

## NATIONAL RURAL HEALTH MISSION

### JHARKHAND - RECORD OF PROCEEDINGS - 2008-09

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

A meeting of the NPCC of NRHM was held under the Chairmanship of AS & MD, NRHM, to approve the Programme Implementation Plan (PIP) of Jharkhand on 19<sup>th</sup> March 2008. The list of members who attended the meeting is placed at Annex. I. The NPCC meeting was convened after the Pre- Appraisal meeting with the State where written and oral comments were provided to the State. The state then presented the modified proposals before the NPCC.

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

- (A) The likely Unspent (Committed and uncommitted) balance available under NRHM in the State as on 1<sup>st</sup> April 2008 out of the releases made during the earlier years.
- (B) Resource Envelope allocated to the State under NRHM from the Ministry of Health and Family Welfare, GOI.
- (C) 15% State contribution to NRHM made as 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 financial year 2008-09.

Based on the above principle, the allocation for the State of Jharkhand for FY 2008-09 is as follows:

Unspent Balance under NRHM on 1.4.2008	As per FMR for the quarter ending March 2008. Approximate assessments of unspent/uncommitted funds under NRHM in the State has been incorporated in respective programmes.
GOI Resource Envelope for 2008-09 under NRHM	Rs. 270.34 Crores
15% State share	Rs. 40.00 Crores
15% over and above the resources	Rs. 45.00 Crores
Total size of NRHM PIP	Rs. 365.34 Crores

The tentative Resource Pool wise break up of the total NRHM resources indicated to the State for the preparation of PIP was:

(In Rs. Crores)

S No.		Likely Unspent/uncommitted balance on 1.4.2008	GoI Resource Envelope under NRHM
1	RCH Flexible Pool	Rs. 48.57	Rs. 69.46
2	NRHM Flexible Pool	Rs. 13.84	Rs. 60.51
3	Immunization ( Under RCH Flexible Pool)		Rs. 18.47.00
4	NVBDCP incl kind grants		Rs. 26.44
5	RNTCP		Rs. 7.57.00
6	NPCB		Rs. 5.00
7	NIDDCP		Rs. 0.18
8	NLEP incl kind grants		Rs. 1.82
9	IDSP incl kind grants		Rs. 0.75

10	Director & Admn. (Treasury route)		Rs. 80.13
11.	PPI Oper. Cost		Rs. 18.47
12.	Total	Rs. 62.41	Rs. 270.34
12	15% State share ( Could be against any activity as the State desires)		Rs. 40.00
13.	10-15% over planning ( Could be used against any activity)		Rs. 45.00
<b>Total</b>			<b>Rs. 365.34</b>

GRAND TOTAL - Rs. 427.75 Crores

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).

The following general conditions will apply:-

1. All posts under NRHM are on contract and based on local criteria. Recruitment should be done by the Rogi Kalyan Samiti of the facility / 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 THE existing vacancies against sanctioned posts, preferably by contract.
4. Transparent transfer and career progression systems should be implemented in the State, for established cadres.
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 Samits 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 Samits besides seeking public donations/charges wherever feasible.
12. The State shall endeavour to bring the Budget of Health facility under the supervision of Rogi Kalyan Samiti/Hospital Management Committee, etc.
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 programmes.
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 utilization 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 Concurrent Audit of District Health Societies and periodic assessment of the financial system.
21. The State agrees to fast track physical infrastructure up-gradation 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 be credited to 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;
  - e) Quality of services for deliveries at public health facilities is monitored; private sector facilities are accredited and monitored;
  - f) Two days stay after delivery is adhered to and newborn care essentials (counseling and basic equipment) are focused upon in the facilities;
25. The State Government shall ensure optimal utilization of funds under National Health programmes and for Disease Surveillance with appropriate support from the NRHM for these programmes.
26. By June 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.
27. The state should aim to operationalise the institutional framework of NRHM including the District Health Missions on priority.

