

NATIONAL RURAL HEALTH MISSION

ANDHRA PRADESH - RECORD OF PROCEEDINGS 2008-09

Record of Proceedings of the National Programme Coordination Committee (NPCC) for Andhra Pradesh held under the Chairmanship of Shri G.C. Chaturvedi, Additional Secretary and Mission Director, NRHM for approval of NRHM Programme Implementation Plans of States and UTs for the year 2008-09.

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the PIP of **Andhra Pradesh** on 13/3/2008. The list of members who attended the meeting is placed at **Annex. I**. 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.

It was clarified to the States that the proposal of the State under NRHM 2008-09 would comprise of the following resources:

- (A) Likely Unspent balance under NRHM in the State on 1 April 2008.
- (B) Resource Envelope for the State under NRHM from the Ministry of Health and Family Welfare, GOI, as communicated by the Ministry to the States.
- (C) 15% State contribution to NRHM made as a grant to the State Health Society. The 15% contribution will be against the overall Resource envelope of NRHM listed at "B" above.
- (D) 10-15% over and above A+B+C, above, assuming some carry over of works at the end of the financial year 2008-09.

Based on the above principle, the allocation for the State is as follows:

Unspent Balance under NRHM on 1.4.2008	Rs. 251.26 Cr.
GOI Resource Envelope for 2008-09 under NRHM	Rs. 597.43 Cr.
15% State share	Rs.90 Cr.
10-15% over and above the resources	Rs. 105 Cr.
Total	Rs. 1043.69 Cr.

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

(Rs in Crores)

Sl No.		Likely Unspent balance on 1.4.2008	GoI Resource Envelope under NRHM	Total
1	RCH Flexible Pool	Rs. 44.77 Cr.	Rs. 150.08 Cr.	
2	NRHM Flexible Pool	Rs. 204.86 Cr.	Rs. 130.74 Cr.	
3	Immunization (from RCH Flexible Pool)			
4	NVBDCP		Rs.22.38 Cr.	
5	RNTCP	Rs. 1.63 Cr.	Rs.20.68 Cr.	
6	NPCB		Rs. 16.00 Cr.	
7	NLEP		Rs 1.97 Cr	
8	IDSP		Rs. 1.14 Cr.	
9	NIDDP		Rs 0.20 Cr	
10	Director & Admn. (Treasury route)	0	Rs. 233.73Cr.	
11	PPI Oper. Cost		Rs. 20.50 Cr	
12.	15% State share		Rs.90.00 Cr	
13.	15% over planning		Rs.105.00 Cr	
	Total	Rs. 251.26 Cr.	Rs.792.42 Cr.	Rs. 1043.68 Cr.

Based on the State's PIP and deliberations thereon the Plan for the State is approved as per the detail of Annexure II (RCH Flexible Pool), Annexure III (NRHM Flexible Pool), Annexure-IV (Immunization) & Annexure -V (National Disease Control Programmes).

A. The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. These should be done by the Rogi Kalyan Samiti /District Health Society. Residence at place of posting is mandatory. All such appointments are for a particular institution and non transferable.
2. Blended payments comprising of a base salary and a performance based component, should be encouraged.
3. State Government must fill up its existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State.
5. Delegation of administrative and financial powers should be completed during the current financial year.
6. State shall set up a transparent and credible procurement and logistics system on the lines of the Tamil Nadu Medical Services Corporation. State agrees to periodic procurement audit by third party to ascertain progress in this regard.
7. The State shall undertake institution specific monitoring of performance of Sub Centre, PHCs, CHCs, DHs, etc.
8. The State shall operationalize an on-line HMIS in partnership with MOHFW.
9. The State shall take up a massive capacity building exercise of Village Health and Sanitation Committees, Rogi Kalyan Samitis and other community /PRI institutions at all levels.
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 Govts. shall also make contributions to Rogi Kalyan Samitis besides seeking public donations/charges wherever feasible.

