

ASSAM STATE REPORT

Assam

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ASSAM

Summary of Approvals

Financial Management under NRHM (Rs. in crore)					
Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	247.97	154.13	38.49	62.16	24.97
2006-07	513.22	375.42	201.50	73.15	53.67
2007-08	642.28	593.75	541.44	92.44	91.19
2008-09	582.74	596.70	704.35	102.40	118.04
2009-10	697.99			0.00	
Total	2684.20	1720.00	1485.78	64.08	86.38

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	26225
		Training	26225
2	VHSC	26816	102
3	24X7 PHCs	297	49
4	Mobile Medical Unit	23	85
5	Rogi Kalyan Samiti	982	132

Budget Allocations (2005-09) (Amount in Crores)			
	Allocation	Releases	Expenditure
RCH Flexipool			
2005-06	107.46	64.92	2.48
2006-07	120.08	55.76	66.11
2007-08	166.84	166.95	210.86
2008-09	204.09	230.33	153.19
2009-10	257.47		
Total (A)	855.94	517.96	432.64
NRHM Flexipool			
2005-06		36.02	0.11
2006-07	281.19	245.41	45.28
2007-08	322.31	322.31	238.45
2008-09	227.9	237.12	441.04
2009-10	255.48		
Total (B)	1086.88	840.86	724.88
National Disease Control Programme			
2005-06	45.48	25.75	20.77
2006-07	52.87	32.14	41.84
2007-08	51.51	18.75	19.34
2008-09	53.18	27.60	13.56
2009-10	65.18	0.00	0.00
Total (C)	268.21	104.24	95.51
Grand Total (A + B + C)	2211.03	1463.06	1253.03

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval for Infrastructure Facilities (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	5.11	18.75	0.00	0.00	58.75
2	PHC		16.43	0.00	0.00	53.11
3	CHC	13.20	34.14	0.00	0.00	1.65
4	DH		28.00	0.00	0.00	28.06
5	Eqpmt		0.32	0.00	0.00	18.98
6	Transp			0.00		27.99
7	Others		75.62	0.33	149.21	38.67
	Total	18.31	173.25	0.33	149.21	227.20

Approval for Human Resource Support (Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			0.00	13.86	8.54
2	Specialists			0.00	0.00	0.73
3	Staff Nurses			0.00	0.00	0.00
4	ANM		5.40	0.00	0.00	0.00
5	Others		0.50	0.00	61.79	72.44
	Total	0.00	5.90	0.00	75.65	81.71

Approval of other activities (2005-2009) in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	403	2624	963	2969.3	2969.3	
2	ASHA Kit	65					
3	Performance related incentives for ASHAs, AWWs		124				
	TOTAL	468	2748	963	2969.3	2969.3	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
4	Rogi Kalyan Samiti-DH		100	105	105	10.5	
5	Rogi Kalyan Samiti-SDH				3	13	
6	Rogi Kalyan Samiti-CHC		100	96	100	108	
7	Rogi Kalyan Samiti-PHC		150	610	610	844	
8	Untied Fund for DH			2.05			

9	Untied Fund for SDH					6.5	
10	Untied Fund for CHC			47	50	50	
11	Untied Fund for PHC/APHC		152.5	153	152.5	211	
12	Untied Fund for SC	511	463.9	459	459.2	459.2	
13	Untied Fund for VHSC		1312.4	1312	2624.7	2656.19	
14	Untied Fund for SCs, PHCs, and CHCs		674.5				
15	Annual Maintenance Grant- SDH					6.5	
16	Annual Maintenance Grant- CHC			93	100	100	
17	Annual Maintenance Grant -PHC		305	305	305	422	
18	Annual Maintenance Grant- SC			459	263.7	281.9	
	TOTAL	511	3258.3	3641.05	4773.1	5168.79	
Infrastructure related matters							
19	Emergency & Referral Services		750	1375	5045	1972	
20	MMU		1666.58	288	675	637.2	
	TOTAL		2416.58	1663	5720	2609.2	

Status of Infrastructure 2005-2010

Health Facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	4592	1500	0
Number of PHC	844	103	470
Number of CHC	103	0	164
Number of DH	22 As per State Data Sheet, NRHM	5	22

Status of NRHM as on 15.05.2009

1	ASHA	Selection	26225
		Training	26225
2	VHSC		26816
3	Joint A/C @ Sub Centre and VHSC		24085
4	24X7 Facility		410
5	FRU		59
6	Contractual Manpower	Doctors & Specialist	295
		AYUSH Doctors	232
		Staff Nurse	2112
		Paramedics	661
		ANM	4334
7	JSY Beneficiaries (in Lakhs)		8.4

National Disease Control Programme

NLEP

The state has already achieved the goal of elimination of leprosy. The state is advised to carry out in depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions.

IDSP

It is a Phase III state. All districts are reporting weekly Surveillance data but data need to be entered in IDSP portal.

NBCP

The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog. Eye care infrastructure need to be strengthened. Shortage of eye surgeons, PMOAs etc. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

NVBDCP

Dengue and Chikungunya are not reported from the state of Assam. Seven districts are endemic for Lymphatic Filariasis which needs priority in order to achieve the elimination goal. JE endemic districts need to be strengthened. There is need to enhance Malaria surveillance for which state should fill up the vacant positions

RNTCP

Overall performance of the State is gradually improving. Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR levels and weak supply chain management and supervision.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF ASSAM

The Total Fertility Rate of the State is 2.7. The Infant Mortality Rate is 66 and Maternal Mortality Ratio is 480 (SRS 2004 - 06) which are higher than the National average. The Sex Ratio in the State is 935 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Assam State as compared to India figures

S. No.	Item	Assam	India
1	Total population (Census 2001) (in million)	26.66	1028.61
2	Decadal Growth (Census 2001) (%)	18.92	21.54
3	Crude Birth Rate (SRS 2007)	24.3	23.1
4	Crude Death Rate (SRS 2007)	8.6	7.4
5	Total Fertility Rate (SRS 2007)	2.7	2.7
6	Infant Mortality Rate (SRS 2007)	66	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	480	254
8	Sex Ratio (Census 2001)	935	933
9	Population below Poverty line (%)	36.09	26.10
10	Schedule Caste population (in million)	1.83	166.64
11	Schedule Tribe population (in million)	3.31	84.33
12	Female Literacy Rate (Census 2001) (%)	54.6	53.7

