists (ASHA) involvement in NLEP to bring out suspected cases from their villages/Areas for diagnosis at PHC and after confirmation of diagnosis, will follow up the patients for completion of treatment.
The ASHA will be entitled to receive incentive as below:
(i) At confirmation of diagnosis – Rs. 250/-
(ii) For Late Detection of new case with visible deformity in hands, feet or eye – Rs. 200/-
(iii) On completion of full course of treatment in time – PB - additional Rs.400/
MB - additional Rs.600/-

Activities to be performed by ASHAs:
(i) Search for suspected cases of leprosy i.e. before any sign of disability appears. Such early detection will help in prevention of disability and also cut down transmission potential.

(ii) Follow up all cases for completion of treatment in scheduled time. During follow up visit also look for symptoms of any reaction due to leprosy and refer them to the Health Workers/PHC for treatment. This will again reduce chances of disability occurring in cases under treatment.

(iii) Advise and motivate self-care practices by disabled cases for proper care of their hands and feet during the follow up period. This will improve quality of life of the affected persons and prevent deterioration of disabilities.
(iv) Spreading awareness.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
3		**Community Interventions**			**0.015**	
3.1.1.4.8	**G.1.3.a**	**ASHA Involvement under NLEP - Sensitization**			**0.015**	
3.1.1.4.8.1	G.1.3.b.i	ASHA Incentive for detection of Leprosy	Rs.250 for Detection	2 Cases	**0.005**	ASHA incentive for detection of Leprosy Cases @ Rs. 250/Case
3.1.1.4.8.2	G.1.3.b.ii	ASHA Incentive for PB (Treatment Completion)	Rs.400 for PB Treatment Completion	1 Case	**0.004**	ASHA incentive for Treatment completion @ Rs. 400/Case
3.1.1.4.8.3	G.1.3.b.iii	ASHA Incentive for MB (Treatment Completion)	Rs.600 for MB Treatment Completion	1 Case	**0.006**	AHSA incentive for Treatment completion Case @ Rs. 600/Case

6. Procurment:

Lab Reagents: Procurement of equipment for lab reagents.

MCR Footwear: Procurement of MCR Footwear for the needy PALs with insensitive feet residing in Kushth Ashrams and their own houses @ Rs. 400/Pair.

Aids & Appliances : Aids and appliances (Crèches, goggles, hand grip etc) for Medical Rehabilitation are supplied to the Leprosy Patients.

Supportive Drugs: Procurement of Supportive Drugs for Leprosy Patients.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
6		**Procurement:**			**0.172**	
6.1.1.17.1	G.1.4	Procurement of bio-medical Equipment: NLEP (Lab Reagents)	0	0	0.0	
6.1.2.3.1	G.2.1	MCR	400	8 Pairs	0.032	For 08 pairs of MCR Footwear @ Rs. 400/Pair.
6.1.2.3.2	G.2.2	Aids/Appliances	3,000	1	0.03	Aids and appliances
6.2.13.1	G.1.4	Supportive Drugs	Rs. 11,000 for Supportive Medicines	1 District	0.11	Procurement of Supportive Drugs

7. Referral Transport

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
7		**Infrastructure**	0	0	**0**	

8. Service Delivery- Human Resource:

Para Medical Worker under NLEP: 3 PMW under NLEP i.e 1 PMW at District Haridwar and 2 PMW at District Udham Singh.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
8		**Service Delivery-Human Resource:**			**0.00**	
8.1.1.12	B.30.1.11	PMW NLEP	0	0	**0.00**	

9. Training and Capacity building:

Capacity Building Under NLEP: Three Days NLEP training & One Day NLEP training to the General Health Care Staff.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
9		**Training and Capacity building:**			**0.483**	
9.5.13.1	G.3.1	Capacity Building under NLEP	-	-	**-**	
9.5.13.2		Any other (NLEP Training of General Health Care staff i.e, Staff Nurse, Pharmasist, Health Supervisor, Lab Technician & Physiotherapist)	-	-	**0.483**	NLEP District Level Training to the general Health Care staff i.e, Staff Nurse, Pharmasist, Health Supervisor, Lab Technician & Physiotherapist)

10. Review, Research, Surveillance and Surveys

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
10.5		**Sub-national Disease Free Certification**	0	0	**0.00**	
10.5.2		Leprosy	0	0	**0.00**	

11. IEC/BCC: The IEC Activities will focus on communication for behavioural changes in the general public. Changes are required because:

- Stigma associated with the disease and discrimination against the leprosy affected persons are still perceived. The effective way to deal with this difficult challenge of stigma removal is to embark on intensive Inter-Personal Communication (IPC) with the target groups.

- Certain level of awareness has developed in the communities due to the persistent efforts in communication during last decade. However, continuous efforts are needed to cover the uncovered areas. Coverage will have to move from high risk centric to general community at large.
- Involvement of people affected by leprosy will also help in improving awareness, case detection and stigma reduction.

Objectives of IEC

- To develop communication material vis-à-vis the target audiences and deliver effectively.

- To complement and support the detection and treatment services being provided free of cost through the General Health Care System.

- To remove stigma associated with leprosy and prevent discrimination against leprosy affected persons.

- To specifically cover beneficiaries, health providers, influencers and the masses.

Activities to be conducted in IEC

- **Mass Media –** TV, Radio and press in local languages.

- **Outdoor Media -** Hoardings, Bus panels, Wall paintings, posters, leaflets, Rallies including Banners.

- **Rural Media -** IPC meetings, School talks/quiz, Folk media, Exhibitions and Health Melas.

- **Advocacy -** Meetings with Zila Parishad, Mahila Mandals, NGOs etc.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
11		**IEC/BCC:**			**1.3438**	
11.16.1	B.10.6.10	IEC/BCC: Mass Media, Outdoor media, Rural media, Advocacy	1,34,382	1	**1.3438**	IEC/BCC under NLEP to conduct intensive IEC for stigma reduction associated with leprosy as per

		Media for NLEP				guidelines and distribution of ASHA Flip Books of NLEP .

12. Printing: Printing of NLEP Forms & Formats, NLEP Case Registers, etc.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
12		**Printing activities under NLEP:**			**0.04**	
12.1.2.1	G.1.4	Printing Works	4,000	1	0.04	For Printing of NLEP Reporting Formats, Patient Cards etc.

16. Programme Management:

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remark
16		**Programme Management:**			**0.95**	
		Mobility Support Field Visits			**0.30**	
16.1.3.3.10	G.4.1.b	Travel Expenses Contractual staff at District level	0	0	0.00	
16.1.3.3.11	G.4.5.b	Mobility Support : District Cell	20,000	1	0.20	Approved in vehicle hiring & POL Maintenance for effective supervision & Monitoring by DLO/DN team.
16.1.3.5.1	G.5	Others: Travel Expenses for regular Staff	10,000	1	0.10	Travel Expenses for regular Staff
		Operational Cost (expenses on account of consumables, operating expenses, office			**0.65**	

		expenses, admin expenses, contigencies, transport of samples, miscellaneous etc.)				
16.1.4.2.4	G.4.3.b	Office Operation & Maintenance - District cell	35,000	1	0.35	Office Operation & Maintenance
16.1.4.2.5	G.4.4.b	District Cell-Consumables	30,000	1	0.30	Consumables District Cell

Summary of Approval 2020-21 – NLEP : CHAMPAWAT		
FMR Code	**Budget Head**	**Total Approved (INR)**
1.	Service Delivery - Facility Based	0.2634
2.	Service Delivery - Community Based	0
3.	Community Interventions	0.015
4.	Untied Fund	0
5.	Infrastructure	0
6.	Procurement	0.172
7.	Referral Transport	0
8.	Service Delivery - Human Resource	0
9.	Training & Capacity Building	0.483
10.	Review, Research, Surveillance & Surveys	0.00
11.	IEC/BCC	1.3438
12.	Printing	0.04
13.	Quality Assurance	0
14.	Drug Warehousing and Logistics	0
15.	PPP	0
16.	Programme Management	0.95
17.	IT Initiatives for strengthening Service Delivery	0
18.	Innovations (if any)	0
Total		**3.2672**

Chapter 25
National TB Elimination Program (NTEP) - Champawat

Vision:- TB Elimination in Uttarakhand by 2024.