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

	Scheme/Programme	Approved Amount ( In Rs. Crores)
1.	RCH Flexible Pool	Rs. 163.45
2.	NRHM Flexible Pool	Rs. 118.49
3.	Immunization ( from the RCH Flexible Pool)	Rs. 12.30
4.	NVBDCP	Rs. 34.49
5.	RNTCP	Rs. 5.75
6.	NPCB	Rs. 3.61
7.	NIDDCP	Rs. 0.18
8.	IDSP	Rs. 0.74
9.	NLEP	Rs. 2.01
10.	Infrastructure Maintenance	Rs. 80.13
	<b>TOTAL</b>	<b>Rs. 421.15</b>

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

**ANNEX - I**

**Attendance sheet for the meeting of National Programme Coordination  
Committee held on 19.3.2008 to consider the PIPs 2008-09 of  
Jharkhand**

<b>S. No.</b>	<b>Name &amp; Designation</b>	<b>Address</b>	<b>Telephone No.</b>
1	Shri G.C. Chaturvedi, AS&MD	Ministry of Health & FW	23061451
2	Ms. Aradhna Johri, JS(AJ)	MoHFW	
3	Shri Amarjeet Sinha, JS(AS)	"	23062157
4	Smt. Ganga Murthy, EA	"	
5	Dr. I.P. Kaur, DC(Trg.)	MoH&FW	
6	Dr. Keerti Malvia	"	23061089
7	Dr. N. Namshum, DC(CH&HM)	"	23062791
8	Ms. Sushma Rath	NHSRC	
9	Dr. J.N. Sahay, Advisor	"	9958177566
10	Dr. B.K. Tiwari, Advisor (Nutrition)	MoHFW	23062113
11	Dr. Sikdar, AC	MoHFW	
12	Dr. Tarun Seam, Director NRHM	MoHFW	
13	Ms. Archana Varma, DS(AV)		
14	Dr. Pritha Biswas, RCH Consultant	NIHFW	986163365
15	Mr. Nagalakshmi Sankar, Consultant (Fin.)	NIHFW	9313089283
16	Dr. D.K. Mangal,	53, Jorbagh, N.D.	9810783023
17	Dr. A Raghu, Asstt. Advi.	Deptt. Of Ayush	9911319098
18	Dr. Sandeep Sachdeva	NPCB, MoHFW	
19	Dr. D.M. Thovat	NLEP, Nirman Bhavan	23061148
20	Dr. Ravish Behal	PMSG	41327343
21	Dr. N.D. Sahay, State TB Officer	Govt. of Jharkhand	9431100664
22	Dr. Raj Mohan, State Blindness Control Officer	"	0651-2201655

23	Dr. B.B. Singh, SLO	"	9431102502
24	Shri S.P. Sinha, Secy.	Govt. of Jharkhand	9430002415
25	Dr. V.S. _____, SRCHO	"	9431715050
26	Shri Subroto Roy, Consultant, NRHM	"	9431929784
27	Dr. R.P. Verma, SMO	"	9430162475
28	Dr. Pradeep Baskey, Dy. Director	IDSP, Jharkhand	9431102461



## ANNEX-II

## Approval under RCH Flexible Pool

S. No.	Activity proposed by state	Amount Proposed		Amount Permissible		Remarks
		Rs. lakhs	%	Rs. lakhs	%	
1.	Maternal Health	381.09	3.7	381.09	4.1	Subject to state providing details on lumpsum amounts. (for lumpsum amounts/ conditional approvals, please see Attachment "A")
2.	Child Health	3824.20	37.5	3794.20	40.6	
3.	Family Planning	420.09	4.1	260.09	2.8	
4.	Adolescent Health	161.85	1.6	161.85	1.7	
5.	Urban Health	261.00	2.6	261.00	2.8	
6.	Tribal Health	6.30	0.1	6.30	0.1	
7.	Vulnerable groups	3.55	0.0	3.55	0.0	
8.	Innovations/PPP/NGO	0.00	0.0	0.00	0.0	
9.	Infrastructure and human resources	0.00	0.0	0.00	0.0	
10.	Institutional strengthening	0.00	0.0	0.00	0.0	
11.	Training	570.84	5.6	369.00	3.9	
12.	BCC/ IEC	794.72	7.8	794.72	8.5	
13.	Procurement	3339.84	32.8	2989.24	32.0	
14.	Program management	423.03	4.2	324.03	3.5	
	<b>Total Base Flexipool</b>	<b>10186.51</b>	<b>100.0</b>	<b>9345.07</b>	<b>100.0</b>	
	JSY	6250.00		5000.00		
	Sterilisation Compensation	2300.00		2000.00		
	NSV Camps	0.00				
	<b>Total RCH Flexipool</b>	<b>18736.51</b>		<b>16345.07</b>		