Table II: Health Infrastructure of Assam

Item	Required	In Position	Shortfall
Sub-centre	5063	4592	471
Primary Health Centre	826	844	-
Community Health Centre	206	103	103
Multipurpose Worker(Female)/ANM	5436	8289	-
Health Worker (Male)/MPW(M)	4592	-	-
Health Assistants(Female)/LHV	844	-	-
Health Assistants(Male)	844	-	-
Doctor at PHCs	844	408	436
Surgeons	103	73	30
Obstetricians & Gynaecologists	103	142	-
Physicians	103	77	26
Paediatricians	103	73	30
Total specialists at CHCs	412	365	47
Radiographers	103	-	-
Pharmacist	947	-	-
Laboratory Technicians	947	-	-
Nurse Midwife	1565	3206	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	3
District Hospitals	22
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	1
Ayurvedic Dispensaries	380
Unani Hospitals	-
Unani Dispensaries	1
Homeopathic Hospitals	3
Homeopathic Dispensary	75

Note on Progress of NRHM in Assam (June 2009)

NHRM gives a new thrust to the health activities in the country in general and the rural areas in particular. The State of Assam is persistently progressing towards attaining the goals and objectives shared under National Rural Health Mission (NRHM), National Population Policy (NPP) and Millennium Development Goals (MDG). The activities under National Rural Health Mission are transforming the health care delivery to rural populace with increasing accessibility to quality services and the opportunity to participate actively in managing these services as well. The state has increased coverage under JSY; improvement in infrastructure; availability of paramedical and medical personnel. Brief information on the progress is as follows:

Institutional Framework of NRHM

Meeting of State Health Mission held 4 times and of District Health Mission held 49 times. Merger of societies is completed in 27 districts. 26,816 VHSCs has been constituted & 24,085 Joint Accounts have been operationalised. Rogi Kalyan Samities are operational at 22 DH, 103 CHCs & 844 PHCs. All districts have started developing their own IDHAP.

Infrastructure Improvements

A total of 149 PHC have been strengthened with three Staff Nurses each and 297 are functional for 24x7 work. State has 100 CHC functioning on 24X7 basis & facility survey completed in 93 health institutions at below district level. 22 District Hospitals are functioning as FRUs. 23 districts have functional Mobile Medical Unit (MMU)

Human Resources

A total of 26,225 ASHAs have been selected & 26,225 are trained upto 4th Module. And, 26225 ASHAs have been provided with drug kits. A total of 5029 Sub-centres are functional with an ANM and 2540 SCs are strengthened with 2nd ANM. State has appointed 232 Contractual AYUSH Doctors. As far as manpower augmentation is concerned, 117 specialists, 178 Doctors, 2112 SN, and 4334 ANM recruited on contractual basis to provide quality health services.

Services

Institutional deliveries have improved from 1.92 lakhs (2006-07) to 3.23 lakhs (2007-08). During the year 2008-09 there were 3.57 lakhs Institutional deliveries in the state. The JSY beneficiaries increased from 1.90 lakhs (2006-07) to 3.05 lakhs (2007-08). During the year 2008-09 the JSY beneficiaries numbers is 3.28 lakh. Female sterilizations have increased from 0.03 lakh (2006-07) to 0.20 lakh (07-08) and male sterilisation has increased from 11 (2006-07) to 19 (2007-08). During the year 2008-09, 47916 female & 1144 male sterilization has been done so far. 5 districts are implementing IMNCI & 923 people trained so far. 401838 VHND held since the launch of NRHM. First Phase of Community Monitoring has been operationalised in the state.

General

Overall improvement in health system since NRHM

Achievements made

- Increase in general utilization of OPD & indoor services, institutional delivery, and routine immunization.
- VHSC and RKS instituted at village and facility level.
- 26,225 ASHAS have completed Module IV training and are positioned with drug kits as well.
- Weekly radio programme is popular.
- Dibrugarh boat clinic is a good initiative for island communities.
- Special efforts being made for services to tea plantation workers people living in tribal and char areas.
- Full coverage of immunization has improved.
- First phase of community monitoring pilot has been completed in the state.

Areas for Further Improvement

- Strengthening of delivery services is required
- Augmentation of AYUSH services is required.
- Rational utilization of RKS fund for patient care.
- Encourage involvement of greater NGO support.
- Need to speed up Sub Centre construction.
- There is need for capacity building of PRIs for better functioning of VHSC.
- The gap of doctors and paramedics need to be filled up. Need to rationalize placement of ANMs. It is a challenge to attract good human resource in remote areas.

Infrastructure

- Substantial improvement in infrastructure. Need for further improvement of quality and range of services. Wards are patient friendly with clean linen, sufficient lighting and clean toilets. Segregation of waste with deep burial at health institutions.
- Facility surveys have been completed, need to rationalise the upgradation and construction.

Human Resources

- Contractual appointments of doctors and paramedics to rationalize the positioning at the health facilities.
- Need for cadre review of doctors and paramedics to retain good human resource.
- Need for coordination between NRHM and the Directorate of Health.
- The regular cadre of health personnel still not fully involved. Cleavages between public health system and NRHM.

Service Delivery

- Institutional births gone up to 60% from 37%. Home births need attention as well.
- NGOs are involved in community monitoring programme. There could be greater involvement.

An Analysis of Financial Monitoring Report for the FY 2008-09

A. RCH Flexible Pool

Component-wise expenditure & utilisation under RCH against approved

Activities	SPIP	Expenditure	Rs. in crores
			% Utilization against PIP
Maternal Health	110.14	78.09	70.90 %
Child Health	35.44	19.49	54.98 %
Family Planning Services	9.3	3.25	34.98 %
ARSH	0.10	0.23	234.02 %
Urban RCH	6.69	2.22	33.14 %
Innovations/PPP/ NGO	24.3	0.45	1.83 %
Infrastructure & Human Resources	22.07	6.61	29.93 %
Institutional Strengthening	7.15	1.69	23.61 %
Training	13.85	5.29	38.18 %
BCC / IEC	20.75	17.26	83.21 %
Procurement	10.53	13.73	130.32 %
Programme Management	3.47	4.89	140.97 %
Total	263.79	153.19	58.07 %

Based on table above and record available in FMG, observations are as under:-

General Observations

1. Rs.153.19 crores, i.e. 58% of the approved PIP of Rs.263.79 crores has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is 68% increase in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 312.85 crores, i.e. 60% has been utilized by the state against the release of Rs. 517.95 crores during the period 2005-06 to 2008-09.
4. Remarkable expenditure of 83% has been noticed under BCC/IEC.
5. 71% expenditure during 08-09 under MH is also appreciable.

