

**Record of Proceedings of the National Programme Coordination Committee (NPCC) meeting for Jharkhand PIP 2007-08 held on 10<sup>th</sup> July, 2007 under the chairpersonship of Secretary (H&FW).**

1. The meeting of the NPCC to appraise the PIP of Jharkhand was held under the chairpersonship of Secretary (H&FW). The list of members is annexed at **Annexure-I**. The proceedings of NPCC held on 10<sup>th</sup> July, 2007 are recorded as under:

2. The NPCC approves the PIP of Jharkhand for an amount of Rs. **108293.44 lakhs** (including Rs 97024.44 lakhs for 2007-08 activities under NRHM and an unspent balance of Rs. 3,929 lakhs and Rs 7,340 lakhs under RCH and Mission Flexipools respectively) against an allocation of Rs.18,885.06 lakhs by the GoI and the State contribution of Rs. 73,476.29 lakhs (Plan & Non-plan Total). The approvals are subject to the following observations:

S. No	Name of Activity	Allocation by GoI	Proposed in PIP	Unspent Balance as on 1.4.07	Observations of NPCC
		<i>(in Rs Lakhs)</i>			
A	RCH	4,686.00	9,052.57	3,929.00	(i) The proposal is approved in principle for the financial envelopes of <b>Rs.5212.00Lakhs</b> for the year 2007-08 (excluding the financial envelopes of JSY, Compensation for Sterilisation and NSV Camps). The activity-wise approvals of the budget is at <b>Annex-II</b> . The NPCC notes that the RCH-II flexipool needs to have appropriate budget for JSY, Compensation for Sterilization and NSV Camps and these are demand driven schemes over and above committed RCH-II financial envelopes for the states. (ii) NPCC also approves the unspent amount of Rs.3929.00lakhs.
B	Mission Flexible Pool	8,326.00	37,562.43	7,340.00	The proposal is approved for an amount of <b>Rs. 12110.58 lakhs</b> for the activities proposed for 2007-08 and the unspent balance of <b>Rs. 7,340 lakhs</b> subject to observations at <b>Annexure III</b>
C	Immunization	1,431.00	2,111.00		The proposal is approved subject to observations at <b>Annexure IV</b>
D	RNTCP	807.47	596.35		The proposal is approved subject to observations at <b>Annexure V</b>
	NLEP	162.01	0.52		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	IDSP	116.00	-	-	The Programme Division is authorized to communicate activity

S. No	Name of Activity	Allocation by Gol	Proposed in PIP	Unspent Balance as on 1.4.07	Observations of NPCC
		(in Rs Lakhs)			
					wise approvals with defined budget line. The Programme Division is authorized to communicate activity wise approvals with defined budget line.
	IDD	11.50	-		The Programme Division is authorized to communicate activity wise approvals with defined budget line.
	NPCB	370.00	664.59		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	NVBDCP	2,975.08	2,853.11		The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.
	<b>Total (2007-08)</b>	18,885.06	2,840.57		
	<b>State Contribution</b>		<b>73,476.29</b>		
	<b>Total PIP</b>		<b>126,316.86</b>		

**3. The NPCC also notes the following for consideration of the State :**

- The State needs to intimate the commitment for a 10% increase in the budgetary outlay per year.
- 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). The recruitments for all male workers in sub-centers and supervisor posts should also have been completed and promotions of ANMs especially 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.
- Drug procurement under RCH-II is subject to the procedures applicable as per agreement between Gol 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.
- The State would also draw up a monitoring plan for the NRHM component in consultation with

NHSRC 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 Statistics Division at the central Ministry.

- The State should also start measures to address the growing cost of health care for the poor – both in public sector and private sector
- There should be no duplication of activities/funding with other budgetary sources or within the approved budget.
- The cost of civil works has to be within a ceiling of 33% for the NRHM flexi-pool.