## NOTES:

1. **The State needs to prioritize the activities as per the given allocations.** Further, the state may wish to consider the following within the ceiling of the approved allocation:
  - IUD insertion kits, a low value item, could be procured and budgeted.
  - Procurement of pelvic (ZOE) models @ 3 per district at an approximate cost of Rs. 30,000 per model as it is proposed to scale up the alternate training methodology in IUD in the whole of Jharkhand.
  - Establishment of QA cells for all MCH activities at state and district levels, including ensuring monitoring the quality of trainings.
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. All trainings to be booked under "Training".
  - b. All procurement to be booked under "Procurement".
3. Jharkhand plans to procure drugs and other items amounting to Rs. 49.18 crores. Please note that procurement of drugs is to be adjusted against last year's release.
4. 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.

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, detailed activity wise budget and physical targets for intermediate indicators (refer Annex 3d, 3e and 3b respectively of the Operating Manual), in line with the above and detailed comments in Attachment "A" should be communicated to GoI by May 31, 2008. In addition, state should provide a list of FRUs and 24-hour PHCs operationalised as at April 1, 2008.
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"**

**DETAILED COMMENTS TO REVISED BUDGET**

**Non-permissible items:**

<b>Intervention</b>	<b>Total (Rs. Lakhs)</b>	<b>REMARKS</b>
<b>Child Health</b>		
12.3.2 - BCC/ IEC activities/ campaigns for child health	<b>30.00</b>	The state has double budgeted this activity under BCC/ IEC head (12.3.2) for Rs. 75.00 lakhs
<b>Family Planning</b>		
3.3 - Other strategies/ activities - Standard Days Method (SDM)	<b>160.00</b>	Not permissible since not part of the National program (as per comments to state from AC-FP II).
<b>Training</b>		
11.5.1 - IMNCI Training (pre-service and in-service)	<b>201.84</b>	The state has double budgeted Rs. 270.20 lakhs under Child Health.
<b>Procurement</b>		
13.1.2.2 - Procurement of NSV kits	<b>9.60</b>	The state has double budgeted this activity under Procurement 13.1.3.2
13.1.2.3 - Procurement of equipment for care of sick children and severe malnutrition (Double bed)	<b>216.00</b>	Not permissible under RCH II.

<b>Intervention</b>	<b>Total (Rs. Lakhs)</b>	<b>REMARKS</b>
13.2.2 - Procurement of drugs and supplies for child health	<b>125.00</b>	The state has double budgeted this activity under Child Health (Rs. 10.00 crores).
<b>Program Management</b>		
14.1.7 - Cold Chain Consultant	<b>3.00</b>	Shift to NRHM Part C (Immunisation).
14.1.11 - Mobility support for state level officials (@ Rs. 8 lakhs per month)	<b>96.00</b>	Seems very high. Needs to be re-looked. Program Management costs to be within 6% of overall base flexipool allocation of Rs. 67.29 crores, i.e. Rs. 4.04 crores (the state has proposed Rs. 4.23 crores).

**Conditional approvals: (Lump sum Amounts)**

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

<b>Intervention</b>	<b>Total (Rs. Lakhs)</b>	<b>REMARKS</b>
<b>Maternal Health</b>		
1.1.3. Operationalise MTP services at health facilities 764 health facilities @ Rs. 1500 each.	<b>11.46</b>	It is not clear whether this is per case or per facility: if latter, then it is very low. The state may clarify & provide details.
1.3.1.1 - RCH camps in un-served/ under-served areas in 194 blocks @ Rs. 40,000 per annum per block.	<b>77.60</b>	The state needs to give no. of camps and unit cost.
<b>Child Health</b>		
2.4.3 - Implementation of school health program	<b>1200.00</b>	Lumpsum. Details required.
13.2.2 - Procurement of Kit A, Kit B, PHC Drug kit and emergency kit and CHC drug kit and emergency kit for sick newborns and children, weighing scale at Anganwadi centres, & bleaching powder.	<b>1000.00</b>	Lumpsum. Details required.
<b>Family Planning</b>		
3.1.3.1 - Provide female sterilisation services on fixed days at health facilities in districts (for 216 health	<b>66.96</b>	Unit rate varies from Rs. 6000 in Q1, Rs. 5000 in Q2, and Rs. 10000 in Q3 and Q4. The state needs to clarify.

