

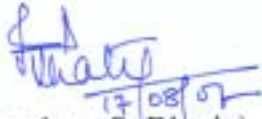
No. M.11011/9/2007-NRHM
Government of India
Ministry of Health & Family Welfare
NE Division

Nirman Bhavan
New Delhi

17th August 2007

Sub: NRHM Programme Implementation Plan - Assam

Please find enclosed Record of Proceedings for the meeting of National Programme Coordination Committee(NPCC) held on 18th June 2007 to consider the NRHM State Programme Implementation Plan (PIP) for the State of Assam for the year 2007-08, for information and necessary action.


(Amardeep S. Bhatia)
Director

Copy to :

1. The Secretary & Commissioner(Health)
Government of Assam
Guwahati
2. Mission Director, NRHM, Assam

Copy also to:

AS(DG)

JS(VC) /JS(AS)/ JS(AJ)/J S(PK)

Record of Proceedings for the meeting of the National Programme Coordination Committee of NRHM held on 18 June 2007 to consider the Assam NRHM State PIP

The NRHM State Programme Implementation Plan (SPIP) for 2007-08, as submitted by Government of Assam was appraised by Sub Group of NPCC under the Chairmanship of Shri Amarjeet Sinha, Joint Secretary and the appraisal note conveyed, containing comments from the concerned Programme Divisions of the Ministry was communicated to the State.

2. The State Govt. had thereafter submitted the revised State PIP taking into account the observations made by the Sub Group. The National Programme Coordination Committee (NPCC) of the NRHM under the chairmanship of Secretary (Health & FW), Govt. of India considered the revised PIP in its meeting held on June 18, 2007. Commissioner (H&FW) presented the revised PIP before the NPCC meeting.

3. List of members who attended the NPCC meeting are appended at Annexure VI.

4. The NPCC, after due consideration, approved the SPIP for a total amount of Rs. 619.95 crore as per the details given in the table below:

(Rs. in crore)

Part	Component	Indicated Allocation	Amount proposed in SPIP	Amount Approved by NPCC	Remarks
A	RCH	166.8400	141.0100	114.1800	The proposal is approved in principle for the financial envelope of Rs. 114.18 crore for the year 2007-08 (excluding the financial envelopes of JSY, Compensation for Sterilisation and NSV Camps). The activity wise approvals for the budget is at Annexure I. The NPCC notes that the RCH-II flexipool needs to have appropriate budget for JSY, Compensation for sterilisation and NSV Camps and these are demand driven schemes over and above committed RCH-II financial envelopes for the states.
B	Mission Flexible Pool	322.3100	564.7100	446.8300	The proposal is approved for an amount of Rs. 311.51 crore for the activities proposed for 2007-08 and including the unspent balance of Rs. 135.31 crore subject to observations at Annexure II of the Record of Proceedings
C	Immunization		23.6270	8.3143	The proposal is approved subject to observations at Annexure III of the Record of Proceedings
D	RNTCP	12.1000	7.1400	7.1400	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	NLEP	1.6200	1.1200	0.9911	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	IDSP	0.8600	20.4400	5.2880	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	NIDDCP	0.1400	0.1300	0.1300	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings
	NPCB	3.3700	18.1600	3.3700	The proposal is approved subject to observations at Annexure IV of the Record of Proceedings

	NVBDCP	33.4100	33.8900	33.4100	The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
E	Convergence		0.2970	0.0000	
	Total (07-08)	540.65	802.52	619.65	
	State Contribution (15%)	-	-	72.65	The outstanding balance from last year has been deducted while calculating the 15%

5. The observations/activity wise approvals for Part A (RCH-II), Part B (NRHM Additionalities), Part C (Immunisation), Part D (Disease Control Programmes) and Part E (Inter-sectoral Convergence) of the SPIP has been included at Annexure I, II, III, IV and V respectively.

6. The NPCC made the following observations while approving the SPIP, which may be kept under consideration by the State while implementing the various activities under the SPIP for 2007-08.

- a. The NPCC commended the increase by 18.22% and 33.08% in the State's Health Budget in the previous two years.
- b. The State should take immediate steps to fill up posts of MPWs/Malaria Workers. The State should fill the posts of Laboratory Technicians, Pharmacists and other medical staff and clearly indicate the progress made on this during the reviews.
- c. The remuneration to ASHA from various incentives may be monitored to see that they are getting adequately paid on time. This is important to ensure that they remain motivated. Money flow to ASHA should be ensured in a timely fashion.
- d. Location of new health facilities should be on the basis of actual needs, for which GIS mapping may also be used to ensure optimisation. The maps prepared by JSK may also be used.
- e. The ambulances being deployed in the District Headquarters and in the health facilities on the highways should be equipped for Trauma Care. Specs. have already been made available by the Ministry.
- f. The State has to clearly bring out a comprehensive manpower policy, especially with regard to increased salaries for the doctors, redeployment of specialists and ANMs, creation of a specialist cadre, a minimum tenure for the officers and staff, policy and efforts with regard to recruitment against vacant posts, creation of posts as per norms viz. for specialists, MPWs, laboratory technicians in the subsequent PIPs. Sanctioned posts for 425 MOs, 27 BEEs, 44 Lab. Techs., 85 GNMs, 141 LHVs and 304 ANMs are vacant and needs to filled on regular/contractual basis through State's budgetary resources.
- g. Increased salary for the contractual employees while not taking care of the salary structure of the regular employees can lead to further distortions and detrimental results. The state may provide a basic salary equivalent to the Government salary subject to the maximum prescribed in the approved NRHM Framework. Incentives may, however, be provided to the specialists, regular and contractual doctors through the Rogi Kalyan Samitis for serving in remote and difficult areas, which may be linked to performance viz. number of deliveries conducted above a threshold, etc.
- h. Additional ANMs proposed are sanctioned on the condition that all existing regular posts are filled up or in the process of being filled up (at least having already been advertised and selection dates finalized). All male workers in sub-centers and supervisor posts should also have been completed and promotions of ANMs esp to supervisory posts should be completed within the year. Contractual ANMs to be engaged on local criteria are not to be transferred from their place of posting. Multiskilled manpower is not to be transferred for at least a year after training.
- i. Drug procurement under RCH-II is subject to the procedures applicable as per agreement between GoI and World Bank. However procurement for drugs under the Mission Flexible pool is to be through the decentralized mechanism of State procurement through TNMSC like organizations. The state is therefore to ensure that there is no duplication in the procurement of drugs.
- j. There should be no duplication of activities/funding with other budgetary sources or within the approved budget.