Goal- In Uttarakhand the estimated total TB Cases are 275/Lac per year in 2020 including both public and private sector with target of 32,000 for year 2021 for which to achieve universal access to quality TB diagnosis & treatment in the community.

Objectives

- To achieve 90% TB Notification of all TB cases
- To achieve 90% success rate for all New cases and 85% for all Re-treatment cases
- To significantly improve the successful outcomes of treatment of DR-TB cases
- To achieve decreased morbidity and mortality of HIV-associated TB
- To improve outcomes of TB-care in private sector

Achievement so far-

1) In Uttarakhand Program has introduced daily regimen for treatment of drug sensitive TB in the year 2017, October month.
2) State has CBNAAT machines in all 13 District Headquarters& a mobile CBNAAT Van for U-DST and diagnosing TB patients amongst key populations.

1. Service Delivery Facility Based–RNTCP is providing facility based diagnostic and treatment services to TB patients through its DTCs,TUs and DMCs.Operational funds are required for dispensing the services and maintenance of office equipments in all these facilities.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
1		**Service Delivery - Facility Based**			**16.98**	
1.1.5.7		Diagnosis and Management under Latent TB Infection Management		District Level	4.12	Budget released for testing of latent TB infection by IGRA and TST Test in Kidney failure, Organ transplant and Silicosis patient.
1.2.3.2	**H.3.5**	TB Patient Nutritional Support under Nikshay PoshanYojana		**District Level**	12.60	Amount proposed for @Rs 3000 for TB patient and @RS 6000 for

						DRTB Patient
		NPY for TB patients notified from public sector				
		NPY for TB patients notified from private sector				
		NPY for Drug Resistant TB patients				
1.3.1.12	H.5	Maintenance of Office Equipment			0.26	Office equipment maintenance as per demanded by districts

2. Service Delivery – Community Based

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
2.3.2.8	-	Screening, referral linkages and follow-up under Latent TB Infection Management	-	-	0	

3. Community Interventions- The honorarium/counseling charges for provision of DOT will be paid only to such workers who are not salaried employees of the Central/State Government. This would include among others anganwadi workers, trained dais, village health guides, community volunteers, ASHA, etc. The honorarium/ counseling charges to be paid to volunteer supervising MDR-TB treatment.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
3		**Community Interventions**				
3.2.3.1	H.3	Honorarium under RNTCP			**4.30**	
3.2.3.1.1		Treatment Supporter Honorarium (Rs 1000)			2.00	Treatment supporter @Rs 1000/patient

3.2.3.1.2		Treatment Supporter Honorarium (Rs 5000)			1.50	Treatment supporter of DR-TB patient @Rs 5000/patient
3.2.3.1.3		Incentive for informant (Rs 500)			0.60	Informant incentive @ 500/patient.
3.2.3.1.4	3.2.6.1	Any other (State/District TB Forums)			0.20	To organize District TB Forum-Biannually

4. Untied Fund – NIL

. Infrastructure- For civil work, plumbing, electrical and other repairs for facilities/ structures under RNTCP like STC, STDC, SDS, IRL, C&DST lab, DRTB Centre, DTC, DDS, TU, DMC etc.The maintenance amount for DMCs and TUs may be pooled at district level and repairs are undertaken where necessary.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
5		**Infrastructure**			**0.70**	
5.3.14	H.1	Civil Works under RNTCP		District Level	0.70	As per demanded by district

6. Procurement

Procurement of Equipment- Lab Equipment: Binocular Microscopes & Fluorescent LED based microscope are being provided by CTD for training institution and for service delivery in RNTCP areas.

• Office Equipment: Office equipment will be procured by States/districts for new units planned under the project (State TB cell, DTC, SDS, IRL and DRTB Centre) and for replacing them which are more than 5-7 years old and are not functional.

Equipment Maintenance- Maintenance/upgradation costs for Laboratory equipment and office equipment like computers, photocopier, fax, etc. are included under this head.

Laboratory Materials- Lab consumables for DMCs, Culture / DST laboratories, STDCs, NRLs and IRLs to be procured.

Procurement of Drugs- Drugs required during TB treatment are being procured centrally. They are not to be procured at the State and Districts levels except with written approval from CTD.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
6		**Procurement**			**6.27**	
6.1.1.18.1	**H.17**	**Procurement of Equipment**			1.30	As per district demand for office procurement .
		Other Lab Equipment (Specify)				
		Lab Equipment				
		Equipment Maintenance				
6.1.3.1.3	H.5	Equipment Maintenance			0.60	Lab equipment maintenance
		Lab Equipment				
		Binocular Microscopes				
		LED Fluorescent Microscope				
6.2.14.1	H.2	Laboratory Materials			0.96	Lab consumables for ZN/LED Microscopy
6.2.14.2	H.15	Procurement of Drugs			0.85	Procurement of first & second line drugs
6.2.14.3		Any other drugs & supplies (please specify)				
6.5.2	**H.11**	**Procurement of sleeves and drug boxes**			1.33	For Procurement of sleeves and drug boxes
		Procurement of Drug Boxes				
		Procurement of 99 DOTS Sleeves				
6.5.3		**Any other (please specify)**			1.23	Procurement of specimen packaging material

7- **Referral Transport (Previously known as patient support)**

Tribal/Hilly/Difficult areas : Patients from tribal / hilly/ difficult areas to be provided an aggregate amount of Rs. 250 on completion of treatment to cover travel costs of patient and attendant. MDR TB suspect travel to DTC / Collection centre to be paid as per the actual with public transport. MDR /XDR TB patient travelling to DRTB Centre or to district for treatment initiation /followups / adverse reaction management during the treatment along with one accompanying person / attendant. Travel cost to be reimbursed as per actuals maximum upto equivalent to travel cost with public transport or norms approved by society for such visits to be provided.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
		Referral Transport				
7.5	H.18	Patient Support & Transportation Charges			**0.56**	
7.5.1	H.18.1	Tribal Patient Support and transportation charges			0	
7.5.2		Sample collection and transportation charges			0.56	Sample collection and transportation charges

8. **Service Delivery- Human Resource**

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
		Service Delivery- Human Resource				

9. **Training**

The training of STO/DTOs will be organized in coordination with central institutes / CTD. The other categories of staff will be trained at State/District/Sub-district level. It also includes sensitization. The training will be held in batches and cost for each batch of training for different category of staff is calculated applying the various approved norms .

The costs include hiring of venue, organization charges, honorarium for trainers, TA/DA, course material and refreshment or for any activity related to training.

State level facilities includes State TB cell, STDC, SDS, IRL, C&DST lab, DRTB Centre for all the financial heads including training.