**Annexure I**

Attendance Sheet for the Meeting of NPCC for discussions of State PIP, 2007-08, on 10/07/2007

S.No.	Name and Designation	Address
1.	Shri Naresh Dayal, Secretary, M/o HFW(Chairman)	Nirman Bhawan, New Delhi
2.	Shri Amarjeet Sinha, Joint Secretary, M/o HFW	Nirman Bhawan, New Delhi
3.	Shri Vineet Chaudhry, Joint Secretary, M/o HFW	Nirman Bhawan, New Delhi
4.	Shri K. Ramamurthy, Joint Secretary, M/o HFW	Nirman Bhawan, New Delhi
5.	Shri Pravir Krishna, Joint Secretary, M/o HFW	Nirman Bhawan, New Delhi
6.	Smt.Aradhana Johri, Joint Secretary, M/o HFW	Nirman Bhawan, New Delhi
7.	Dr. Deoki Nandan, Director	NIHFW, Munirka
8.	Smt. Ganga Murty, Economic Advisor	Ministry of Health and Family Welfare
9.	Shri S.P.Sinha, Secretary(Health), Jharkhand	M/o HFW, Jharkhand
10	Ms. Manisha Panwar, Secretary, Health and Family Welfare, Uttarakhand	Secretariat, Dehradun
11	Rajeev Chandra, Additional Secretary(M&H), Uttarakhand	Secretariat, Dehradun
12	Dr.B.C.Pathak, DG(Health), Uttarakhand	Dehradun
13	Nandita Gupta, Additional Secretary(Health) cum Mission Director, NRHM	mdnrhmhp@yahoo.com
14	Dr.L.N.Patra, Mission Director(NRHM), Dadra and Nagar Haveli	Vinoba Bhave Civil Hospital, Silvassa, Dadra and Nagar Haveli-396230
15	Dr.M.Bhattacharya, HOD CHA	NIHFW, Munirka
16	Shri S.Basavaraj, Director, MSV	45, Friends Colony(East), New Delhi-110065
17	Dr.Pradeep R. Padwal, CMO, State Family Welfare Bureau, Goa	State Family Welfare Bureau, Directorate of Health Services, Campal, Panaji, Goa
18	Dr.S.D.Bhardwaj, Coordinator(NRHM), Daman	205, CHC, Fort Area, Moti Daman, Daman-396220
19	Dr.Mayur Vadi, NRHM Coordinator, Silvassa	Medical and Public Health Department, Dadra and Nagar Haveli, Silvassa-396230
20	Dr.Vijaya Balakandan, Executive Director, PSHM, Puducherry	29, Rue Dela Compagnie, Puducherry-605001
21	Jeevan Thampi, Finance Consultant	29, Rue Dela Compagnie, Puducherry-605001

22	Dr.D.Thamma Rao, Mission Director(NRHM), Puducherry	29, Rue Dela Compagnie, Puducherry-605001
23	Shri T.M.Balakrishnan, Secretary(Health), Puducherry	Chief Secretariat, Goubert Avenue, Puducherry-605001
24	Dr.N. Namshum	Ministry of Health and Family Welfare
25	Shri Shah Hossain	Integrated Disease Surveillance Project – NICD, 22 Shamnath Marg, Delhi-54
26	Dr. Sandeep Bhalla	NACO, Chandralok Building
27	Dr.Suresh Mohammed	NACO, Chandralok Building
28	Dr. K. Kalaiuani	NIHFW, Munirka
29	Dr.D.Bagra	DRCHO, KK District, P.O.Ziro, Arunachal Pradesh
30	Dr.M.S.Jayalakshmi, Ministry of HFW	Nirman Bhawan
31	Smt.Astha Khatwani, Director, Ministry of HFW	Nirman Bhawan
32	Shri Chaitanya Prasad, Director, M/o HFW	Nirman Bhawan, New Delhi
33	Shri A.P.Singh, Director, Ministry of HFW	Nirman Bhawan, New Delhi
34	Shri J.K.Trikha, Deputy Secretary, M/o HFW	Nirman Bhawan, New Delhi
35	Shri P.K.Aggarwal, Director(NRHM-Finance), M/o HFW	Nirman Bhawan, New Delhi
36	Shri Pravin Srivastava, Director(Statistics), M/o HFW	Nirman Bhawan, New Delhi
37	Smt. Archana Varma, Deputy Secretary, M/o HFW	Nirman Bhawan, New Delhi
38	Shri Amardeep S. Bhatia, Deputy Secretary, M/o HFW	Nirman Bhawan, New Delhi
39	Smt.Sushma Rath, Under Secretary, M/o HFW	Nirman Bhawan, New Delhi
40	Dr.D.C.Katoch, Deputy Advisor(Ayurveda), Department of Ayush	Red Cross Building, New Delhi
	Dr.T. Sundararaman, NHSRC	New Delhi
	Dr.P.L.Joshi, DDG(Leprosy), Ministry of HFW	Nirman Bhawan, New Delhi
	Dr.D.M.Thorat, DADG(Leprosy)	341-A, Nirman Bhawan
	Dr.Brij Bhushan, NPCB, Dte.GHS	Nirman Bhawan, New Delhi
	Shri R.L.Mathur, Research Officer(IDD), Dte.GHS	Nirman Bhawan, New Delhi
	Dr.I.P.Kaur, DC(MH), Ministry of HFW	Nirman Bhawan, New Delhi
	Dr.Geetanjali Sharma, Central TB Division	Nirman Bhawan, New Delhi