<b>Intervention</b>	<b>Total (Rs. Lakhs)</b>	<b>REMARKS</b>
institutions).		
3.1.3.2 - Provide NSV services on fixed days at health facilities in districts (Camp mode, at 216 institutions).	<b>56.16</b>	Unit rate varies from Rs. 3000 in Q1, Rs. 1000 in Q2, and Rs. 10000 in Q3 and Rs. 12000 in Q4. The state needs to clarify.
<b>ARSH</b>		
5.2.1. MoU with 24 NGOs @ Rs. 10.00 lakhs each (50000 population will be covered at one unit of NGO)	<b>240.00</b>	Lumpsum. Details needed (e.g. on kinds of services to be provided). Please note purchase of vehicles is not allowed.
<b>Procurement</b>		
13.2.1.1 - Procurement of medicine for normal delivery (for 947291 pregnant women @ Rs. 200 each)	<b>1894.58</b>	Lumpsum. Details needed. The state needs to provide basis for estimation of number of beneficiaries and the unit cost. Also, most of these drugs would be a part of the normal drug kits at various facilities.
13.2.1.7 - Drugs for SBA training	<b>103.15</b>	Lumpsum. Details needed.

## ANNEX - III

## MISSION FLEXIBLE POOL (MFP) PIP 2008-09

NRHM ADDITIONALITIES DETAILED BUDGET 2008-09					
	Budget head	Number of Units	Rate in Rs.	Total amount in Rs. lakhs	Remarks
<b>Untied Funds</b>					
1	Community Health Centres	194	50000	97.00	Approved. Ref note 1
2	Primary Health Centres	330	25000	82.50	
3	Sub Centres	3820	10000	382.00	
4	Village Health & Sanitation Committees	10000	10000	1000.00	
<b>Sub Total</b>				<b>1561.50</b>	
<b>Annual Maintenance Grant</b>					
5	Community Health Centres	194	100000	194.00	Approved. Ref note 2
6	Primary Health Centres	330	50000	165.00	
7	Sub Centres	1750	10000	175.00	
<b>Sub Total</b>				<b>534.00</b>	
<b>RKS (Corpus Funds)</b>					
8	District Hospital	19	500000	95	Approved Ref note 3
9	Sub- Divisional Hospital	6	100000	6	
10	Community Health Centre	194	100000	194	
11	Primary Health Centres	330	100000	330	
12	Referral Hospital	32	100000	32	
<b>Sub Total</b>				<b>657.00</b>	
<b>Training of ASHAs and Procurement of Drug Kits including ASHA Mentoring Groups</b>					
13	Sahiyya Kit	38235	2500	956	Approved
14	Training of 4 modules	38235	2196	840	
15	Sahiyya Program Management Group	1	10000000	100	
16	Workshop/Seminar	4	25000	1	
17	Sahiyya Sammelan (Division wise)	5	200000	10	
<b>Sub Total</b>				<b>1906.52</b>	



<b>Human Resource Augmentation</b>					
18	Remuneration of New ANM	3000	84000	2520	Approved Ref note 4
19	Remuneration/Incentives of Specialist	150	300000	450	
20	Remuneration of Staff Nurse	324	180000	583	
<b>Sub Total</b>				<b>3553.20</b>	
<b>Infrastructure Upgradation</b>					
21	New HSC construction	50	1487000	744	Approved Ref note 5
22	New PHC construction	10	14008000	1401	
23	New CHC construction	5	36500000	1825	
24	Mobile Clinic	10	800000	80	Approved Ref note 6
25	Operational Cost of Mobile Medical Unit	10	3600000	360	
26	Strengthening Nursing School	2	10000000	200	
<b>Sub Total</b>				<b>3000.0</b>	Limited resource allocation due to ceiling
<b>Innovations</b>					
27	PPP for PHC Mgmt.	15	800000	120	Approved Ref note 7
28	Promotion of Health Com. Radio	5	500000	25	
29	Telemedicine	5	1000000	50	
30	Pilot Sanitary Napkins (500000 beneficiaries)	500000	25	125	
<b>Sub Total</b>				<b>320.00</b>	
<b>Management Costs</b>					
31	Stationary & Printing & Office expenses				Approved
32	State	1	2000000	20.00	
33	District	24	50000	12.00	
34	Block	194	10000	19.40	