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- k. The cost of civil works has to be within a ceiling of 33% for the NRHM flexi-pool and within 10% for the RCH pool.
- l. The State is proposing to recruit nearly 2000 additional GNMs on contract. Similarly a large no. of ANMs, MOs are being recruited on contract. The Governance Mechanism with adequate supervision and monitoring systems need to be strengthened within the existing framework to absorb this infusion of manpower and ensure their performance.
- m. ASHAs – funding clarification
- n. The State has indicated that there are 93 CHCs whereas in some parts of the PIP, 100 PHCs are mentioned. There are various categories/nomenclatures of health facilities in the State, which need to be rationalised, for which necessary proposal may be sent to the Ministry.
- o. The State has not shown any progress in formation of VHSCs last year. This is an important activity towards involvement of community and may be taken up immediately.
- p. Institutional delivery, Immunisation coverage has gone up. The improvement made needs to be sustained. Special emphasis needs to be given to the uncovered or remote areas.
- q. The management cost permissible within the approved limit of 6% of the approved PIP may not be exceeded.
- r. The State would also draw up a monitoring plan for the NRHM component in consultation with RRC specifying output and outcome indicators, and developing facility performance indicators for this purpose. This would be the basis for programme review. The State would also draw up a detailed plan for triangulation approach to monitoring integrating inputs from community monitoring and external surveys with the internal HMIS data and they would plan this in coordination with the HMIS division at the central ministry. The RRC would consult NHSRC in this regard.
- s. Malaria is an endemic problem in the state. Special focus should be given for implementation of the activities under the NVBDCP.
- t. The State's contribution of 15% of the approved SPIP for the current year (minus the carry over activities of the last year) i.e. Rs. 72.65 crore may be sanctioned and deposited in the State Mission Society as a matching contribution before release of 2nd instalment for the current year.


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**APPRAISAL COMMENTS ON THE REVISED RCH II CHAPTER OF NRHM PIP OF ASSAM FOR
THE YEAR 2007-08**

1. The state of Assam has further increased the proposed budget for RCH base flexible pool to Rs. 141.01 crores from the budget of Rs.130.94 crores proposed in the earlier version of the PIP. This is well above the corresponding GOI allocation of Rs. 114.18 crores. The state has also proposed Rs. 58.68 crores for JSY; Rs. 1.74 crores for compensation for sterilization and Rs. 4.16 lakhs for NSV acceptance. The summarized response on the comments is at Annex-'I-A'.

2. Following are the observations on the revised PIP.

- As per the revised PIP, the following are not permissible under RCH II:

- ✓ Procurement of various items amounting to Rs. 7.87 crores relating to the items as mentioned below: -

Procurement of MVA/ EVA equipment for health facilities

Procurement of drugs and supplies for maternal health (midwifery kits)

Procurement of drugs and supplies for child health (IMNCI kits)

Procurement of general drugs and supplies (ASHA kit)

Other procurement (ANC card and partogram)

- After incorporating above comments in the budget and also taking into account the financial envelopes available for the state for RCH II for the year 2007-08, the following budget may be approved.

Sl No	Budget head	Amount
		(Rs. Lakhs)
1	Maternal health	1199.77
2	Child health	423.04
3	Family planning	153.41
4	ARSH	49.37
5	Urban RCH	503.47
6	Tribal RCH/ Vulnerable groups	1238.89
7	Innovations/PPP/NGO	1272.96
8	Infrastructure and human resources	4772.04
9	Institutional strengthening	115.11
10	Training	232.06
11	BCC/IEC	999.44
12	Programme management	303.39
13	Others (PNDT, Vehicel maintenance, repairs and renovation)	155.04
TOTAL		11418

(The above recommended amount is arrived at after considering Assam's proposed flexi-pool budget, less non-permissible items as well as reduction in some other items which have not been found accurate budgeted. The state may, however, be allowed to re-allocate the items specific recommended budget (taking advantage of flexipool concept) with prior approval of this Ministry.

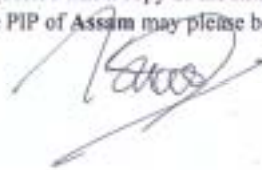
3. In addition the state needs to:

- Provide year wise targets for all outcome indicators and intermediate/ MOU indicators.
- Ensure that the salaries of specialists and the Honorarium of the Director, SIHFV are within the permissible limit of Rs. 26000/-.
- Provide detailed work plan, and budgets in line with the approved allocation above.
- Provide a detailed plan for Urban Health. Provide a separate chapter for vulnerable groups, which could include urban poor, and other target groups with the worst health indicators. An allocation for vulnerable groups could be made within the approved budget of Rs 114.18 crore.

- Address the problem of death due to sterilizations, which is maximum in the country through stringent monitoring as well as implementation of the standards in male and female sterilization brought out by the GOI.
 - Refer to the SRS figures released by RGI to facilitate inter-state comparison (for vital rates like IMR, MMR etc.)
 - Review the training duration of various trainings as per the guidelines of MoHFW. Separate BEmONC staff training and SBA training needs to be explained.
 - Bring out an overall M&E Plan/Strategy for the State and District MIS reporting system.
 - Provide detailed budget as per the Operating Manual. Reclassify budget heads in line with the Operating Manual.
 - Monitoring of quarterly performance as per the Operating Manual would be based on this revised PIP.
 - In addition to the above, the state needs to incorporate comments of Maternal Health Division of MoHFW provided in the Annex 'I-B'.
4. The state while implementing RCH II Programme may see that the expenditure on following cannot be incurred :
- On purchase of vehicles,
 - Constructions of new buildings and
 - Payment of salaries to Government of employees.
 - Also expenditure on procurement of goods and services is discouraged and if any expenditure is to be incurred on approved activities, it must be done following World Bank procedures otherwise it will be disallowed.
5. State need to forward the revised Work Plan as per recommended budget in the format prescribed in Operational Manual.