New	Old	Budget Head	Unit	Qty	Amount	Remarks

FMR Code	FMR Code		cost		Approved Rs. In Lakh	
9.5.14		**Training**			**0.40**	
9.5.14.1	H.6	Trainings under RNTCP			0.40	District level training of MO,LT, Health care worker ,MPW etc
9.5.14.2	H.10	CME (Medical Colleges)			0	
9.5.14.3		Any other (please specify)			0	

10. Review, Research, Surveillance & Surveys –

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
10.2		**Review, Research, Surveillance & Surveys**			**0**	
10.2.8	H.14	Research & Studies & Consultancy	**-**	**-**		
10.2.9	H.10	Research for medical colleges				
		Operational Research				
10.5		Sub-national Disease Free Certification				
10.5.1		Tuberculosis				
		District Level				

11. IEC/BCC

ACSM activities are design by the RNTCP for community mobilization for TB care and control. This includes various activities like patient provider meeting,community meeting, CME, activities in school / educational institutions, advocacy meetings, PRI involvement, involvement of FBOs, activities during World TB Day/ week and outdoor activities i.e.nukkadnataks, streetplays, wall painting etc.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remarks
11		**IEC/BCC**			**1.29**	

11.17.1	11.3.2	ACSM (State & district)			0.89	Fund are allocated for PPM meeting, community mobilization, School activities, Outdoor activity, CME, World TB Day, ACSM during ACF, ACSM activities during Active TB Case Finding
11.17.2		TB Harega Desh Jeetega' Campaign			0.40	TB harega Desh Jeetega
11.17.3		Any other IEC/BCC activities (please specify)			0	

12. Printing

Printing of stationery items such as treatment cards, patient identity card, TB register, laboratory form, referral form, notification form, health establishment registration form, transfer form, training modules, quarterly report format, research reports, Action Plans and other formats required for Programme implementation at State/District level.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
12		**Printing**			**0.69**	
12.13.1	H.4	Printing (ACSM)			0.26	
12.13.2	H.13	Printing			0.43	

13. Quality Assurance – NIL

14. Drug Warehousing and Logistics

Vehicle operation (POL & maintenance) Vehicles used for supervisory visits by DTO, MO-TC and contractual staff under RNTCP are budgeted on the basis of:

• Kilometers traveled/day, number of days in a month and current cost of POL.

• Total amount includes repairs, spare parts, insurance, tax, helmets, PUC, essential accessories, service charges, etc. which may be required for the maintenance of vehicles.

Vehicles Hiring Vehicles are hired where RNTCP or State Government Vehicle are not available for supervisory visits. Appropriate documentation for supervisory visits to be ensured. MOTC/ Officer /Staff having NRHM hired vehicle available for supervision & monitoring, cannot hire additional vehicle. Vehicle hire is allowed only for the days of supervision & monitoring or official visits.

State level officers & Coordinators can hire vehicle for the days of supervision & monitoring visits.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qnty	Amount Approved Rs. In Lakh	Remarks
14		**Drug Warehousing and Logistics**			**0.30**	
14.2.12	H.11	Drug transportation charges			0.30	
		Transportation of drugs and other logistics				

15. PPP

Activities included in this head are payments of NGO/PP schemes grant-in-aid,activities undertaken for involvement of NGO/PPs, Cost of the state and district level PPM Coordinators and TBHVs, andcosts for pilots / innovations for improving TB control at central / state / district / sub district level.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
15.3.3		**PPP Under NTEP**			**1.28**	
15.3.3.1	H.9	Any Public Private Mix (PP/NGO Support)			0	
15.3.3.2	H.9.1	Public Private Support Agency (PPSA)			0	
15.5.3	H.9.2	Private Provider Incentive			1.28	For private practioners incentive@Rs 1000 per patient

16. Programme Management

Activities included in this head TA/DA reimbursement payments state & district RNTCP staff for supervision & monitoring visit.

New FMR Code	Old FMR Code	Budget Head	Unit cost	Qty	Amount Approved Rs. In Lakh	Remarks
16		Human Resource - Given separately			**4.44**	

16.1.2.2.13		Supervision & Monitoring	-	-	1.00	
16.1.3.1.13	H.7	Vehicle Operation (POL &Maintenance)			1.91	
16.1.3.1.14	H.8	Vehicle hiring			0.54	
16.1.4.1.10	H.11	Office Operation (Miscellaneous)			0.42	
16.1.5		Vehicle Maintenance			0.57	

Summary of Approvals 21-22 ; NTEP, Champawat

FMR Code	Budget Head	Total Approved (INR In Lakhs)
U.1	Service Delivery - Facility Based	16.98
U.2	Service Delivery - Community Based	0.00
U.3	Community Interventions	4.30
U.4	Untied Fund	0.00
U.5	Infrastructure	0.70
U.6	Procurement	6.27
U.7	Referral Transport	0.56
U.8	Service Delivery - Human Resource	0.00
U.9	Training & Capacity Building	0.40
U.10	Review, Research, Surveillance & Surveys	0.00
U.11	IEC/BCC	1.29
U.12	Printing	0.69
U.13	Quality Assurance	0.00
U.14	Drug Warehousing and Logistics	0.30
U.15	PPP	1.28
U.16	Programme Management	4.44
U.17	IT Initiatives for strengthening Service Delivery	0.00
Total		**37.21**

Chapter 26
Non Communicable Disease Control Programs (NCD)

Programmes under NCD

- National Program for Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS).
- National Tobacco Control Program (NTCP).
- National Program for Control of Blindness (NPCB).
- National Mental Health Program (NMHP).
- National Program for Health Care of Elderly (NPHCE).
- National Oral Health Program (NOHP).
- National Program for Prevention and Control of Deafness (NPPCD).
- National Program for Palliative Care (NPPC).
- Pradhan Mantri National Dialysis Program (PMNDP).
- National Iodine Deficiency Disorder Control Program (NIDDCP)

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

An Intergrated program called National Programme for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke was launched in 2010 by merging the National Cancer Programme with the pilot programme.

Objectives

- Health promotion through behaviour change
- Prevention and early detection of NCDs.
- Building capacity at various levels of health care facilities for prevention, early diagnosis, treatment and rehabilitation in respect of NCDs.
- Supporting development of database for NCDs through regular surveillance
- Monitoring risk factors, morbidity and mortality associated with NCDs.

The strategies being adopted under the programme are prevention through behaviour change, early diagnosis, treatment, capacity building of human behaviour and surveillance, monitoring & evaluation.

COPD Programme

Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality across the globe. In India NCDs were estimated to have accounted for 61.8 % of all deaths . India contributes a significant and growing percentage of COPD mortality which is estimated to be amongst the highest in the world; i.e. more than 64.7 estimated age standardized death rate per 100,000 amongst both sexes. In Uttarakhand, COPD is the second leading cause of DALYs(Disability adjusted life year.) 2410 DALYs per 100000("India: Health of the Nation's States") .

Objectives:

- To identify patients with respiratory diseases(COPD and Asthma) in its initial stages

- To provide quality treatment to the patients
- To improve quality of life of the patients suffering from COPD & Asthma.
- To reduce the mortality and morbidity rate.

To achieve the objectives stated above GOI has initiated a dedicated programme under NPCDCS.

In Uttarakhand, the programme will be launched in phase manner. In first phase, three districts have been selected for the purpose namely Dehradun, Haridwar and U S Nagar. Under this programme, Individuals of any age with any signs or symptoms of respiratory disease or persons suffering from COPD and Asthma or having risk factors like smoking, will be screened and monitored at Health and Wellness Centre with the help of Peak Flow Meter. Individuals in yellow and red zone (50-80% or 50 % less) of the peak flow meter will then be referred to higher centre for further evaluation management.

Universal Screening For Common NCDs

Major objective of the program is early diagnosis and prevention of five Non Communicable Diseases (Hypertension, Diabetes, Oral, Breast & Cervix Cancer). ASHA will conduct household survey and fill the Health Cards of people above 30 years of age as per Community Based Assessment Checklist. On the basis of the CBAC form suspected people will be referred to higher centre for early diagnosis and treatment. ASHA will get incentive @ Rs 10/ per CBAC mobilizing for NCD Screening and Rs 50/biannual for follow up of confirmed cases.

At present, program is implemented in 43 blocks of 13 districts throughout the state.

In Financial year 2020-21, additional 23 blocks of 13 districts to be covered under the program.