Areas of Concern

1. An amount of Rs. 0.25 crores was approved under Family Planning Services but the utilisation is only .07 crores i.e.28%.
2. An amount of Rs. 0.27 crores has been spent on Procurement whereas the approved amount is only 0.17 crores only i.e. 160%. It seems that while preparation of the PIP this amount was not correctly calculated.
3. The amount spent on Training is only 47% of the approved PIP.
4. Under Innovations/PPP/NGO the approved PIP amount is Rs. 24.30 crores against which only Rs.0.45 crores has been utilised i.e. 1.83%.
5. Expenditure booked under ARSH, Procurement and Programme Management seems to be booked for last year or carried over expense. Therefore we request you to kindly give us a detailed breakup of the same.

B. Mission Flexible Pool:-
Component-wise expenditure under NRHM against approved PIP

Rs. in crores

Activities	SPIP	Expenditure	% Utilisation against PIP
ASHA	29.69	6.45	21.72 %
Untied Funds	32.86	31	94.33 %
Hospital Strengthening	6.8	27.24	400.66 %
Annual Maintenance Grants	6.69	6.76	101.07 %
New Constructions/ Renovation and Setting up	84.95	179.7	211.55 %
Corpus Grants to HMS/RKS	8.18	6.66	81.47 %
Action Plans (District, Block, Village)	.54	.18	32.85 %
Panchayati Raj Initiative	10	.2	2.02 %
IEC-BCC NRHM	1.35	6.08	450.56 %
Mobile Medical Units	0	1.63	
Referral Transport	0	1.18	
School Health Programme	2.12	0	0 %
Additional Contractual Staff (Selection, Training, Remuneration)	70.06	49.43	70.56 %
PPP/NGOs	2.6	19.28	741.44 %
Training	56.57	1.11	1.97 %
Incentive Schemes	0.60	0	0 %
Planning, Implementation & Monitoring	0.54	4.3	796.89 %
Procurement	30.49	24.08	78.98 %
Regional Drugs Warehouse	3.96	0	0 %
New Initiatives/ Strategic Interventions (As per State Health Policy)	64.72	0	0 %
Support Services	7.26	56.32	775.73 %
NRHM Management Costs/ Contingencies	18.43	19.11	103.7 %
Other Expenditures	0	0.32	
Total	438.41	441.04	100.59 %

Based on table above and record available in FMG, observations are as under:-

General Observations

1. As compared to 2007-08, 32% increase has been noticed in expenditure during 2008-09.
2. Since the start of the programme, Rs.840.86 Crores were released to the State, the utilization is Rs.821.57 Crores (98%), which is remarkable.
3. Mission Flexible Pool part of the FMR is not in the prescribed format. Expenditure reported in lakhs instead of crores.

Areas of Concern

1. Under the Training component negligible expenditure of Rs. 0.04 crores as compared to Rs. 0.20 crores i.e. 20% whereas under SHSRC (training is the major activity) 100% has been utilised
2. Against Rs. 0.05 crores approved under Annual Maintenance Grant during 08-09 no expenditure is reported by the state.
3. An amount of Rs 0.03 crores was approved under New Constructions/ Renovation and Setting up as per state health policy but the utilization is only 26%.
4. Expenditure booked under New Constructions/Renovation, IEC-BCC, PPP/NGO, Planning, Implementation & Monitoring and Support Services seems to be booked for last year or carried over expense. Therefore we request you to kindly give us a detailed breakup of the same.

BRIEFING NOTE ON RCH II: ASSAM

A. Background/ current status

1. RCH II Goals

Assam's MMR at 480 (SRS 04-06) has marginally improved from 490 in SRS 01-03, and is way above the national average of 254. The IMR (SRS 2007) at 66 is 4th highest in the country. TFR at 2.7 (SRS 2007) is the same as the national average of 2.7 and nowhere close to the target of 2.1 for the year 2012 (refer Annex 1).

2. RCH II Outcomes

Assam's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANC's decreased from 9.7% to 7.9%.
- Institutional deliveries increased from 23.2% to 35.3%.
- Full immunisation in children 12-23 months shows marked increase from 16.0% to 50.9%.
- Children with diarrhoea receiving ORS has decreased from 42.8% to 34.0%.
- Unmet need for family planning has increased from 23.6% to 24.3%.

3. Expenditure

Audited expenditure has increased sharply from Rs. 2.48 crores in 05-06 to Rs. 66.11 crores in 06-07 and Rs. 91.08 crores in 07-08; reported expenditure in 08-09 is Rs. 153.19 crores i.e. 58% of allocation (Rs. 263.79 crores). JSY accounted for 42% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 1.9 lakh in 06-07 to 3.28 lakh in 08-09. State has accredited 7 private institutions under the scheme.
- State has operationalised 59 FRUs (against the target of 61) and 297 PHCs as 24x7 (against the target of 305 PHCs) by 2010.
- SBA training is underway in all 27 districts, and so far 757 ANMs/SNs/ LHV's trained as SBA as against the target of 915.
- To enhance referral transport, state has initiated EMRI 108 services. For referral transport between health institutions, ambulance services have been made available at 450 facilities.
- MAMONI- Nutritional supplementation scheme for pregnant women under Assam Bikas Yojana (State Govt. initiative). Under this scheme, pregnant women are given a book on nutritional food and safe motherhood and an account payee cheque of Rs. 500/- on her 2nd & 3rd ANC visits as nutritional support.
- Chiranjeevi Yojana: An innovative health financing scheme covered through public private partnership for emergency obstetric care and emergency transport services, primarily for the benefit of the poorer section is being implemented in 4 districts of the state
- To promote institutional delivery in Tea Gardens where there are fewer Govt. health facilities, PPP has been signed with 132 TE hospitals.

2. Child Health

- IMNCI is ongoing in 5 (out of 27) districts of the state. So far 923 personnel have been trained in IMNCI.
- 1 SNCU is functional in the state

3. Other initiatives

- Boat clinics for provision of health services (maternal & child health & family planning services) to communities living in riverine areas are functional in 10 districts of Assam. Further, state is scaling up the Mobile Medical Unit (MMU) for inaccessible areas. At present Mobile Medical Unit (MMU) is functional in 23 districts of Assam and remaining 4 districts will be covered shortly.
- MAPDA (Maternal and Perinatal Autopsy) to detect and monitor maternal and perinatal deaths is to be implemented on a pilot basis in two districts.
- Outsourcing of four CHCs in four districts to NGOs/ Army hospitals under PPP and evening OPDs are held in 20 DHs, 93 CHC, 3 SDHs and 149 BPHCs
- An incentive system has been devised for service providers in remote and inaccessible areas. Doctors working in the FRUs located in remote areas have been given additional incentive from NRHM while doctors working in the Health Institutions located in the remote areas are given “Rural Area Allowance” by the State Govt. Performance based incentive is given to the hospital performing above the base line.
- Rural Health Practitioners have been posted in the Sub-centres and PHCs in difficult areas

