F. No. 10(11)/2010-NRHM-I
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nirman Bhawan, New Delhi

Dated: 4th May, 2010

To,

The Mission Director, (NRHM)
Government of Chhattisgarh
D.K.S. Bhawan Campus,
Old Nursing Hostel,
Raipur, Chhattisgarh

Subject: Approval of State Programme Implementation Plan of NRHM for the year 2010-11

Madam/Sir,

Please refer to your letter submitting draft Programme Implementation Plan (PIP) for the year 2010-11 and the discussions of the same in the meeting of NPCC held on 19/02/2010 at New Delhi and subsequent deliberations[1].

2. The administrative approval of the PIP for your State is conveyed for an amount of **Rs. 526.35 Cr.** (Rupees Five Hundred Twenty Five Crores and Thirty Five Lakhs only) (Detail at Table C below) against the resource envelope available comprising of the following:-

Table A

(Rs. in Crores)

Likely Uncommitted Unspent Balance Available under NRHM as on 1.4.2010	95.52
GOI Resource Envelope for 2010-11 under NRHM (on a 15% higher than current year's Budget Estimate for over planning purpose)[2]	373.99
15% State share	57.39
Total	**526.90**

[1].*Budgets may be realigned within 3 months of the issue of the Order, to achieve Monitorable Targets indicated in Attachment F, in case there has been inadequate provision in the PIP, to meet national goals.*
2. The actual resource allocation shall be in accordance with the budgetary allocation of 2010-11 and may be lower than the resource envelope being approved

The Resource Pool wise break up of total NRHM resources is as follows:

Table B

(Rs in Crores)

Sl No.	Programmes	Likely Uncommitted Unspent balance available as on 1.4.2010	GoI Resource Envelope under NRHM	Total
1	RCH Flexible Pool	43.00	92.46	135.46
2	NRHM Flexible Pool	45.19	97.10	142.29
3	Immunization (from RCH Flexible Pool)			
4	NVBDCP	2.03	10.45	12.48
5	RNTCP	0.79	8.30	9.09
6	NPCB	2.72	5.00	7.72
7	NLEP	1.10	1.65	2.75
8	IDSP	0.69	0.66	1.35
9	NIDDCP	0.00	0.18	0.18
10	Director & Admn. (Treasury route)	0.00	104.82	104.82
11	PPI Oper. Cost	0.00	4.59	4.59
12.	15% State share	0.00	57.39	57.39
13.	15% over and above GoI resource envelope for purpose of NPCC approval	0.00	48.78	48.78
	Total (**)	**95.52**	**431.38**	**526.90**
	Committed Unspent Balance up to 2009-10 to be Revalidated in 2010-11	**Nil**		

SUMMARY OF APPROVAL

(Details provided in respective Annexes)

Table C

S.No.	Scheme/Programme	Approved Amount (In Rs. Crores)
1.	RCH Flexible Pool	144.47
2.	NRHM Flexible Pool	236.67
3.	Immunization (from the RCH Flexible Pool)	7.14
4.	NVBDCP	12.14
5.	RNTCP	8.25
6.	NPCB	5.00
7.	NIDDCP	0.18
8.	IDSP	1.44
9.	NLEP	1.65
10.	NCD	
11.	Infrastructure Maintenance	104.83
12.	PPI operational cost	4.58
	TOTAL	**526.35**

In addition to above following activities under NPPCD for provisioning of funding from National Programme for Prevention and Control of Deafness.

	Scheme/Programme	Approved Amount (In Rs. Crores)
13	NPPCD/Mental Health/ Tobacco/etc (Details at Attachment E):	0.00

3. The above approval is subject to the following mandatory requirements. Non compliance to any of the following requirement may entail in suspension of grant to the UT.

A. Monitoring Requirements

1. State shall ensure submission of quarterly report on the Measurable Target/indicators at the end of every quarter as per Attachment F and expected outputs stated in the Record of Proceeding in Annexures of Attachment G. Budgets may be realigned within 3 months of the issue of the Order to achieve Monitorable Targets indicated in Attachment F in case there has been inadequate provision in the PIP, to meet national goals,
2. All approvals are subject to the observations made in the RoP of NPCC for NRHM (Attachment G) which is inclusive of commodity grants under Disease Control Programme in the respective Annexures.

B. Human Resource

3. All Posts under NRHM shall be on contract and for the Plan period. All such appointments would be for a particular facility and non-transferable in nature. Priority in contractual recruitments and placements would be for backward districts, difficult, most difficult and inaccessible health facilities.
4. State would ensure that appropriate skill mix of human resource is made available to ensure provision of minimum service guarantee to health facilities. All professionals multi skilled under NRHM shall be placed in facilities where the skills can be utilized.
5. State shall submit action plan for recruitment, deployment and training of human resources within six months from the issue of the Order.

C. Infrastructure

6. All civil works undertaken to achieve IPHS standards, would be based on expected patient load and priority would be accorded to inaccessible and remote areas as per prescribed criteria.
7. In all new constructions, care should be taken to ensure that the locations of these facilities are such that beneficiary households can access them easily. They should preferably be located in the midst of habitation and definitely not in agriculture fields, and outskirts of villages, under any circumstances. Any deviation from the above would be treated as ineligible expenditure under NRHM.
8. All new constructions would require prior approval of GoI if names of facilities have not been mentioned in the NRHM-PIP, and also if any shift is proposed. No shift from backward and inaccessible areas would be allowed.

9. The State shall set up implementation arrangement to monitor all civil works being undertaken, on a monthly basis, to ensure quality of works and completion as per schedule.

D. Communitization

10. The State shall ensure that all operational guidelines relating to VH&NDs are complied with.
11. The State shall ensure timely performance based payments to ASHAs/Community Link Workers. State to ensure that supportive supervision mechanism is put in place within six months.
12. The State shall ensure that RKS meets as frequently as possible and mandatorily at least once in every quarter to review proper utilisation of allocated funds for achievement of goals. The proceedings of such meetings should be maintained for scrutiny.

E. Financial

13. The State shall not make any change in allocation among different components/ activities without approval of GoI. Any proposal for re-appropriation between activities within activities should be informed to GoI in advance. However, such re-appropriation should reflect realignment of activities in accordance with priority to high focus districts/involvement of NGOs etc.
14. The State shall ensure that 15% of its State share, based on release of funds by Government of India , is credited to the account of the State Health Society, within one month of issue of the release order. The over-all expenditure on health by the UT Government should also go up by a minimum of 10 percent each year.
15. The State shall ensure the completion of delegation of administrative and financial powers during the current financial year. Funding of NRHM to the State in 2010-2011 will be based on clear delegation as per earlier directions.
16. The State shall follow all the financial management systems under operation under NRHM and shall submit Audit Reports, Quarterly Summary Concurrent Audit Report, FMRs, Statement of Fund Position, as and when they are due. State also agrees to undertake Monthly District Audit and periodic assessment of the financial system.
17. The accounts of the State/ grantee institution/ organization shall be open to inspection by the sanctioning authority and audit by the Comptroller and Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Office of the Ministry of Health & Family Welfare.

18. State shall ensure submission of details of unspent balance indicating, inter alia, funds released in advance and funds available under State Health Societies. The State shall also intimate the interest amount earned on unspent balance. This amount can be spent against activities already approved and will also count towards the central share.

F. <u>Miscellaneous</u>

19. The State shall ensure establishment of supportive supervisory structures for RCH and other national programmes in lagging districts and for ensuring quality services, within six months of the issue of the Order.
20. The UT shall maintain essential drug list /develop Standard Protocols, and enforce its implementation through State machinery.
21. Component for the salary of staff and mobility support which is being approved in IDSP Annexure would be subject to approval of EPC/MSG under NRHM. The support for expenditure to be incurred by Central Surveillance Unit (CSU) and the State is subject to approval of World Bank for restructuring and Extension.
22. UT shall ensure taking appropriate action to monitor the performance of the cold chain /ILR Points and implementation details of ProMIS.

Yours faithfully

(P.K. Bali)
Under Secretary to Govt. of India

Copy to:

1. All JSs in the Ministry
1. All Programme Division Heads of NRHM/ RCH/ Disease Control Programmes
2. DS/Director Finance (NRHM)
3. All Under Secretaries concerned
4. IFD
5. PPS to Secretary(H&FW)/PS to AS&MD, NRHM
6. Sanction Folder.

Attachment -A

APPROVAL OF RCH-II PIP 2010-11

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Maternal Health	201.32	Operationalise FRUs, renovation of 26 blood storage units, strengthening of MTP training centres, RTI/STI outreach services to 715 facilities. Second referral for 5000 pregnant women.
2	JSY	7467.20	60,000 home deliveries, Institutional deliveries of 2.6 lakh beneficiaries at Rural, 1.4 lakh beneficiaries at Urban. In addtion, 4% JSY administrative and IEC cost and other activities.
3	Child Health	1006.92	Strengthening of SNCUs in four districts, HBNC training and implementation by 7688 Mitanins. 20 lakh school health cards and 2.5 lakh health booklets, 20 NRCs for care of sick children and severe malnutrition. Biannual state-wide Shishu Sanrakshan Maah for management of diarrhoea, ARI and micronutrient malnutrition.
4	Family Planning	2223.01	1.8 lakh Compensation for female sterilisation 18,000 for male sterilisation,1.4 lakh IUD beneficiaries, Repairs of Laparoscopes and mobility support for 18 TT surgeons and teams including maintenance of 18 OTs.
5	ARSH	10.00	Printing of 0.50 lakh educational books.
6	Vulnerable Groups	6.50	Social Mobilisation of 500 PTG Mitanins. Special Camps in 1000 PTG clusters
7	Innovations / PPP/ NGO	5.00	4 workshops on PNDT and Sex Ratio.
8	Infrastructure & HR	1132.19	Salary of Contractual Staff of 400 ANMs, 413 SNs, incentives to 5250 ANMs; incentive for 4.60 lakh institutional deliveries. Civil work: Rs.466.00 Lakhs for 25 CHCs and Labour rooms in 203 PHCs..
9	Institutional Strengthening	341.39	450 desktops and 18 laptops; net connectivity; printing of forms and registers
10	Training	725.86	District training coordinators in each district, MH : SBA training for 142 batches of SNs and ANMs; BEmOC: MOs 30 batches MTP : 120 MOs 51 Ob/Gyn, RTI/STI : MOs 10 batches and 32 batches paramedical staff (SNs, ANMs), IMEP: 36 State and district level programme managers,1500 MO. FP: sterilisation, Laparoscopic Training in 8 batches / teams, minilap 10 batches of MO and NSV Training in 8 batches of doctors. SPMU training in 20 batches, DPMU training in 54 batches, BPMUs and PHC -MOs.
11	BCC / IEC	148.00	Printing of flip books, folders, handbills; 4 PRI sammelans at block/ PHC level; IPC training of MPWs, AWWs, supervisors, mitanins; hoardings, posters, stickers, wall paintings; video spots; traditional nacha (6/block).
12	Program Management	1,179.66	Strengthening of State society /SPMU/ DPMU. It includes DPMU and BPMU Salary costs.
	GRAND TOTAL RCH II	**14447.05**	