12. The State shall endeavour to bring the Budgets of Health facility under the supervision of Health facility level public institution- the Rogi Kalyan Samitis.
13. The State shall prepare Essential Drug lists of generic drugs and Standard treatment Protocols, and give it wide publicity.
14. The State shall focus on the health entitlements of vulnerable social groups like SCs, STs, OBCs, Minorities, Women, migrants etc.
15. The State shall ensure timely performance based payments to ASHAS/Community Health Workers.
16. *Incentives for ASHAs will be booked under the respective programs.*
17. The State shall encourage in patient care and fixed day services for family planning.
18. The State shall ensure effective and regular organization of Monthly Health and Nutrition Days, *including record-keeping (to monitor utilisation of services), and linking them to regular services for antenatal care, postnatal care, immunization, etc.*
19. All performance based payments/incentives should be under the supervision of Community Organizations (PRI)/RKS.
20. The State agrees to follow all the financial management systems under operation under NRHM and shall submit Audit Reports, 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.
21. The State agrees to fast track physical infrastructure upgradation by crafting State specific implementation arrangements. State also agrees to external evaluation of its civil works programmes.
22. The State Govt. agrees to co-locate AYUSH in PHCs/CHCs, wherever feasible.
23. 15% of the State share would have to be credited to the account of the State Health Society
24. *The state should improve implementation of JSY by ensuring that:*

- a. *Payment is made to the beneficiary at the time of delivery through bearer cheque*
 - b. *Referral package is as per guidelines.*
 - c. *Monitoring of JSY is as per directives of GOI.*
 - d. *Grievance redressal mechanism for JSY is set up at the local level; listing of beneficiaries outside the PHC/ CHC, etc should be instituted for ensuring transparency and for facilitating grievance redressal.*
 - e. *Quality of deliveries at public health facilities is monitored; private sector facilities are accredited and monitored.*
 - f. *Two days stay after delivery is instituted and newborn care essentials (counselling and basic equipment) are focused upon in the facilities*
25. *By April 2008, the state shall provide list of FRUs and 24-hour PHCs fully operationalised as at March 31, 2008 and planned for the year 2008-09.*
 26. *Budget/ work plan must reflect funds (and activities) from non-NRHM sources (state funds / DPs) in order to have a holistic PIP.*
 27. *The state shall book costs under NRHM Additionalities vs. RCH II in line with the letter to states from Mission Director (NRHM) in January 2008.*
 28. *Booking of costs under RCH II should be in line with the budget heads specified in the Operating Manual and the FMR format (e.g. contractual service delivery staff cost should be booked under "Infrastructure and Human Resources"; all training to be booked under "Training").*
 29. *RCH II budget has to be provided in line with the prescribed formats for the activity-wise detailed quarterly budget with quarterly physical targets. This is to enable both the state and GoI to monitor implementation progress.*
 30. *Any revisions in the workplan and budget based on the above and also other RCH comments in Annex II should be communicated to GoI by May 31, 2008.*
 31. *Ensure that the underlying systems for reporting and analysing variances (physical and financial) against the district plans and state PIP are developed. This is*

particularly important, since the state is expected to prepare quarterly progress reports in line with Annex 4a and 4b of the Operating Manual.

B. (Any State Specific Conditions/Observations)

The State needs to focus on governance reforms. The Panchayats have been actively involved in the programme. This needs to be built into all initiatives at the State and district level. The health facilities have to be better prepared and partnerships with non-governmental and higher order training institutions needs to be attempted.

**SUMMARY OF APPROVAL
(Details provided in respective Annexes)**

	Scheme/Programme	Approved Amount (In Rs. Crores)
1.	RCH Flexible Pool	Rs.174.86
2.	NRHM Flexible Pool	Rs. 508.20
3.	Immunization (from the RCH Flexible Pool)	Rs.10.50
4.	NVBDCP	Rs. 22.78
5.	RNTCP	Rs. 13.36
6.	NPCB	Rs. 16.93
7.	NIDDCP	Rs. 0.20
8.	IDSP	Rs. 1.14
9.	NLEP	Rs. 2.22
10.	Infrastructure Maintenance	Rs. 233.73
	TOTAL	Rs. 983.92

Note:

1. Total Resource Available includes the unspent/uncommitted balance under programmes, over and above the Resource for the year.

List of participants for the meeting of the Sub Group appraisal Committee
held on 13.3.08 to consider the PIPs of Andhra Pradesh and Dadra &
Nagar Haveli