C. Key issues

1. Maternal Health

- Maternal health training has not made the desired progress: Multi skill training is yet to pick up: only 14 MBBS doctors have been trained in Life saving anaesthesia skills (LSAS) and 4 have been trained in comprehensive Emergency Obstetric Care (EmOC) so far against the target of 61. There is a need to scale up all skill based trainings (to meet the target) with linkages to the functionality of FRUs. However adequate number of district hospitals has not been identified for undertaking the 2nd part of the training.
- State needs to properly plan the place of posting, filling the gaps at FRU and strengthening district hospitals while nominating the trainees to the training centre.
- As per the National Review Meeting in JRM-VI, State of Assam has communicated that there are 129 OBG specialists posted at District Hospital and 59 at FRUs. With this kind of skilled resource, the state can quickly operationalise the remaining FRUs by redeploying staff.
- While the delivery loads at facilities have increased due to JSY, service quality is poor. Quality parameters like partograph, skills on delivery and new-born care, availability of drugs etc, needs to be properly supervised and practiced.
- DLHS-3 facility surveys highlighted the following key gaps in critical inputs: only 25.9% of FRUs have Blood Storage facility and 37% of the CHCs designated as FRUs provide C-section, 53.1% of the 24x7 PHCs provide newborn care services.
- There is special need for tackling anaemia during pregnancy since 72% pregnant women are anaemic (NFHS III) and the target of reduction should be up to national level.
- Since DLHS III findings stated that there is actual decline in quality of ANC imparted along with decline in full antenatal check up, these aspects need to be addressed.

2. Child Health

- Reduction in IMR is slow; 0.25 points per year between SRS 2003 and SRS 2007.
- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 34 (SRS 2007) accounts for 51.5% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 28 (SRS 2007) accounts for 82.4% of the NMR. 48 hours stay at the facility after delivery is a concern highlighted in previous reviews; this is clearly a missed opportunity to address early neonatal mortality.
- Proportion of children with diarrhoea who received ORS dropped: 42.8% (DLHS-2) to 34.0% (DLHS-3)

A. Progress on Key Indicators*1. RCH II Goals*

INDICATOR	ASSAM		INDIA	
	Trend (year & source)		Current status	RCH II/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	490 (SRS 01-03)	480 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	67 (SRS 2003)	66 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.9 (SRS 2003)	2.7 (SRS 2007)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	TAMIL NADU		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	39.4	46.4	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	9.7	7.9	16.5	19.1
3.	Institutional deliveries (%)	23.2	35.3	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	16.0	50.9	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	21.7	32.2	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	42.8	34.0	30.3	33.7
7.	Use of any modern contraceptive method (%)	26.9	31.2	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	23.6	24.3	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	64.92	55.76	166.94	230.33
Audited Expenditure	2.48	66.11	91.08	153.19*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 263.79 crores.

C. Progress on Key Strategies*1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1.	Janani Suraksha Yojana	17,523	1,90,334	3,04,741	327,894
	Total Sterilisation	24,201	17,282	18,669	na
	IUD Insertions	38,073	32,560	27,758	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009
1.	No. of First Referral Units (FRUs) operationalised	59
2.	No. of PHCs operationalised to provide 24-hour services	297
3.	No. of private institutions accredited under JSY	7
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	5
5.	No. of people trained in IMNCI	923
6.	No. of Village Health & Nutrition Days (VHNDs) held	4,01,838

(Source: NRHM MIS report, April 2009)

Immunization

Assam

Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS 3 (2007-08)
FI	19.4	17.0	31.6	25.8	38.9	16.0	48.0
BCG	48.2	53.5	62.6	66.5	73.4	61.3	80.5
Measles	25.8	24.6	37.5	44.2	47.3	33.7	65.2
DPT 3	31.0	37.5	45.1	45.2	52.4	36.3	56.5

Progress

- The State is showing an improving trend in immunization coverage with BCG coverage as high as 80.5% (DLHS-3).
- District level AEFI committees constituted in 21/23 districts
- Health workers training : 24.1 % (1135/4700)

Issues

- The State needs to address the issue of the **dropout** from BCG- DPT3 which is a key reason for low coverage of Fully Immunized children. The beneficiaries need to be tracked through proper maintenance of record and mobilization by ASHAs/AWW.
- The micro-plan need to be revised to improve accessibility of services further.
- The AEFI Surveillance needs to be strengthened through improved reporting of AEFI cases.
- The State needs to expedite the trainings of Health workers and also plan for immunization training of Medical officers and other staff.

Brief on Revised National TB Control Programme (RNTCP) in Assam

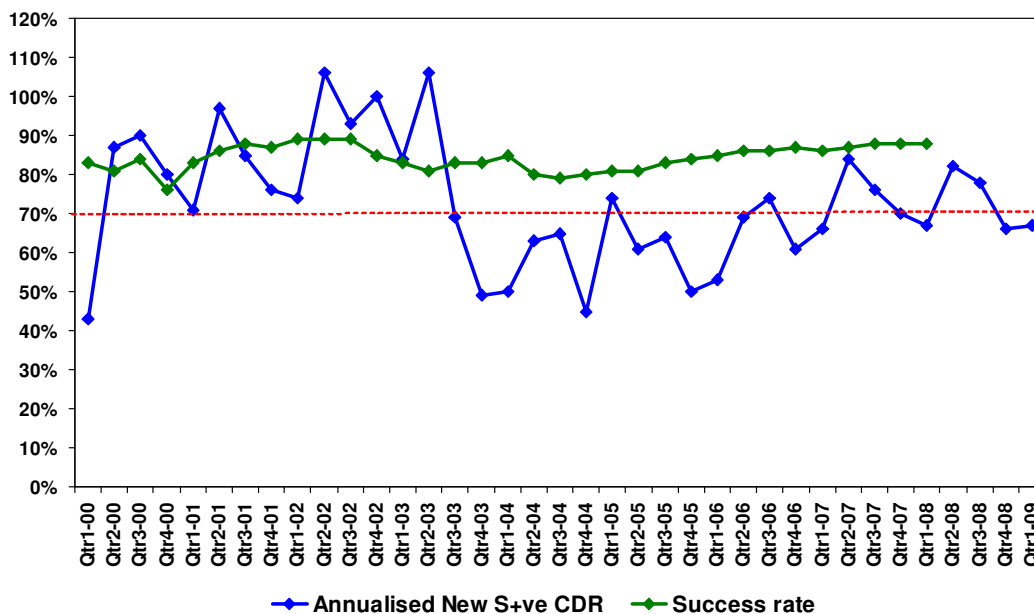
1. Infrastructure

Total Population	-	304 lakh
No. of Districts	-	23
No. of Tuberculosis Units (TUs)	-	67
No. of Designated Microscopy Centres (DMCs)	-	338