Capacity Building-

- In FY 2019-20,State TOT of Medical officers, ANM and ASHA/AF completed.
- Modular District Training of MO, ANM and ASHA completed in all selected blocks of the financial year 2019-20.

Service Delivery-

- Till now 242 MO, 330 MLHP, 988 ANM and 6491 ASHA trained in the program at district level.
  Following are the details of Hypertension and Diabetes screening data:-
  Hypertension:-

Year	Total number of Persons Screened	Total number of Persons found Positive
2018-19	8298	1336
2019-20	180657	27797
2020-21	359389	42316
Total	548344	71449

Diabetes:-

Year	Total number of Persons Screened	Total number of Persons found Positive
2018-19	6378	908
2019-20	144533	19671
2020-21	271925	29190
Total	422836	49796

Service Delivery- Facility Based

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.1	**Service Delivery- Facility Based**				**0.50**	
NPCDCS						
1.3.1.8	O.2.2.1.3/ O1.1.3.1	District NCD Clinic: Strengthening of lab, Mobility , Miscellaneous & Contingencies	25000	1	0.25	Budget of Rs. 0.25 lakh is approved for Mobility, Miscellaneous & Contingencies.
1.3.1.9	O.2.2.1.4	CHC NCD Clinic: Mobility , Miscellaneous & Contingencies	25000	1	0.25	Budget of Rs 0.25 lakh lakh is approved for CHC NCD Clinic: Mobility , Miscellaneous & Contingencies of CHCLohaghat

U6 Procurement:

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity / Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6					**5.50**	
CHC NCD Clinic to be established in 1 CHCs of the district. Furniture, equipments and computer etc. to be procured for the establishment of the CHC NCD Clinic.						
6.1.1.23.4	O1.1.4.1	Non-recurring: Equipment at CHC NCD clinic	100000	1	1.00	Budget approved Rs 3.00 lakh for equipment at

						CHC Lohaghat for NCD clinic
Budget is approved for the procurement of equipments for screening of NCDs @ Rs 4000 per SC and @ Rs 24000 per PHC. Total 19 SC (Block Pati) and 2 PHC are approved. Equipments to be procured are BP Apparatus, VIA Kit- Examination Lamp, Cusco's Speculum, Autoclave & Torch, OVE Kit- Mouth Mirror & LED torch.						
6.1.2.6.1	B.18.2	Procurement for Universal Screening of NCDs	5904	21	1.24	Budget of Rs. 1.24 lakh is approved for procurement of equipments
6.2.19.1	B.16.2.11.8.a	Drugs & supplies for District NCD Clinic	50000	1	0.50	Approved Rs. 0.50 lakh for the procurement of drugs & consumables
Budget is approved for the procurement of consumables (Glucose testing- Glucostrips & Glucometer, VIA testing- gloves, cotton swabs, distilled water, acetic acid and OVE- wooden sticks, gloves, cotton, gauze) for screening of NCDs @ Rs 8500 per SC and @ Rs 14000 per PHC. Total 55 SC and 6 PHCs for 6 Months						
6.2.19.6	B18.2	Drugs & supplies for Universal Screening of NCDs	4524	61	2.76	Budget of Rs. 2.76 is approved.

U7 Referral Transport

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
7.6	**Transport of referred cases including home based care**				0.50	
7.6.1	O.2.1.6.6.i	District NCD Clinic	50000	1	0.50	Budget approved Rs 50000 For referral services .

U9 Training & Capacity Building

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.9	**Training & Capacity Building**				**0.10**	
9.5.19.2	O.2.3.2	District NCD Cell	10000	1	0.10	Approved Rs. 0.10 lakh for training of staff under NCD.

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.40**	
NPCDCS						
11.22	**O.2.3**	**IEC/BCC activities under NPCDCS**				
Budget of Rs. 40000/- is approved for Organising World Cancer Day(4 Feb), World Heart Day(29 Sept), World Diabetes Day (14 Nov), World Stroke Day (29 October).						
11.22.2	O.2.3.2	IEC/BCC for District NCD Cell	40000	-	0.40	Approved Rs.0.40 lakh for IEC activities

U 12 : Printing

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.12	**Printing**				**2.76**	
Budget is approved Rs. 2.76 Lakh for printing of CBAC, ASHA Reporting format, Individual Health Cards and Refferal Slip for 55 SHC and 6 PHC						
12.15.3		Printing activities for Universal Screening of NCDs - printing of cards and modules	4524	61	2.76	Total budget of Rs. 2.76 lakh is approved.

U.16 Programme Management

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.16	**Programme Management**				**0.75**	
16.1.3.3.16	O.2.2.1	District NCD Cell (TA,DA, POL)	50000	1	0.50	Budget of Rs. 50,000/- is approved.
16.1.4.2.9	O.2.2.1	District NCD Cell (Contingency)	25000	1	0.25	Approved Rs. 25,000/-

Summary of Approval: NPCDCS

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.1	Service Delivery- Facility Based	0.50
U.6	Procurement	5.50
U.7	Referral Transport	0.50
U.9	Training & Capacity Building	0.1
U.10	Review, Research, Surveillance & Surveys	-
U.11	IEC/BCC	0.4
U.12	Printing	2.76
U.16	Programme Management	0.75
	Total	**10.51**

National Mental Health programme (NMHP)

It is estimated that 6-7 % of population suffers from mental disorders. The World Bank report (1993) revealed that the Disability Adjusted Life Year (DALY) loss due to neuro-psychiatric disorder is much higher than diarrhea, malaria, worm infestations and tuberculosis if taken individually. Together these disorders account for 12% of the global burden of disease (GBD) and an analysis of trends indicates this will increase to 15% by 2020 (World Health Report, 2001). One in four families is likely to have at least one member with a behavioural or mental disorder (WHO 2001). These families not only provide physical and emotional support, but also bear the negative impact of stigma and discrimination. Most of them (>90%) remain un-treated. Poor awareness about symptoms of mental illness, myths & stigma related to it, lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the high treatment gap.

Objectives:

- To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
- To encourage the application of mental health knowledge in general healthcare and in social development; and
- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

Strategy and Innovations proposed

- Integration with existing activities for optimal utilization of resources.
- Capacity strengthening of major component
- Developing linkages with various stakeholders
- According to gaps identified in Mission report
- Effective Intersectoral linkages
- Capacity development in project management
- Awareness generation and demand for services
- Stigma reduction and social dignity for the mentally ill
- Innovation at multiple levels of programme functioning
- Strengthened institutional and referral linkages for care and treatment of MH patients.

Human Resource Development (Training)

- To develop skills of human resource training has been imparted in support of NIMHANS Bangaluru and AIIMS, Rishikesh to Doctors, Staff Nurse and other staff under NCD programs
- 22 Doctors are trained in One Year Diploma Course under Mental Health.
- Training to total 60 Staff Nurse, Community Nurse and other staff under NCD programs has been imparted at AIIMS Rishikesh in support of NIMHANS Bangaluru.
- Training of 15 Medical Officers and 100 Staff Nurses and CHOs is initiated in Financial Year 2020-21.

U.2 Service Delivery- Community Based

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.2	**Service Delivery- Community Based**				**0.48**	
National Mental Health Program						
Psychiatrist recruited under DMHP, Doctors and other staff trained in support of NIMHANS, Bangaluru and AIIMS, Rishikesh will conduct outpatient clinics/camps at block level/schools/slum areas to identify patients with mental illness and to aware people regarding mental health. Two targeted intervention activities are to be conducted per month.						
2.3.2.3	J.1.3	DMHP: Targeted interventions at community level Activities & interventions targeted at schools, colleges, workplaces, out of school adolescents, urban slums and suicide prevention.	2000	24	0.48	Total budget of Rs. 48,000/- is approved @ Rs 2000/- per activity for 2 activities per month.