1. Shri G C Chaturvedi, Mission Director (NRHM),
2. Shri Amarjeet Sinha, JS(AS)
3. Ms Aradhana Johri, JS(AJ)
4. Dr N Namshum, DC(MH&CH)
5. Dr Sunil Khaparde, DC(ID)
6. Dr I P Kaur, DC(PNDT)
7. Dr R L Ichhpujani, NPO-IDSP
8. Dr Geetanjali Sharma, DDG(TB)
9. Dr D M Thorat, ADG(Lep)
10. Dr S K Chaturvedi, CTD
11. Dr Ravendra Singh, Dir
12. Shri P K Aggarwal, Dir (NRHM-Fin)
13. Dr Asha Thomas, Dir(RCH)
14. Ms Archana Varma, DS
15. Dr A Raghu, Astt. Advisor (Ay)
16. Dr Sandeep Sachdev, NPCB
17. Dr V K Raina, Jt Director, NVBDCP
18. Dr S K Sikdar, AC(FP-I)
19. Dr Manisha Malhotra, AC(MH-I)
20. Dr Naresh Goel, AC(UIP)
21. Dr B K Tiwari, Adviser(Nut)
22. Shri D P S Choudhary, US(IEC)
23. Shri J N Ghosh, Consultant (NRHM-I)
24. Shri Rakesh Kumar, Project Asstt (DC)
25. Dr D Thamma Rao, Advisor, NHSRC
26. Shri Prasanth K S, NHSRC
27. Shri S C Garg, NIIHFW
28. Dr Ravish Behal, PMSG
29. Dr D K Mangal, UNFPA

List of participants from States:

30. Shri Anil Punetha, Mission Director, Govt. of Andhra Pradesh,
31. Dr M S Srinivas Rao, Addl. Director, Govt. of Andhra Pradesh
32. Dr L N Patra, Mission Director, Medicial & PH Deptt, UT of D & N Haveli
33. Shri Kumar Manish, State Programme Manager, Medicial & PH Deptt, UT of
D & N Haveli
34. Dr V K Das, Med Supdt, Medicial & PH Deptt, UT of D & N Haveli

**PART A: RCH II 2008-09
ANDHRA PRADESH (AP)**

S. No	Activity proposed by state	Amount Proposed		Amount Approved		Remarks
		Rs. Lakhs	%	Rs. Lakhs	%	
1.	Maternal Health	6589.49	67.9	2997.13	52.0	Subject to state providing details on lumpsum amounts. (for lumpsum amounts/ conditional approvals, please see Attachment "A")
2.	Child Health	727.04	7.5	727.04	12.6	
3.	Family Planning	420.00	4.3	420.00	7.3	
4.	Adolescent Health	125.00	1.3	125.00	2.2	
5.	Urban Health	558.00	5.8	558.00	9.7	
6.	Tribal Health	192.55	2.0	192.55	3.3	
7.	Vulnerable groups	0.00	0.0	0.00	0.0	
8.	Innovations/PPP/NGO	50.00	0.5	50.00	0.9	
9.	Infrastructure and HR	0.00	0.0	0.00	0.0	
10.	Institutional strengthening	50.00	0.5	50.00	0.9	
11.	Training	50.00	0.5	50.00	0.9	
12.	BCC/ IEC	0.00	0.0	0.00	0.0	
13.	Procurement	0.00	0.0	0.00	0.0	
14.	Program management	823.52	8.5	598.88	10.4	
15.	Untied funds	115.00	1.2	0.00	0.0	
	Total Base Flexipool	9700.60	100.0	5768.60	100.0	
	JSY	4787.50		4787.50		
	Sterilisation compensation	6930.00		6930.00		
	NSV Camps	0.00				
	Total RCH Flexipool	21418.10		17486.10		

NOTES:

1. The state should book costs under NRHM Additionalities vs. RCH II in line with the letter to states from Mission Director (NRHM) in January 2008.

2. Classification of costs under RCH II should be in line with the budget heads specified in the Operating Manual and the FMR format, e.g.:
 - a. Salaries for contractual service delivery staff (MOs, SNs, LTs, ANMs, and specialists) have mostly been booked under the relevant technical heads. These should be booked under "Infrastructure and HR". e.g. MOs or SNs hired for operationalisation of facilities are not limited to providing maternal health services: they also run OPD; provide new born care; provide family planning counselling and services; and everything else that a service provider is expected to do in a health facility.
 - b. ASHA costs to be budgeted under "Training".
 - c. Several technical trainings have been booked under the respective heads. All trainings should be booked under "Training".
 - d. All procurement needs to be budgeted under "Procurement".
 - e. All IEC activities need to be budgeted under "IEC/ BCC". IEC costs have been booked under different technical areas with a reference to the detailed strategies mentioned under Chapter 11 of the PIP (IEC/ BCC). However, from Chapter 11 it is not possible to make out how the activities will be classified into the different technical themes. Additionally, the individual costs of IEC activities under different sections total to Rs. 4.25 crores, whereas in Chapter 11 of the PIP, they total to Rs. 5.21 crores. The state needs to correct this.
3. The funds for procurement of RCH Drugs and Kits have already been sanctioned for the year 2007-08. It has been observed that process of procurement and actual receiving of supply at the facilities takes almost 6 to 9 months, so even if we process the supply for 08-09, this will actually be utilized in 09-10. The same cycle is likely to continue till the procurement system in the states are strengthened enough to handle timely supply of drugs to health facilities. Very soon, a decision in this regard will be taken, till then the reflection of cost in the PIP for 2008-09 is required.
4. Program Management costs should be within 6% of the budget.