Conclusion

- (a) State is requested to forward a letter of confirmation that above suggestions will be considered while implementing RCH II PIP for 2007-08 and these comments will be read alongwith PIP submitted by the state.
- (b) The revised PIP (RCH II Chapter) may please be processed for approval in accordance with the above recommendations and suggestions.
- (c) It is requested that a copy of the final PIP alongwith a copy of proceedings of the NPCC approval for the state PIP of Assam may please be sent to this Division for reference and records.



REVISED PIP VIS-À-VIS APPRAISAL COMMENTS

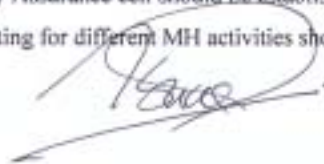
COMMENTS TO EARLIER PIP	STATUS	REMARKS
<ul style="list-style-type: none"> Current status and targets for all outcome and intermediate indicators (in the format provided in Annex 3b of the Operating manual) not provided 	<ul style="list-style-type: none"> Addressed partially 	<ul style="list-style-type: none"> Source of data for MMR, 490 should be as per SRS (2001-03). Provide year wise targets for all outcome indicators and intermediate/MOU indicators
<ul style="list-style-type: none"> Summary budget and detailed quarterly budgets to be provided in accordance with the Operating Manual (annex 3c and 3d) 	<ul style="list-style-type: none"> Addressed somewhat. 	<ul style="list-style-type: none"> Detailed quarterly budgets are incomplete, have been arranged incorrectly and hence confusing. Physical targets need to be provided.
<ul style="list-style-type: none"> Quarterly workplan, including information on responsibility for the activity (state vs. district) and sources of funds (Annex 3d). It needs to be consistent with the strategies/ activities mentioned in the write up and the budget. 	<ul style="list-style-type: none"> Addressed largely 	<ul style="list-style-type: none"> Sources of funds (other than RCH II) not provided.
<ul style="list-style-type: none"> Provide information on allocation of funds to districts and specify the resource allocation criteria 	<ul style="list-style-type: none"> Allocation of funds to districts provided in the prescribed format 	<ul style="list-style-type: none"> The state could have provided the criteria for allocation of resources
<ul style="list-style-type: none"> Provide progress on implementation of activities in the past year including funds spent, committed, and balance left for 07-08. 	<ul style="list-style-type: none"> Incorporated as Chapter 4: progress made during 2005-07 in the revised PIP 	<ul style="list-style-type: none"> The content could have been better in terms of providing qualitative information on the interventions which worked and which didn't.
<ul style="list-style-type: none"> Ensure that SPMU staff has the necessary background/ skills as stipulated for an effective SPMU. A system for performance assessment of contractual staff needs to be established. Provide a time line for recruitment of the new staff proposed under the Construction cell. 	<ul style="list-style-type: none"> Skill set for SPMU staff has not been provided. 	<ul style="list-style-type: none"> Please ensure that the skill sets and experience of the SPMU staff are as per the prescribed norms
<ul style="list-style-type: none"> The state should spell out steps being undertaken/ planned to establish financial management systems including funds flow mechanisms to districts; accounting manuals, training, audit 	<ul style="list-style-type: none"> Steps for establishing financial management have been incorporated in the revised PIP 	
<ul style="list-style-type: none"> There is a need to establish systems for holistic, monitoring (outcomes, activities, costs) against the 	<ul style="list-style-type: none"> Not addressed 	

COMMENTS TO EARLIER PIP	STATUS	REMARKS
state PIP including variance analysis		
<ul style="list-style-type: none"> • The computerisation efforts under the various programmes should be considered along with the associated manpower to avoid duplication of efforts. Spell out plan for capturing disaggregated data and incorporate this in the PIP. 	<ul style="list-style-type: none"> • Not addressed 	
<ul style="list-style-type: none"> • Child Health activities/ services need to be ensured in non-IMNCI districts (no training or other activities are planned for these areas). 	<ul style="list-style-type: none"> • Addressed 	
<ul style="list-style-type: none"> • Given the high unmet need for terminal methods and declining male and female sterilisation rates, the state needs to: <ul style="list-style-type: none"> ○ Link up JSY scheme with Post partum Sterilisation ○ Give ELAs to all facilities providing sterilisation services 	<ul style="list-style-type: none"> • Addressed 	



Maternal health division comments

- On page 53, the revised PIP mentions that a total of 272 facilities are functioning as 24 X 7 centers but under the current status and targets on page 48, State mentions a figure of 365. State should resolve this inconsistency. Similarly the targets for the same facilities have been given as 120 on page 53, while on page 48, target for the same facilities have been given as 485.
- Under the objective O-2, in Strategies S-1, State of Assam has mentioned facility strengthening for provision of 24 X 7 hour PHC. In point a) it is mentioned that 149 BPHCs (all BPHCs) are already providing 24 X 7 PHCs services and in point c) they have further mentioned strengthening of 50% of BPHCs with labour room for providing 24 X 7 services. The state should clarify what they consider as functioning 24 X 7 centers.
- As mentioned in the comments to the earlier version of the PIP, GOI recommendation for SBA training for ANMs/LHVs is of 3-week duration and this should be complied with. State has mentioned of 15 day training for ANMs/LHVs.
- The revised PIP of Assam hasn't planned for organising VHNDs.
- The state has launched a Health Insurance Scheme, which is quite encouraging model in itself, if successful. It is suggested to monitor the program closely and evaluate the scheme.
- Since the budget for each quarter is given separately, it is difficult to analyze it.
- The state has not responded to the comments given by MH division earlier, neither have they been incorporated.
- Operationalization of facilities should be linked with different maternal health trainings. Health planning should be done from a holistic perspective.
- Quality Assurance cell should be established both at the State and district level.
- Budgeting for different MH activities should be as per GOI norms.