2. State level performance (Based on the quarterly report for 1st quarter 2009)

- Overall performance of the State is gradually improving but still only 112 TB suspects/lakh pop examined in 1st quarter 2009 and TCD rate of 121/lakh is very low.
- New smear positive case detection rate of 50//lakh (67%) is also on the lower side but better than TCD rate.
- Retreatment sputum positive patients are only 18% of all sputum positive patients which is very low and indicates that categorization of sputum positive patients is not done correctly and perhaps some of the retreatment cases are wrongly placed in Cat-I as NSP patients which has increased the number of NSP patients.
- Sputum conversion rate of 90% in NSP patients is just satisfactory.
- Cure rate of 86% in new sputum positive patients is satisfactory but cure rate of 58% in retreatment sputum positive patients is very low due to high default rate of 18%.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Assam, 2000-2009*



*Population projected from 2001 census

*Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

3. District wise Performance: (Based on the quarterly reports for 1st quarter 2009)

- TCD rate is very low (<102/lakh) in 6 districts (Goalpara, Hailakandi, Kokrajhar, Madigaon, Nalbari and North Kachar Hills) but NSPCD rate is very low (<38/lakh) in only 2 districts (Marigaon and Nalbari).

- Retreatment sputum positive patients are $\leq 20\%$ of all sputum positive patients in 19 of 23 districts.
- Sputum conversion rate in NSP patients is very low (77%) in Nalbari district.

Districts	TB suspects examined/lakh population/quarter	Annualised case detection rate (>144/lakh)	Annualised new sputum positive case detection rate (>53/lakh) (70%)	3 month conversion rate of new smear positive patients (>90%)	Cure rate new sputum positive cases (>85.0%)
Barpeta	96	102	39 52%	92%	90%
Bongaigaon	123	116	53 70%	92%	86%
Cachar	127	124	40 54%	90%	85%
Darrang	120	116	47 62%	91%	87%
Dhemaji	102	124	57 76%	87%	86%
Dhubri	85	106	39 52%	90%	87%
Dibrugarh	139	162	68 91%	95%	88%
Goalpara	111	98	52 69%	91%	86%
Golaghat	100	122	58 78%	91%	87%
Hailakandi	137	90	43 57%	88%	86%
Jorhat	102	117	52 70%	93%	89%
Kamrup	128	124	45 60%	90%	86%
Karbi Anglong	107	160	53 70%	86%	85%
Karimganj	101	107	41 54%	89%	84%
Kokrajhar	103	99	57 75%	87%	86%
Lakhimpur	88	100	53 70%	96%	90%
Marigaon	94	99	34 45%	92%	85%
Nagaon	102	112	55 73%	91%	85%
Nalbari	72	92	35 47%	77%	83%
North Cachar Hills	133	96	40 53%	90%	83%
Sibsagar	107	145	49 66%	91%	86%
Sonitpur	144	163	73 97%	89%	84%
Tinsukia	162	158	69 92%	94%	86%
Total	112	121	50 67%	90%	86%

4. **Funds Status as on 31st March 2009 (Rs. in lakh)**

C/F	Release	Other Income	Expenditure	Balance
132.55	485.00	8.82	529.92	96.45

5. **Drugs**

Drugs have been issued based on the requirement projected in the quarterly report. Status is satisfactory.

6. **Issues**

- Human Resource – Post of 10 MO-TCs are vacant. They should be deinsgated and trained on priority.
- Logistics – Drug supply is yet to be streamlined in the districts.
- Supervision and Monitoring – is suboptimal at all levels. Due to lack of initiative at the State level no action is taken on the findings of the filed supervision. This is the reason, why the field level staff have stopped responding to the directives of the supervisors.

- Performance
 - The programme in the field has shown a downward trend over the past few months.
 - Referral of TB Suspects is very poor. Only 112 TB suspects per lakh population are examined in 1st quarter 09. 6 districts have examined ≤ 100 TB suspects/lakh pop which is the main reason for low case detection rate in the State and the concerned districts. All MOs need to be advised to identify all the TB suspects in the OPD and refer to the nearest DMC for sputum examination.
 - Total case detection rate of 121/lakh is very low but new sputum positive case detection rate of 50/lakh (67%) is near satisfactory perhaps due to wrong categorization of sputum positive patients.
 - Retreatment sputum positive patients are only 18% of all sputum positive patients which is very low and shows that sputum positive patients are not categorized correctly and some of the retreatment sputum positive patients are wrongly placed in Cat-I as NSP patients which has increased NSP case detection rate.
- ACSM – DTOs are not releasing money timely for the community awareness meetings and PP meetings though these are being reflected in the SOEs.
- NRHM – Some of the DMCs and TU drug stores have been demolished during renovations under the civil works of NRHM and are yet to be relocated in a proper place.
- TB-HIV Collaboration – District coordination committees have been formed which are holding the meetings but the minutes are not forwarded to the State level.
- IRL – The Civil Works of the IRL has been completed in January 09. Equipments are awaited.

Fact sheet on NVBDCP - Assam

Background Information

- The State has 27 districts with a population of about 26.66 Million. There are 100 CHCs, 610 PHCs, 5109 Sub-centres and 26312 Villages. There are 5719 Multipurpose Worker (Female)/ANM. In addition, the state has 6940 Fever Treatment Depots (FTDs).
- GOI provides 100% cash & commodity support to the state for implementation of the programme. In addition to above, GFATM supported Intensified Malaria Control Project (IMCP) is also being implemented in the state.

Malaria

Epidemiological Situation

Year	B.S.Examined	Malaria Cases	Pf Cases	Deaths
2006	2743092	126178	82684	304
2007	2420762	94853	65515	152
2008	2637875	83869	58224	86
2009 (Upto Mar.)	295554	6668	4091	1

- The State is having large remote, inaccessible & forest areas with operational difficulties in implementation of the programme.
- The prevailing ecological conditions are conducive for breeding of potential malaria vectors and perennial transmission of malaria which warrants intensive efforts.
- The predominant species is *P.falciparum* and large areas are Chloroquine resistant where alternative drug Artesunate Combination Therapy (ACT) is being used.
- There is a consistent declining trend in the reported incidence of malaria cases, Pf cases as well as deaths due to malaria during the last three years.