5. Purchase of vehicles, construction of new facilities, and payment of salaries to government employees are not permissible.
6. Activities carried over from 2007-08, and funds (and activities) from non-NRHM sources (State funds, Development Partners, etc.) should be reflected in the work plan and budget for 2008-09 in order to have a holistic PIP.
7. The gaps identified in the rapid assessment of FRUs and 24/7 PHCs carried out with DP support (findings shared with the state during JRM-5) should be addressed in the workplan and budget.
8. A revised work plan (refer Annex 3d of operating Manual) and detailed activity wise budget (refer Annex 3e of operating Manual) in line with the above and detailed comments in Attachment "A" should be communicated to GoI by May 31, 2008. **Andhra Pradesh may wish to rework the ASHA incentives and introduce missing strategies (refer Annex A, and detailed appraisal of first version of state's PIP), especially since the state has under budgeted.** In addition, state should provide:
 - a. A list of FRUs and 24-hour PHCs operationalised as at April 1, 2008.
 - b. Targets for RCH II goals, outcomes, and intermediate indicators as per Annex 3b of the Operating Manual.
9. The state should ensure that the underlying systems for reporting and analysing variances (physical and financial) against the district plans and state PIP are developed. This is particularly important, since the state is expected to prepare quarterly progress reports in line with Annex 4a and 4b of the Operating Manual.

ATTACHMENT "A"

ACTION TAKEN ON COMMENTS TO APPRAISAL OF ORIGINAL PIP

No.	Comment	Status
1.	Results of facility survey carried out with assistance of development partners has been provided during JRM-5. This needs to be incorporated in PIP.	Not addressed.
2.	Targets for outcomes (other than institutional deliveries) and outputs	Not provided.
3.	Work plan	Not provided.
4.	District plans (no reference)	Not provided.
5.	Comprehensive training strategy and plan	Not provided.
6.	Sections on Situation Analysis, Lessons learnt from implementation of RCH II, Infection Management and Environment Protection, Vulnerable Groups	Not provided.
7.	The PIP is budget oriented. There is a need to detail out the strategy in most of the sections i.e. Maternal Health, Child Health, Family Planning, BCC, ARSH, and Urban Health.	Not provided.
8.	A plan detailing recruitment and training of Program Management Staff needs to be incorporated.	Not provided.
9.	Apart from training, IMNCI should simultaneously focus on facility upgradation and community initiative.	Not addressed.
10.	Provide list of FRUs fully operationalised as at March 31, 2008 and planned for the year 2008-09.	Not provided.
11.	Please note that the above financial envelope of Rs. 251.61 crores includes the expected unspent balance as on April 1, 2008 plus state contribution of 15%. Activities carried over from 2007-08 should also be reflected in the PIP/ work plan and budget for 08-09.	State contribution not mentioned in PIP; however mentioned by the state during NPCC meeting. Not reflected.
12.	RCH activities funded from other sources (e.g. DPs, state funds) should also be reflected in the PIP/work plan and budget for 08-09 in line with the Operating Manual.	Not provided.
13.	There are several lumpsum budget items e.g. Rural Emergency Transportation Services Scheme: Rs.26.50	State has shifted these activities to NRHM Flexipool.

No.	Comment	Status
	crores; Nutrition programme for pregnant women: Rs.25 crores. A breakup of expenses is required.	
14.	Items not allowed under RCH: Establishment of two new ANM training schools at 2.25 crores. This could be considered under Mission Flexible pool.	Shifted to NRHM Flexipool.
15.	The Maternal Health budget has several large items pertaining to ASHAs i.e. Uniforms and bus passes: Rs. 14.84 crores; Refresher training: Rs. 8.87 crores; incentives: Rs. 33.94 crores and regular training: Rs. 5.47 crores. These may need to be revisited.	ASHA uniforms, bus passes, regular training, and refresher training have been removed. How is the state planning to fund these activities? Incentives addressed below in detailed comments to budget.
16.	The budget needs to follow the prescribed formats in Operating Manual. The annual budget has been mostly divided by 4 to arrive at the quarterly budget; this needs to be in line with the work plan.	Classification of budget items still not as required. Please see detailed comments to budget below.