	Praveen Chattopadhyay, Ministry of HFW	Nirman Bhawan, New Delhi
	Dr.Ravish Behal, PMSG	New Delhi
	Dr.Rahul Thakur, NACO	Chanderlok Building, Janpath
	Dr.H.Bhushan	Ministry of Health and Family Welfare, Nirman Bhawan
	Dr.Naresh Goel	105-D, Nirman Bhawan
	Suparna Ray	RCH Directorate, Namhum, Ranchi
	Dr. Mastyoa M. Buk	RCH Directorate, Namhum, Ranchi
	Dr.A.K. Upadhyay, State Malaria Officer, Jharkhand, Ranchi	Ilate T.B.Sanatorium Ranchi
	Dr.N.D.Sahay, State T.B.Officer, Jharkhand	Ilate T.B.Sanatorium Ranchi
	Shri Subroto Roy, Consultant	RCH Directorate, Namhum, Ranchi
	Dr.Raj Mohan, S&O(NPCB), Jharkhand	Sadar Hospital Premises, Purulia Road, Ranchi-834 009
	Dr.Sunita A. Ganju, OSD(PNDT), Himachal Pradesh	Office of DHS, Shimla
	Dr.R.H.Parint, Meghalaya	Meghalaya. <a href="mailto:mdnrhmmegh@yahoo.co.in">mdnrhmmegh@yahoo.co.in</a>
	Rita D. Jamang	RRC-NE <a href="mailto:ritadtamang@yahoo.co.in">ritadtamang@yahoo.co.in</a>
	Tape Magea, Secretary(H&FW) CEO, Arunachal Pradesh	Arunachal Pradesh
	Dr.T.Basar, Mission Director, NRHM	C-Sector, Naharlagu, Arunachal Pradesh
	Dr.D.Padung, Nodal Officer, NRHM, Arunachal Pradesh	Arunachal Pradesh
	Dr.Kiran Sharma, Consultant, SPMU, Haryana	RCH-II, SIHFW, Sector-6, PKL, Haryana
	Dr.Nasveer Singh, Project Director, RCH-II, Haryana	RCH-II, SIHFW, Sector-6, PKL, Haryana
	Shri P.Vaiphel, Secretary(HFW), Manipur	Manipur
	Dr.H.Kulabidhu, Deputy Director(HFW), Manipur	Manipur
	Dr.Latashori K., State Facilitator, NRHM, Manipur	NRHM Office, Directorate of Family Welfare, B.T.Road, Imphal, Manipur
	Shri Basavarju, Commissioner, Karnataka	3 <sup>rd</sup> floor, IPP Building, Anand Rao Circle, Bangalore-560009
	Dr.P.K.Srinivas, Project Director, RCH Bangalore, Karnataka	Bangalore
	Dr. P.K.Srivastava, Joint Director, NVBDCP	22 Sham Nath Marg, Delhi-110054