Kala-azar: The cases and deaths due to kala-azar in the state since 2006 is given below:

Year	Cases	Deaths
2006	0	0
2007	0	0
2008	98	0
2009 (Upto March)	2	0

Elimination of Lymphatic Filariasis (ELF)

- The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. In pursuance to achieve this, Government of India during 2004 initiated Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. MDA coverage of 25.42%, 42.94%, 69.95 %, 80.01% and 81.34% have been reported in 2004, 2005, 2006, 2007 and 2008 respectively.

- *Line listing of Lymphodema and Hydrocele cases were also initiated in 2004 for morbidity management and as per updated report (2007), there are 782 Lymphodema and 238 Hydrocele cases.*

JAPANESE ENCEPHALITIS

Japanese Encephalitis (JE) is endemic in Assam. JE incidence since 2005 is given below which indicates that in 2006 and 2007, the disease has shown an increasing trend.

Year	Cases	Deaths
2006	392	119
2007	424	133
2008	319	99
2009 (Prov. March,09)	0	0

*AES = Acute Encephalitis Syndrome cases

Govt. of India has initiated JE vaccination as an integral component of Universal Immunization Programme (UIP) with single dose live attenuated JE vaccine (SA-14-14-2). During the year 2006, Govt. of India launched a JE vaccination programme for children between 1 and 15 years of age in two districts of Assam (Sibsagar, Dibrugarh). During 2007, JE vaccination campaign was undertaken in Jorhat and Golaghat districts. Two more districts namely Dhemaji and Tinsukhia were covered during 2008. Following actions have been taken by Government:

- Suspected JE cases are promptly treated in the medical college & District Hospitals.
- Vaccination was undertaken in 6 districts (Jorhat, Golaghat, Dibrugarh, Sibsagar, Dhemaji and Tinsukhia).
- Vector Control measures i.e. outdoor Malathion fogging operations are carried out in the affected areas during outbreak.
- IEC activities are intensified in the JE affected areas.
- Training for clinicians and Nurses in case management is being organized in endemic districts.
- Surveillance centres in the state are being strengthened.

Dengue and Chikungunya are not reported from the state of Assam

Central Assistance

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2004-05	550.00	1684.40	2234.40	550.00	1438.29	1988.29
2005-06	550.00	1414.82	1964.82	443.37	916.69	1360.06
2006-07	893.07	2469.58	3362.65	595.00	1384.85	1979.85
2007-08	1084.00	2257.90	3341.90	542.00	1966.22	2508.22
2008-09	1057.44	2698.25	3755.69	910.87	2724.21	3635.08
2009-10 (B.E.)	1052.63	3326.81	4379.44			

(Rs. In lakhs)

Issues:**Malaria:**

- There is need to enhance surveillance for which state should fill up the vacant positions of MPWs (male)/ surveillance workers
- Involvement of ASHAs should be done by providing them training on malaria diagnosis & treatment. 47% of the deployed ASHA need to be trained by the States on malaria diagnosis & treatment immediately.
- Assistance is being provided for performance based incentive in eight high malaria endemic districts by the Centre. For remaining malaria high endemic districts, similar provision needs to be made under Village Health and Sanitation Committee of NRHM out of flexi fund.
- The Spray quality has been observed very poor, state should ensure quality spray through intensive supervision of spray activity.

Filaria:

- Seven districts are endemic for Lymphatic Filariasis which needs priority in order to achieve the elimination goal. The morbidity management needs to be intensified as there is no data regarding hydrocele operations and lymphoedema management.

Japanese Encephalitis:

- State has to report all AES & confirmed JE cases as per the National Guidelines.
- Sentinel surveillance sites and treatment centres in the JE endemic districts need to be strengthened.

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN ASSAM

- **Epidemiological scenario-**
The state has already achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 1212 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 1192 new leprosy cases were detected as compared to 1268 new cases detected during the corresponding period of previous year. Out of 1117 cases discharged during the year, 943 cases (84.4%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**
There are 2 Govt. institutions viz. Gauhati Medical College and Silchar Medical College identified for providing reconstructive surgery services to leprosy affected persons with disability in the state. Silchar Medical College has not yet started providing services. In the year 2008-09, only 8 reconstructive surgeries were performed.
- NLEP action plan for the year 2009-10 amounting to 130 lakhs has been approved for the state.

Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The state has listed around 250 grade II disability cases in the last 5 years. RCS services are being provided by 2 institutions. However Silchar Medical College has not yet started conducting RCS. The state should initiate process for conducting RCS in the above said institute and utilize the services of these institutions for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. There are about few leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.
4. The state has reported low treatment completion. It needs to be ensured by repeated follow up and absentee retrieval that every case complete treatment.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

The population of Assam is 26.66 according to 2001 census and is scattered over 27 district and 26312 villages. Assam is divided into three regions, each headed by a commissioner. Under each commissioner, there are several administrative units called Districts. The State has the highest population density among NE states, of 339 persons per sq. km. As against decadal growth rate of 21.54% at the national level, the population of the State has grown by 18.92% over the period 1991-2001. The sex ratio of Assam at 935 females to 1000 males is higher than the national average of 933. Female literacy of the State rose to 56.03% from 43.03% in 1991. There are so many major tribes and a number of sub-tribes inhabiting the area

(source: www.mohfw.nic.in/nrhm.htm.)

Assam is a phase-III state under IDSP and has been inducted in the program during April 2006. Dr B C Bhagabati, from Directorate Health Services, Govt of Assam has been designated as the State Surveillance Officer (IDSP).

The component wise action points are as under

1. Manpower

Surveillance Officer and RRT team at state and district Headquarter designated.

The offer letter to the recommended candidates for the positions of state/district epidemiologists, microbiologists and state entomologists were issued by state/district NRHM society and 4 epidemiologists and 1 microbiologist have already joined.

2. IT & EDUSAT

EDUSAT (Total=27)

SIT equipment installed at all 27 sites.

3. Laboratory Strengthening

One priority district laboratory identified by the state was surveyed and state was given sanction in February 2009 to procure required equipments for that laboratories. This procurement is under progress.

4. Data Reporting

Assam has 23 districts. All districts are reporting weekly Surveillance data but data need to be entered in IDSP portal i.e. www.idsp.nic.in.