Most of the comments from the technical divisions (Maternal Health, Child Health, Family Planning, IEC/BCC and ARSH Divisions) do not seem to be addressed; e.g. the state has not mentioned any strategies for safe abortion and RTI/ STI services (including trainings), training in Family planning methods, etc. Apart from capacity building in IMNCI, the state should also focus on facility up gradation and community initiative to address systems strengthening, an important component of IMNCI. The state may also wish to include establishment of QA cell for all MCH activities, including ensuring monitoring the quality of trainings.

DETAILED COMMENTS TO REVISED BUDGET

Non-permissible items:

Intervention	Total (Rs. Lakhs)	REMARKS
Maternal Health		
ASHA: Performance-based Incentives to ASHAs The payment of incentive to the ASHAs for services to SC/ST/BPL families is as follows:	3394.60	1. Incentives for immunisation are to be covered under the respective program (or

Intervention	Total (Rs. Lakhs)	REMARKS
<ul style="list-style-type: none"> • Registration of early pregnancy in a SC/ST woman : Rs.25/- • Completion of three antenatal checkups & ensuring TT immunization and IFA tablets given to the SC/ST pregnant woman: Rs.50/- • Completion of one Antenatal Checkup with an MBBS Doctor: Rs.50/- • SC/ST pregnant woman having institutional delivery in public or private hospital / PHC: Rs.150/- • Postnatal Care and Newborn Care for a mother and a neonate in a SC/ST family: Rs.100/- • Completing all doses of immunization in respect of a SC/ST child, for BCG, DPT, OPV, and Hepatitis-B before five months of age: Rs.50/- • Completing Measles immunization and Vitamin-A administration for SC/ST child before one year of age: Rs.50/- • Identification of Low-birth-weight baby less than 2000 grams of any community in the village and giving health and nutrition counseling to the parents and family members resulting in the child completing 3 months of age in a healthy state: Rs.50/- <p>For services to non SC/ST/BPL families, the ASHAs are being paid incentives as follows:</p> <ul style="list-style-type: none"> • Antenatal check-up with a medical doctor: Rs.25/- • Institutional Delivery: Rs.100/- • Post-natal and Neo-natal care: Rs.50/- • Measles Immunization: Rs.25/- 		<p>alternately, under NRHM Part B). The state may wish to give incentive for full immunisation, rather than antigen-wise. (Additionally, ASHAs get social mobilisation incentive under RI).</p> <p>2. Administering payments to ASHAs / monitoring of performance based on the criteria proposed, is likely to be extremely difficult.</p> <p>3. The proposed amount is nearly 35% of the total RCH II base flexipool budget. This needs to be looked at and revised.</p>

Intervention	Total (Rs. Lakhs)	REMARKS
<p>Blood Banks and Blood Storage Centres</p> <p>1. 2 Blood Bank technicians @ Rs.4000/- p.m. each in each Blood Storage Centre (127)</p> <p>2. Additional incentive to Regional MO looking after each of 127 Blood Storage Centres @ Rs. 1500 pm</p> <p>3. Administrative overheads</p>	<p>121.92</p> <p>22.86</p> <p>52.98</p>	<p>1. Additional staff for the blood storage centre is not necessary. The state should plan for training of existing staff (MOs, LTs) in blood storage.</p> <p>2. Not permissible.</p> <p>3. Administrative overheads are not allowed.</p>
<p>JSY</p> <p>Provision of "<i>saree</i>" to JSY beneficiaries</p>	<p>712.50</p>	<p>Not part of the JSY package and is not permissible. State may wish to use own funds to promote this.</p>
<p>Untied Funds</p>		
<p>Untied funds for District Level (Epidemic Control)</p>	<p>115.00</p>	<p>Not permissible under RCH II for Epidemic control. May be shifted to Part D (Disease control programs) or Part B (Mission Flexipool).</p>

Conditional approvals:

Lump sum Amounts

A broad break up of expenditure for the following lump sum amounts is required:

Intervention	Total (Rs. Lakhs)	REMARKS
Family Planning		
Procurement of Family Planning Surgical & Consumables	200.00	State needs to provide the quantities required for each type of kit.
ARSH		
IEC Activities	50.00	The state needs to clarify how these activities are different from the IEC activities mentioned under the budget head "Adolescent Health Strategy".
Programme Management		
Addl. Dist. Programme Officer (104 no.) @ Rs. 18,000 p.m.	224.64	Role of Addl. Dist. Program Officer has not been mentioned (state has also proposed district project officer and assistant accounts officer in each of the 23 districts). State needs to clarify. If these posts are for Block PMU, then the costs should be budgeted under Mission flexipool (Part B).