Annexure II										
S.No.	Activity Description	Proposed					NPCC Approval			Remarks
		Number Proposed (if applicable)	Per Unit Cost/Basis (in Rs.)	Fund Required for 2007-08 (in Rs. Crore)	Fund Proposed for 2007-08	Outstanding Amount with State as on 01.04.07	Amount			
1	Village Level Activities Training of ASHA	26247	Rs 5804.00 per ASHA. Already received Rs 4.6 Cr. Addl requirement Rs 10.63 Cr	15.23	9.62	3.41	9.63	Approved.		
2	Additional requirement for ASHA, Apron, Identity Card.	26247	Apron @ Rs 200.00, Identity card @ Rs 30.00	0.60	0.60	0.00	0.00	Not approved.		
3	Bicycle for ASHA @ Rs 2000.00 for 50% of ASHAs ie for 13123 nos.	13123	@ Rs 2000.00 for 13123 ASHAs	2.62	2.62	0.00	0.00	Not approved.		
4	Untied Fund to VHSCs (villages)	13123	10000 per village	13.12	0.00	6.56	13.12	Approved.		
5	Ensuring Nutrition and health education programme for the women groups. One health day per month in each of the AWC. Total 25416 AWCs. Rs 100.00 per health day per month.	25416	100 per health day per month	3.38	3.05	0.33	3.05	Approved. Funds not to be provided under this head after VHSCs are made functional and provided with untied funds.		
6	Train and enhance capacity of PRIs to own, control and manage public health services. 200 PRIs per district	108	Rs 15,000.00 per batch. Total batch is 108(50 participants per batch)	0.16	0.16	0.00	0.16	Approved.		
Sub Centres										
7	Untied Funds for SCs	5109	Rs. 10000 per SC	5.11	5.11	5.11	4.59	Approved for functional SCs. To be utilised as per guidelines		
8	Annual Maintenance Grant for SCs	4592	Rs. 10000 per SC	4.59	4.59	0.71	4.59	Approved. To be utilised as per guidelines		

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9	Upgradation of SC to IPHS - Capital											
10	Upgradation of SC to IPHS - Recurring Second ANM for SCs to be provided in all the SCs. Altogether 4552 additional ANM required. Already appointed 1975 under NRHM. Therefore 2617 additional ANM to be appointed. But for 2007-08 1000 ANMs will be appointed.	1975 + 1000	Rs 5000.00 per ANM p.m	14.85	14.85	0.00	14.85	Approved. A mechanism to monitor patient load and assessment of work carried out by each ANM may be instituted. Details of deployment of regular ANMs to be provided.				
11	Construction of New SCs (functional in rented buildings)	500	Rs. 7.5 lakh per SC	37.50	18.75	9.38	18.75	Approved. To be constructed as per Assam PWD SOR and in line with IPHS norms. Construction of 50% of the SCs was approved during last year and could not be carried out. The State Govt. may also examine options for construction using appropriate technology including pre-engineered structure for economical and faster construction.				
PHCs												
12	Roji Kalyan Samitis	780	Rs. 1 lakh per PHC	7.80	7.80	3.05	6.10	Approved for 610 PHCs. Detailed proposal for rationalising nomenclature of different categories of health institutions may be submitted				
13	United Funds for PHCs	780	Rs 25,000.00 per PHC	1.95	1.95	1.52	1.53	Approved for 610 PHCs. To be utilised as per guidelines.				
14	Maintenance Grant for PHCs	780	Rs 50,000.00 per PHC	8.34	3.90	4.44	3.05	Approved for 610 PHCs. To be utilised as per guidelines				
15	Upgradation of PHCs to IPHS - Capital											



16	4 additional quarters (one for MO and three for GNM) for 50 PHCs @ 28.80 lakh per unit (4 quarters), already taken up in 2006-07. Work under process. Additional 50 PHCs to be taken up for 2007-08.	100	Rs. 28.8 lakh per unit	21.60	14.40	7.20	14.40	Approved. Only PHCs which are not being block pooled to be taken up.
17	Upgradation of PHCs to IPHS - Recurring					0.00		
18	GNM in 24x7 health facilities (123 existing 24 X 7 PHCs and 120 new proposed 24 X 7=243 health facilities)	729	369 in existing 24x7 (@ 3 in 123 health facility)+360 in new 24x7 (@3 in 120 health facility) @ Rs 7000.00 per GNM p.m	6.12	6.12	0.00	4.08	Approved for 2 contractual GNMs per PHC. 1 GNM should be a regular employee of the State. A mechanism to monitor patient load and assessment of work carried out by each of GNM may be instituted. Details of deployment of regular GNMs to be provided.
19	Public Health Nurse (PHN) at the block level.	149	Rs 8,000.00 per PHN p.m.	1.43	0.00	0.25	0.00	Approved.
20	200 AYUSH doctors (ayurvedic) already appointed in 200 PHCs in 2006-07	200	Rs. 15000 per doctor	3.60	3.60	0.00	3.60	Approved. The State should be able to provide PHC wise deployment status.
21	ASHA supervisor at the PHC level @ Rs 5000.00 p.m for 149 BPHCs.	149	Rs 5000.00 p.m for 149 ASHA supervisor	0.89	0.89	0.00	0.89	Approved. Mentoring guidelines may be strictly followed.
22	One Pharmacist for 149 PHCs	149	Rs 7000.00 p.m per pharmacist	0.10	0.10	0.00	0.10	Approved. The State may fill up the regular posts required for these PHCs during the current year. Provision has been made till the time State fills up the vacant posts
23	Hiring of vehicle for supervision at the Block PHC level.	149	Rs. 15000 p.m per PHC	2.68	2.68	0.00	2.68	Approved.
24	Ambulances for PHCs	200	Rs 5 lakh per ambulance	10.00	10.00	0.00	10.00	Approved.