U.6 Procurement

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6	**Procurement**				**1.00**	
Budget of Rs. 1.00 lakh is approved for the procurement of psychotropic drugs as per the requirement raised by the Psychiatrists under NMHP/doctors trained under Mental Health in one year training program at NIMHANS, Bangaluru and AIIMS, Rishikesh.						
6.2.16.1	B.16.2.11.5	Drugs and supplies for NMHP	100000	-	1.00	Approved Rs. 1.00 lakh

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.20**	
11.19.2	B.10.6.12.b	Awareness generation activities in the community, schools, workplaces with community involvement	20000	1	0.20	Approved Rs. 20000 for IEC activities and observing Mental Health Day.

U.16 Programme Management

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.16	**Programme Management**				**0.10**	
National Mental Health Program						
16.1.3.3.13	16.3.3.13	Miscellaneous/ Travel	10000	1	0.10	Budget of Rs. 10,000/- is approved.

Summary of Approval: NMHP

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.2	Service Delivery- Community Based	0.48
U.6	Procurement	1.00
U.11	IEC/BCC	0.20
U.16	Programme Management	0.10
	Total	**1.78**

National Programme for the Healthcare of the Elderly (NPHCE)

The population of elderly person is rapidly increasing globally. As per Census 2001, total population above 60 years of age in India was 76.6 million (7.5%). The data of 2011 Census is yet not available, but as per projection, the elderly population as on date is expected to be around 98 million. According to estimated projection the population of elderly will be around 12.4% of the total population by 2025.

The National Sample Surveys of 1986-87, 1995-96 and 2004 have shown that:

- The burden of morbidity in old age is enormous.
- Non-communicable diseases (life style related and dangerative) are extremely common in older people irrespective of socio-economic status.
- Disabilities are very frequent which affect the functionality in old age compromising the ability to pursue the activities of daily living.

The objectives of the NPHCE are:

- To provide easy access to preventive, promotive, curative and rehabilitative services to the elderly.
- To make use of the community based primary health care approach and strengthen capacity of the medical and paramedical professional as well as the care-takers within the family for caring practices of the elderly.
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.
- To provide referral services to the elderly patients through district hospitals, medical colleges and strengthen health manpower development in the field of geriatric medicine.

Development of treatment models for the elderly persons in our state.

- Preventive and promotive care
- Management of Illness
- Health Manpower Development for geriatric services
- Medical rehabilitation and therapeutic intervention
- Developing appropriate training courses for medical and paramedical health professional in geriatric care.
- Promotion and encouraging basic, clinical, epidemiological and applied research in aging and the health care of the elderly
- Integrating other systems of medicine such as AYUSH in provision of health care to the elderly.

Service Delivery

- To provide better IPD service to elderly patients Geriatric Wards in all 13 districts has been established.
- Dedicated OPD service to elderly patients is also initiated in District Level Hospitals and CHCs and PHCs.
- In Financial Year 2020-21 38 CHCs of the State are strengthened to provide physiotherapy services to elderly patients at CHC level. In FY 2021-22 28 new CHCs will be strengthened for physiotherapy and rehabilitation services. Approval for procurement of equipments and one position of Rehabilitation Worker/Physiotherapist is received for approved CHCs.

Human Resource Development (Training)

- In Financial Year 2020-21 State ToT of Medical Officers will be conducted. State trainers will later impart training to Medical Officers of DH/SDH/CHCs.

U.9 Training

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.9	**Training**				**0.66**	
Training to 10 Medical Officers of DH/SDH/CHC to be imparted for elderly health care. Training will be provided by District trainers to be trained at State Level.						
9.5.17.2	K.1.2.1	Training of doctors and staff at CHC level under NPHCE	65890	1	0.66	Budget of Rs. 65,890/- is approved to impart training to MOs.

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.06**	
Celebration of Older Person Day in Camp Mode in all Block Hospitals (CHC & PHC) of the districts. Health check-up camps to be organised for elderly persons.						
11.20.2	B.10.6.13	Celebration of days-ie International Day for older persons	2000	4	0.08	Budget @ Rs. 2000/- is approved per block.

Summary of Approval: NPHCE

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.9	Training	0.66
U.11	IEC/BCC	0.08
	Total	**0.74**

National Oral health programme (NOHP)

National Oral Health Programme, a project of DGHS and Ministry of Health and Family Welfare was initiated in 1998 with aim of providing oral health care in the country through organized primary prevention and strengthening of Oral health setup as per the recommendations.

The programme has 3 basic components:

- To provide oral health education to masses through a network of Dental Surgeons, Health care Providers, Anganwadi Workers and School Teachers.
- To provide Information, Education and Communication material (IEC) to train the Health workers and for conveying oral health messages to the people through mass media.
- To formulate guidelines to strengthen oral health setup at District level, Community health Centers and Primary Health centers.

Service Delivery

- Strengthen of the Dental Unit in all the health facility within the state.
- In Financial Year 2020-21 approvals are received to strengthen the selected Community Health Centres in all 13 District. In FY 2021-22 Dental Units in 11 new selected CHCs will be strengthened.

Procurement

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6	**Procurement**				**2.00**	
Budget of Rs. 1.00 lakh is approved for the procurement of consumables for Dental Unit at District Hospital and Rs. 1.00 lakh for CHCs strengthened under the program.						
6.2.10.1	B.16.2.11.2	Consumables for NOHP	200000	1	2.00	Budget of Rs. 2.00 lakh is approved for consumables for Dental Units

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.10**	
11.24.4.2		IEC under NOHP	10000	1	0.10	Approved Rs.0.10 lakh for IEC activities &

						observing World Oral Health Day.

Summary of Approval: NOHP

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.6	Procurement	2.00
U.11	IEC/BCC	0.10
	Total	**2.10**

National Programme for Prevention and Control of Deafness (NPPCD)

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; this places the estimated prevalence at 6.3% in Indian population. As per NSSO survey, currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss (NSSO, 2001). Of these, a large percentage is children between the ages of 0 to 14 years. With such a large number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss.

Objectives

- To prevent the avoidable hearing loss on account of disease or injury.
- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- To medically rehabilitate persons of all age groups, suffering with deafness.
- To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
- To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Components of the Programme:

MANPOWER TRAINING & DEVELOPMENT – For prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.
In Financial Year 2020-21 approval is received for training of Medical Officers in support of AIIMS, Rishikesh.

CAPACITY BUILDING – for the District Hospital, Sub-District Hospital, CHC and PHC in respect of ENT/Audiology infrastructure.

SERVICE PROVISION INCLUDING REHABILITATION – Screening camps for early detection of hearing impairment and deafness, management of hearing and speech impaired cases and rehabilitation (including provision of hearing aids), at different levels of health care delivery system.

AWARENESS GENERATION THROUGH IEC ACTIVITIES – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

U.9 Training

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.9	**Training**				**0.10**	
Training will be provided to Medical Officers of DH/SDH/CHC/PHC of the districts. Training will be imparted by ENT Surgeons and District Trainers.						
9.5.7.1	B.25.2.1.B	Training	10000	1	0.10	Approved Rs. 10000/- for training of 10 Medical Officers.

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.10**	
National Program for Prevention & Control of Deafness						
Budget is approved @ Rs. 10,000 for Observing World Hearing Day & organising other IEC activities under NPPCD.						
11.11.1		IEC/BCC activities under NPPCD	10000	1	0.10	Approved Rs. 10000/-

Summary of Approval: NPPCD

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.9	Training	0.10
U.11	IEC/BCC	0.10
	Total	**0.20**

National Tobacco Control Programme (NTCP)

According to the Global Adults Tobacco Survey 2016-17 (GATS 2),29.8% of men, 6.3% of women and 18.1% of all adults currently smoke tobacco in Uttarakhand. 21.2% of men, 3.4 % of women and 12.4 % of all adults currently use smokeless tobacco. 43.6% of men,9.3% of women and 26.5 % of all adults either smoke tobacco /or use smokeless tobacco.From GATS 1 to GATS 2 ,the prevalence of any tobacco use decreased significantly by 4.2 percentage points from 30.7% in GATS 1 to 26.5% in GATS 2. The prevalence of smokeless tobacco use has increased marginally. Bidi and Khaini are the two most commonly used tobacco products.