ANDHRA PRADESH
SUMMARY OF MISSION FLEXIBLE POOL (MFP) PIP 2008-09
(Amount in lakhs)

S. No.	Activity Proposed	Amount Proposed	Amount Approved (Rs. in Lakhs)	Remarks
Mission Flexible Pool				
1	Rogi Kalyan Samithi funds in PHCs & Civil Hospitals @ Rs.1.00 lakhs	1649.00	1649.00	Approved. State must ensure transfer of funds to the RKSs which are non negotiable. Simultaneous capacity building of RKS must be ensured to check misappropriation.
2	Rogi Kalyan Samithi funds in CHCs @ Rs.1.00 lakhs	167.00	167.00	
3	Rogi Kalyan Samithi funds in Area Hospitals @ Rs.2.5 lakhs	145.00	145.00	
4	Rogi Kalyan Samithi funds in DHHs @ Rs.5.00 lakhs	115.00	115.00	
5	Village Health Sanitation Committees @ Rs.10,000/-	2191.60	2191.60	Approved. State must ensure transfer of funds to the VH&SC which are non negotiable. Simultaneous capacity building of VH&SC must be ensured to check misappropriation.
6	Untied funds for Sub Centres @ Rs.10,000/-	1252.20	1252.20	Approved.
7	Untied Funds for PHCs & Civil Hospitals @ Rs.0.25 lakhs	412.25	412.25	
8	Untied Funds for CHCs @ Rs.0.50 lakhs	83.50	83.50	
9	PHCs & Civil Hospitals Annual Maintenance Grant @ Rs.0.50 lakhs	2873.18	2873.18	Approved
10	Strengthening of Sub-centres (Construction) @ Rs.6.00 lakhs x 250 centres	1800.00	1800.00	Approved.
11	Strengthening of PHCs (Construction) @ Rs.20.00 lakhs x 50 centres	1634.96	1134.96	Approved as revised
12	Civil Works (Teaching Hospitals, FRUs, etc.)	2488.00	2488.00	Approved. State to prioritize activities.
13	Continuation of Mobile Medical Units	1220.84	1220.84	Approved

14	Upgradation of CHCs to IPHS	920.00	920.00	Approved
15	Preparation of District Action Plans	42.90	42.90	Approved
16	Rural Emergency Health Transportation Scheme	10000.00	10000.00	Approved
17	Health Information Help Line (HIHL)	3500.00	1500.00	Approved as revised. This scheme not at the cost of strengthening public health systems.
18	Rural & Interior area Health Services (Fixed Day Health Service)	14665.70	9165.70	Approved as revised subject to these schemes not at the cost of strengthening public health systems.
19	2nd ANM: Salaries of Second ANM	5792.56	5792.56	Approved. The number has to be restricted to the number of working MPW in the State. Residency and local criteria to be ensured
20	Printing of Service Registers, Registration Cards, etc.	51.00	51.00	Approved
21	Nutrition Programme for Pregnant women & Mother in convergence with Rural Development department	2500.00	2000.00	Approved as revised a RCH activity to be funded from MFP
22	Strengthening of Neonatal and Maternity centres in SVRR Hospital, Tirupathi	400.00	400.00	Approved
23	Mainstreaming of AYUSH	1722.10	1722.10	Approved
24	Health Insurance (Arogya Sree)	1000.00	1000.00	Approved
25	Management Public Health Issues	1200.00	1200.00	Approved
26	Drugs Control Authority	212.93	0.00	NOT Approved. It is purely a State regulatory activity.
27	Strengthening of Rural Health Centres of Medical Colleges	552.40	552.40	Approved
28	Strengthening of District / Sub-district level Hospitals	600.00	600.00	Approved
29	AIDS Control Programme	340.23	340.23	Approved
	Total NRHM Flexible Pool	59532.35	50819.42	

Immunization Strengthening Programme Andhra Pradesh (2008-09)