Attachment- B

APPROVAL OF MISSION FLEXI POOL

(Rs. in lakhs)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	ASHA	2582.88	Training to 60,000 Mitanins, distribution of 60092 Mitanin Dawa Peti. Mitanins Help Desk in 146 Block.
2	Rogi Kalyan Samiti	1029.00	Funds to 17 DH, 144 CHC, 17 civil hospitals and 715 PHC provided to ensure flexible financing
3	Annual Maintenance Grants	570.00	Funds to 135 CHC, 400 PHC, and 2350 HSC to ensure up gradation/maintenance
4	Untied Funds	2,656.45	Funds to 145 CHC, 715 PHC and 4776 HSC provided to ensure service guarantee. Funds to 19276 VHSC
5	VHSC Sammelans:	15.00	VHSC Sammelans held .It may be synergised with VHSC and VHND day activity.
6	Hospital Strengthening	925.00	15 hospitals of high focus districts and ISO Certification of 3DH & 4 CH.
7	New Constructions/ Renovation and Setting up	6,000.00	50 CHC @68lakh and 100 PHC@44 lakh residential facility and 100 new Sub centres and cost overrun for 150 SC approved in 09-10 constructed.
8	District Innovations	200.00	1 PHC, and 1 CHC ISO certified Accreditation
9	Establishment of Snakebite Case Management	18.00	Snakebite Case Management Unit established at 18 DH (Unit cost 100000* Distt.18)
10	Chhattisgarh Rural Medical Corps	1,087.39	1391 staff (38 specialists, 37 PGMOs, 9 EMOC/LSAS, 485 MOs, 486RMA, 1 NS, 327 SN, 4 CM&H, 2 DHO, 2 BAMS)Mobility support to 2006 ANMs
11	Strengthening Panchayati Raj Institutions	60.53	146 Blocks covered (Cash prize panchayat 146* Rs. 25000, Budget for SHRCH - Training 30008Rs 75, Data Collection 9400* Rs. 300, Data Entry 9400*Rs. 20 and Dissimination 9400* Rs. 100)
12	Mainstreaming of AYUSH	396.00	Contractual Appointment of AYUSH Medical Officers in the underserved areas in phase manner . So, 150 AYUSH Medical Officers in the PHC of underserved areas.
13	Sickle Cell Anaemia	50.42	Incentives to counsellors, Capacity Building of Lab Tech. Rs. 17579* Students 284682)
14	IEC-BCC NRHM	46.72	878 Health Melas held (PHC 716*Rs. 2000, block level 144*Rs 10000 and Distt Level 18*Rs. 100000)
15	Mobile Medical Unit	1,050.00	30 MMU in districts
16	ICRC Mobile clinic at Dantewada and Bijapur.	53.62	20 ambulance purchased
17	Additional Contractual Staff (Selection, Training, Remuneration)	1,743.62	759 old RMAs and 533 new RMAs paid remunerations (@ of Rs. 12000 per month new one for six month), Under PHRN- 350 participants received PHRN certificates (PHRN 350*Rs 9500, IGNOU 50* Rs.8000, PGDPHM 10*Rs 200000 and Course on Family 20* Rs 115000)and under carear development pathway for Health Staffs which includes 35 Mitanin, 25 ANM, 20 ANM
18	Planning, Implementation and Monitoring	18.80	Community Monitoring of 3 districts and 9 blocks from high focus districts covering 24 PHC and 120

			villages.
19	**New Initiatives/ Strategic Interventions**		
19.1	Establishment of Chhattisgarh Medical Services Corporation	290.00	Funds for salary, mobility support and training to CGMSC
19.2	Chhattisgarh Health Equipment Management Cell	89.70	To deliver good quality healthcare services, a large number of medical equipments, both diagnostic and curative, are required.
19.3	Proposal for Emergency Response Medical Services in Chhattisgarh	1,025.00	Cost of 38 EMRI in districts (ERC Temp Setup Rs. 1 Cr., IT Infra. 2.35 Cr. , Ambulance 38*.1342Cr and Operations Rs. 1.80 Cr.)
19.4	New Initiatives for Mitanin (Mukhyamatri Kalyan Kosh)	74.00	Provision for recognition of Mitanin in the existing health system by advocating for free health services to her and the family in district hospitals/CHCs.
19.5	Parenteral Iron therapy	195.00	50000 { 3 ampoule of Iron sucrose) consumed
19.6	Janani Suraksha Kit	80.00	(400000 deliveries* 2 tablets @ Rs. 10 each tablets)
19.7	IT Initiative	380.62	CMS Cost Rs. 20, 00,000, SMS Code Cost R. 50,000 and SMS Cost 0.12*SMS 100000*12/100=Rs. 12000/- SMS 800000*12 Months * Rs. 3.75 per SMS
19.8	Chhattisgarh state ProMIS	586.86	Pro MIS implemented (Warehouse at Central, State, District, scientific @State, regional level) 19 Computer Asstt.,25 participant trd,19 internet connections provided, Hired 5 unskilled labour.
20	State Health Resources Centre (SHRC)	50.00	SHRC functional with requisite infrastructure and manpower
21	Strengthening Human Resources in Health Sector:	5.00	For recruitment process in two phases-First Phase for SG State AIDS Control Society Posts 120 and NRHM posts 216 and second phases for 596 posts at State, District and Block level.
22	NRHM Management Costs / Contingencies	730.02	Strengthening of Programme Management Support Unit.
23	Health Insurance Scheme	500.00	Bal Hruday Raksha Yojana: 10,00(1-15 yrs children) surgeries conducted.
24	Cochlear Implant for Children	100.00	Cases would be 100 per year and cost of per case is 6 lakh
25	Incentives to service providers for conducting institutional deliveries of HIV positive cases	7.50	Normal Delivery - Cases 100*Rs 1000 per case for Doctors and Cases 100 * Rs 1500 for other support staff and CS Delivery- Cases 100*Rs.2500 for doctor and cases 100 * Rs. 2500 for support staff.
26	**Support Services**		
26(i)	Support Strengthening to Immunisation	254.17	Strengthening Immunisation
26(ii)	Support Strengthening to Leprosy	132.50	1-Disability Prevention- 6200 Units and the total cost is Rs. 29,00,000 , 2- Block Level active search Unit 43 and 3- Urban Leprosy Unit
26(iii)	Support Strengthening to RNTCP	196.39	Procurement of equipments completed as planned and IRL up-gradation completed as planned.
26(iv)	Support Strengthening to NVBDCP	467.51	Control of Malaria and the strengthening of Lab. These are justified activities the state has projected these under World Bank project but MPW (M) is being funded under DBS and ASHA under NRHM.
TOTAL PART B FLEXI-POOL		**23,667.70**	

Attachment- C

APPROVAL OF IMMUNIZATION STRENGTHENING PROGRAMME

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Mobility support for Supervision and Monitoring at districts and state level.	28.00	Improved supervision of programme. Strengthening of Cold Chain. Strengthening & Monitoring Regular meetings for programme review
2	Cold chain maintenance	6.08	
3	Alternate Vaccine Delivery to Session sites	124.74	
4	Focus on urban slum & underserved areas	66.00	
5	Social Mobilization by ASHA /Link workers	360.00	
6	Computer Assistants support at State level, Dist Level	20.44	
7	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	35.75	
8	Quarterly review meeting at state level, District level, block level.	53.11	
9	To develop micro plan at sub-centre level and block level and its consolidation at PHC/CHC	6.49	
10	Consumables for computer and internet access	0.91	
11	Red/Black/Zipper bags	5.04	
12	Bleach/Hypochlorite solution	4.31	
13	Twin Bucket	3.44	
TOTAL		**714.31**	

Attachment-D

APPROVAL OF RNTCP

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Civil works	34.30	Civil work Up gradation and maintenance completed as planned.
2	Laboratory materials	40.30	Sputum of TB Suspects examined per lac population per quarter; All districts subjected to IRL OSE and Panel Testing in the year.
3	Honorarium	28.20	All eligible Community DOT Providers are paid honorarium in all districts in the FY.
4	IEC/ Publicity	30.00	All IEC/ACSM activities proposed in PIP completed; Increase in case detection
5	Equipment maintenance	11.30	Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned.
6	Training	19.00	Induction training, Update and Re-training of all cadres of staff completed as planned.
7	Vehicle maintenance	25.40	All 4 wheelers and 2 wheelers in the state are in running condition and maintained.
8	Vehicle hiring	26.10	Increase in supervisory visit of DTOs and MOTCs; and increase in case detection
9	NGO/PP support	22.90	Increase in number of NGOs/PPs involved in signed schemes of RNTCP and Contribution of NGOs/PPS
10	Miscellaneous	27.60	All activities proposed under miscellaneous head in PIP completed; funds in the head utilized against approved amt.
11	Contractual services	462.20	Contractual staff appointed and paid regularly as planned.
12	Printing	21.90	Printing activities at state and district level completed as planned.
13	Research and studies	20.00	Proposed Research has been initiated or completed in the FY as planned.
14	Medical Colleges	18.50	All activities proposed under Medical Colleges head in PIP completed.
15	Procurement – vehicles	1.60	Procurement of vehicles completed as planned and equipments as planned.
16	Tribal Action Plan	36.00	Sputum examination DOTS treatment will be available in all tribal areas
	Grand Total	**825.30**	

APPROVAL OF NVBDCP

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Malaria	1124.35	It includes Salary for contractual MPW (Male), ASHA (incentive for slide collection rapid test, Monitoring & Evaluation including MIS, IEC and Training. Enhance capacity to manage the project in the State for reducing the disease burden
2	Filaria	90.00	Timely sensitization of health and non health sector of officials on MDA and improving drug compliance for reducing micro filaria rate, improved condition of persons with manifestation, honorarium to ASHAs/community volunteers/ drug distributors for timely drug distribution with improved compliance by community.
3	Decentralised drugs	115.68	Enhancing State's capacity for procurement
4	Commodity support for Malaria by GoI (World Bank)	2013.35	
	Total NVBDCP + NRHM Additionalities	**3343.38**	

APPROVAL OF IDSP

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Surveillance preparedness , Training and Staff Salary	134.61	Training of Hospital Doctors, Training of Hospital Pharmacists/ Nurses and Training of Data Managers & DEO. Salary of 19 Epidemiologists, 2 Microbiologists, 1Entomologists, 1Consultants (Finance), 1Consultants (Training) ,19Data Mangers,22 Data Entry Operators Mobility Support and Office Expenses
2	Outbreak investigation and response	5.24	It includes ASHA incentives for Outbreak reporting, Consumables for District Labs and Collection & transportation of samples
3	Analysis and use of data	4.38	IDSP reports including alerts, Printing of Reporting Forms, Broadband Expenses.
	TOTAL	**144.23**	

APPROVAL OF NLEP

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Contractual Services	11.00	SMO, BFO cum AO, DEO, Administrative Assistant, Driver and district drivers for Functional leprosy cell at state/district level
2	Services through ASHA/USHA	16.00	Honorarium to ASHA, sensitization of ASHA for Increase in percentage of cases
3	Office expenses & Consumables	7.00	Functional leprosy cell at state/district level
4	Capacity building	25.00	4 days training of newly appointed Mos, health worker & health supervisor, 5 days training for newly appointed LTs
5	Behavioural Change Communication	30.00	Better self reporting as a result of increased awareness includes Quiz, folk show,IPC workshop, Meeting of opinion leaders, Health melas, Wall paintings, Rallies, Hoardings etc.
6	POL/Vehicle operation & hiring	15.20	Improvement in mobility of SLOs & DLOs.
7	DPMR	20.50	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS for decrease in recurrence of foot ulcers
8	Material & Supplies	9.30	Supportive drugs, lab. reagents & equipments and printing forms
9	Urban Leprosy Control	7.00	Diagnosis & treatment of leprosy in urban areas
11	Supervision, Monitoring & Review	9.00	supervision & monitoring of programme
12	Cash assistance	15.00	supervision & monitoring of programme
	TOTAL	**165.00**	

APPROVAL OF NPCB

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	GIA for Strengthening of Medical Colleges @ Rs. 40 Lakhs	40.00	It includes School Eye Screening Programme Training, IEC, Maintenance of ophthalmic equipments, free cataract operations, incentive to mitani, other eye diseases, management of state health society, recurring GIA to Eye donation centres, eye banks.
2	Restructuring Vision Centres at PHC/Voluntary @Rs. 50000	9.00	
3	School Eye Screening Programme	448.00	
4	Eye Donation Centres @ Rs. 2 lakh	3.00	for 3 EDC
	TOTAL	500.00	

APPROVAL OF NIDDCP

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
1	Establishment of IDD Control Cell	6.00	Better implementation and monitoring of programme activities. Filling up of all sanctioned vacant posts of IDD Cell and IDD Lab by the state government on regular or contractual basis.
2	Establishment of IDD Monitoring Lab	3.50	Monitoring of iodine content of salt and urine samples in districts.
3	a) Health Education and Publicity b) Salt Testing Kits supplies by GOI (1,28,000 No)	6.00	Increased awareness about IDD and iodated salt. Survey should be conducted as per GOI guidelines of NIDDCP @ Rs. 50,000/- per district. Creating iodated salt demand and monitoring of the same at community level
4	IDD surveys	2.50	Prevalence of IDD in 5 districts of state
	TOTAL	**18.00**	