**Comments on RCH II chapter of State PIP of Jharkhand**

1. The state of **Jharkhand** has proposed a revised budget for base flexi pool amounting to Rs. 5212.56 lakhs, which is lesser than the earlier proposed budget of Rs. 5935.70 lakhs. In addition the state has proposed Rs. 2800 lakhs for JSY, Rs. 920.10 lakhs for sterilisation compensation and Rs. 120 lakhs for NSV acceptance. The summarized responses on the comments is at Annex-II a .

2. Following are the observations on the revised PIP.

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

S No	ITEM	Amount (Rs lakhs)
1	Equipment for maternal health – Rs. 500 lakhs	500
2	MVA/EVA equipments – Rs. 18 lakhs	18
3	Medicines for normal delivery – Rs. 120 lakhs	120
4	Medicines for RTI/STI – Rs. 97 lakhs	97
5	Drugs for MTP – Rs. 250 lakhs	250
6	Drugs for SBA training – Rs. 103.15 lakhs	103.15
7	Drugs and supplies for CH – Rs. 125 lakhs	125
8	IMNCI kit – Rs. 3.36 lakhs	3.36
9	Cycles for gram doot – Rs. 39.8 lakhs	39.8
<b>TOTAL</b>		<b>1256.31</b>

- Budget in the format provided in the operating manual has been given, but summary budget has not been provided. Also in the detailed budget, totalling of amounts across the 4 quarters has not been done.
- The state had large unspent balance of Rs. 39.29 crores across the two years of plan implementation (as on April 1, 2007). The state was requested to provide component wise details of these unspent amounts, which has not been provided.
- Training was allocated very high budget of Rs. 7.32 crores (compared to previous year's utilisation of Rs. 11.5 lakhs). The state has marginally reduced the training budget to Rs. 6.58 crores in the revised PIP.
- 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.

SI No	Budget head	Allocation	
		Amount	(Rs. Lakhs)
1	Maternal health	956.57	
2	Child health	396.15	
3	Family planning	433.91	
4	ARSH	161.84	
5	Urban RCH	240.00	
6	Tribal RCH	23.10	
7	Vulnerable group	45.75	
8	Innovations/PPP/NGO	10.03	
9	Institutional strengthening	3.00	
10	Training	658.78	
11	BCC/IEC	819.99	

12	Procurement	65.40
12	Programme management	141.73
<b>TOTAL</b>		<b>3956.25</b>

*(The above recommended amount is arrived at after considering Jharkhand'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 targets for SC/ST, across all outcome indicators.
  - Provide targets for certain outcomes: post partum care, children under 5 years receiving all doses of vitamin A.
  - Provide a detailed plan based on resources available (skilled manpower, buildings with equipments, etc.) for operationalisation of facilities.
  - Provide plan for recruitment and posting of SPMU/DPMU staff as per the GOI guidelines.
  - Provide plan for mainstreaming pro poor and gender concerns into RCH II.
  - Prepare plan and allocate budget for IMEP in the health facilities.
  - Provide the revised PIP incorporating the comments provided above, as well as those from Maternal Health Division at Annex II 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 after seeking confirmation from the state for adhering to the 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 **Jharkhand** may please be sent to this Division for reference and records.

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## REVISED PIP VIS-À-VIS APPRAISAL COMMENTS