25	Construction of new PHCs - New BPHC to be established as per the population norms in those areas where there is no PHC including civil construction of building and quarters. As per the population norms, 216 new PHCs are to be established. For the year 2007-08, 50 PHCs will be constructed.	50	Rs. 53.00 lakh per PHC as per IPHS. For 2007-08, 50 % of the total fund is proposed.	13.25	0.00	13.25	13.25	0.00	13.25	Approved. SuR of PWD/CPWD and IPHS norms to be followed.
26	Set up 50 homeoclinic in the PHC areas. One room will be taken up on rent @ Rs 2500.00 p.m. Also there will be one doctor (homeo) @ Rs 12,000.00 p.m and one Asstt to the doctor for dispensing the medicines @ Rs 3000.00. For furnishing the room Rs 10,000.00 is proposed.	50	Rs 12,000 p.m for 50 doctors. Rs 3000.00 for Asstt p.m for 50. Rs 2500.00 for the rent p.m for 50 clinics. And Rs 10,000.00 for 50 clinics for furnishing.	1.10	0.00	1.10	1.10	0.00	0.00	Not approved. The State may propose to Ayush department.
CHCs										
27	Rogji Kalyan Samitis	96	Rs 1 lakh per CHC (93), SDCH (3)	0.96	0.00	0.96	0.96	0.00	0.96	Approved for 93 CHCs and 3 SDCHs. Excess fund released last year may be adjusted
28	Untied Funds for CHCs	93	Rs 50,000.00 per CHC	0.47	0.00	0.47	0.47	0.00	0.47	Approved. Excess fund released last year may be adjusted
29	Maintenance Grant for CHCs	93	Rs 1 lakh per CHC	0.93	0.00	0.93	0.93	0.00	0.93	Approved. Excess fund released last year may be adjusted
30	Upgradation of CHCs to IPHS - Capital				0.00			0.00		

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31	Physical infrastructures of CHC already under provision of IPHS. As per estimates submitted under NRHM PIP @ 40 lakh for 103 CHCs (already taken up in 2006-07. Work under process).	103	Rs 40 lakh per CHC	27.01	21.20	5.81	21.20	Approved. Upgradation to IPHS norms was approved during earlier years for which funds are still available with State (Rs. 20 crore). Funds released earlier for 103 CHCs whereas State has given figures of existing CHCs as 93. Excess amount released in earlier year may be refunded/adjusted.
32	Block pooling of quarters for medical officers, 1Cr. each for the 50 such functional CHCs already taken up in 2006-07. For 2007-08, another 30 CHCs for block pooling. This block pooling of quarters will have 3 quarters for doctors, 3 quarters for the paramedical staff and 3 quarters for the grade IV.	80	Rs 1 Cr per unit	42.50	30.00	12.50	30.00	Approved for additional 30 CHCs. SoR of State PWD/CPWD and IPHS norms to be followed. List indicating the PHCs and other health facilities being covered under the respective CHC may be provided first.
33	Upgradation of CHCs to IPHS - Recurring							
34	Contractual GNM in CHCs @ 6 GNM per CHC for 93 CHCs.	372	Rs. 7000 per month	3.12	3.12	0.00	3.12	Approved.
	District Hospitals							
35	Rogi Kalyan Samitis	21	Rs. 5 lakh per DH	1.05	1.05	0.00	1.05	Approved.
36	Upgradation to IPHS - Capital							
37	For improving physical infrastructure, equipment, manpower etc. based on facility survey it is proposed to take up work @ 1 Cr. for existing district hospitals. Already sanctioned. Recently MMCH in Kamrup and Medical college in Dibrugarh declared as district hospital.	21 (19 existing DH and addl 2)	Rs 1 Cr per DH	17.00	3.00	14.00	1.00	Approved for addl 1 DH in addition to DHs approved during last year.

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		4	Rs 2 Cr per DH	8.00	8.00	0.00	0.00	0.00	Approved 'in principle'. Detailed Project Report on the basis of facility survey indicating the short term requirements (to be met from the Rs. 1 crore already provided) and long term requirements may be provided.
38	District hospitals to be converted to IPHS standard. For the year 2007-08, 4 DH (Karmgani, Dhernaji, Barpeta and Morigaon) will be taken up for IPHS standard.								
39	Upgradation to IPHS - Recurring Contractual GNM in 21 DH and 3 SDCH, 15 GNM in each hospital.	360	Rs. 7000 per month	3.02	3.02	0.00	0.00	0.00	Approved 'in principle' Analysis on the basis of District Hospital/ SDH wise deployment of existing GNM's, Medical Officers and Specialists along with case load may be provided for consideration.
40	5 new DH in Kamrup (Amingaon), Udalguri, Baksha (Masalpur), Dhubri and Bongaigaon @ Rs 5 Cr each. 2 Cr released in 2006-07. Another 3 Cr for 5 DHs for the year 2007-08 is being proposed.	5	As per DPR, civil work costs of Bongaigaon DH is 10.70 Cr, Dhubri DH is 7.77 Cr, Baksha DH is 11.05 Cr, Udalguri DH is 4.86 Cr and for Amingaon is 15.32 Cr.	25.00	15.00	10.00	0.00	0.00	The activity has already been approved by NPCC in 2006-07 subject to certain conditionalities laid thereof. Further releases during the year subject to satisfaction of conditionalities.
	Common for PHC/CHC/District Hospitals								
41	Ambulances for PHCs/CHCs/DHs	150	Rs 5 lakh per ambulance	7.50	3.75	3.75	3.75	3.75	Approved last year. Expenditure being made in the current year.
42	For telephone connection in 780 PHCs.	780	Rs 2000.00 per PHC and Rs 500.00 per PHC per month.	0.48	0.32	0.16	0.48	0.48	Approved. Conditions made during approval last year may be complied with.
	Strengthening of Nursing Schools								