Attachment-E

APPROVAL OF NPPCD

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	APPROVED AMOUNT	MAJOR EXPECTED OUTPUT AS PER PIP
	NIL	NIL	NIL

Attachment-F

MONITORING TARGETS TO BE ACHIEVED IN 2010-11

S. No.	Activity / Measurable indicator	Achievement in/ up to 2009-10	Target (Cumulative) in/ up to 2010-2011	Addition during the year
I	**Monitoring Progress Against Standards:**			
A	***Maternal Health***			
1	Institutional Deliveries	33% (2.05 lakhs out of 6.21 lakh expected)	70% (out of 6.30 lakhs expected)	37% points
2	24x7 Facilities	148 (127 CHCs, 17 Civil Hospitals and 4 DHs)	348	200
3	Functional First Referral Units	30 (13 DHs, 17CHCs)	56 (39 CHCs + 17 DHs)	26 (6 DHs, 20 CHCs)
4	Functional Sub Centres	4776	5066	290
B	***Child health***			
5	Sick New Born Care Units	1 DH	Proposed 12 *Suggested 30 as per the number of functional FRUs*	11 *(29 as suggested)*
6	Stabilization Units in CHCs/ BPHCs	17 DH, 144 CHC	715 PHC	554
7	Full Immunization	HMIS – 512855 (85%) DLHS III – 59.3%	90%	5% points
C	***Population Stabilization***			
8	Male Sterilization	8336	18000	18000
9	Female Sterilization	129667	180000	180000
10	No. of IUD insertions	104730	140000	140000
D	***Disease Control :***			
11	Annualized New Smear Positive Detection Rate	55%	70%	15% points
12	Success Rate of New Smear Positive	87%	>87%	Maintain
13	ABER for malaria	13.42	>14%	
14	API for malaria (per 1 thousand population)	1.24%	There is a chance of Increase in API due to improvement in surveillance (ABER)	High prevalence districts – Dantewada Kanker, Bastar Ambikapur Jashpur, Koriya Korba and Raigarh
15	No. of Reconstructive surgeries performed under NLEP (per 1 thousand	169 (144 in Government and 25 in NGOs)	180	

S. No.	Activity / Measurable indicator	Achievement in/ up to 2009-10	Target (Cumulative) in/ up to 2010-2011	Addition during the year
	population)			
16	Annual New Case Detection Rate for Leprosy(per 1,00,000 population)	8.79 (march'09)	31.70 per 1,00,000 population	High prevalence districts - Mahasamuud Raipur, Raigarh Janjgir, Bilaspur and Korba
17	Cataract Surgeries performed	80705	1.10 lakhs	
II	***Human Resources including Training***			
18	Appointment of ANMs	4618 (State to provide breakup of regular and contractual)	5076 (only including 1ANM per SHC)	2nd ANM-400, 1st ANM 158 (check budget and MFP)
19	Appointment of staff nurses	941 (728 –R, 213-C)	1141	200 contractual
20	Percent of ANMs trained as Skilled Birth Attendant	0.7%	26%	10% proposed *(25% suggested, nearly 10-12 deliveries/ month)*
21	Doctors trained on EmOC	46	78	32
22	Doctors trained on LSAS	22	52	30
23	Doctors trained in NSV/ Conventional vasectomy	19	59 proposed *(146 suggested, one per block)*	40
24	Doctors trained in Abdominal Tubectomy (Minilap)	19	69 proposed *(73 suggested, one for two blocks)*	50
25	Doctors trained in laparoscopic Tubectomy	16	56	40
26	Personnel trained in IMNCI	90	2160 +90 MO (LHV+SN+ANM)	2160 out of 5754 (LHV +SN +ANM)
III	***Communitisation Processes.***			
27	Functional VHSCs	17733	20344	2611
28	ASHAs completed minimum 15 days of training	59489, 12th round completed	(TOT – 14th to be started) round (13th to be completed)	59489
29	ASHAs with Drug kits	59489	59489	To maintain
30	Percent expenditure of NRHM funds through Non Governmental organizations	1.2 % as per audited 08-09, 09-10 audit report not received	Not indicated	

S. No.	Activity / Measurable indicator	Achievement in/ up to 2009-10	Target (Cumulative) in/ up to 2010-2011	Addition during the year
31	Percentage Districts having community monitoring system in place	94%	100%	6%
IV	***Flexible Financing***			
32	Percent utilization of untied grants	18 % as on February 2010	50%	32%
V	***Improved Management:***			
33	Percent districts uploading timely HMIS Data and confirming	17 districts	18 districts	1 district
34	Tracking of pregnant mothers and children	NA	100%	100%
35	Computerisation of HMIS	Level of entry – district Unit of entry – district	Level of entry – Block Unit of entry – facility	Level of entry – Block Unit of entry – facility
36	Cold Chain Management	55 (ILR) 259 (Deep freezer)	125(ILR) 329 (Deep Freezer)	70 (ILR) 70 (Deep freezer)
37	Procurement System	Currently done by Directorate and inventory management done manually.	ProMIS planned; Chhattisgarh Medical Services Corporation planned	ProMIS planned; Chhattisgarh Medical Services Corporation planned
VI	***Backward District Focus***			
38	Functional Mobile Medical Units	-	30	30
39	Poor performing districts sub-plan made with targets, and quarterly review shows progress	-	8	8
40	Difficult, Most Difficult, inaccessible area thrust in provision of infrastructure and human resources.	-	8 districts identified as difficult areas - Posting of Rural Medical Assistants. Rolling out of Chhattisgarh Rural Medical Corps;	8 districts identified as difficult areas - Posting of Rural Medical Assistants. Rolling out of Chhattisgarh Rural Medical Corps;

Attachment G

NATIONAL RURAL HEALTH MISSION

RECORD OF PROCEEDINGS 2010-11

Record of Proceedings of the National Programme Coordination Committee (NPCC) for Karnataka held under the Chairmanship of Shri P.K. Pradhan, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plan (PIP) of State and UTs for the year 2010-11.

I. A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of Karnataka on 09/02/2010. The list of members who attended the meeting is placed at **Annex. VI**. The NPCC meeting was convened after the pre-appraisal meeting for the State, with written and oral comments provided to the State to modify the proposal before the NPCC.

II. State Government apprised about the likely uncommitted unspent balance available under NRHM as on 1.4.2010, and were apprised of the GOI Resource Envelope for 2010-11 under NRHM which is 15% higher than current year's Budget Estimate for over planning purpose and 15% State share. It was also clarified that the actual resource allocation shall be in accordance with the budgetary allocation of 2010-11 and may be lower than the resource envelope indicated. The Monitorable Targets for the State was also indicated. It was stated that the budgets may be realigned to achieve Monitorable Targets in case there has been inadequate provision in the PIP, to meet national goals. After detailed discussions and subsequent deliberations, the PIP was finalised for amounts indicated under different components as detailed in the Annexure I to V.

III. The attention of the State was drawn to the following areas for further action :

A. Planning

1. The State Government shall, within 45 days of the issue of Record of Proceedings by the Ministry of Health and Family Welfare, issue detailed Record of Proceedings for each district.

B. Human Resource

2. All posts under NRHM on contract and based on local criteria shall be done by the Rogi Kalyan Samiti /District Health Society. Residence at place of posting must be ensured.

3. Blended payments comprising of a base salary and a performance based component, should be encouraged.

4. Transparent transfer and career progression systems should be implemented in the State.

5. The State shall put in place a transparent and effective human resource policy so that difficult, most difficult and inaccessible areas attract and retain human resources for health.

C. Infrastructure

6. The State shall furnish list of facilities to be upgraded with identification of inaccessible and remote facilities and finalization of district action plans for the identified backward districts within three months.

7. The State shall furnish information relating to physical and financial status of infrastructure and building works already taken up every quarter to Infrastructure Division.

8. The State shall under take all construction activities in meeting health infrastructure gaps with particular focus in backward districts and inaccessible facilities.

D. Communitisation

9. The State shall take up capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samitis and other community /PRI institutions at all levels, involving Non Governmental organizations after a selection process.

10. The State shall ensure regular meetings of all community Organizations /District /State Mission with public display of financial resources received by all health facilities.

11. The State shall also make contributions to Rogi Kalyan Samitis besides introducing user charges wherever feasible protecting the interest of the poor.

12. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.

13. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, minorities, women, disabled friendly, migrants etc.

E. HMIS

14. State shall set up a transparent and credible procurement and logistics system. State agrees to periodic procurement audit by third party to ascertain progress in this regard.

15. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc. in the prescribed format which is to be regularly uploaded as Monthly, Quarterly and Annual Data on the HMIS.

F. Specific Programme Related

16. The State shall operationalise fixed day services in family planning in addition to periodic camps.

17. The states shall henceforth provide only F-IMNCI training to doctors and staff nurses whilst IMNCI is to be provided only to ANMs/AWW and other field functionaries.

18. The State Govt. would co-locate AYUSH in PHCs/CHCs, wherever feasible.

19. (Any State Specific Conditions/Observations)

- In the view of poor progress in training for last few years strengthening infrastructure for SIHFW is required. There should be fulltime director for SIHFW who is not in charge of any other functions,
- Quality of Family planning/ sterilization operations should be monitored by an external expert in each of the camp conducted and duly ensures and certify the quality in terms of sterilization of equipment, hygienic conditions of the camps etc.

IV. Based on the State's PIP and deliberations thereon the Plan for the State is finalised as per the detail of Annexure I (RCH Flexible Pool), Annexure II (NRHM Flexible Pool), Annexure-III (Immunization) & Annexure –IV (National Disease Control Programmes) with summary of Infrastructure , Human Resource and Training at Annexure V.

APPROVAL OF RCH II PIP 2010-11: CHHATTISGARH

(Rs. in lakh)

S. No.	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED
1	Maternal Health	250.32	201.32
2	Child Health	1060.55	1006.92
3	Family Planning	126.76	66.76
4	ARSH	10.00	10.00
5	Urban RCH	0.00	0.00
6	Tribal RCH	0.00	0.00
7	Vulnerable Groups	73.00	6.50
8	Innovations/ PPP/ NGO	5.00	5.00
9	Infrastructure & HR	1140.29	1132.19
10	Institutional Strengthening	341.39	341.39
11	Training	778.48	725.86
12	BCC / IEC	148.00	148.00
13	Procurement	0.00	0.00
14	Programme Management	1179.66	1179.66
	Total RCH II Base Flexi Pool	**5113.45**	**4823.60**
15	JSY	7467.20	7467.20
16	Sterilisation & IUD Compensation, and NSV Camps	2156.25	2156.25
	Total RCH II Demand Side	**9623.45**	**9623.45**
	GRAND TOTAL RCH II	**14736.90**	**14447.05**

NOTE:

1. Activities have been re-classified as per FMR/ Operating Manual heads; details are provided in attachment “A”.
2. Details of activities approved/ not approved, and specific comments, are provided in attachment “A”.
3. Expenses are to be booked as approved in attachment “A”.