5. Outbreaks:

Year	Number	Type
2008	16	Acute Diarrhoeal Disease, Kalazar, Malaria, Cholera
2009 (upto May)	3	Acute Diarrhoeal Disease

6. Training

Training of Medical Officers in batches is going on. Health Workers and District Lab Technicians are yet to be trained

7. Finance

Year	Release(in lakhs)	Expenditure(in lakhs)
2005-06		
2006-07	119.00	
2007-08		53.60
2008-09	44.09	60.17
Total	163.09	113.77

Balance Amount 49.32 lakhs

FMR received upto March 2009.

Audited Accounts and Utilization Certificate for the year 2007-08 received

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS
STATUS OF IMPLEMENTATION of NPCB IN NORTH-EASTERN STATES

Performance of Cataract Surgery during X Plan

State	2005-06		2006-07		2007-08		2008-09	
	Tar.	Ach.	Tar.	Ach.	Tar.	Ach.	Tar.	Ach
Arunachal Pradesh	1000	993	1000	776	1000	1043	2000	1172
Assam	45000	47100	45000	23500	45000	48346	50000	47749
Manipur	1000	1014	2000	604	1000	1156	2000	1744
Meghalaya	2000	1372	2000	827	2000	1023	2000	2308
Mizoram	1000	1211	800	859	1000	2715	3000	2397
Nagaland	500	741	500	450	500	583	1500	1048
Sikkim	500	351	1000	241	500	571	800	690
Tripura	8000	4359	8000	5186	8000	6708	7000	8429
Total	59000	57141	60300	32443	59000	62145	68300	65537

Grant-in-aid released & Expenditure Incurred by District/State Blindness Control Societies in NE

States (X Plan)

(Rs. In lakhs)

States	2006-07		2007-08		2008-09	
	Released	Exp	Released	Exp	Released	Exp
Arunachal Pradesh	77.00	12.65	56.75	45.30	162.60	115.41
Assam	150.00	0.00	322.15	155.73	671.66	
Manipur	42.41	21.01	124.50	43.36	106.47	
Meghalaya	120.00	95.05	183.50	100.4	158.60	99.10
Mizoram	74.00	66.76	78.22	77.21	177.35	144.78
Nagaland	24.00	24.00	178.49	59.78	144.60	

Sikkim	0	0	67.00	26.47	133.35	
Tripura	175.50	28.86	184.63	20.90	24.35	
Total	662.91	248.33	1195.24	529.12	1578.98	

Major Issues:-

1. The performance of Cataract Surgery needs to be further improved in NE States in view of large cataract backlog.
2. Eye care infrastructure need to be strengthened.
3. Shortage of eye surgeons, PMOAs etc.
4. All the NE States are required to furnish utilization certificates in respect of funds released to them under NPCB timely for release of next installment.

NIDDCP**Assam**

Rs.in lakh

Activity	Amount proposed	Amount Approved	Remarks
Establishment of IDD Control Cell	0.00	7.00	There is no provision for office establishment, Laboratory equipment, office expenses, T.A to participants honorarium to resource persons, purchase of vehicle, maintenance etc. under NIDDCP. The State Government may carry out activities as per the fund allocation of GOI.
Establishment of IDD Monitoring Lab	0.00	4.00	
Health Education and Publicity	32.00	25.00	
IDD Surveys	4.00	6.00	
Office establishment expenses, lab equipment & reagents, Purchase of vehicle and maintenance, etc.	14.15	0.00	
Total	50.15	42.00	

RoP Mapping of NRHM

NATIONAL RURAL HEALTH MISSION							
Assam							
	Total MFP Approvals		30631.7	31151	43840.73	51609.99	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA	403	2624	963	2969.3	2969.3	
2	ASHA Kit	65					
3	Performance related incentives for ASHAs, AWWs		124				
	TOTAL	468	2748	963	2969.3	2969.3	
Infrastructure related matters							
4	Construction of New DH				3317	207	
5	Construction of DH-Construction of Doctors' Qtr., Nurses' Qtr. & Attendants' Qtr.					660	
6	Construction of CHC-Quarters for Medical Officers and support staff			3000		405.2	
7	Construction & Maintenance of Physical Infrastructure of PHC		245.5				
8	Construction of new PHCs			1325		1500	
9	Maternity Wards in PHCs where labour rooms has been constructed				857.5	55.5	
10	Construction in 24x7 PHCs -New quarters					1440	
11	Construction in PHC-Additional quarters			1440		148	
12	Construction of PHCs- in areas where there is no PHC				1325	70	
13	Construction of New SC building to be taken up in rented SCs.					5625	
14	Construction of sub-centre building (which are functioning at the			1875	1875	250.2	

	rented houses).						
15	Construction & Maintenance of Physical Infrastructure of SC		120				
16	Upgradation of the Regional Institute of Ophthalmology at Guwahati Medical College		500	500		166.4	
17	Upgradation of the Medical College into a Superspeciality Hospital		1000	1000			
18	Upgradation of the Guwahati Medical College.				1120	434.7	
19	Upgradation of new DH to IPHS-New to be taken up					200	
20	Upgradation of DH				800	2398.5	
21	Upgradation of CHC to IPHS	1320	680	2120			
22	Upgradation of SC to IPHS						
23	Improving physical infrastructure of District Hospitals		2800	100			
24	Improving physical infrastructures of CHC		2000				
25	Improving physical infrastructure of PHC		1440				
26	Improving physical infrastructure of SCs		1875				
27	Strengthening of Physical Infrastructure of CHC				4120		
28	Strengthening of Nursing Schools		3525				
29	Construction of a State Drug Warehouse				300	96.5	
30	Drug Warehouses				45.6	45.4	
31	Drug Warehouses				50.4		
32	Racks for storing drugs for District Drug Ware House					4.6	
33	Repairing of a Central Drug warehouse and					43.45	

	SHTO						
34	Emergency & Referral Services		750	1375	5045	1972	
35	MMU		1666.58	288	675	637.2	
36	Telephone		31.72	48	110.21		
	TOTAL	1320	16633.8	13071	19640.71	16359.65	
Human Resources related matters							
37	Specialists				558	529.2	
38	MO				720	772.8	
39	Dental Surgeon			108	108	196.8	
40	AYUSH Doctors in PHCs		120	360	457.2	589.68	
41	AYUSH Doctors (Homeopathy)				78	90	
42	Hospital Administrators				50.4		
43	GNTMs		83	312	2319.24	2585.28	
44	Pharmacist			10	125.16	175.56	
45	Laboratory technician			387	387.24	387.24	
46	ASHA Supervisor at the PHC Level			89			
47	PHN		50		143.04		
48	PHC Accountant				300		
49	Second ANM for SCs to be provided in all the SCs.		540	1485	2187.9	3217.8	
50	Difficult Area Allowance-Specialist					28.8	
51	Difficult Area Allowance-SDMHO & above					22.68	
52	Difficult Area Allowance-SMO & above					14.4	
53	Difficult Area Allowance-M &HO & above					30.72	
54	Difficult Area Allowance-Ayurvedic Doctor					24.48	
55	Difficult Area Allowance-Hospital Administrator					50.4	
56	Difficult Area Allowance-Doctors				60		
	TOTAL		793	2751	7754.18	8715.84	