PREVIOUS COMMENTS	STATUS: REVISED PIP	REMARKS
<ul style="list-style-type: none"> <li>Outcome targets not provided for SC/ST</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>Outcome targets for SC/ST should be provided</li> </ul>
<ul style="list-style-type: none"> <li>Targets have not been set for certain outcomes: post partum care, children under 5 years receiving all doses of vitamin A.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State needs to provide these targets.</li> </ul>
<ul style="list-style-type: none"> <li>Quarter wise targets are not indicated for different MH trainings</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State needs to provide these targets</li> </ul>
<ul style="list-style-type: none"> <li>Scale up, resources and level of interventions for improvement in: coverage of 3+ ANC (10%), Safe deliveries (&lt;10%), TT immunization (50%), reproductive health morbidity (upto 45%).</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State should provide strategies for these</li> </ul>
<ul style="list-style-type: none"> <li>State should carry out a detailed facility survey and prepare/ implement a plan for rationalisation of existing resources in order to operationalise facilities in accordance with GoI guidelines. . For example, on page 45, State has indicated availability of 59 OBG Specialists and 11 Anaesthetists. So by redeployment state can make at least 11 FRUs functional.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State should prepare detailed plan for operationalising facilities.</li> </ul>
<ul style="list-style-type: none"> <li>Recruit the balance SPMU/DPMU positions on high priority and position the DPMU staff in the districts: At present SPMU is reportedly functioning with only SPM, and only 50% DPMU staff in position. This is very alarming, as these positions were to be filled, staff trained and these units made functional in the first year of the programme. The DPMU staff have been placed at state and regional headquarters rather than at districts.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State needs to recruit and post SPMU/DPMU staff as per the GOI guidelines.</li> </ul>

PREVIOUS COMMENTS	STATUS: REVISED PIP	REMARKS
<ul style="list-style-type: none"> <li>Detail its approach to integration of DHAPs in the state PIP.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State should prepare all DHAPs and detail its approach for integration of these into State PIP</li> </ul>
<ul style="list-style-type: none"> <li>Assess pro poor and gender concerns in the state, and formulate strategies for mainstreaming such concerns into RCH II</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>Provide strategy for addressing pro poor and gender concerns</li> </ul>
<ul style="list-style-type: none"> <li>Formulate clear coordinating arrangements with related departments especially WCD, including roles, training requirements, etc. of staff particularly at the field level.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed</li> </ul>	
<ul style="list-style-type: none"> <li>Develop a strategy for IMEP in the health facilities</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>Prepare plan and allocate budget for IMEP in the health facilities</li> </ul>
<ul style="list-style-type: none"> <li>Formulate strategies for addressing the issue of girl marriage below 18 years which is at a high of 61% and the issue of women having more than 3 children which is at 50%. A comprehensive BCC strategy for all aspects of family planning should be developed.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed</li> </ul>	<ul style="list-style-type: none"> <li>State should provide clear strategy for this</li> </ul>

**COMMENTS FROM MATERNAL HEALTH DIVISION**

- The PIP has still not been prepared as per RCH Operating Manual.
- State has not responded to the comments given by MH division earlier, neither have they been incorporated.
- The condition of existing 194 PHCs which State of Jharkhand plans to convert into CHCs is quite grim, regarding its electricity and water supply, disposal of waste etc. State should budget for upgrading of these facilities.
- Government of Jharkhand should provide detailed plan for operationalisation of 24 X 7 PHCs.
- State of Jharkhand has mentioned upgrading all its existing PHCs to CHCs and has estimated its CHC requirement as 186, which is less than the PHCs that will be upgraded. State has also mentioned building new CHCs. This need to be clarified by the state. .
- There seems to be mismatch on the manpower figure quoted for CHCs on page 26. PIP mentions that out of 1116 doctors, 1763 are in position. State needs to resolve this.
- No mention or any detail has been given for key Maternal Health Trainings. Maternal Health Trainings should be linked with operationalization of facilities.
- No mention/planning has been given for the constraints listed on page 37.
- VHNDs has not been proposed even though Village Health Sanitation Committee has been proposed.
- A 7 day, SBA training has been proposed for dais, which is against the norms.