35	Postage & Telegraph/TeleFax	194	1000	1.94	
36	News Paper & Periodicals	194	1000	1.94	
37	Monitoring & Evaluation	1	2500000	25.00	
<b>Block Programme Management Unit</b>					
38	Block Accountant	194	120000	232.80	Approved
39	Recruitment Cost (BPMU)	1	100000	1.00	
40	Convergence meeting	25	5000	1.25	
<b>Sub Total</b>				<b>235.05</b>	
<b>Grand Total</b>				<b>11848.85</b>	

#### Notes

1. These funds should be routed through the Rogi Kalyan Samiti of the respective facility (PHC/CHC). In case of the Sub Centre and the VHSC, the funds should be released into the joint account of ANM and Pradhan.
2. The funds should be routed as per same protocol as the Untied funds
3. The RKS is a registered society, the statutory audit of which should be conducted as per the rules.
4. The contractual recruitment should be decentralised and facility specific. It should strictly follow the local residency criteria.
5. Detailed DPR for upgradation of physical infrastructure should be prepared and facility surveys completed before starting the upgradation process. A comprehensive, long term plan in this regard may be prepared by the state and phasing done on basis of the available funds.
6. The detailed DPR for the Nursing schools and the model for management of the MMUS should be finalised by the state.
7. The state should finalise a detailed plan of action for operationalising these activities and share the plan with the GoI.

## ANNEX IV

## APPROVAL UNDER IMMUNIZATION

S. No.	Activities	Amount Proposed (Rs In Lakhs)	Amount admissible (Rs in Lakhs)	Remarks
1.	Waste Disposal Equipments	40.20	40.20	Source-wise breakup of funds is given below in the notes
2.	One zipper bag per HSC per month	4.80	4.80	
3.	Foam pads for vaccine carriers	0.80	0.80	
4.	Transport of vaccine	87.12	42.48	
5.	Alternate Vaccine Delivery to Hard to reach areas	26.02	26.02	
6.	Alternate Vaccine Delivery	192.00	96.00	
7.	Mobilization of children by Sahiyaa/AWW	659.86	659.86	
8.	Support to slum and underserved area	63.00	63.00	
9.	Mobility support - State and District	26.00	13.00	
10	Support to State RI CELL	0.92	0.92	
11	Support to District RI Cell	23.62	20.16	
12	Review Meetings	114.60	1.80	
14	<b>POL and maintenance of Gensets</b> -State, Regional, District, PHC/CHC	266.60	65.96	
15	<b>Maintenance of cold chain</b> -Regional, District, CHC/PHC	5.37	4.37	

16	<b>Training-</b> 1. State level TOT 2. District level Trg of MO, 3. Bi-annual District level -trg for cold chain handlers, data handler 5. Bi-annually State level training of Computer Assistants 6. Ref. Mechanic training - 7. State & District level TOT on MAMTA (Child tracking software), 8. CHC level training on data entry on MAMTA software	126.21	126.21
17	<b>Monitoring Tools( part--1)</b> 1. Vaccine & Syringe stock, Supply register, Tally Sheet ,Supervisory Roster, Microplan Display Sheet, Temp. record book, Pictorial Tools, MCH register, Imm. Card 0-3 years ,Imm. Card 3-6 years, Supervision register, Cold Chain break down report, Development of Microplan, at PHC, CHC, District	66.00	61.94
18	<b>Installation of WIC/WIF @ Rs. 100000 for 3 places</b>	3.00	3.00
	<b>Total</b>	<b>1706.12</b>	<b>1230.52</b>

**Notes :**

1. **The source of funds includes** expected unspent balance as on 1<sup>st</sup> April 2008 of Rs. 343.04 Lakhs

**Comments:**

1. The situational analysis should always have a component of qualitative analysis as it contributes to getting a comprehensive birds eye view of the routine immunization situation in the state. Analysis of data at state and district level will be helpful in devising local and specific interventions.

2. In view of the diverse and difficult terrain of the state and industrialization in parts , activities to reach the unreached and underserved areas form an important part of the immunization strategic plan.