(Rs. in lakh)

FMR Code	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
A.1	**MATERNAL HEALTH**				
A.1.1	**Operationalise facilities**				
A.1.1.1	Operationalise FRUs	41.90	41.90	Renovation of 26 blood storage units.	
A.1.1.3	MTP services at health facilities	19.21	19.21	Strengthening of MTP training centres.	
A.1.1.4	RTI/STI services at health facilities	75.79	75.79	Outreach services to 715 facilities.	
A.1.2	**Referral Transport**	25.00	25.00	Second referral for 5000 pregnant women.	
A.1.4	**Janani Suraksha Yojana / JSY**				
A.1.4.1	Home Deliveries	300.00	300.00	60,000 beneficiaries	
A.1.4.2	Institutional Deliveries				
A.1.4.2.1	Rural	5200.00	5200.00	2.6 lakh beneficiaries	
A.1.4.2.2	Urban	1680.00	1680.00	1.4 lakh beneficiaries	
A.1.4.3	Other activities (JSY)	287.20	287.20	4% JSY administrative and IEC cost.	
A.1.5	Other strategies/activities	82.92	33.92	Call centre at state level.	Rs. 49 lakhs for "Additional wage loss compensation for High risk pregnancies" is not approved. Cash Incentives to beneficiary other than JSY benefits is not permissible.
A.1.5.1.	Maternal Death Audit	5.50	5.50	(1) 1 state level review meeting per quarter (2) 18 district level review meetings per quarter (3) 0.50 lakh post cards to be printed (4) Incentive to Mitanins for reporting 2000 maternal and infant deaths	
	Sub-total Maternal Health (excluding JSY)	**250.32**	**201.32**		
	Sub-total JSY	**7467.20**	**7467.20**		
A.2	**CHILD HEALTH**				
A.2.2	Facility Based Newborn Care/ FBNC	220.00	220.00	Strengthening of SNCUs in four districts.	
A.2.3	Home Based Newborn Care/ HBNC	258.58	204.95	HBNC training and implementation through 7688 Mitanins.	HBNC should not include use of injectable antibiotics. The following are not approved (1) Rs. 48.75 lakhs for cash support to family for hospital stay; and (2) Rs.

FMR Code	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
					4.88 lakhs for cash support to family for second referral
A.2.4	School Health Programme	86.50	86.50	20 lakh school health cards and 2.5 lakh health booklets	
A.2.6	Care of Sick Children and Severe Malnutrition	52.33	52.33	Running of 20 NRCs.	State may note that RUTF is not supported by GOI.
A.2.7	Management of Diarrhoea, ARI and Micronutrient Malnutrition	438.28	438.28	Biannual state-wide Shishu Sanrakshan Maah.	
A.2.8	Other strategies/activities	4.86	4.86	Family Friendly accreditation of 18 health facilities.	
	Sub-total Child Health	**1060.55**	**1006.92**		
A.3	**FAMILY PLANNING**				
A.3.1	**Terminal/Limiting Methods**				
A.3.1.4	Compensation for female sterilisation	1850.00	1850.00	1.8 lakh beneficiaries	
A.3.1.5	Compensation for male sterilisation	270.00	270.00	18,000 beneficiaries	
A.3.2	**Spacing Methods**				
A.3.2.2	IUD services at health facilities / compensation	36.25	36.25	1.4 lakh IUD beneficiaries	
A.3.4	Repairs of Laparoscopes	22.00	22.00	11 laparoscopes	
A.3.5.	Other strategies/activities	104.76	44.76	(1) Mobility support for 18 TT surgeons and teams. (2) Maintenance of 18 OTs.	Rs. 60 lakhs for Fixed Day strategy for sterilisation is not approved as
	Sub-total Family Planning (excluding compensation)	**126.76**	**66.76**		
	Sub-total Sterilisation & IUD compensation & NSV camps	**2156.25**	**2156.25**		
A.4	**ARSH**				
A.4.1	Adolescent services at health facilities.	10.00	10.00	Printing of 0.50 lakh educational books.	
	Sub-total ARSH	**10.00**	**10.00**		
A.5	**URBAN RCH**				
	Sub-total Urban RCH	**0.00**	**0.00**		
A.6	**TRIBAL RCH**				
	Sub-total Tribal RCH	**0.00**	**0.00**		
A.7	**VULNERABLE GROUPS**				
A.7.1.	Services for Vulnerable groups	73.00	6.50	(1) Social Mobilisation of 500 PTG Mitanins. (2) Special Camps in 1000 PTG clusters	Rs. 66.50 lakhs for RSBY coverage for all PTG families is not permissible as per guidelines
	Sub-total Vulnerable Groups	**73.00**	**6.50**		
A.8	**INNOVATIONS/ PPP/ NGO**				
A.8.1	PNDT and Sex Ratio	5.00	5.00	4 workshops.	
	Sub-total Innovations/PPP/NGO	**5.00**	**5.00**		

FMR Code	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
A.9	**INFRASTRUCTURE & HR**				
A.9.1	**Contractual Staff & Services**				
A.9.1.1	ANMs	192.00	192.00	400 ANMs	
A.9.1.3	Staff Nurses	341.04	341.04	413 SNs	
A.9.1.6	Incentive/ Awards etc.	141.25	133.15	Performance based incentives to 5250 ANMs; incentive for 4.60 lakh institutional deliveries.	Rs. 8.10 lakhs for incentive for doctors for SNCU is not approved.
A.9.2	**Major civil works (new construction /extension/ addition)**				
A.9.2.1	Major civil works for operationalisation of FRUS	59.00	59.00	25 CHCs	
A.9.2.2	Major civil works for operationalisation of 24 hour services at PHCs	407.00	407.00	Labour rooms in 203 PHCs	
	Sub-total Infrastructure & HR	**1140.29**	**1132.19**		
A.10	**INSTITUTIONAL STRENGTHENING**				
A.10.3	Monitoring & Evaluation / HMIS	341.39	341.39	450 desktops and 18 laptops; net connectivity; printing of forms and registers	
	Sub-total Institutional Strengthening	**341.39**	**341.39**		
A.11	**TRAINING**				
A.11.1	**Strengthening of Training Institutions**	81.10	81.10	District training coordinators in each district.	The amount is approved in principle subject to the State providing details of the strengthening required, for final approval by GOI.
A.11.3	**Maternal Health Training**				
A.11.3.1	Skilled Birth Attendance / SBA	178.94	178.94	(1) SBA training for 142 batches of SNs and ANMs; (2) BEmOC training for 30 batches of medical officers.	
A.11.3.2	EmOC Training	54.22	54.22	45 medical officers.	
A.11.3.3	Life saving Anaesthesia skills training	25.49	25.49	3 batches of medical officers.	
A.11.3.4	MTP training	40.37	40.37	120 medical officers and 51 Ob/Gyn.	
A.11.3.5	RTI / STI Training	39.72	39.72	10 batches of medical officers and 32 batches of paramedical staff (SNs, ANMs)	
A.11.3.7	Other MH Training	52.62	0.00		Staff nurse induction training not approved.
A.11.4	**IMEP Training**	21.04	21.04	36 state and district level programme	

FMR Code	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
				managers, and 1500 medical officers.	
A.11.5	**Child Health Training**				
A.11.5.1	IMNCI	131.86	131.86	1440 health workers.	
A.11.5.5	Other CH Training	77.62	77.62	NSSK training for 17 batches of MOs and 64 batches of RMAs, SNs, LHVs, and ANMs.	
A.11.6	**Family Planning Training**				
A.11.6.1	Laparoscopic Sterilisation Training	8.03	8.03	8 batches / teams.	
A.11.6.2	Minilap Training	10.04	10.04	10 batches of medical officers.	
A.11.6.3	NSV Training	3.81	3.81	8 batches of doctors	
A.11.8	**Program Management Training**				
A.11.8.1	SPMU Training	8.00	8.00	20 batches	
A.11.8.2	DPMU Training	10.80	10.80	54 batches	
A.11.9	Other training	34.82	34.82	Management training – 206 batches of BPMU, and PHC MOs	
	Sub-total Training	**778.48**	**725.86**		
A.12	**BCC / IEC**				
A.12.3	**Implementation of BCC/IEC strategy**				
A.12.3.1	BCC/IEC activities for MH	45.50	45.50	Printing of flip books, folders, handbills; 4 PRI sammelans at block/ PHC level; IPC training of MPWs, AWWs, supervisors, mitanins; hoardings, posters, stickers, wall paintings; video spots; traditional nacha (6/block)	
A.12.3.2	BCC/IEC activities for CH	13.50	13.50	Printing of flip books, folders, handbills; 4 PRI sammelans at block/ PHC level; IPC training of MPWs, AWWs, supervisors, mitanins	
A.12.3.3	BCC/IEC activities for FP	64.50	64.50	Printing of flip books, folders, handbills; 4 PRI sammelans at block/ PHC level; 4 mahila panch sammelans at block level; IPC training of	

FMR Code	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
				MPWs, AWWs, supervisors, mitanins; hoardings, posters, stickers, wall paintings; video spots, radio jingles; traditional nacha (6/block).	
A.12.3.4	BCC/IEC activities for ARSH	10.00	10.00	Printing of flip books	
A.12.4	**Other activities**	14.50	14.50	State and district level Janki exhibitions	
	Sub-total BCC/ IEC	**148.00**	**148.00**		
A.13	**PROCUREMENT**				
	Sub-total Procurement	**0.00**	**0.00**		
A.14	**PROGRAM MANAGEMENT**				
A.14.1	**Strengthening of State society/ SPMU**	67.84	67.84		
A.14.2	**Strengthening of District society/ DPMU**	1111.82	1111.82		Includes DPMU and BPMU salary costs.
	Sub-total Program Management	**1179.66**	**1179.66**		
	Total RCH II Base Flexi Pool	**5113.45**	**4823.60**		
	Total RCH II Demand Side	**9623.45**	**9623.45**		
	GRAND TOTAL RCH II	**14736.90**	**14447.05**		

RECLASSIFICATION OF ACTIVITIES

Activities from the revised PIP sent by the state (post NPCC) have been reclassified as per the FMR/ operating manual heads. State needs to comply with this while booking the expenses and reporting in FMR:

1. A.1.1.1 - Operationalise FRUs includes:
    a. Indemnity Insurance for EmOC and LSAS trained doctors
    b. Renovation of BSUs
    c. Monitoring of FRU (mobility support)
    d. Honorarium to resource person for Hand holding support for multiskilled doctors at the facility

2. A.1.1.4 – RTI/ STI services at facilities includes:
    a. Incentives to lady doctor
    b. Mobility support
    c. IEC/ demand generation activities for this service

3. A.1.4.3 – Other JSY activities includes JSY administrative costs.

4. A.3.5 – Other FP strategies, includes:
    a. A.3.3.1 – Family Welfare Bureau
    b. A.3.2.2.6 – Mobility support for TT surgeon and Team
    c. A.3.2.4.1 – Maintenance of OT

d. A.3.2.4.2 – Incentive for fixed day services

5. A.9.1.3 – Staff nurses recruited and in position, includes:
    a. Staff nurses (Rs. 230.04 lakhs for existing and Rs. 81.00 lakhs for new) that were budgeted under Maternal Health
    b. A.2.2.3 – Staff nurses (for SNCU)

6. A.9.1.6 Incentives / awards includes:
    a. A.1.4.31 – Incentive for institutional delivery
    b. A.1.5.2 – Performance incentives to ANMs
    c. A.2.2.3 – Incentive for doctors (for SNCU)

Annex-II

SUMMARY OF MISSION FLEXIBLE POOL (MFP) PIP 2010-11

(Rs. in lakh)