Programme Management related matters							
57	SPIP					2	
58	DHAP	230		40	54	27	
59	BHAP					44.7	
60	Programme Management		1686		398	3200	
61	BPMU			370	741.84		
62	Community Monitoring					123.59	
63	Evaluation of Civil Work					67.5	
64	Evaluation of all the ongoing activities					54	
65	Recurring cost for mobile					110.21	
66	Hiring of vehicle for supervision at the Block PHC level.			268	268.2	447	
	TOTAL	230	1686	678	1462.04	4076	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
67	Rogi Kalyan Samiti-DH		100	105	105	10.5	
68	Rogi Kalyan Samiti-SDH				3	13	
69	Rogi Kalyan Samiti-CHC		100	96	100	108	
70	Rogi Kalyan Samiti-PHC		150	610	610	844	
71	Untied Fund for DH			2.05			
72	Untied Fund for SDH					6.5	
73	Untied Fund for CHC			47	50	50	
74	Untied Fund for PHC/APHC		152.5	153	152.5	211	
75	Untied Fund for SC	511	463.9	459	459.2	459.2	
76	Untied Fund for VHSC		1312.4	1312	2624.7	2656.19	
77	Untied Fund for SCs, PHCs, and CHCs		674.5				
78	Annual Maintenance Grant- SDH					6.5	
79	Annual Maintenance Grant- CHC			93	100	100	
80	Annual Maintenance Grant -PHC		305	305	305	422	
81	Annual Maintenance Grant- SC			459	263.7	281.9	
	TOTAL	511	3258.3	3641.05	4773.1	5168.79	
Training & Capacity Building related matters							
82	Training to the					12.48	

	Medical Officers of the periphery						
83	Training of PRIs			16	45		
84	Sensitisation workshop for all SDH&MO			4	2		
85	AYUSH-Training					12	
86	Training of VHSC members				260	265.92	
87	Training of Health Workers & ICDS Supervisors					23.3	
88	Training of staffs on new reporting system at all level					23.2	
89	Strengthening of 15 GNM Schools				750		
90	New proposed GNM schools in all functioning District Hospitals			1550	3600	817.2	
91	Construction of Nursing Colleges (2008-09 sanction)				1000	1543	
92	Strengthening of Nursing Schools- ANMTC			212			
	TOTAL			20	5657	336.9	
Innovations related matters							
93	Health Melas		112	135	135	135	
94	School Health Programme		298		212	429.3	
95	Nutrition & Health education Programme for the women group		65	305			
96	Grant-in-aid to NGOs at District Level		72				
97	Support for the IEC activities		500				
98	Waste Disposal System		250				
99	PPP-Boat Clinics			215	260	419.88	
100	Public Private Partnership				260		
101	HMIS / M & E			469.87	54		
102	Innovative initiatives		25				
103	Evening OPD				1281	1352.5	
104	Printing of all MCH registers incorporating in new MIS formats					94.9	
105	Printing of new format for SC, PHC and CHC					11.5	

106	IEC			1500	1000	1838.26	
107	BCC					122	
108	Incentive to Hospital (FRU/CHC/BPHC)				5.8	74.46	
109	Outsourcing of CHCs to charitable/ army hospitals/NGOs				12	12	
110	Award to best performing SC in every district					0.81	
111	Award to best performing BPHC in every district					7.46	
112	Outsourcing of Housekeeping of the hospitals					266.4	
113	Infrastructure Development Wing					142.17	
114	Muskan					1	
115	NABH Accreditation & ISO Certification under Quality Assurance Programme					54.7	
116	NVBDCP-Artesunate tablets(150mg)					10.7	
117	NVBDCP-Sulphadoxine Pyramethamine tablet					2.9	
118	NVBDCP-Procurement of mosquito bed nets					619.14	
119	Support to RNTCP				51		
120	Procurement and distribution of quality equipments and drugs in the health system		2500				
121	Strengthening of procurement logistics			408			
122	Procurement of computers along with accessories, stationeries				25		
123	Equipments for CHCs (as per IPHS & Facility Survey) along with AMC				1000	1000	

124	Provision for a vehicle to supply medicines/vaccines-				48.6	97.2	
125	Procurement of DDK Kit					3	
126	Generator 5 KVA for 24X7 PHC					334	
127	Generator 10 KVA for FRU					30	
128	Procurement of equipment: FP					199.77	
129	Drug supply for SC			920		832.76	
130	Drug supply for PHC			2340		1830	
131	Drug supply for CHC/FRU	588		930		1000	
132	Drug supply for SDH			30		130	
133	Drug supply for DH			630	2000	630	
134	Support for planning activities		40				
	TOTAL	588	3862	7882.87	6344.4	11681.81	

District wise Information on Assam under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
Assam	69.3	35.3	64.4	49.7
Barpeta	74.8	28.8	69.6	51.4
Baska	69.9	38.2	70.7	53.6
Bongaigaon	69.5	29.9	66.7	39.9
Cacher	84.7	32.4	53.7	50.5
Chirang	56.9	29.5	66.5	47
Darrang	77.9	38.3	78.4	62
Dhemaji	46.8	31.6	52.8	54.7
Dibrugarh	80.4	49.8	92.2	51.1
Dubri	40.4	15.8	43.4	32.7
Goalpara	64.8	28.2	44.3	20.5
Golaghat	56.8	39.4	69.3	26.8
Hailakandi	86.6	22.4	44	47.9
Jorhat	87.4	47.3	82.1	55.5
Kamrup	75.4	56.4	84.6	44.5
Karbianglong	63.4	37.6	74.5	48.9
Karimganj	81.1	22.4	42.9	43.3
Kokrajhar	38.9	32.8	49.7	43
Lakhimpur	53.6	41.2	65.8	43.2
Marigaon	63	30.7	65.1	36.5
Nagaon	70.1	29.7	58.1	56.3
Nalbari	77.5	52.5	81.5	56
North Cacher Hills	63.9	40.6	53.4	47.6
Sibsagar	76.1	52.3	77.9	49.5
Sontipur	80.4	42.1	64.8	45.1
Tinsukia	66.8	43.6	60.6	48.8
Udalguri	76.5	33.5	61.9	61.2

source DLHS-III