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	43	18	Rs.25 lakh per ANM school	2.12	2.13	2.12	4.25	2.13	2.12	2.12	2.12	2.12	2.12	Approved.
	For ANM Training Schools for repair of class room, hostel, field practice areas (book, furniture) for 17 schools. Already sanctioned for 17 schools. Proposed for one additional school.	15	Rs. 2 Cr per school	22.50	7.50	22.50	30.00	7.50	22.50	7.50	22.50	30.00	7.50	Approved. DPR to be provided.
44	GNM schools	8	Rs 5 Cr per school. DPR based. As per DPR the total cost may increase.	8.00	8.00	8.00	16.00	8.00	8.00	8.00	8.00	16.00	8.00	Approved. This is last year's approved activity to be completed this year. Comments on DPR provided will be conveyed separately.
45	New GNM schools in all functioning District Hospitals. As per new INC norms, cost of new GNM school is Rs 7.5 Crs. So, for 2007-08, no additional fund is proposed. DPR will be submitted in due course.	2	Rs 7.5 Cr per college. As per DPR the total cost may increase.	4.00	0.00	4.00	4.00	0.00	4.00	0.00	4.00	4.00	0.00	Approved 'in principle'. DPR may be submitted.
	Strengthening Tertiary Care Hospitals.													
47	Upgradation of the Gauhati Medical College. The detail proposal of GMC for Rs 119.00 Crs has already been submitted to the Govt. of India and sanctioned for 31.2 Crs for upgradation. Another 10.00 Crore required.	1	Rs. 31.2 crore sanctioned during 06-07. Proposed to sanction Rs 87.80 Cr for superspeciality centre. DPR submitted.	10.00	5.00	10.00	15.00	5.00	10.00	5.00	10.00	15.00	5.00	Approved. Additional funds for already approved activity.
48	Upgradation of the Regional Institute of Ophthalmology at Gauhati Medical College, Guwahati. Sanctioned for Rs. 10 crore in 2006-07	1	As per DPR, Rs. 10 crore	5.00	2.50	5.00	7.50	2.50	5.00	2.50	5.00	7.50	2.50	Approved. Additional funds for already approved activity.
49	One Anti Retroviral Therapy Unit in Sikkhar Medical College and one CD4 count machine	1		3.00	0.00	3.00	3.00	0.00	3.00	0.00	3.00	3.00	0.00	Not approved.

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50	Additional Obstetrics and Gynaecology Wing in the 3 Medical colleges. The wing will be a 2 to 4 storied building consisting of OPD, 10-15 bedded pre-labour room ward, labour room, post natal ward, OT, post operative ward, observation ward, septic ward, SNCU. DPR will be submitted in due course. One wing costs approx Rs 17.67 Cr.(only civil construction), excluding equipments, instruments, furniture.	3	Rs 17.67 cr per medical college. For 2007-08, Rs 2 Cr per college is being proposed.	6.00	6.00	0.00	0.00	Not approved. The 33% limit of civil cost has to be maintained.
51	Contractual GNM in 3 Medical College	150	Rs. 7000 per month	1.26	1.26	0	0.00	Not approved.
52	Oncology Ward to be established in 3 district hospitals in Jorhat, Sonitpur and Nagaon. There will be separate wing including an OPD ward and indoor patients ward.	3	Rs 30 lakh per Oncology ward. Total 90 lakh over the period of 5 years.	0.60	0.60	0.00	0.00	Not approved.
53	Special Programme for early detection of cancer	27	1 lakh per district	0.27	0.27	0.00	0.00	Not approved.
54	Public Private Partnership Introducing Boat Clinic (Mobile Clinic) for Char areas (under PPP)	7	Rs. 30.70 lakh per district	2.15	2.15	0.00	2.15	Approved. Guidelines for MMU may be adapted for the purpose.
55	Others Preparation of health action plans	27	Rs. 10 lakh per district.	2.28	0.40	1.88	0.40	Approved.
56	Organizing Health Melas	27	Rs. 5 lakh per district	1.35	1.35	0.00	1.35	Approved.

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57	Support to Mobile Medical Units (MMU) Health Camps (recurring cost @ Rs 23.46 lakh per vehicle for two quarters). Capital cost for 23 MMU (total Rs 16.66) has already been sanctioned. Additional MMUs for additional 4 districts. Also, it is proposed to set up MMUs in the sub-divisional areas in the subsequent years.	23	Recurring cost Rs 11.73 lakh per vehicle for 23 districts for six months. For another 4 districts 4 more MMU @ Rs 72.00 lakh per MMU	11.17	2.88	8.29	2.88	Approved for 4 additional MMUs. Recurring and capital cost for 23 MMUs released last year to be utilised during the current year.
58	Procurement of Drugs & Equipment							
	Drugs (IPHS)							Approved.
	SC @ Rs 18135.00	5109		9.20	9.20	0.18		9.20
	PHCs @ Rs. 3 lakh	780		23.40	23.4			23.40
	CHCs @ Rs 10 lakh	93		9.30	9.30			9.30
	SDH @ Rs 10 lakh	3		0.30	0.30			0.30
	DH @ Rs 30 lakh	21		6.30	6.30			6.30
	Equipments for CHCs (as per IPHS) along with AMC			0.00	20.00	0.00		0.00
	Strengthening of Procurement Logistics							Approved in principle. Details may be provided as per facility survey.
59	Provision of 1 vehicles for each district to ensure the regular supply of medicines/ vaccines etc	27	Rs 15000 per district per month	0.49	0.49	0.00		0.49
60	Drug Warehouse for each district. There are already 5 regional warehouse. Therefore additional need 22. Also one warehouse for the state as well @ Rs 50,000.00 to be taken up on rent till the construction of a new warehouse.	22+1	Rs. 15000 pm per warehouse.	0.456	0.456	0.00		0.456