## Annexure III

## Comments on Mission Flexible pool chapter of State PIP of Jharkhand

(Rupees in Lakhs)

S.No	Activity	Cost Proposed	Cost Approved	Observations of NPCC
<b>1</b>	<b>Institutional strengthening</b>	<b>27,649.20</b>	<b>2,440.00</b>	
	HSC renovation/ repair	200.00		Approved for those HSCs where facility survey has been completed
	New HSC Construction	5,245.00		Approved in principle; however, the construction needs to be phased in more than one year and the rates for construction shall be as per the State PWD rates. The revised costs to be sent to GOI
	New PHC construction	10,208.00		
	New CHC construction	9,556.20		
	Mobile Clinic	2,200.00	2,200.00	Approved
	Strengthening Nursing School	240.00	240.00	Approved
<b>2</b>	<b>Equipment</b>	<b>395.80</b>	<b>395.80</b>	<b>Approved</b>
	Kit A & B	395.80	395.80	
<b>3</b>	<b>Human Resource</b>	<b>3,964.44</b>	<b>3,964.44</b>	<b>Approved</b>
	Remuneration of New ANM	3,045.00	3,045.00	
	Remuneration of Specialist	360.00	360.00	
	Remuneration of Staff Nurse	559.44	559.44	
<b>4</b>	<b>Special Intervention</b>	<b>2,929.74</b>	<b>2,929.74</b>	<b>Approved</b>
	Selection & Training of Sahiyya	2,379.21	2,379.21	
	Village Health & Nutrition day	525.53	525.53	
	Visioning Workshop	15.00	15.00	

S.No	Activity	Cost Proposed	Cost Approved	Observations of NPCC
	Performance related incentives	10.00	10.00	
<b>5</b>	<b>Untied Fund</b>	<b>1,490.40</b>	<b>1,490.40</b>	<b>Approved in principle; however, the utilisation of the funds released during 2006-07 to be sent</b>
	Village Health Sanitation Committee	119.00	119.00	
	Health Sub Centres	395.80	395.80	
	Primary Health Centre	82.50	82.50	
	Support for School health programme	633.00	633.00	
	Resources for Surveys	163.10	163.10	
	Maintenance of PHC	97.00	97.00	
<b>6</b>	<b>Innovation</b>	<b>100.95</b>	<b>58.15</b>	
	PPP for PHC Mgmt.	40.00	40.00	Approved
	Promotion of health through Com. Radio	18.15	18.15	
	Naturopathy treatment	24.00		To be explored with AYSUH
	Medicinal Plant under AYUSH	18.80		
<b>7</b>	<b>Management cost &amp; Contingencies</b>	<b>632.82</b>	<b>632.82</b>	<b>Approved</b>
	Stationary & printing	19.40	19.40	
	Postage & Telegraph/ Telefax	1.94	1.94	
	Office Exps	9.70	9.70	
	News Paper & periodicals	1.94	1.94	
	Software for Financial Mngt.	15.12	15.12	

<b>S.No</b>	<b>Activity</b>	<b>Cost Proposed</b>	<b>Cost Approved</b>	<b>Observations of NPCC</b>
	Monitoring & Evaluation	25.00	25.00	
	Block Programme Management Unit			
	Block Programme Manager	232.80	232.80	
	Block Accountant	186.24	186.24	
	Block Data Assistant	139.68	139.68	
	Recruitment Cost (BPMU)	1.00	1.00	
<b>8</b>	<b>Hospital Management Society /RKS</b>	<b>199.23</b>	<b>199.23</b>	<b>Approved, however the RKSs need to be registered</b>
	HMS/RKS	199.23	199.23	
<b>9</b>	<b>Ayush</b>	<b>126.00</b>		<b>To be explored with AYSUH</b>
	Equipment, Furniture, Stationery etc.	5.00		
	Medicine	2.00		
	Lumpsum of contingency	22.00		
	Training	97.00		
	<b>Total</b>	<b>37,488.58</b>	<b>12,110.58*</b>	<b>* The Cost of Construction of new health facilities needs to be added.</b>