S.NO	ACTIVITY PROPOSED	AMOUNT PROPOSED	AMOUNT APPROVED	EXPECTED OUTPUT	REMARKS
B1	**Strengthening Mitanin Programme**				
	Training and regular support for the strengthening of 60,000 Mitanins	2007.7	2007.7	Training and support of 60,000 Mitanins(all are trained upto 5th module)	Approved
	Mitanin Dawa Peti distribution	26.28	26.28	Distribution of 60092 Mitanin Dawa Peti (Unit cost 6000*No. of Unit 146* Duration 3.)	Approved
	Programme Management and Coordination	227.76	227.76	(146No. of Unit*12 Month*Rs. 6000),146*12*1000,14612* 6000. To ensure proper fund & data management across all levels of health institutions through computerised data flow	Approved
	Allocation From ASHA budget under NRHM(For Mitanin Drugs one refill every two month of Rs 75 for each Mitanin- in addition to the allocation available with state budget- to fill gaps of chloroquine etc)	270	270	Distribution to Mitanin 59489 Mitanins* 1 Drug (in 2 months= 12/2)*6* Rs 75 each.	Approved
B1.1	Mitanin Help Desk				Approved
	District (Recurring cost Per month@4200 per district)	9.07	9.07	Mitanin Help Desk in (18 districts at DH Distt. 18*Cost 4200 per Distt. And per month *12)	Approved
	Block-CHC (Recurring cost Per month@2400 per block)	42.07	42.07	Mitanin Help Desk in 146 Block in CHC (Block 146* Cost 2400*Month 12)	Approved
	Sub-Total Mitanin Programme	**2582.88**			
B2	**Rogi Kalyan Samiti (JDS)**	1029	1029	Funds to 17 DH, 144 CHC, 17 civil hospitals and 715 PHC provided to ensure facilities have flexible financing for ensuring service guarantee. (DHs 17*Rs5	Approved

				lakh, CHs 144*Rs 1 lakh ,Civil Hospital 17 *Rs. 5 and PHCs 715*Rs 1 lakh.	
	Maintenance grants for SHCs, PHCs and CHCs	570.00	570.0	Funds to 135 CHC@ 1lakh, 400 PHC@50thsd and 2350 HSC@10thsd to ensure Upgradation/maintenance as per IPHS	Approved
	Untied fund for PHC, CHC & SHC	728.85	728.85	Funds to 145 CHC@50thsd, 715 PHC@ 25thsd hospitals and 4776 HSC@10 thsd provided	Approved
	Untied fund for VHSC	1927.6	1927.6	Funds to 19276 VHSC provided, Unit cost of Rs. 10000 for 19276 VHSCs.)	Approved
	Sub-Total Untied Fund	4255.45			
B.3	**VHSC Sammelans:**	15.00	15.00	Unit 146@Rs. 10000 = 14.60 and Units 18 @ of Rs. 5000= .90 VHSC Sammelans held .It may be synergised with VHSC and VHN day activity.	Approved . It may be synergised with VHSC and VHNday activity.
	Sub-Total VHSC	15			
B.4	**Hospital Strengthening**	4255.45			
B4.1	District Hospital Plan	600.00	600.00	15 hospitals @ 40 lakhs of high focus districts. 100% utilisation for the planned activities	Approved
B4.2	ISO Certification	325.00	325.00	3DH @ 7500000 and 4 CHC@2500000 ISO certified	Approval for 100 lakh for 4 CHC
	Sub-Total Hospital Strengthening	925.00			
B5	**New Constructions/ Renovation and Setting up**				
B5.1	Closing resedential gaps	3120.00	2500.00	50 CHC @68lakh and 100 PHC@44 lakh residential facility(proposed for 40% of total cost)	Approved for 100 PHCs and 27 CHCs
B5.2	SHCs/Sub Centers	3500.00	3500.00	100 new Sub centres and cost overrun for 150 SC approved in 09-10 constructed(proposed for 70% of total cost)	Approved
	Sub-Total Constructions/Renovations	6620.00			

B6	District Innovation	200.00	200.00	1 PHC, and 1 CHC ISO certified	Approved
B.7	Special initiative: Establishment of Snakebite Case Management Unit in district hospital	18.00	18.00	Snakebite Case Management Unit established at 18 DH (Unit cost 100000* Distt.18)	Approved
B.8	Chhattisgarh Rural Medical Corps	1087.39	1087.39	1391 staff (38 specialists, 37 PGMOs, 9 EMOC/LSAS, 485 MOs, 486RMA, 1 NS, 327 SN, 4 CM&H, 2 DHO, 2 BAMS)	Approved . (20% increment to staff salary)
				Mobility support to 2006 ANMs in difficult areas	
B.9	Strengthening the role of Panchayati Raj Institutions in Health	60.53	60.53	146 Blocks covered (Cash prize Panchayat 146* Rs. 25000, Budget for SHRCH - Training 30008Rs 75, Data Collection 9400* Rs. 300, Data Entry 9400*Rs. 20 and Dissemination 9400* Rs. 100)	Approved
	Sub Total (B.6 to B.9)	1365.92			
B.10	**Mainstreaming of AYUSH**	1365.92		NA	
	AYUSH Health Melas at District and Block Level	97.2	0	Increasing the service outreach and increasing the popularity of the system.	Not approved
	Flexible untied fund for AYUSH Deep Samiti as mobility support	17.16	0	**NA**	
	Contractual Appointment of AYUSH Medical Officers in the underserved areas in phase manner	396	396	150 AYUSH Medical Officers in the PHC of underserved areas (Cost of Rs. 22000 *No. of Doctor 150* month 12)	Approved
	Infrastructural Development of Labor Ward Facilities at the selected dispensaries	35	0	NA	Not approved. May be taken from deptt of AYUSH regarding Central Sector Scheme for Public
	Yoga Popularization in Ayurved Gram	1.08	0	27000 Mitanin trained on Yoga	
		17.52	0	Incentive provided/transferred @ Rs. 1000 to 146 Mitanin accounts	
	AYUSH Deep Samiti	176	0		

	AYUSH Programme Assistant	21.6	0		Initiative
	Exchange programme by External Experts and Consultants for Ayurveda medical Officers	4.8	0	32 programme held	
	Prevention of disability in leprosy cured persons through Homeopathic Medicine	44.82	0	4 Homeopathy consultants, 12 paramedical staff, 10 Social Workers, 1 Project Coordinator appointed and 1trainingheld	
	Curing Eye Disorders through the Strengths of Ayurveda for under privileged sections of the society	35.00	0		
	Sub Total Ayush	846.18			
B.11	**SICKLE CELL ANEMIA**	50.42	50.42	Incentives to counsellors, Capacity Building of Lab Tech & Counsellors, (Rs. 17579* Students 284682)	Approved .
B 12	**IEC-BCC NRHM**				
B 12.1	Health Mela	46.72	46.72	878 Melas held (PHC 716*Rs. 2000, block level 144*Rs 10000 and Distt Level 18*Rs. 100000)	Approved
B 13	Mobile Medical Unit	1050.00	1050.00	100% utilisation of recurring cost for 30 MMU in districts	Approved
	Sub Total (B.11 to B.13)	1147.14			
B 14	**Additional Contractual Staff (Selection, Training, Remuneration)**				
B 14.1	RMA: Utilising the 3-Year Rural Medical Training Assistant	1476.72	1476.72	759 old RMAs and 533 new RMAs paid remunerations (@ of Rs. 12000 per month new one for six month)	Approved
B14.2	PHRN: capacity building in public health management of state, district and block	57.65	57.65	350 participants received PHRN certificates (PHRN 350*Rs 9500, IGNOU 50* Rs.8000, PGDPHM 10*Rs 200000 and Course on Family 20* Rs 115000)	Approved
B 14.3	Career Development pathway for Health Staff (ANMs) and Mitanins	209.25	209.25	35 Mitanin, 25 ANM, 20 ANM and 20 GNM	Approved
	Sub Total	1743.62			

B.15	**Planning, Implementation and Monitoring**				
B.15.1	Community Monitoring (Visioning workshops at state, Dist, Block level)	18.8	18.8	3 districts and 9 blocks from high focus districts covering 24 PHC and 120 villages.	Approved
	Sub - Total (B.15)	18.8			
B 16	**New Initiatives/ Strategic Interventions (As per State health policy)/ Innovation/ Projects (Telemedicine, Hepatitis, Mental Health, Nutrition Programme for Pregnant Women, Neonatal) NRHM Helpline) as per need (Block/ District Action Plans)**				
B.16.1	Establishment of Chhattisgarh Medical Services Corporation (CGMSC)	290.00	290.00	100% utilisation of funds for salary, mobility support and training (CGMSC Staff Salary (State and Distt.) 1.40 Cr, Initial Grant to setup 1.50Cr.)	Approved
B.16.2	Chhattisgarh Health Equipment Management Cell	89.7	89.7	Total No. of Employee 87 against Rs. 89.70 lakh. To deliver good quality healthcare services, a large number of medical equipments, both diagnostic and curative, are required. (See Annexure A)	Approved
B.16.3	Proposal for Emergency Response Medical Services in Chhattisgarh	1025.00	1025.00	100% utilisation of recurring cost for 38 EMRI in districts (ERC Temp Setup Rs. 1 Cr., IT Infra. 2.35 Cr. , Ambulance 38*.1342Cr and Operations Rs. 1.80 Cr.)	Approved . 100% non recurring cost and 60% operationa l cost
	Sub - Total (B.16)	1404.7			

B.17	New Initiatives for Mitanin (Mukhyamatri Kalyan Kosh)	74.00	74.00	(Unit 1*Duration 1* Cost Rs. 500 0000 per unit+ Unit 800*duration 2* Cost Rs 3000 per unit. Provision will be made for recognition of Mitanin in the existing health system by advocating for free health services to the Mitanin and her family in district hospitals/CHCs. Also, provide them the platform to enhance their self-esteem and to express their vision and mission of life	Approved
B.18	Parenteral Iron therapy	195.00	195.00	50000 { 3 ampoule of Iron sucrose) consumed, (Unit 50000 * duration 38 Rate 130)	Approved
B.19	Janani Suraksha Kit	80.00	80.00	(400000 delivries* 2 tablets @ Rs. 10 each tablets)	Approved .
B.20	Nutritional Support to PLHAs in Chhattisgarh State	4.25	0	NA	Not Approved
B.21	Mental Health Program				Not Approved
	Stipend for Psychiatrists	12	0	Unit 5*Month 12*Unit Cost of Rs. 20000 per unit.	
B.22	State Health Resources Centre (SHRC)	50	50	SHRC functional with requisite infrastructure and manpoer, Study conducted and disseminated (Personnel Cost Rs. 523930*unit 1* Month 12, Publication 229900*1*10 and 102850*1*12)	Approved
B.23	Strengthening Human Resources in Health Sector:	5	5	For recruitment process in two phases-First Phase for SG State AIDS Control Society Posts 120 and NRHM posts 216 and second phase for 596 posts at State, District and Block level.	Approved
	Sub - Total (B.17 to B.23)	420.25			

B.24	**NRHM Management Costs/ Contingencies**				
	Strengthening of Programme Management Support Unit				
	Strengthening State PMU.	150.4	150.4	Positions filled up at SPMU	Approved
	Strengthening District PMU	123.38	123.38	Positions filled up at DPMU	Approved
	Strengthening Block PMU	456.24	456.24	Positions filled up at BPMU	Approved
	Sub - Total (B.24)	730.02			
B.25	Bal Hruday Raksha Yojana: Chief Ministers' Child Heart Protection Scheme	500.00	500.00	10,00(1-15 yrs children) surgeries conducted 1 coordinator, 1Tech Asstt, 1Accountant, 2 office Assistant recruited & remunerated and 100% utilisation of non recurring expenses	Approved
B.26	Cochlear Implant for Children with Hearing Difficulty	100.00	100.00	Cases would be 100 per year and cost of per case is 6 lakh	Approved
B.28	ICRC Mobile clinic and first AID post at Dantewada and Bijapur.	53.62	53.62	20 ambulance purchased, 100%	Approved
B.29	Incentives to service providers for conducting institutional deliveries of HIV positive cases	7.5	7.5	Normal Delivery - Cases 100*Rs 1000 per case for Docotrs and Cases 100 * Rs 1500 for other support staff and CS Delivery- Cases 100*Rs.2500 for doctor and cases 100 * Rs. 2500 for support staff.	
B.30	Additional Support to National Programmes				
	Immunisation	254.17	254.17		Approved
	Leprosy	138.69	132.5	1-Disability Prevention- 6200 Units and the total cost is Rs. 29,00,000 , 2- Block Level active search Unit 43 @ Rs. 231250 each and 3- Urban Leprosy Unit 10@ Rs. 102500	Approved subject to utlisation in 6 high PR district i.e. Dhamtari, Bilaspur, raipur, Jangjir, raigarh, & Mahasamund.