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61	Construction of a State Drug warehouse. For 2007-08 1 Cr is proposed.	1	Rs 4.00 Cr for construction of the State Drug warehouse.	1.00	1.00	0.00	1.00	Approved.
62	One Pharmacist (B.Pharma) for drug warehouse for all the districts. They will be a part of DPMU. And one for the state level.	28	Rs. 15000 pm per pharmacist	0.27	0.27	0.00	0.27	Approved for current year only. Existing pharmacist/staff may be redeployed/trained in the meanwhile.
63	One Office Asstt for the Pharmacist (B.Pharma) of the drug warehouse for all the districts. They will be a part of DPMU. And one for the state level.	28	Rs 7000.00 p.m.	0.24	0.24	0.00	0.24	Approved for current year only. Existing pharmacist/staff may be redeployed/trained in the meanwhile.
64	To strengthen the health institutions in terms of proper waste disposal	21 DH, 3 SDCH, 93 CHC	Rs. 10 lakh per DH/SDCH, Rs. 5 lakh per CHC.	7.05	4.55	1.25	1.25	Last year's approved activity for DHs should be completed. Further expansion for CHC and lower level health facilities should be part of comprehensive upgradation to IPHS norms, implementation and management should be through RKS.
65	Preparation of District and State level public reports on health annually by independent agencies	27	Rs. 1 lakh per district	0.27	0.27	0.00	0.14	Approved for Rs. 0.50 lakh each.
66	HMIS / M & E Mobility for Monitoring & supervision							
	State	1	0.05	0.0500	0.0500	0.00	0.0500	Approved.
	District	27	0.02	0.5400	0.5400	0.00	0.5400	
	Block	149	0.005	0.7540	0.7540	0.00	0.7540	
	Block level computers	149	0.006	0.8940	0.8940	0.00	0.8940	
	Software and AMC			0.7500	0.7500	0.00	0.7500	
	Printing of formats							
	SC to PHC	112398	0.0000005	0.0562	0.0562	0.00	0.0562	

	PHC/BPHC to BPHC/District	20152	0.0000005	0.0101	0.0101	0.0101	0.0101	0.0101	0.0101
	District to State	1188	0.0000003	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004
	Review Meetings								
	BPHC level-monthly	1788	0.0005	0.8940	0.8940	0.8940	0.8940	0.8940	0.8940
	District level-monthly	276	0.0025	0.6900	0.6900	0.6900	0.6900	0.6900	0.6900
	State level-quarterly	4	0.015	0.0600	0.0600	0.0600	0.0600	0.0600	0.0600
	Innovative initiatives:								
67	Health Insurance	One district-Mariyaon as pilot district		1.13	1.13	0.00	0.00	0.00	Approved 'in-principle'. Details need to be worked out separately.
68	Incentives and rewards			1.00	0.75	0.13	0.00	0.00	As per approval accorded last year, expenditure to be made in the current year. Conditions as laid down in the approval may be followed.
69	Laboratory Technician for 631 (780-149) PHCs.	631	Rs. 7000.00 per month per lab. Tech	5.30	5.30	0.00	0.00	3.87	Approved for 610-149 = 461 Lab Technicians. The State may fill up the regular posts required for these PHCs during the current year. Lab Techs provided under other Disease Control Programmes may also be utilised. Provision has been made till the time State fills up the vacant posts
70	One Dental Surgeon for each 50 CHCs	50	Rs. 16,000 per month per doctor	1.08	1.08	0.00	0.00	1.08	Approved The State Government may ensure availability of dental equipment before deployment.
71	Baseline Survey by independent agency			1.50	1.50	0.00	0.00	0.00	Approved 'in-principle'. RFP may be finalised and provided before finalisation.

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72	Sensitization workshop for all SDH&MCO, 2 days (23 DH/SDH, 149 BPHC, 93 CHCs). Per batch 30 participants will be there. Therefore 8 batch. Per batch Rs.45000.00	8	Rs.45,000.00* 8 batch	0.04	0.04	0.00	0.04	Approved.
73	Block Programme Management Unit	149 Block PM & 200 Block AM	BPM @ RS 10,000.00 per month & BAM @ Rs 8000.00 per month. From 6% contingency	3.70	3.70	0.00	3.70	Approved.
74	IEC/ BCC			21.50	21.50	0.00	15.00	Approved for Rs. 15 crore. Refer Detailed Plan at Pp. 165-169 of revised SFPP. Items at 1b, 2c, 3h not approved. 1a (50%), 3i (1/3rd) and 3k (50%) approved as per costs indicated in parantheses.
75	School Health Programme			5.21	3.72	1.49	0.00	Approved in-principle. The proposal needs to be re-designed defining clear linkage with outcome/output.
76	Management Cost			8.43	0	8.43	0.00	
77	Grant-in-Aid to NGOs			0.36	0	0.36	0.00	Last year's activity to be completed this year
	TOTAL			530.09	404.67	135.31	311.51	

Part C - Immunisation PIP**Gaps in PIP**

- 1) Plan of Action not available in detail.
- 2) Budget planned separately for Routine Immunization and Immunization weeks. Immunization weeks (with adequate Microplanning) should be done in leftout/hard to reach areas with in the Routine Immunization activity plan.
- 3) Many activities mentioned without detailed budget for them e.g. cold chain handlers' training. Cold chain items intended to be purchased by the state not specified.

Remarks:

- 1) The FI under NFHS 3 is 28.8 %, the state has the potential for increasing it to well over 70%, a plan of action needs to be developed and submitted to Gol. State may explore reaching the hard to reach areas, Tea garden labour lines (both organized and unorganized), riverine population, migrant/mobile population & urban slums.
- 2) No detailed plan for urban areas improvement and hiring of alternate vaccinators. What is the states' plan for conducting missed sessions.
- 3) Details of the activities conducted using the funds made available by Gol under various components (e.g sessions where vaccines were delivered at session sites, review meetings conducted at state level) and the achievements in the previous year may be analysed and shared with Gol.