Support from other sources:

1. All support, technical, logistical or financial from other sources besides Government of India should be mentioned in the PIP for the previous and present year.
2. All immunization programmes carried out by the NGO's should be mentioned

**The States needs to :**

1. The State should project budget as per actual number of session planned during the year in every activity. The state should furnish the details of sessions held during the year.
2. The State should project budget in details giving full justification for the proposed budget with respect to last year expenditure on every activity.
3. The training should be carried out on alternate year basis for those who have not attended during last year conducted, if any. The State should project for training activity for the target number of persons actually proposed to be trained during the year. The training and expenditure should be incurred as per GoI norm for training under RCH. The State should furnish the details of persons trained during the year.
4. Printing of Immunization Cards & other Reporting Formats required for Immunization activities should be done as per GoI norm and the expenditure should be incurred as per state procedure.
5. The State should furnish the details of review meetings conducted during the year and their outcomes.
6. The expenditure for procurement of waste disposal equipment may be done as per state procedures.
7. The purchase of bags, foam pads, plastic bags etc for safe injection practices should be done as per State procedure. The details of purchase made should be furnished to the GoI.
8. Consustruction of pits should be done as per guidelines of M/o Environment and forest, GoI. The expenditure should be incurred as per State procedure. The State should furnish the details of pits constructed and their shelf life.
9. The expenditure on POL for vaccine delivery should be done as per actuals and the state should maintain proper records for the same.

10. The state should furnish physical and financial quarterly progress report on the above activities in the prescribed format.

**Items not permissible under Immunization PIP**

1. Mid term surveys, research, AEFI, VPD surveillance, Printing of formats for outbreak investigation Rs. 5.00 Lakhs

## ANNEX V

## APPROVALS UNDER NATIONAL DISEASE CONTROL PROGRAMMES

## Revised National Tuberculosis Control Programme

Jharkhand (Approval for RNTCP)		
Activity proposed	Amount Proposed	Amount approved
1. Civil Works-a- Maint.		3
b- one time	16.75	9
2. Laboratory Materials	42.62	35
3. Counselling Charges (Honorarium	27.84	16.7
4. IEC/Publicity	35.85	18
5. Equip. Maintenance	14.17	5.67
6. Training	88.96	44.48
7. Vehicle Maintenance	42.58	29.8
8. Vehicle Hiring	37.09	18.54
9. NGO/PP Support	24.97	14.98
10. Medical Colleges	14.02	10
11. Office Operations (Miscellaneous)	44.06	35.24
12. Contractual Services	453.46	311.93
13. Printing	34.76	20.86
14. Res. and Studies		0
15. Proc. of Vehicl	5	0.5
16. Proc. of equipments	94.7	1.2
<b>Total</b>	<b>976.83</b>	<b>574.9</b>

## National Vector Borne Disease Control Programme

(Rs. In lakhs)

Sr.No.	Activity Proposed	Amount Proposed (Cash + Commodity)	Amount Approved (Cash assistance)	Amount Approved (Commodity assistance)	Remarks
1	Malaria	577.29	0.00	577.29	Approval for allocated amount + likely unspent balance as on 1.04.08 i.e. Rs.453.95 lakh for utilization may be approved
2	GFATM	427.71	110.92	316.79	
3	World Bank (including training & IEC)	1109.07	502.50	606.57	
4	MPW (Male)	803.50	803.50		
5	Kala-azar	311.15	50.00	261.15	
6	ELF	219.70	219.70	0.00	
7	J.E.	0.00	0.00	0.00	
8	Dengue & Chikungunya	0.00	0.00	0.00	
<b>Total</b>		<b>3448.42</b>	<b>1686.62</b>	<b>1761.80</b>	

## Integrated Disease Surveillance Project

S.No.	Head	Amount Proposed	Amount Approved
1	Civil Work	70.00	6.26
2	Lab Equipments		19.03
3	Office Equipments		3.02
4	Furniture & Fixture	15.60	3.72
5	Lab Supplies	4.50	6.13
6	Personnel Costs	173.88	13.10
7	IEC Costs	56.59	8.40
8	Training Costs		5.00
9	Operational Costs	104.10	10.19



10	Budget heads proposed by state beyond the scope of IDSP - not approved		
11	<b>Total Proposed / Approved (Rs.in lakh)</b>	<b>424.67</b>	<b>74.85</b>