	RNTCP	423.98	196.39	Procurement of equipments completed as planned; IRL up-gradation completed as planned; 2) Funds in the head utilized against approved amount. Funds in the head utilized against approved amount	Approved
	NVBDCP				
	IRS spray wages for labors	239.8	239.8	Control of Malaria vectors	Approved as per comments received from NVBDCP Division
	Central Lab:		7.7		
	Rennovation & Dev. Work (waste disposal, Two chamber and Boundary wall			The strenthening of Lab and waste disposal may be met from NRHM	
	Health worker (M)	23.15	23.15	These are justified activities the state has projected these under World Bank project but MPW (M) is being funded under DBS and ASHA under NRHM. These may be met from NRHM additionalities.	
	Health worker (F)	33.16	33.16		
	ASHA/Mitanin Training in 2 quarters	60.00	60.00		
	Spray Squads Training	0.8	0.8		
	VBD consultant for non WB districts		25.2	To improve surveillance	
	MTS for non WB districts		50.4		
	LTs for non WB districts		15.12		
	DEO for non WB districts		5.46		
	Financial and logistic assistant for non WB districts		6.72		
	Sub Total (NVBDCP)	**356.91**			
B.31	Mobility support for ANMs posted in the CRMC areas at Subcentres				Approved
B.32	SMS based complaint monitoring and grievance redressal system	20.62	20.62	CMS Cost Rs. 20, 00,000 , SMS Code Cost R. 50,000 and SMS Cost 0.12*SMS 100000*12/100=Rs. 12000/-	

B.33	SMS based - Performance monitoring and incentive disbursement system for Mitanin programme	360.00	360.00	SMS 800000*12 Months * Rs. 3.75 per SMS	Approved
B.34	Chhattisgarh state ProMIS	586.86	586.86	ProMIS implemented (Warehouse at Central, State, District, scientific @State, regional level) 19 Computer Asstt.,25 participant trd, 19 internet connections provided Hired 5 unskilled labour Records maintained at 20 units ,	Approved
	Total Part B Flexi-pool	**24520.4**	**23667.7**		

ANNEX-III

Immunization Strengthening Programme (2010-11)

(Rs. In Lakhs)

S. No.	Activity Proposed	Amount Proposed	Amount Approved	Remarks
1	Mobility support for Supervision and Monitoring at districts and state level.	10.00	10.00	
2	Cold chain maintenance	6.08	6.08	
3	Alternate Vaccine Delivery to Session sites	127.26	124.74	
4	Focus on urban slum & underserved areas	66.00	66.00	
5	Social Mobilization by ASHA /Link workers	360.00	360.00	
6	Computer Assistants support at State level	1.44	1.44	
7	Computer Assistants support at district level	19.00	19.00	
8	Printing and dissemination of immunization cards, tally sheets, charts, registers, receipt book, monitoring formats etc.	50.05	35.75	
9	Quarterly review meeting at state level	2.40	2.40	
10	Quarterly review meeting at District level	2.59	2.59	
11	Quarterly review meeting at block level	43.80	43.80	
12	One day refresher training of district computer Assistant on RIMS/HIMS	.30	.03	
13	One day cold chain handlers trainings	2.75	2.75	
14	One day training of block level date handlers	1.53	1.53	
15	To develop micro plan at sub-centre level and block level	4.71	4.71	
16	For consolidation of micro plan at PHC/CHC level	1.78	1.78	
17	POL for vaccine delivery from state to District and PHC/CHCs	20.00	18.00	
18	Consumables for computer including provision for internet access	.91	.91	
19	Red/Black/Zipper bags	10.08	5.04	
20	Bleach/Hypochlorite solution	4.31	4.31	
21	Twin Bucket	3.44	3.44	
Total		**738.43**	**714.30**	

Comments

- As per the various evaluated surveys the immunization coverage shows an improving trend though the progress is slow.

State needs to

- State needs to analyse district wise DLHS-III data for planning of immunization service. The state needs to provide special focus in the districts of Korba, Sarguja, Raipur, Jashpur, Raigarh and and Koriya as not only these are with low coverage but also shows declining coverage compared DLHS-2 (2002-04). There is wide inter-district variation; the best practices in the well performing districts of the state may be identified and replicated in other districts.
- State may identify and tie up government facilities for conduction of immunization session in urban slum areas instead of hiring premises of private clinics.

ANNEX-IV

Approval under the National Disease Control Programmes

RNTCP

(Rs. in lakhs)

Sr. No.	Activity Proposed	Amount Approved	Expected Output	Remarks
1	Civil works	34.3	1) Civil work Upgradation and maintenance completed as planned;	
2	Laboratory materials	40.3	1) Sputum of TB Suspects Examined per lac population per quarter; 2) All districts subjected to IRL OSE and Panel Testing in the year; 3) IRLs accredited and functioning optimally;	
3	Honorarium	28.2	1) All eligible Community DOT Providers are paid honorarium in all districts in the FY;	Utilized only 20.17 Lacs in the last 4 qtrs
4	IEC/ Publicity	30.0	1) All IEC/ACSM activities proposed in PIP completed; 2) Increase in case detection and improved case holding;	Eligible amount is 28.9 lacs
5	Equipment maintenance	11.3	1) Maintenance of Office Equipments at State/Districts and IRL equipments completed as planned; 2) All BMs are in functional condition;	Utilized only 10.33 Lacs in the last 4 qtrs
6	Training	19.0	1) Induction training, Update and Re-training of all cadre of staff completed as planned;	Eligible amount is 18.09 lacs
7	Vehicle maintenance	25.4	1) All 4 wheelers and 2 wheelers in the state are in running condition and maintained;	Utilized only 22.44 lacs in the last 4 qtrs
8	Vehicle hiring	26.1	1) Increase in supervisory visit of DTOs and MOTCs; 2) Increase in case detection and improved case holding;	Utilized only 17.64 lacs in the last 4 qtrs
9	NGO/PP support	22.9	1) Increase in number of NGOs/PPs involved in signed schemes of RNTCP; 2) Contribution of NGOs/PPS in case detection and provision of DOT	Utilized only 1.67 lacs in the last 4 qtrs .30% of estimated amount approved.
10	Miscellaneous	27.6	1) All activities proposed under miscellaneous head in PIP completed;	Utilized 22.5 lacs in the last 4 qtrs . 70% of estimated amount approved.
11	Contractual services	462.2	1) All contractual staff appointed and paid regularly as planned;	

12	Printing	21.9	1) All printing activities at state and district level completed as planned;	Utilized only 16.93 Lac in the last 4 qtrs. 60% of estimated amount approved.
13	Research and studies	20.0	1) Proposed Research has been initiated or completed in the FY as planned;	
14	Medical Colleges	18.5	1) All activities proposed under Medical Colleges head in PIP completed;	
15	Procurement –vehicles	1.0	1) Procurement of vehicles completed as planned;	
16	Procurement – equipment	0.6	1) Procurement of equipments completed as planned;	No provision of photocopier, Fax and LCD under Revised RNTCP II financial norm
17	Total	789.4		
18	Tribal Action Plan	36.00	Sputum examination DOTS treatment will be available in all tribal areas	
	Grand Total	825.4		

In addition to this, a commodity grant of Rs. 218.5 lacs has been approved for central level procurement of Anti TB Drugs and Laboratory Equipments for sputum culture & drug sensitivity.

PERFORMANCE

State	Annualized NSP case detection rate	Success rate of NSP
Chhatisgarh	55%	87%

(i) Targets to be achieved during 2010-11:

- Detection rate of at least 70% and maintain treatment success rate above 87%.
- All RNTCP districts have supervisory structure for disease control programme.

(ii) Information under 29:

- The state needs to strengthen the services in the districts of:

District	ANSP CDR (2009)	District	ANSP CDR (2009)
Bastar *	**49%**	**Kawardha ****	**21%**
Bilaspur-CG	**54%**	**Koriya ****	**40%**
Dantewada *	**59%**	**Mahasamund**	**51%**
Dhamtari	**51%**	**Raigarh-CG ****	**59%**
Durg	**52%**	**Raipur**	**68%**
Janjgir	**42%**	**Rajnandgaon**	**69%**
Jashpur *	**32%**	**Surguja †**	**47%**

Annualized new sputum positive case detection rate (ANSP CDR) of at least 70% should be achieved

HUMAN RESOURCE:

Vacancy position of various categories of staff and the training status of existing staff is placed below:

DTO			MOTC			STS			STLS			DMC LT/Microscopist		
Sanctioned	**Vacancy**	**Total in place & trained**	**Sanctioned**	**Vacancy**	**Total in place & trained**	**Sanctioned**	**Vacancy**	**Total in place & trained**	**Sanctioned**	**Vacancy**	**Total in place & trained**	**Sanctioned**	**Vacancy**	**Total in place & trained**
16	0	16	61	5	40	62	13	41	62	10	50	298	18	253

Medical Officer (at BPHC/PHC /CHC/district hospital/other)		Paramedical staff including health workers	
Vacancy	**In place and yet to be trained**	**Vacancy**	**In place and yet to be trained**
1033	254	2300	1160

New Contractual Position:

The following new contractual positions have been sanctioned under the revised financial norm of RNTCP for building capacity of districts and states to implement new initiatives like TB HIV Collaborative services and programmatic management of MDR TB:

State Level Positions:
- Asst. Programme Officer/Epidemiologist – 1 per state
- DOTS Plus Site Sr. Medical Officer – 1 per DOTS Plus site
- DOTS Plus Site Statistical Assistant – 1 per DOTS Plus site
- Sr. LT at IRL – 1 per IRL
- Store Assistant (SDS) – 1 per SDS
- DEO (IRL) – I per IRL

District Level Positions:
- Sr. DOTS Plus and TB HIV Supervisor - 1 per district (as per phased expansion of DOTS Plus and intensified TB-HIV activities)

- State will fill up all existing vacancies of regular staff as mentioned above by June 2010.
- State will fill up all existing vacancies as well as new contractual positions mentioned above by June 2010.
- State will arrange for the training of all untrained staff mentioned above as per plan.

NVBDCP

(Rs. in lakh)

S. No.	Activity Proposed	Proposed Amount	Approved Amount	Expected Output	Remarks
1.1	**Malaria DBS (Domestic Budgetary Support GOI**				
a	Salary for contractual MPW (Male)	597.60	688.00	Improvement surviellance	The state has been sanctioned total 1144 contractual MPWs in the year 2008-09 (830) and during 2010-11 (314). Out of 830 MPWs, 770 have already been deployed. State has still to appoint remaining MPWs. Accordingly, 12 months salary has been estimated for 770 MPWs and 9 months salary for the remaining. The state will be allocated funds depending upon the progress in appointment of MPW to be engaged if required additional funds will be provided at RE stage
b	VBD consultant for non WB districts	25.20	0	To improve surveillance	Due to budget constraint, the request of the state can not be met from NVBDCP budget however, the proposal is justified and may be met from NRHM additionalities.
n	MTS for non WB districts	50.40	0		
	LTs for non WB districts	15.12	0		
	DEO for non WB districts	5.46	0		
	Financial and logistic assistant for non WB districts	6.72	0		
	ASHA (incentive for slide collection rapid test.	56.00	56.00	Improvement in treatment of Pf positive cases with in	ASHAs to be instructed to maintain register with details of slide made RDT positive cases treated and

				24 hours	slide positive cases treated for payment of incentives.
	Monitoring & Evaluation including MIS	1.00	8.00	Faster Transmission of data through electronic means	The fund has been allocated for data reporting and Monitoring and Evaluation. This includes M&E of the programme , ie, support at district level for NAMMIS
	IEC	20.00	35.00	Enhanced awareness for malaria control	IEC Activities may be integrated. Hence this budget has been enhanced. The state has proposed 15 lakhs at state and 5 lakhs for districts which should be other way round and the funds may be given to districts for advocacy & sensitization at grass root level
	Training	3.00	4.00	Improved capacity of Mos, MPWs and ASHAs	The training proposed for central lab may be met out form additional 1 lakh given for the purpose.
	Central Lab: Rennovation & Dev. Work (waste disposal, Two chamber and Boundary wall	7.70			The strengthening of Lab and waste disposal may be met from NRHM
	Equipment (Microscopes, Computer & Fax).	14.50			May be met from State budget
	Contingency expenditure	1.00			May be met out of funds allocated under IEC
	Replacement of Condemn Microscope Lancet	25.00			May be met from the State Resources
	Micro slides	125.00			
	Laboratory Articles (Glass ware, lab reagents & consumable etc.)	30.50			
	Registers and Forms/Stationery		0		