Other activities that may be considered by the State

- 1) Uploading of data in RIMS regularly.
- 2) Review meetings at the PHC level (for ANM & other health functionaries) may be clubbed with the regular monthly meetings held at the PHC
- 3) Linking all the activities & funding with performance
- 4) State has not projected hiring of alternate vaccinators'. It may be reviewed whether the present staff is sufficient to cover all hard to reach/urban areas.

Budgeted activities:--

Activities as per norms	<ol style="list-style-type: none"> 1) Mobility support for vaccine delivery 2) Mobilization support for ASHAs 3) Mobility Support for monitoring & supervision by district level officers 4) Computer assistant at district health office 5) Cold chain maintenance 6) 2 Review meetings at state level as per norms. 7) Printing Materials @Rs 3 per beneficiary. 8) ANM Trainings 9) MO trainings (may be ToT only need to be considered during current FY@5 trainers' per district for three days) 10) Mobility support for State EPI officer/State level officers @ Rs. 100,000/-. 11) Injection safety 12) Cold chain handlers training
Activities not approved	<ol style="list-style-type: none"> 1. On Job training (OJT) for Refrigerator mechanics (Undergoing in Pune) 2. Cold chain Items Not specified. Gol is supplying most of them. 3. Stationary and Contingency to be met from general pool. 4. C.C. Management training (As a part of ANM and MO trainings) 5. District and PHC meetings should be held but no separate budget can be earmarked for them as per present norms. 6. Mobility support Supervision of RI sessions for PHC level supervisors 7. Injection safety fund. State needs to make it clear as what is meant by this activity

Disease Control Programmes

I. RNTCP

The activities proposed in the SPIP are as per norms laid down and are approved.

II. NLEP

S. No.	Activities and approved PIP norms of expenditure	Allocation (In Lakhs)
1.	Contractual Services	
	▪ Epidemiologist @ Rs. 22000/- p.m.	2.64
	▪ BFO @ Rs. 14300/- pm	1.72
	▪ DEO @ Rs. 7150/- p.m.	0.86
	▪ Drivers @ Rs. 3850/- pm x 12	5.54
	▪ Honorarium for accounts work @ Rs. 400/- pm per district	1.10
	▪ TA/DA Epidemiologist / Driver	0.32
	▪ Audit fees	1.15
	Total	13.33
2.	Office Expenses	
	▪ SLS @ Rs. 30,000/- year for Rent, Electricity	0.30
	▪ DLS @ Rs. 15,000/- yr. for Rent, Electricity	3.45
	Total	3.75
3.	Consumables	
	▪ SLS @ Rs. 20,000 /- year for Stationary	0.20
	▪ DLS @ Rs. 10,000 /- year x per district for Stationary	2.30
	Total	2.50
4.	Vehicles Operation / POL / Hiring	
	▪ SLS @ Rs. 50,000 /- year	1.00
	▪ DLS @ Rs. 40,000 /- year x 2 x 23	18.40
	Total	19.40
5.	Supportive Medicines	
	▪ DLS @ Rs. 15,000 /- year	3.45
6.	Material & Supplies	
	▪ MCR footwear @ Rs. 200 x 60 pairs /- dist.	2.76
	▪ Splints & Crutches @ Rs. 4000/ yr. /- dist.	0.92
	▪ Patient Welfare @ Rs. 6000/ yr. /- dist.	1.38
	▪ Printing Cost @Rs. 8000/Yr./-distt.	1.84
	Total	6.90
7.	IEC	
	▪ IEC activities as per IEC Norms and guidelines	31.63
8.	Training	
	3 days training to newly appointed	
		Nos. Batches
	▪ MOs at distt. Hospt./PHCs	155 5
	▪ MOs at Municipal Health Centre in urban areas	23 1
	▪ HW/HS	1076 36
	Total 42 batches @ Rs. 20000/-	
	One day refreshers training	
	▪ MOs / Pharmacists	2465 83
	Total 83 batches @ Rs. 8000/-	
	5 days training to District Hospital / Lab Technicians	
	@Rs.6230/- per course of 15 trainees	46 03
	Total	15.23
9.	Review meetings & Workshops	
	▪ State level, Quarterly @ Rs. 25,000/-	0.50
10.	Urban Leprosy Control Programme 2007-08	
	Township Medium Medium Mega	
	Cities-I Cities-II Cities	
	1.42 1.00 0.00 0.00	
	Total (1+2+3+4+5+6+7+8+9+10)	99.11

III. NIDDCP

The proposal as contained in the PIP is approved.

IV. NPCB

- 1) NPCB allocation for the year 2007-08-10 : 3.17 crore
2) Cash grant for salaries for the year 2007-08 : 20 lakh

Activities	Comments	
1) Infrastructure Development		Under the infrastructure development demand of Rs. 27.50 lakh for construction of Eye Wards, Vision Centers and Hospital Beds out of these three activities construction of the Vision Centre @ 25,00,000 is an approved activity of the 10 th Five Year Plan, rest of two activities i.e. hospital beds, ward and eye O.T. can be covered under the 11 th F.Y.P.
a) Eye OT & Wards	New Initiative	
b) Vision Centres	Approved activity	
c) Hospital Beds	New Initiative	
2) Procurement of equipment		
i) For Operation Theatre(OT)	Approved activity -do-	
iii) OPD Equipments		
3) School Eye Screening		
4) Miscellaneous	New Initiative under 11 th Plan	
a) Vehicle bring charge)		
b) Mobile ophthalmic)		

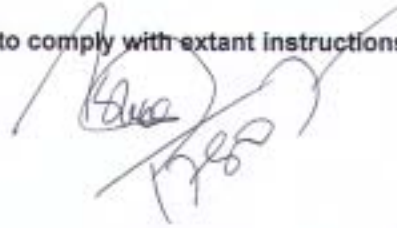
V. IDSP

VI. NVBDGP

To be provided by the Divisions directly

Intersectoral Convergence

The proposal needs modification to comply with extant instructions

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