S.No	Activities	Amount Proposed (Rs. In Lakhs)	Amount Admissible (Rs. in Lakhs)	Remarks
1.	Mobility Support for Monitoring and Supervision	11.50	11.50	Source-wise breakup of funds is given below in the notes
2.	Repair and maintenance of equipment	11.09	11.09	
3.	Support for Computer Assistant at State level (for SEPIO)	0.96	0.96	
4.	Support for Computer Assistant at District level	19.32	19.32	
5.	Alternative Vaccine Delivery	300.52	300.52	
6.	Focus on slum & underserved areas in urban areas	24.36	24.36	
7.	Hiring services of ANMs in vacant places of PHCs/SCs	376.99	376.99	
8.	Mobilization of children by link workers	212.10	150.26	
9.	Training of Medical Officers	45.20	45.20	
10.	Printing of Immunization Cards and Registers	20.00	20.00	
11.	Vaccine, cold chain items and AD syringes Transport (From State HQ to PHCs)	45.78	45.78	
12.	Cold Chain	15.00	15.00	
13.	Procurement of spares parts of cold chain equipments	27.60	27.60	
14.	Minor repairs for vaccine delivery vans	1.55	1.55	
Total		1111.97	1050.13	

Comments:

1. The PIP did not include a Situational analysis of the routine immunization in the State, and a synopsis of Immunization strategic plan based on that needs to be submitted every time for the current year.
2. A status report of ongoing activities like Training, RIMS upload status, reported coverage, AEFI surveillance, social mobilization (IEC) needs to be submitted.
3. A status report of the newer interventions under NRHM also needs to be incorporated
4. Action needs to be taken on the activities suggested in 2007 PIP feedback, for the state's consideration to strengthen routine immunization.
5. The budget should be prepared with respect to actual number of sessions planned during the year.
The State has to have a specific plan with time lines to achieve the expected targets and outcomes.

The States needs to :

1. The State should incur expenditure on Training activities as per GoI norm for training under RCH. The State should furnish the number of persons trained in this years. The training of Health workers should be done in alternate years.
2. The printing of Immunization cards should be done as per the format prescribed by GoI the expenditure should be done as per state procedure
3. The services of ANM s may be hired in the PHCs where ANMs are not available. Expenditure should be done as per the GoI guidelines.
4. The expenditure of transportation of vaccine and cold chain items including AD syringes should be incurred for POL only. The state should maintain proper records.
5. Procurement of Spare parts of cold chain equipments may be done incase the spare parts are not being provided by the GoI. The purchase should be done as per State procedure for procurement.
6. The state should furnish Physical and financial quarterly progress report on the above activities

Items not permissible under Immunization PIP

1. Transportation of cold chain equipments and AD syringes - Rs. 11.50 lakh
Remarks- Funds for transportation of vaccines and cold chain equipment including AD syringes have been allowed above. Therefore, no separate funds for this activity have been considered.

ANNEX-V

Approval under National disease Control Programmes. [Andhra Pradesh]

RNTCP

(Rs. In lakhs)

Sl No	Activities	Amount proposed	Amount approved	Remarks
1	Civil Works- a- Maint.	12.38	11.77	
	b- one time	24.20	11.75	
2	Laboratory Materials	135.60	117.10	
3	Counselling Charges (Honorarium)	150.00	30.00	
4	EC/Publicity	86.25	60.38	
5	Equip. Maintenance	65.80	24.04	
6	Training	49.36	34.55	
7	Vehicle Maintenance	47.50	47.50	
8	Vehicle Hiring	151.53	98.54	
9	NGO/PP Support	53.60	40.20	
10	Medical Colleges	64.98	32.49	
11	Office Operations (Miscellaneous)	130.27	117.24	
12	Contractual Services	621.35	621.35	
13	Printing	123.27	74.00	
14	Res. and Studies	0.00	0.00	
15	Proc. of Vehicle	24.30	15.50	
16	Proc. of equipments	0.00	0.00	
	Total	1740.39	1336.41	

NVBDCP

(Rs. In lakhs)

Sr. No.	Activity Proposed	Amount Proposed (Cash + Commodity)	Amount Approved (Cash assistance)	Amount Approved (Commodity assistance)	Remarks
1	Malaria	673.20	0.00	673.20	Approval for allocated amount + likely unspent balance as on 1.04.08 i.e. Rs.363.77 lakh for utilization may be approved
2	GFATM	0.00	0.00	0.00	
3	World Bank (including training & IEC)	1044.89	376.00	668.89	
4	MPW (Male)	39.60	39.60		
5	Kala-azar	0.00	0.00	0.00	
6	ELF	379.44	379.44	0.00	
7	J.E.	20.00	20.00	0.00	
8	Dengue & Chikungunya	120.55	120.55	0.00	
	Total:	2277.68	935.59	1342.09	