	Monitoring & Evaluation (Hire up agency for Base/Mid/End term evaluation at state and	10			
	Stationery & Printing/ Monitoring format cost at district	7.8			
	IRS Pump 1. Maintenance cost	10.6			
	2. Replacement of condemn pumps Total (1+2)	47.7			
	Personal protective equipmetns Disposable cap, mask, gloves @ Rs. 25 per set)	3.6			
	Rent for Hiring Store	13.68			
	Administrative/Office Exp.	19.2			
	Sub total (DBS)	**1096.78**	**791.00**		The requested amount does not include the spray wages cost of Rs. 239.80 lakh
1.1.1	**Additional Support under World Bank for Project State/District**				
a	HR at state level		243.35		NVBDCP budget allocation is based on full allocation of HR under the project for Phase-1 and Phase-2
	Coordinator / consultants	13.20			
	GIS data entry	0.78			
	insect collector (2)	1.92			
	Accountant	1.20			
	Sectt Assist	0.78			
	Other exp on HR	0.57			
	HR at Distt. level				
	VBD consultants	39.60			
	MTSs	79.20			
	LTs	21.60			
	DEO	8.58			
	Financial and logistic assistant	10.56			
	Total Human Resource	177.99			
b	Capacity Building in project areas		40.00	Enhance capacity to manage the project in the State for reducing the disease burden	The activities proposed by state are justified hence approved but budget will be enhanced at RE stategs depending on performance progress of
	Training under head capacity building				
	Medical Specialist at District Hospital	2.61			
	SSMO	0.27			
	Medical Officers BMOs	1.35			
	Medical Officer of PHCs	12.50			

	Laboratory Technicians (induction)	5.32			expenditure
	Health supervisor (M)	5.73			
	Health supervisor (F)	2.08			
	Total Training	**30.66**			
c	IEC under head capacity building				IEC component has been centralised and the identified agency will carry out the IEC activities and state and district level.
	Health Camps/Mela	22.00			
	IEC Awareness activities BCC & partnership with NGOs/CBOs/PRI/Community	11.00			
	Flex banners, Wall writing, Poster, Pamphlet & slide show etc.	10.00			
	Nukkar Natak, Folk media, Cultural Programme, Duggi / Munadi	5.50			
	Electronic Media	10.00			
	Print Media	10.00			
	Total IEC	**68.50**			
d	Other Strengthening under head Capacity Building :-		0.00	Enhance capacity to manage the project in the State for reducing the disease burden	Already included under M&E HMIS
	Printing of NAMMIS Formats & Registers At State Rs.0.30 Lakh & for 11 Nos. districts @ Rs.0.20 Lakh	2.50			
	Telephone/Mobile/Internet/ Postal Exp. & other means of communication , Printing & Stationery and Other Petty Office Exp.	2.60			
	Total Other Strengthening Cost	**5.10**			
e	Seminar (Inter Sartorial Advocacy) under head Capacity Building	3.00	0.00	Enhance capacity to manage the project in the State for reducing the disease burden	Already included under M&E HMIS
	Meeting & Workshop Exp. under head Capacity Building				
	State Consultant & SPO Staff	0.10			
	CMHO/DMO(Re-orientation)	0.90			
	VBD Consultant(Re-orientation)	0.10			
	Contractual MTSs	0.57			

	Contractual LTs	0.27			
	Total Seminar & Meeting Exp.	**4.94**			
	Total Capacity Building in project areas	**109.20**		Enhance capacity to manage the project in the State for reducing the disease burden	Already included under M&E HMIS
f	Mobility Support		50.00		
	At State Level :-				
	POL, Vehicle Maint., Taxi Freight, TA / DA, Local Conveyance & Hiring of Vehicle (3 Nos)	14.60			
	Logistic Supply Chain/ Article Transportation (Drugs, Insectisides, Lab material, Equipment & Other Misc. items)	1.80			
	At District Level :-				
	POL, Vehicle Maint., TA/DA, Local Conveyance & Hiring of Vehicle	31.20			
	Logistic Supply Chain/ Article Transportation (Drugs, Insecticides, Lab material, Equipment & Other Misc. items)	21.60			
	Total Mobility Support	**69.20**			
	SUB Total (World Bank):	**356.39**	**333.35**		
	Grand Total- Malaria	**1453.17**	**1124.35**		
1.2	**Filaria(GoI - DBS)**				
a	Elimination of Lymphatic Filariasis - preparatory activities including state, district level meeting, sensitization of media, community, opinion leaders, specific training to orient on mass drug administration for medical and para medical staff, night blo	56.69	90.00	Timely sensitizatio n of health and non health sector of officials on MDA and improving drug compliance for reducing micro filaria rate	Preparatory activities are essential and needs to be completed before the observance of Mass Drug Administration and the funds required are justified. However, if the releases are made in first and second quarter to the districts and periphery and the a
b	Morbidity management including demonstration of home based management for lymphodema cases and hydrocele operations	18.00		improved condition of persons with manifestati	

				on	
c	Honorarium to ASHAs/community volunteers/ drug distributors and supervisors for drug distribution during MDA	47.20		timely drug distribution with improved compliance by community	
d	Post MDA assessment by medical college/ ICMR/Regional Offices GoI	5.25		Independent monitoring for impact of MDA	
	Total for Filaria (GoI Domestic Support)	127.14	90.00		
	NVBDCP Total cash assistance	**1580.31**	**1214.35**		
2	Decentralised drugs	0	115.68	Enhancing State's capacity for procurement	Decentralised items commodities and Drugs, under DBS are as per the plan.
	Grand Total NVBDCP cash assistance including cost of decentralized commodities	**1580.31**	**1330.03**		
	Commodity support by GoI (under DBS for Malaria and Filaria)		997.87		
	Commodity support for Malaria by GoI (World Bank)		1015.48		
	Commodity Sub-total	1580.31	2013.35		
	Grand Total commodity + cash support from NVBDCP	1580.31	3343.38		
	Proposed budget under NRHM additionality				
	IRS spray wages for labors	239.80	239.80	Control of Malaria vectors	It should be met from state budget. However, during year 2010-11 it may be considered from NRHM additionality
	Central Lab: Rennovation & Dev. Work (waste disposal, Two chamber and Boundary wall		7.70		The strengthening of Lab and waste disposal may be met from NRHM
	Health worker (M)	23.15	23.15		These are justified activities the state has projected these
	Health worker (F)	33.16	33.16		
	ASHA/Mitanin Training in 2	60.00	60.00		

	quarters				under World Bank project but MPW (M) is being funded under DBS and ASHA under NRHM. These may be met from NRHM additionality.
	Spray Squads Training	0.80	0.80		
	VBD consultant for non WB districts		25.20	To improve surveillance	Due to budget constraint, the request of the state can not be met from NVBDCP budget however, the proposal is justified and may be met from NRHM additionalities.
	MTS for non WB districts		50.40		
	LTs for non WB districts		15.12		
	DEO for non WB districts		5.46		
	Financial and logistic assistant for non WB districts		6.72		
	Sub Total (NRHM Additionality)	**356.91**	**467.51**		
	Total NVBDCP + NRHM additionality	**1936.42**	**3810.89**		

PHYSICAL TARGETS

1. ABER

2008	2009* (P)	Target for 2010
12.33	11.93	>12

2. API

2008	2009* (P)	Target for 2010
4.99	4.66	There is a chance of Increase in API due to improvement in surveillance (ABER)

3. LLIN

Total LLINs required for 80% coverage of Households in Sub Centers with API >2	LLIN Supplied till 2009-10	% coverage with LLINs till 2009-10	LLIN to be supplied in 2010-11	Targeted coverage for 2010
3700000	100000	2.7%	448000	14.8%

4. IRS

Population	
Targeted	**80% coverage of the target**
9245532	7403546

5. HUMAN RESOURCES

A. Key Staff in Position

Particulars	No. of district (16)	Sanctioned Post	In-position	vacant	Target
DMO	16	8	2	6	• Vacant post (6)to be filled up by June 2010 • 8 posts to be created for ensuring one dedicated DMO in each district by September 2010
MTS		66	45	21	21 to be filled up by June 2010
Contractual LTs		33	20	13	13 filled up by June 2010
Contractual MPW		1144	770	374	374 filled up by June 2010

B. Training

Target for training		
Sl. No.	**Category of Man Power**	**No. of Batch**
1	M.O.	66
2	Lab Technician	16
3	Lab Tech (Contractual)	
4	Health Supervisior (M)	27
5	Health Supervisior (F)	
6	MPW (M) / (F)	177
7	MPW (Contractual)	
8	ASHA	600

1. Surveillance is poor (<10%) in 4 districts namely, Bilaspur, Janjgir, Raigarh, khawardha. The MPWs allocated under NVBDCP should be deployed in these areas at the earliest
2. The district wise API is >2 in Dantewada, Bastar, Kanker, Korea, Jashpur Nagar, Korba, Ambikapur and Raigarh. Efforts should made to train all ASHAs and community volunteers to enable early diagnosis and complete treatment of these cases at village level

IDSP

(Rs. in lakh)

Activity Proposed	Amount proposed	Amount Approved	Expected Outcome	Remarks
1. Surveillance preparedness, training & staff salary 2. Outbreak investigation 3. Analysis & use of data **Annexure**	364	144	1.Training of professionals (DSO, Epidemiologists, Microbiologists, Entomologists 2. IT network for transmission of data and outbreak reporting 3. Strenthning of lab. 4. Surveillance and reporting of disease outbreaks 5. Strengthening of AI surveillance	would be met from Domestic Fund & NRHM

(Rs. in lakh)

Activity	Sub-activity	Tasks		Amount Approved	Remarks
Surveillance Preparedness	**1. Training**	1.1	Training of Hospital Doctors	2.77	20 per district, 10 per batch, 2 batch per district Per head training cost = Rs.1100/-. Unit cost per participant: training material Rs.100; travel: Rs.300; Food: 250 (10 x 650) + Other expenses Rs.2500 ; Trainer charges: Rs.2000 = Total Rs.11,000/- per batch
		1.2	Training of Hospital Pharmasist / Nurses	3.78	40 per district, 20 per batch, 2 batch per district per head training cost = Rs.750/-. Unit cost per participant: training material Rs.50; travel: Rs.100; Food: 150 (20 x 300) + Other expenses Rs.5000 ; Trainer charges: Rs.4000 = Total Rs.15,000/- per batch
		1.3	Training of Data Managers & DEO	0.62	Per head training cost= Rs.1600 /-, 2 days training Unit cost per participant: {[training material Rs.50 + Food 150 x 2] + travel: Rs.500} x 20 + Other expenses (computer hiring) Rs.10000; Trainer charges: Rs.4000 = Total Rs.31,000/- per batch
			Sub total	**7.17**	
	2. Staff Salary	2.1	Epidemiologists (19)	47.88	Rs 30000 per month
		2.2	Microbiologists (2)	4.80,	Rs 20000 per month
		2.3	Entomologists (1)	2.40	Rs 20000 per month
		2.4	Consultants (Finance) (1)	1.68	Rs 14000 per month
		2.5	Consultants (Training) (1)	3.36	Rs 28000 per month
		2.6	Data Mangers (19)	30.84	Rs 13500 per month
		2.7	Data Entry Operators (22)	22.44	Rs 8500 per month
			Sub Total	**113.40**	
	3.	3.1	Mobility	9.12	(Rs 1000 per visit x 4

	Operational Cost		Support		visits)/ per month per district
		3.2	Office Expenses @ Rs.2000 P.M.	4.92	Rs 2000 at districts and Rs 5000 at SSU per month
			Sub total	**14.04**	
			Sub Total (Surv. Preparedness)	**134.61**	
Outbreak investigation and response	**4**	4.1	ASHA incentives for Outbreak reporting	2.16	Estimated to get 10 information per month from volunteers a total of 120 such information in a year per district. Each informant to be given an incentive of Rs.100/-
		4.2	Consumables for District Labs	2.00	Rs 200 000 per lab
		4.3	Collection & transportation of samples	1.08	Rs 6000 per district per year
			Sub Total (OB Investiga & Resp)	**5.24**	
Analysis and use of data	**5**	5.1	IDSP reports including alerts	0.30	Rs 30 000 per SSU per year
		5.2	Printing of Reporting Forms	1.80	Rs 10000 per district and Medical College per year
		5.3	Broadband Expenses	2.28	Rs 1000 per district+ SSU+ Medical Colleges
			Sub Total	**4.38**	
			TOTAL	**144.23**	