Goals and Objectives:

The objectives of NTCP are as under:

- To build up capacity of the States / Districts to effectively implement the tobacco control initiatives;
- To train the health and social workers;
- To undertake appropriate IEC activities and mass awareness campaigns, including in schools, workplaces, etc.;
- To set up a regulatory mechanism to monitor/ implement the Tobacco Control Laws;
- To establish a system of tobacco product regulation.
- Provide facilities for treatment of tobacco dependence .
- To take necessary action, in co-ordination with other Ministries and stakeholders, to fulfil the obligations(s) under the WHO Framework convention on Tobacco Control.

Service Delivery

- Implementation of the prohibition of Electronic Cigarette (production, manufacture, import, export, transport, sale, distribution, storage and advertisement) bill throughout the State.
- Declaration of 7200 Educational Institutes (Schools and Colleges) tobacco free according to revised Guidelines for Tobacco Free Educational Institutions.

U.2 Service Delivery- Community Based

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.2	**Service Delivery- Community Based**					
2.3.3.4	**M.1.2**	**Programme at School Level**			**2.56**	
Awareness regarding programs to be conducted both in public and private schools to help youth and adolescents to acquire the knowledge, attitude and skills that are required to make informed choices and decisions and understand the consequences of tobacco use. To cover the youth population, tobacco free program in two colleges to be organized. It will empower students and youth to contribute to the creation of tobacco free environment in which they can learn and strive for better future.						
2.3.3.4.1	M.1.2.1	Coverage of Public School and Pvt. School	3000	80	2.4	Approved 2.4 lakhs @ Rs. 3000 per school program for 80 school programs
2.3.3.4.5	M.1.2.5	Sensitization campaign for college students and other educational institutions	8000	2	0.16	Approved Rs. 16,000/- @Rs.8000/- per campaign for two Sensitization campaign

U.3 Community Interventions

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.3	**Community Interventions**				**0.20**	
Under NTCP, training of various stakeholders is an important activity of DTCC. Implementation of COTPA Act in achieving its outcome at district level is significantly dependent on well functioning of gram, block and district level panchayats. DTCC Team will sensitize Panchayati Raj Institutions members and other stakeholders through workshop.						
3.3.3.2	M.1.1.4	Training of PRI's representatives/ Police personnel/ Teachers/ Transport personnel/ NGO personnel/ other stakeholders	10000	2	0.20	Budget of Rs. 20,000/- is approved for two sensitization workshop of PRI/ other stake holders @10,000/-for one sensitization workshop.

U.6: Procurement

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6	**Procurement**				**0.50**	
Under TCC, procurement of Nicotex Gum (2mg and 4 mg) for the pharmacological treatment of the Tobacco user.						
6.2.4.4	B.16.2.11.7	Procurement of medicine & consumables for TCC under NTCP	50000	1	0.50	Approved Rs. 50,000/- for the procurement of Nicotex Gum.

U.9 Training & Capacity Building

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.9	**Training & Capacity Building**				**0.20**	
Under NTCP, training and capacity building is an important activity of the Cell. DTCC, under its initiative, should organize training programmes for multiple-stakeholders in the district, which include Doctors, Nurses, Community Health Workers, ASHAs, Civil Society Organizations, NCC, NSSO, IMA, IDA, Teachers, officials from Enforcement Departments like Police, Food Authorities, Municipal officers etc.						
9.2.4.4	M.1.1.	Orientation workshop	15000	1	0.15	Budget of Rs. 15000/- is approved for one district level orientation workshop.
9.2.4.4	M.3.1	Training of Health Professionals	5000	1	0.05	Budget of Rs. 5000/- is approved for one training of health professionals

U.11 :IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**2.8925**	
For declaration of Tobacco free institutions budget of Rs. 2.8925 lakhs is approved for Signage & Wall Painting in 435 (Schools,Colleges and Govt. Buildings) and additional Rs. 50,000/- is approved for other IEC activities (e.gOrganising World No Tobacco day)						
11.4.4	B.10.6.14	IEC/BCC for NTCP	1	435	2.8925	Budget of

						Rs.2.3925 lakh for IEC activity and 50,000/- is approved for world No tobacco day.

U.12 Printing

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.12	**Printing**		**-**	**-**	**0.10**	
12.3.1	B.10.7.4.11	Printing of Challan Books under NTCP	10000	1	0.10	Budget of Rs. 10000/- is approved for Printing of Challan Books under NTCP.

U.16 Programme Management:

New FMR Code	Old FMR Code		Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.16	**Programme Management**					**.66**	
Under Tobacco Cessation Centre, counsellor will conduct 2-3 Focus Group Discussions per month with group of six to ten tobacco users, those are on pharmacological treatment. These healthy discussion will motivate others users to quit tobacco successfully.							
16.1.2.1.22	M.2.1.2	Tobacco Cessation Centre (TCC): Weekly FGD with the tobacco users	1000	26		0.26	Approved Rs. 26,000 @ Rs. 1000 per FGD
16.1.4.1.11	M.2.2.2	Tobacco Cessation Centre (TCC): Office Expenses	10000	1		0.10	Budget of Rs. 10,000/- is approved for Office Expenses
16.1.4.2.8.	M.1.3.5	District Tobacco	30000	1		0.30	Budget of Rs.

		Control Cell : Misc/office expenses				30,000/- is approved for Misc/office expenses.

Summary of Approval: NTCP

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.2	Service Delivery- Community Based	2.56
U.3	Community Interventions	0.20
U.6	Procurement	0.50
U.9	Training & Capacity Building	0.20
U.11	IEC/BCC	2.892
U.12	Printing	0.10
U.16	Programme Management	0.66
	Total	**7.112**

Pradhan Mantri National Dialysis Program (PMNDP)

In financial year 2016-17 Government of India has launched Pradhan Mantri National Dialysis Program under PPP mode. Major objective of the program is to provide dialysis services in government health facilities at reasonable rates. Government of India has fixed the price capping of Rs. 1100/- for per dialysis for both BPL & APL patients. Payment for Dialysis facility to the patients from below poverty line (BPL) patients will be paid through National Health Mission. For non BPL patients the benefit of accessing the services will be at the same rates as paid by Government for the BPL patient.

Service Delivery

- Under the program 9 Dialysis Centers is established/functional in the State-

Sl.No.	Dialysis Centre	Mode	Machines
1.	Coronation Hospital, Dehraun	PPP	10
2.	Base Hospital, Haldwani, Nainital	PPP	10
3.	District Hospital Rudrapur, Udham Singh Nagar	PPP	10
4.	Mela Hospital, Haridwar	PPP	10
5.	Combined Hospital Kotdwar, Pauri Garhwal	PPP	10
6.	Base Hospital, Almora	State Run Model	03
7.	Medical College Srinagar, Pauri Garhwal	State Run Model	03
8.	District Hospital Rudrapryag	State Run Model	03
9.	District Hospital Pithoragarh	State Run Model	03

- Dialysis Centre at Combined Hospital Roorkee will be made operational under PPP Mode with three dialysis machines.
- In Financial Year 2021-22 Dialysis Centre will be established under PPP Mode in rest five districts (Bageshwar, Chamoli, Champawat, Tehri & Uttarkashi) with 3 dialysis machines.