IDSP

Rs. In Lakhs

Sl No	Activities	Amount proposed	Amount approved	Remarks
1	Civil works		11.00	
2.	Lab Equipments		-	
3.	Office Equipments		-	
4.	Furniture & Fixtures		-	
5	Lab Supplies		-	
6	Personnel Costs		40.00	
7	IEC		16.44	
8	Training Costs		22.00	
9	Operational Costs		25.00	
	TOTAL		114.44	

SI No	Activity Proposed	Amount proposed (*)	Amount approved	Remarks/Comments of Programme Division
1	Grant-in-aid for free catops		1485.00	The allocation is to meet expenditure on cataract operation in Govt. hospitals and NGO hospitals.
2	Grant-in-aid for School Eye Screening		20.00	Training of teachers, detection of children for refractive errors and provisions for free glass to poor school children are covered under this activity.
3	GIA for Ophthalmic Equipments to Medical College		60.00	Provision for approved Ophthalmic equipments to Medical Colleges in state.
4	GIA for Ophthalmic Equipments to Distt. Hospitals		24.00	Provision for approved Ophthalmic equipments to Disttt. Hospitals in state.
5	GIA for Ophthalmic Equipments to Sub-Distt. Hospitals.		3.00	Provision for approved Ophthalmic equipments to Sub-Disst. Hospitals in state.

6	Non-recurring GIA to Vision Centres		15.00	Provision for setting up Vision Centres in Ste @ Rs. 25,000 / per centre
7	Recurring GIA to Eye Banks		5.00	Provision for recurring GIA to Eye Banks.
8	Non-recurring GIA to Eye Donation Centres		1.00	Provision for setting up two Eye donation centres
9	Recurring GIA to Eye Donation Centres		5.00	Provision for recurring GIA to Eye Donation Centres
10	Training		5.00	Provision to meet expenditure on training of PHC Medical Officers, PMOAs, nurses and other para ophthalmic staff
11	IEC		10.00	Provision to meet expenditure to IEC activities by state government.
12	Remuneration of State Blindness Control Society, other activities & contingency		10.00	Provision to meet salaries and operational expenses and contingency.
13	Salary support of State Ophthalmic Cell and existing posts.		50.00	Provision to meet salary of state ophthalmic cell.
	TOTAL		1693.00	

**NIDDP - RECORD OF PROCEEDINGS (ROPs) UNDER NRHM
ANDHRA PRADESH**

(Rs. In Lakhs)

S.No.	Name of Activity	Allocation for 2008-09	Proposed by State Govt.	Remarks
1.	Establishment of IDD Control Cell	6.00	There is no proposal for NIDDCP in the PIP of Andhra Pradesh	They may modify the PIP as per allocation of the fund.
2.	Establishment of IDD Monitoring Lab.	3.50		
3.	Health Education and Publicity	2.50		
4.	IDD Surveys	8.00		
	TOTAL	20.00		

NLEP

(Rs. In lakhs)

S. No.	Activity proposed	Amount proposed	Amount approved	Remarks
1	Contractual Services	13.50	13.50	Budget is very much on higher side. However considering the large number of disability cases, more allocation is being given to this activity.
	State - BFO cum AO, DEO, SMO, Administrative Assistant, Driver			
	District - Driver, TA/DA to SMO/Drivers			
2	MDT management	-	-	
	Honararium to ASHA			
3	Office expenses	3.85	3.85	
4	Consumables	2.60	2.60	
5	Capacity building	32.00	32.00	
	4 days training of newly appointed MO&HW/HS,			
	2 days refresher training of MO,			
	5 days training of newly appointed Lab. Tech.,			
6	2 days training of Private Practitioners, RMP & Dermatologists			
	Communication for Behavioral Change	34.50	32.00	
	Wall painting, Rallies, Quiz, folk show, IPC workshop, Hoardings,			
7	Meeting of opinion leaders, Half day sensitization of ASHA			
	POL/Vehicle operation & hiring	20.56	24.00	
8	2 vehicles at state level & district level			
	DPMR	110.27	35.00	
8	Supportive medicines, MCR footwear, Aids and appliances, Lab. Reagents/equipment, Printing forms, Incentive to BPL			

	patients for RCS, Support to institutions for RCS		
9	Urban Leprosy Control Programme	15.17	15.17
10	NGO - SET Scheme	33.63	33.63
11	Review meeting & workshop	1.00	1.00
	TOTAL	267.08	192.75
12	Cash assistance	-	29.20
	TOTAL	267.08	221.95