NPCB

(Rs. in lakh)

S.No.	Activity Proposed	Amount Proposed	Amount Approved	Remarks
1	GIA for Strengthening of Medical Colleges @ Rs. 40 Lakhs	40.00	40.00	Approved
2	Strengthening of District Hospitals @20 Lakhs	80.00		(*) Approved under scheme GIA for Catops and other approved activities
3	Up gradation of Sub-District Hospital/ community health centre @ Rs. 5 Lakhs	80.00		
4	Restructuring Vision Centres at PHC/Voluntary @Rs. 50000	18.00	9.00	for 18 units @Rs.50000/-
5	Non recurring GIA fro NGOs @ Rs. 30 Lakhs	30.00		
6	Appointment of Ophthalmic Surgeon (Salary of Rs. 25000/- P.M.)	15.00		
7	School Eye Screening Programme	39.60	**448.00**	(*) Approved under scheme GIA for Catops and other approved activities
8	Training	19.68		
9	IEC	58.10		
10	Maintenance of Ophthalmic Equipments	16.00		
11	Free Cataract Operations @ Rs. 750 per case	450.00		
12	Free Cataract Operations (Incentive to Mitanni @ Rs. 175 per case	70.00		
13	Other Eye Diseases @ Rs. 1000 per case	10.00		
14	Private Practitioners	7.50		
15	Management of State Health Society, Remuneration, other activity & Contingency	14.00		
16	Recurring GIA to Eye Donation Centres	3.75		
17	Recurring GIA to Eye Banks	2.50		
18	Procurement of Ophthalmic Equipments	135.00		
19	Appointment of Ophthalmic Assistant (Salary of Rs. 8000/- P.M.)	9.60		Not Approved
20	Non Recurring GIA for Eye Wards & Eye OTs@ Rs. 75 lakh	168.00		Not Approved

21	Non Recurring GIA for Mobile Ophthalmic units with tele-network @ Rs. 60 Lakhs	0.00		
22	Eye Donation Centres @ Rs. 2 lakh	6.00	3.00	for 3 EDC
23	Eye Donation Counsellor (Salary of Rs. 10000/- p.m.)	4.80		Not Approved
24	Training of MPW Male & MPW Female	32.11		(*) Approved under scheme GIA for Catops and other approved activities
25	Incentive to School Teachers	5.00		
26	Performance Bonus to Eye Surgeons	20.70		Not approved
27	Transportation of Eye Surgeons & Team	18.42		Not Approved
	Total	**1353.76**	500.00	

All the expenditures from the NPCB budget allocations and from the funds obtained from NRHM flexi-pool should be done strictly according to the Physical norms and Financial Norms approved in the 11th Plan five year plan of NPCB as communicated earlier.

The above said allocations are as per the requirements proposed by the state and in case the funds in a specific allocation are exhausted the funds from other unspent allocations for NPCB activities can be utilized ; with due intimation to GOI.

NLEP

(Rs. in lakh)

S. No.	Activity proposed	Amount proposed	Amount approved	Expected Output	Remarks
1)	**Contractual Services**	51.91	11.00	Functional leprosy cell at state/district level	Salary for independent programme officers has been given separately in NRHM flexipool.
	State - SMO, BFO cum AO, DEO,Administrative Assistant, Driver				
	District - Drivers				
2)	**Services through ASHA/USHA**	16.00	16.00	Increase in percentage of cases reported by ASHA	
	Honararium to ASHA, sensitization of ASHA				
3)	**Office expenses & Consumables**	7.26	7.00	Functional leprosy cell at state/district level	
4)	**Capacity building**	27.56	25.00	Improvement in skills in diagnosis & treatment of leprosy	
	4 days training of newly appointed MO (rural & urban)				
	3 days training of newly appointed health worker & health supervisor				
	2 days refresher training of MO				
	5 days training of newly appointed Lab. Technician				
5)	**Behavioral Change Communication**	50.00	30.00	Better self reporting as a result of increased awareness	
	Quiz,folk show,IPC workshop,Meeting of opinion leaders,Health melas				
	Wall painting,Rallies, Hoardings etc				
6)	**POL/Vehicle operation & hiring**	19.70	15.20	Improvement in mobility of SLOs & DLOs	
	2 vehicles at state level & 1 vehicle at district level				
7)	**DPMR**	22.65	20.50	Decrease in	

	MCR footwear, Aids and appliances, Welfare allowance to BPL patients for RCS, Support to govt. institutions for RCS			recurrence of foot ulcers and reduction in grade II disability through RCS	
8)	**Material & Supplies**				
	Supportive drugs, lab. reagents & equipments and printing forms	9.36	9.30	Management of reaction cases	
9)	**Urban Leprosy Control**			Better diagnosis & treatment of leprosy in urban areas	
		9.24	7.00		
10)	**NGO - SET Scheme**			Increase in NGO support	
11)	**Supervision, Monitoring & Review**			Better, supervision & monitoring of programme	
	Review meetings and travel expenses	9.24	9.00		
12)	**Cash assistance**			Better, supervision & monitoring of programme	
		20.00	15.00		
	TOTAL (NLEP)	**242.92**	**165.00**		

The approved amount for Chhattisgarh State under National Leprosy Eradication Programme for 2010-11 is 1.65 crores. In addition, 1.32 crores proposed under NRHM flexipool has also been approved by NPCC. Targets to be achieved during 2010-11 are as follows –

1. Annual New Case Detection Rate – 31.70 per 1,00,000 population
2. Reconstructive Surgery for disability correction in leprosy affected persons - 180
3. Completion of all sanctioned training activities.

NIDDCP

(Rs. in lakh)

S.No.	Activity Proposed	Amount approved	Expected Output	Remarks
1	Establishment of IDD Control Cell	6.00	Better implementation and monitoring of programme activities.	Filling up of all sanctioned vacant posts of IDD Cell and IDD Lab by the state government on regular or contractual basis.
2	Establishment of IDD Monitoring Lab	3.50	Monitoring of iodine content of salt and urine samples in districts.	
3	a) Health Education and Publicity b) Salt Testing Kits supplies by GOI (1,28,000 No)	6.00	Increased awareness about IDD and iodated salt. Creating iodated salt demand and monitoring of the same at community level	Survey should be conducted as per GOI guidelines of NIDDCP @ Rs. 50,000/- per district.
4	IDD surveys	2.50	Prevalence of IDD in 5 districts of state	
	Total	**18.00**		

ANNEX-V

SUMMARY OF MAIN APPROVED ACTIVITIES

(Rs. in lakh)

S.No.	Activity Proposed	Amount Approved	Expected Output	Budgeted From
Infrastructure				
1	Closing residential gaps	2,500.00	50 CHC and 100 PHC residential facility	MFP
2	SHCs/Sub Centres	3,500.00	100 new Sub centres and cost overrun for 150 SC approved in 09-10 constructed	MFP
3	District Innovation	200.00	1 PHC, and 1 CHC ISO certified	MFP
			Accreditation (details at B.6 in PIP) (18 Distt * 11,11,111)	
4	Major civil works for operationalisation of FRUS	59.00	25 CHCs	RCH
5	Major civil works for operationalisation of 24 hour services at PHCs	407.00	Labour rooms in 203 PHCs	RCH
6	Special initiative: Establishment of Snakebite Case Management Unit in district hospital	18.00	Snakebite Case Management Unit established at 18 DH (Unit cost 100000* Distt.18)	MFP
Total (Infrastructure)		**6,684.00**		
1	Chhattisgarh Rural Medical Corps	1,087.39	1391 staff (38 specialists, 37 PGMOs, 9 EMOC/LSAS, 485 MOs, 486RMA, 1 NS, 327 SN, 4 CM&H, 2 DHO, 2 BAMS)	MFP
			Mobility support to 2006 ANMs in difficult areas	
2	Contractual Appointment of AYUSH Medical Officers in the underserved areas in phase manner	396.00	150 AYUSH Medical Officers in the PHC of underserved areas (Cost of Rs. 22000 *No. of Doctor 150* month 12)	MFP
3	PHRN: capacity building in public health management of state, district and block	57.65	350 participants received PHRN certificates (PHRN 350*Rs 9500, IGNOU 50* Rs.8000, PGDPHM 10*Rs 200000 and Course on Family 20* Rs 115000)	MFP
4	Career Development pathway for Health Staff (ANMs) and Mitanins	209.25	35 Mitanin, 25 ANM, 20 ANM and 20 GNM	MFP
5	Strengthening Human Resources in Health Sector:	5.00	For recruitment process in two phases-First Phase for SG State AIDS Control Society Posts 120 and NRHM posts 216 and second phases for 596 posts at State, District and Block level.	MFP
6	Strengthening State PMU.	150.40	Positions filled up at SPMU	MFP
7	Strengthening District PMU	123.38	Positions filled up at DPMU	MFP
8	Strengthening Block PMU	456.24	Positions filled up at BPMU	MFP

9	Chhattisgarh state Pro MIS	400.00	ProMIS implemented (Warehouse at Central, State, District, scientific @State, regional level)	MFP
			19 Computer Asstt.,25 participant trd,	MFP
			19 internet connections provided	MFP
			Hired 5 unskilled labour	MFP
			Records maintained at 20 units ,	MFP
10	ANMs	192.00	400 ANMs	RCH
11	Staff Nurses	341.04	413 SNs	RCH
12	Incentive/ Awards etc.	133.15	Performance based incentives to 5250 ANMs; incentive for 4.60 lakh institutional deliveries.	RCH
13	PHRN: capacity building in public health management of state, district and block	57.65	350 participants received PHRN certificates (PHRN 350*Rs 9500, IGNOU 50* Rs.8000, PGDPHM 10*Rs 200000 and Course on Family 20* Rs 115000)	MFP
14	Career Development pathway for Health Staff (ANMs) and Mitanins	209.25	35 Mitanin, 25 ANM, 20 ANM and 20 GNM	MFP
15	Contractual Appointment of AYUSH Medical Officers in the underserved areas in phase manner	396.00	150 AYUSH Medical Officers in the PHC of underserved areas (Cost of Rs. 22000 *No. of Doctor 150* month 12)	MFP
Total (Human Resources)		**2,731.01**		
1	RMA: Utilising the 3-Year Rural Medical Training Assistant	1,000.00	759 old RMAs and 6 new RMAs paid remunerations (@ of Rs. 12000 per month new one for six month)	MFP
2	Strengthening of Training Institutions	81.10	District training coordinators in each district.	RCH
3	Skilled Birth Attendance / SBA	178.94	(1) SBA training for 142 batches of SNs and ANMs; (2) BEmOC training for 30 batches of medical officers.	RCH
4	EmOC Training	54.22	45 medical officers.	RCH
5	Life saving Anaesthesia skills training	25.49	3 batches of medical officers.	RCH
6	MTP training	40.37	120 medical officers and 51 Ob/Gyn.	RCH
7	RTI / STI Training	39.72	10 batches of medical officers and 32 batches of paramedical staff (SNs, ANMs)	RCH
8	IMEP Training	21.04	36 state and district level programme managers, and 1500 medical officers.	RCH
9	IMNCI	131.86	1440 health workers.	RCH

10	Other CH Training	77.62	NSSK training for 17 batches of MOs and 64 batches of RMAs, SNs, LHVs, and ANMs.	RCH
11	Laparoscopic Sterilisation Training	8.03	8 batches / teams.	RCH
12	Minilap Training	10.04	10 batches of medical officers.	RCH
13	NSV Training	3.81	8 batches of doctors	RCH
14	SPMU Training	8.00	20 batches	RCH
15	DPMU Training	10.80	54 batches	RCH
16	Other training	34.82	Management training – 206 batches of BPMU, and PHC MOs	RCH
17	**Total (Training)**	**1,725.86**		
Grand Total of Infrastructure, HR and Training		**11140.87**		

ANNEX -VI

List of participants attended the meeting of National Programme Coordination Committee of NRHM to consider the state PIP of Chattisgarh held on 25.02.10

Sl. No.	Name & Designation	E-mail address
1.	Shri P.K. Pradhan, AS & MD, NRHM	md-nrhm@nic.in
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