## Comments on Immunization chapter of State PIP of Jharkhand

<p><b>Activities that may be approved (As per norms)</b></p>	<p>1) Waste Disposal</p> <p>a) Pits construction for waste disposal:  <b>Details of the number of pits constructed last year and their life should be submitted by the State. Amount needed for new pits can be sanctioned.</b></p> <p>b) Twin buckets-At DH, SDH, CHC, PHC @900/bucket: Rs. 270,000  <b>(Seems to budgeted on higher side, should be procured on rate contract)</b></p> <p>c) Red plastic bag-one bag at session site: Rs. 300,000</p> <p>d) Black plastic bag-one bag at session site: Rs. 300,000</p> <p>e) Bleaching powder-25kg bag / DH, SDH, CHC, PHC: Rs. 210,000</p> <p>2) One zipper bag per HSC per month: Rs. 240,000</p> <p>3) Service delivery</p> <p>a) Alternate delivery of Vaccine: Rs 23,040,000  <b>Remarks: Based on the geographical terrain and hard to reach areas, special provision requested by the state for 800 sub center areas should be approved but this needs to be based on rational micro plans.</b></p> <p>b) Mobilization of children by Sahiyaa/AWW: Rs 58,716,000  <b>Remarks: Payment should be linked to performance with a benchmark of minimum of 80% fully immunized children in the Sahiyaa/AWW areas.</b></p> <p>c) Support to slum and underserved area: Rs 6,300,000  <b>Remarks: Needs to be based on rational micro plans. State needs to articulate the details of availability &amp; hiring of these alternate vaccinators in the last year and the plan of operationalization including monitoring of this activity for the current year.</b></p> <p>4) Mobility for State Officials, ADs' and DIOs for Supervision and Monitoring</p> <p>a. Mobility for State Officers -100000/-</p>
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	<p>b. Mobility support for District Immunization Officer (DIO)/ACMO @50000/year/district (Rs. 50000/- X 22 districts) =Rs 1,100,000</p> <p><b>Remarks: This needs to be linked to the number of visits made by the officer to monitor activities at the session sites &amp; PHC. The officers should develop a monthly visit schedule and complete report in standardized format should be available both at the PHC/Session site visited and with the officer concerned.</b></p> <p>5) Computer Assistant support to State &amp; Districts</p> <p>a. Honorarium of contractual Computer assistants for DIOs: Rs. 2,032,800</p> <p>b. contingency for day to day functioning of Computer assistant: Rs. 132,000</p> <p>c. Honorarium of contractual Computer assistants at State level: Rs. 92,400</p> <p><b>b is not admissible as per norms.</b></p> <p>6) Review Meetings</p> <p>a) Organization of Review Meetings (2) for district level official:</p> <p><b>Remarks: The state is proposing an additional review meeting for computer assistants. This can be clubbed with the state review meeting and the computer assistant can be the 3<sup>rd</sup> participant.</b></p> <p>7) POL for gensets at Vaccine storage point (including state, regional, districts, PHC): Rs. 5,684,000</p> <p><b>Remark: POL for gensets is a state specific requirement and should be approved.</b></p> <p>8) Cold chain maintenance</p> <p>a) Cold chain maintenance at district level: Rs.220,000</p> <p>b) Cold Chain Maintenance - for ILR and DF: Rs. 97,000</p> <p>c) Regional@50000/annum: Rs 100,000 --- May be approved if within Gol norms.</p> <p>9) Training Component</p> <p>a) 2 State level TOT-3 days residential training for DIO of IMMUNIZATION HAND BOOK FOR ANM: Rs. 322,420</p> <p>c) Two day training for ANMs &amp; LHV: Rs 4,306,800</p>
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	<p><b>Remark: In order to maintain the quality the training needs to be conducted by the district teams trained at the State level, this should preferably be held at district level.</b></p> <p>d) State level TOT-3 days residential training for MO module for doctors: Rs. 161,210</p> <p>e) Training of MOs on RI <b>(ToT using the MO module only needs to be considered during current FY)</b></p> <p>f) District level training for cold chain handlers: Rs. 308,000</p> <p>g) Refrigerator mechanic training: Rs. 880,000</p> <p><b>Remark (f-g): This would be a new activity and it is appreciated however the detailed curriculum should be prepared in consultation with all partner agencies and shared with Gol before initiating the training.</b></p> <p>10) Printing Activities including microplanning exercise: Rs. 9,105,450</p> <p><b>Remark: This exercise needs to be done once every year it is appreciated that the state will prepare/update microplans however State should appraise the Gol on the outcome of the similar microplanning exercise done last year. The planning exercise has to be made bottom up with full participation of the ANM/Sahiyaa/AWW/Supervisors.</b></p>
<p><b>Additional Activities that may be considered by NRHM</b></p>	<p>1) Generators for 71 PHCs: Rs. 14200000</p> <p><b>Remarks: These should be procured based on the rate contracts approved by the state government.</b></p> <p>2) Service delivery</p> <p>a) POL for Transportation of Vaccine and Vehicle Maintenance Support: Rs 4,248,000</p> <p>3) Mobility support for Regional Deputy Director @ Rs.150000/ Annum: Rs. 750,000</p> <p>4) Mobility support for MOIC/Immunization officers for supervision and monitoring @ Rs. 50000/ annum= Rs. 9,700,000</p> <p>5) Mobility support for CCO @ Rs. 150,000/ annum= Rs. 150,000</p>