U.6 Procurement

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6	**Procurement**				**20.00**	
Dialysis Unit to be established in District/Sub District Hospital as per the Center Readiness Certificate. Budget is approved for infrastructure development, R.O Plant and other Machineries and Equipments. Government of India is providing 3 Dailysis Machines through Fairfax India Charitable Foundation under CSR activity. Dialysis Unit will be run under PPP Mode under Service Contract.						
6.1.1.24.1		Medical devices as per National Dialysis Programme	2000000	1	20.00	Budget of Rs. 20.00 lakh is approved for the establishment of Dialysis Unit in District/Sub District Hospital.

Summary of Approval: PMNDP

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.6	Procurement	20.00
	Total	**20.00**

National Programme for Control of Blindness and Visual Imapirement (NPCB& VI)

National Programe for Control of Blindness was initiated in 1976 as 100% centrally sponsored programme with the goal to reduce prevalence of blindness to 0.3% by 2020 by developing eye care infrastructure human resource, improving accessibility quality of eye care services. Main cause of blindness in children and young adults is refractive error and in + 50 adults cataract.

Objectives

- To reduce Backlog of blindness through identification & treatment of blind at Primary, Secondary & tertiary level.
- To provide high quality comprehensive eye care to the affected population.
- To expand coverage of eye care services to the underserved areas.
- To enhance community awareness on eye care and lay stress on preventive measures. .
- To develop institutional capacity for eye care services by providing support for equipment, consumable material and training personnel.

Service Delivery

Eye Bank established in Sushila Tiwari Government Medical College**.**

Human Resource Development (Training)

Under NPCB program, **Elimination of Trachoma** in India has been initiated. State level TOT has been imparted to Eye surgeons in Financial Year 2019-20. District level training of medical officers, Paramedical Ophthalmic Assistant and ANM will be provided by the trained eye surgeons in this financial year (2020-2021).

U.2 Service Delivery- Community Based

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.2	**Service Delivery- Community Based**				**1.148**	
Under NPCB&VI, Paramedical Ophthalmic Assistant (PMOA) will conduct screening of school children for refractive errors and distribute spectacles free of cost.						
2.3.3.2	I.1.3	Screening and free spectacles to school children @ Rs.350/- per case	350	200	.70	Approved .70 lakhs @ Rs. 350.00 per case for spectacles to school children.
Under NPCB & VI, to extend the area of coverage of eye care services, it has been approved to distribute free spectacles for near work to old persons above 45 years of age suffering from presbyopia @ Rs 350 per pair.						
2.3.3.3	I.1.4	Screening and free	350	128	.448	Approved .448

		spectacles for near vision to Old Person (New component) @Rs.350/- per case				lakhs @ Rs. 350.00 per case for spectacles to old persons

U.6 Procurement:

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.6	**Procurement**				**1.65**	
Under NPCB & VI, financial assistance (recurring) @ Rs 1000/- (Rupees One thousand only) to the Govt/District Hospitals for Cataract Surgery. The DPM of NPCB&VI will assure to achieve the target of Government facilities.						
6.2.4.1	B.16.2.11. 4.a	Assistance for consumables/drugs/ medicines to the Govt./District Hospital for Cat sx etc.@ Rs.1000/- per case	1000	165	1.65	Approved 1.65 lakhs@ Rs. 1000/- per case for cataract operation at Govt Hosp.

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**.395**	
Under NPCB&VI, budget is approved for organizing World Glaucoma week @ Rs 10000/-, World Sight day @ Rs 9500/- and Eye Donation fortnight @ Rs 20000/- at district level.						
11.4.1	B.10.6.11	State level IEC for minor state@10 lakhs and for major state@20 lakh under NPCB &VI	39500	1	0.395	Approved Rs. 39500/- @20,000/- for eye donation fortnight @10,000/- world glaucoma day @9500/- world sight day

U.15 PPP

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.15	**PPP**					
National Blindness Control Program					17.52	
To reduce the backlog of blindness through identification and treatment of blind, secure participation of voluntary organization/Private Practitioners in various eye care activities, NGO/Private Practitioners provides financial assistance of Rs 2000/- for each cataract surgery.						
15.4.2	15.6.1/I.1.1	Reimbursement for cataract operation for NGO and Private Practitioners as per NGO norms @Rs.2000/-	2000	876	17.52	Approved Rs.17.52 lakh @ Rs. 2000 per case of cataract operations

U.16 Programme Management:

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.16	**Programme Management**				**0.50**	
National Program for Control of Blindness						
16.1.5.3.10	I.1.7.	Management of Health Society (Office Expenses)	50000	1	0.50	Budget of Rs. 50,000/- is approved for management of health society.

Summary of Approval: NPCB& VI

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.2	Service Delivery- Community Based	1.148
U.6	Procurement	1.65
U.11	IEC/BCC	0.395
U.15	PPP	17.52
U.16	Programme Management	0.50
	Total	**21.213**

National Programme for Palliative Care (NPPC)

Introduction

Palliative Care is an essential component of Cancer Control Programme and Health Care of the Elderly and can be effectively provided in conjunction with these programmes reducing the morbidity burden to a great extent.

Goal:

Availability and accessibility of rational, quality pain relief and palliative care to the needy, as an integral part of Health Care at all levels, in alignment with the community requirements.

Objectives

- Improve the capacity to provide palliative care service delivery within government health programs such as the National Program for Prevention and Control of Cancer, Cardiovascular Disease, Diabetes, and Stroke; National Program for Health Care of the Elderly, the National AIDS Control Program, and the National Rural Health Mission.
- Refine the legal and regulatory systems and support implementation to ensure access and availability of Opioids for medical and scientific use while maintaining measure
- for preventing diversion and misuse
- Encourage attitudinal shifts amongst healthcare professionals by strengthening and incorporating principles of long term care and palliative care into the educational curricula (of medical, nursing, pharmacy and social work courses).
- Promote behavior change in the community through increasing public awareness and improved skills and knowledge regarding pain relief and palliative care leading to community owned initiatives supporting health care system.
- Encourage and facilitate delivery of quality palliative care services within the private health centers of the state.
- To contribute in developing National standards for palliative care services and continuously evolve the design and implementation of the National program to ensure progress towards the vision of the program.

U.1 Service Delivery- Facility Based

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
1.3.2.5	B.27.1.3	Miscellaneous including Travel/ POL/ Stationary/ Communications/ Drugs etc.	50,000	1	0.50	Budget of Rs. 0.50 lakh is approved for Miscellaneous.

Summary of Approval: NPPC

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.1	Service Delivery- Facility Based	0.50
	Total	**0.50**

National Iodine Deficiency Disorders Control Program

Iodine deficiency disorder is a serious threat to the health, well-being, economic productivity and advancement of several hundred million people throughout the world. People living in iodine deficient environment and consuming only locally grown food suffer from reduced mental abilities. Iodine is an essential micro nutrient. It is required at 100-150 micrograms daily for normal human growth and development.

National Iodine Deficiency Disorders Control Program (NIDDCP) is being implemented in order to prevent, control and eliminate these disorders and to provide assistance for setting up of IDD Cell and IDD monitoring laboratories for ensuring quality control of iodated salt and for monitoring urinary iodine excretion. Survey of IDD and health education activities will also conducted through the program.