**National programme for Control of Blindness**

**(Rupees in lakh)**

<b>Activity proposed</b>	<b>Amount proposed (*)</b>	<b>Amount approved</b>	<b>Remarks/comments of Programme Division</b>
Grant-in-aid for free catops		202.50	The allocation is to meet expenditure on cataract operation in Govt. hospitals and NGO hospitals.
Grant-in-aid for School Eye Screening		10.00	Training of teachers, detection of children for refractive errors and provision for free glass to poor school children are covered under this activity.
GIA for Ophthalmic Equipments to Medical Colleges		90.00	Provision for approved Ophthalmic equipments to Medical Colleges in state.
GIA for Ophthalmic Equipments to Distt. Hospitals		12.00	Provision for approved Ophthalmic equipments to Distt. Hospitals in state.
GIA for Ophthalmic Equipments to Sub-Distt. Hospitals		3.00	Provision for approved Ophthalmic equipments to Sub-Distt. Hospitals in state.
Non-recurring GIA to Vision Centres		7.50	Provision for setting up Vision Centres in state.
Recurring GIA to Eye Banks		2.00	Provision for recurring GIA to Eye Banks.
Non-recurring GIA to Eye Donation Centres		1.00	Provision for setting up two eye donation centres.
Recurring GIA to Eye Donation Centres		1.00	Provision for recurring GIA to Eye Donation Centres.

Training		2.00	Provision to meet expenditure on training of PHC Medical Officers, PMOAs, nurses and other para ophthalmic staff.
IEC		4.00	Provision to meet expenditure on IEC activities by state government.
Remuneration of State Blindness Control Society, other activities & contingency		6.00	Provision to meet salaries and operational expenses and contingency
Salary support of State Ophthalmic Cell and existing posts.		20.00	Provision to meet salary of State Ophthalmic Cell.
<b>Total</b>		<b>361.00</b>	

(\*)- details about amount proposed by the state are not available.

### National Iodine Deficiency Diseases Control Programme

	Activity Proposed	Amount Proposed	Amount Approved 2008-09	Remarks
1	Establishment of IDD Control Cell	There is no detailed proposal for NIDDCP in the PIP	6.00	They may carried out activities as per the allocation of fund.
2	Establishment of IDD Monitoring Lab		3.50	
3	Health Education and Publicity		6.00	
4	IDD surveys		2.50	
	<b>Total</b>		<b>18.00</b>	

### National Leprosy eradication Programme

S. No.	Activity proposed	Amount proposed	Amount approved	Remarks
1)	<b>Contractual Services</b>	36.35	25.00	The post of steno, clerk & peon has been reduced. Provision of 1 driver per district is given.
State - BFO cum AO, DEO, SMO, Administrative Assistant, Driver				
District - Driver, TA/DA to SMO/Drivers				
2)	<b>MDT management</b>	7.20	7.20	
	Honararium to ASHA			
3)	<b>Office expenses</b>	5.80	5.80	overbudgeted. ASHA training will be in form of sensitization.
4)	<b>Consumables</b>	5.30	5.30	
5)	<b>Capacity building</b>	66.20	30.00	
4 days training of newly appointed MO&HW/HS,				
2 days refresher training of MO,				
5 days training of newly appointed Lab. Tech.,				
2 days training of Private Practitioners, RMP & Dermatologists				
6)	<b>Communication for Behavioral Change</b>	37.85	45.00	
Wall painting, Rallies, Quiz, folk show, IPC workshop, Hoardings,				
Meeting of opinion leaders, Half day sensitization of ASHA				
7)	<b>POL/Vehicle operation &amp; hiring</b>	27.00	25.50	
2 vehicles at state level & district level				
8)	<b>DPMR</b>	19.70	19.70	
Supportive medicines, MCR footwear, Aids and appliances, Lab. Reagents/equipment, Printing forms, Incentive to BPL patients for RCS, Support to institutions for RCS				
9)	<b>Urban Leprosy Control Programme</b>	3.40	3.40	
10)	<b>NGO - SET Scheme</b>	5.65	5.65	

11)	<b>Review meeting &amp; workshop</b>	1.00	1.00
	<b>TOTAL</b>	<b>215.45</b>	<b>173.55</b>
12)	<b>Cash assistance</b>	-	27.93
	<b>TOTAL</b>		<b>201.48</b>