	<p>6) Mobility support for State computer assistant @ Rs. 24,000/ annum= Rs. 24,000</p> <p>7) Mobility support for Cold chain mechanics @ Rs. 24,000/ annum= Rs. 528,000</p> <p><b>Remarks (3-7): The state has a tough terrain with mostly hilly &amp; hard to reach areas therefore the amounts may be decided by Gol. It needs to be linked to the number of visits made by the officer to monitor activities at the session sites &amp; PHC. A complete report in standardized formats should be available both at the PHC/Session site visited and with the officer concerned.</b></p> <p>8) Review meetings</p> <p>a) District level Quarterly review meeting for MOIC@500*1*4*194: Rs. 388,000</p> <p>b) District level Quarterly review meeting for Cold chain handlers@200*1*4*194: Rs. 155,200</p> <p>c) District level Quarterly review meeting for Data Assistant@200*1*4*194: Rs. 155,200</p> <p>9) Catch-up round (Biannual)/ Immunization week:</p> <p><b>Remarks: Although it started as a good initiative from the state, however no monitoring reports detailing the reach, coverage, quality, vaccine utilization, cost effectiveness etc. are available. The impact of these rounds has not been fully documented. The state is urged to submit these before considering for release of further funds.</b></p>
<p><b>Activities not approved</b></p>	<p>1) Solar Plates: Functional status of the solar equipment not known. It has been mentioned in the national meetings that these equipments (solar plates) have been stolen in many places rendering the costly equipment redundant. Also the performance of these equipments for maintaining the cold chain is not known.</p> <p>2) AMC for solar equipments: State to give in detail the status of installed equipments addressing the issues raised above.</p>

	<p>3) Repair of ILR/DFZ/VS/CB: these are supplied by Gol in kind and maintenance fund is also provided for ILR/DF.</p> <p>b) District level TOT-2days residential training for MO of IMMUNIZATION HAND BOOK FOR ANM: Rs. 880,000</p>
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**Comments on DISEASE CONTROL PROGRAMMES chapter of State PIP of Jharkhand**

**RNTCP**

The state has not incorporated the changes suggested from this division on the RNTCP activities. Under the revised norms of RNTCP phase II there is no provision of procurement of air conditioner and over head projectors. Also, the procurement of new two wheelers is permitted under RNTCP II norms after condemnation as per the norms. Therefore, approximate amount of Rs 2.95 lakhs for these activities may be reduced from the total budget of Rs 5.95 crores and Rs 5.92 crores may be agreed for approval.

**NPCB**

The state has not incorporated the changes suggested from this division on the RNTCP activities. Under the revised norms of RNTCP phase II there is no provision of procurement of air conditioner and over head projectors. Also, the procurement of new two wheelers is permitted under RNTCP II norms after condemnation as per the norms. Therefore, approximate amount of Rs 2.95 lakhs for these activities may be reduced from the total budget of Rs 5.95 crores and Rs 5.92 crores may be agreed for approval.