In Financial Year 2020-21 following activities will be conducted under the program-

- Strengthening of laboratory for iodine testing.
- Procurement of Salt Testing Kit for ASHA worker.
- Testing of salt used in households, schools, and also from retail shops by ASHA worker.
- Incentive to ASHA worker for salt testing

U.11 IEC/BCC

New FMR Code	Old FMR Code	Budget Head	Unit Cost	Quantity/ Physical Target	Budget Approved (Rs. In Lakh)	Remarks
U.11	**IEC/BCC**				**0.10**	
National Iodine Deficiency Disorder Control Program						
Budget is approved @ Rs. 10,000 for Observing World Iodine Day &organising other IEC activities under NIDDCP.						
11.1.7	B.10.6.7	Health Education & Publicity for NIDDCP	10000	1	0.10	Approved Rs. 10000/- for Health Education & Publicity for NIDDCP

Summary of Approval: NIDDCP

FMR	Budget Head	Total Approval (Rs. In Lakh)
U.11	IEC/BCC	.10
	Total	**.10**

Chapter 27
DVDMS (e-Aushadhi Portal)

DVDMS is a customized application managed by CDAC in consultation with the State and NHM with multiple modules for automating the workflow of the Procurement, Supply Chain, Quality Control and Finance Department at States level. It have the facility to provide complete detail of stock in-hand at various levels, supplies in pipeline, and consumption pattern in the state and to generate actionable dashboards with detailed statistical and analytical reports regarding the functioning of the Regional / District Drug Warehouse, its sub-stores and their Drug Distribution Centers (DDC).

Quality Control (QC) plays a major role in providing high quality drugs to the patients. QC module ensure real time linkage between quality laboratory and the District Drug Warehouse to ensure drug quality before the actual distribution of the drug to the beneficiaries.

In Uttarakhand, health facilities including DH-SDH , CMO-CMSD , CHC-PHC, APHC-BPHC,Wards-Dispensaries etc. are online and their medicine stock can be viewed at real time. Various health facilities in district have to perform the following task and activities in DVDMS software:-

1) Online forecasting on annual demand basis.
2) Local Purchase order generation based on consolidated Indenting at District level.
3) To maintain expiry date of medicines.
4) To maintain Stock ledger in the software.
5) Send sample to labs for QC check.
6) Issue the Drugs online/offline to sub store.
7) Acknowledge the issued drugs.
8) Issue to third party.
9) Transfer Demand Request in case of Shortage.
10) Transfer Request in case of excess.

Budget approved for Operation and Management of e-Aushadhiunder ROP 2021-22 is asunder:

New FMR	Old FMR	Budget Head	Physical Quantity/ Target	Amount Approved (in lacs)	Remarks
14.1.2		Other Activities including operating cost etc. (Internet)	6	0.72	Amount of Rs. 1000 Per facility per month for 12 months to be disbursed to :-Total PHC -6 (6*1000*12=0.72 Lakh).

14.1.2		Other Activities including operating cost etc. (Computer+Printer+Recurring cost)	2	0.90	For Procurement of Computer for 2 PHC, Computer, Printer and recurring Cost = Computer+Printer= Rs 40000, Recurring cost Rs 5000 per PHC **(Computer with Printer should be provided only for those PHC,who don't have any computer)*
14.1.2		Other Activities including operating cost etc. (internet connectivity and Recurring Cost)	1	0.20	Internet connectivity and Recurring Cost for CMSD Store.

FY 2021-20 total budget approved for District Champawat= **1.82 Lacs**

Chapter -28
Mobile Medical Units (MMUs)

- **Target Geography:-**

a. In rural areas, MMUs would continue to be deployed in areas with limited or a complete lack of access to health care services. Such areas include Tribal Areas, Conflict Affected Areas (Insurgency, Left Wing Extremism), Hilly and Desert Areas/ Islands/ flood affected and snow bound wherein situations envisaged are:

i. Where even basic RCH services are not able to be provided because doctors, nurses and even ANMs find it difficult to live there or because there is lack of infrastructure since fixed services could not be established (urban slums, or in conflict affected areas). Here the MMU would provide a complete range of services.

ii. Where basic RCH services are available through ANM/sub-centers and the PHC is functional, but the reach is limited on account of several habitations that are too small to establish regular fixed services, or are too distant or cut-off to expect those in need of healthcare to come to the nearest PHC for any care.

iii. The range of services available in PHC is restricted to a limited set of RCH services (provided by ANM, Nurse or Ayush), and there is no accessible health centre with a Medical officer. In this case, the basic and regular RCH services will be provided by the PHC and the role of the MMU would be to provide the rest of the service package.

- **Type of Services Provided:-**

a. Mobile Medical Units are envisaged to provide primary care services for common diseases including communicable and non-communicable diseases, RCH services, carry out screening activities and provide referral linkage to appropriate higher facilities. The services provided would be preventive and promotive and outpatient curative care. Where there are cases needing acute medical care on the day the MMU reaches the site, such care would be provided and patient referral organized.

b. In addition, the MMU is also expected to

i. provide point of care diagnostics: Blood glucose, pregnancy testing, urine microscopy, albumin and sugar, Hb

ii. undertake IEC sessions on a range of health topics- improved preventive and promotive behaviors for maternal and child health, communicable diseases, including vector borne diseases, educate the community on lifestyle changes, the need for screening for NCDs, and early recognition and appropriate referral.

- **Operational Aspects of MMU**

a. Officer-in-charge will be the Chief Medical Officer at district level, who will responsible for the operational aspects. Rogi Kalyan Samitis will also be involved in operationalization of the MMU.
b. The Medical Officer in the nearest functional Primary Health Centre will provide support to the MMU teams as required. Where there are functional Sub centers, in these areas, the ANMs would be available on the day of the MMU visit to provide support. Referrals should be made to the nearest CHC, or DH.
c. The planning and dissemination of the MMU route map is the responsibility of the CMO with support from the District team. The first step would involve a mapping of villages and village clusters which are inaccessible and underserved. The deployment of MMUs should be prioritized in those areas where there are no functional facilities. The mapping should also identify referral sites that are the first point of referral for those inaccessible clusters. The frequency of MMU visit must be at least once a month.
d. Depending on distances, the MMU could make upto one visit a day to distant villages, planning for four hour travel time and about four to five hours in a given site. For shorter distances additional villages could be covered, but these are to be planned based on local context. While the MMU could work a six day week (22 days a month), Saturday and Sundays should compulsorily be working days. Weekly off or Non-Working days of MMU could be used for maintenance of vehicles, refilling supplies and entry of data etc.
e. The route of an MMU would be planned such that it reaches a site which serves a cluster of villages that are otherwise inaccessible. The MMU may choose a service site in villages with a weekly market/Haat or where people from nearby village clusters (which are otherwise inaccessible) tend to congregate. Regularly monitoring of not just the Operational issues related to MMU but the number and types of patients serviced must be undertaken, so as to ensure that the MMU is actually serving a need and is able to provide services for a larger number of people or a comprehensive care for a smaller population who would otherwise not receive such care.

- **Human Resources**

The suggested HR for an MMU is as under:

1.	MO (MBBS only, preferably women)	One
2.	GNM/ Nursing Staff	One
3.	Lab Technician	One
4.	Pharmacist cum Administrative Assistant	One
5.	Driver cum Support Staff	One

Budget approved for Operation and Management of MMU under ROP 2021-22 is as under:

FMR	Budget Head	No. of MMUs x No. of months	Physical Quantity/ Target	Amount Approved (in lacs)	Remarks
2.1.1.2	OPEX	1×12	12	24.6	This is ongoing activity ,and @Rs. 2.05 perMMU/per month approved in ROP for FY 2021-22.For one MMU which MOU has been finished will have to sign the new MOU with @Rs. 2.05 /month for current FY , and for another MMU which MOU is still on going should amended with new rates ,i.e.@ Rs. 2.05 per MMU/month for current financial. **One** MMU to be operated by service provider and monitoring will be done at CMO level on monthly basis.

Summary of Approvals: MMUs (Champawat)

FMR	Budget Head	Total Amount Approved (In Lakhs)
U.1	Service Delivery – Facility Based	0
U.2	Service Delivery – Community Based	24.6
U.18	Innovations (if any)	0
Total		**24.6**